SummaCare℠

2025 Comprehensive Formulary

(List of Covered Drugs)

Commercial

Effective 1/1/2025

PHM-24-72905/CS/TZ/12-24

SummaCare/Apex Medication Request Form
Commercial/Marketplace/MEWA

Attn: Prior Authorization Department

Fax: 858-790-7100

☐ **REQUEST FOR EXPEDITED (URGENT) REVIEW**: BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Date: _____ **Time MRF was taken:** _____

Physician Signature: _____ **Physician Cell Phone #:** _____

Medication Request Information (please complete each section of this form prior to transmittal): *Denotes Required Fields

Status	
Patient did not meet Guideline # for the following reason:	

PATIENT INFORMATION	**PHYSICIAN INFORMATION**	
*Name:	*Name:	
*ID#:	*Specialty:	
*Date of Birth:	*ID# / DEA#:	
*HQ:	*Phone: ( ) -	*Fax: ( ) -
Diagnosis (ICD-10 Code, if known):		

PHARMACY INFORMATION (If provided)		
*Pharmacy Name:	*Phone: ( ) -	*Fax: ( ) -

REQUESTED DRUG INFORMATION		
*Requested Drug:		
***Dose:**	***Strength:**	
***Quantity:** (per month)	***Dosage Form:** (Oral, Injection, etc)	***Length of Treatment:** (Please be specific.)

Comments
Reason for Medication Request (Please be specific, give detail.):
Other Medications Tried and/or Failed including OTC (Please be specific, give detail. Chart notes preferred):
Other Pertinent History (Relative or pertaining to this request.):

**Note: Specialty Vendor for SUM01, 02, 06, 07, 11, 16, 17 is AcariaHealth: 833-626-8417
Specialty Vendor for SUM14, SUM15 is SummaHealth Specialty Pharmacy: 888-874-8134

Effective: 11/2022

Table of Contents

Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	QL (2700 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	QL (180 per 30 days)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		2	
buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg	(Belbuca)	2	QL (60 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	2	QL (4 per 28 days)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	(Fioricet with Codeine)	2	QL (180 per 30 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		2	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-300 mg		1	QL (180 per 30 days)
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	(Fioricet)	2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg		2	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		2	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		1	
butorphanol nasal spray,non-aerosol 10 mg/ml		1	
codeine sulfate oral tablet 15 mg, 30 mg		1	QL (360 per 30 days)
codeine sulfate oral tablet 60 mg		1	QL (180 per 30 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	2	QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(oxycodone-acetaminophen)	1	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg		2	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	PA; QL (10 per 30 days)
fentanyl transdermal patch 72 hour 25 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour		2	PA; QL (10 per 30 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg		2	QL (60 per 30 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(Hysingla ER)	2	QL (30 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		2	QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg		2	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg		1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg		2	
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	2	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg		2	PA; QL (30 per 30 days)
hydromorphone oral tablet extended release 24 hr 32 mg		2	PA; QL (60 per 30 days)
hydromorphone rectal suppository 3 mg		1	
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml		1	

Drug Name		Drug Tier	Requirements/Limits
meperidine injection cartridge 10 mg/ml		1	
meperidine oral solution 50 mg/5 ml		1	QL (900 per 30 days)
meperidine oral tablet 50 mg		1	QL (180 per 30 days)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	1	QL (120 per 30 days)
methadone oral solution 10 mg/5 ml		1	QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		1	QL (1200 per 30 days)
methadone oral tablet 10 mg		1	QL (120 per 30 days)
methadone oral tablet 5 mg		1	QL (240 per 30 days)
methadone oral tablet,soluble 40 mg	(Methadose)	1	QL (30 per 30 days)
methadose oral tablet,soluble 40 mg	(methadone)	1	QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	PA
morphine oral capsule, er multiphase 24 hr 120 mg		2	QL (60 per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		2	QL (30 per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)		1	
MORPHINE ORAL TABLET 15 MG, 30 MG		2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	2	QL (90 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg		2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		3	ST; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		3	QL (180 per 30 days)
oxycodone oral capsule 5 mg		1	
oxycodone oral concentrate 20 mg/ml		2	PA
oxycodone oral solution 5 mg/5 ml		1	
oxycodone oral tablet 10 mg, 20 mg, 5 mg		1	
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	

Drug Name		Drug Tier	Requirements/Limits
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	(OxyContin)	2	QL (60 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	2	QL (120 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	1	QL (360 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		1	QL (360 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg		1	QL (120 per 30 days)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg		2	QL (60 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg		1	
tencon oral tablet 50-325 mg	(butalbital-acetaminophen)	1	
tramadol oral capsule,er biphase 24 hr 25-75 150 mg		2	QL (30 per 30 days)
tramadol oral tablet 100 mg		2	
tramadol oral tablet 25 mg		1	QL (120 per 30 days)
tramadol oral tablet 50 mg		1	QL (240 per 30 days)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg		2	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg		2	QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg		1	QL (330 per 30 days)
zebutal oral capsule 50-325-40 mg	(butalbital-acetaminophen-caff)	2	
Nonsteroidal Anti-Inflammatory Agents			
celecoxib oral capsule 100 mg, 50 mg	(Celebrex)	2	PA; QL (60 per 30 days)
celecoxib oral capsule 200 mg, 400 mg	(Celebrex)	2	PA; QL (30 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	2	
diclofenac potassium oral tablet 25 mg	(Lofena)	1	

Drug Name		Drug Tier	Requirements/Limits
diclofenac potassium oral tablet 50 mg		1	
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		1	
diclofenac sodium topical gel 3 %		2	QL (100 per 1 day)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	2	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	2	
diflunisal oral tablet 500 mg		2	
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	(naproxen)	2	
etodolac oral capsule 200 mg, 300 mg		2	
etodolac oral tablet 400 mg	(Lodine)	2	
etodolac oral tablet 500 mg		2	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		2	
flurbiprofen oral tablet 100 mg		1	
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg, 50 mg		1	
indomethacin oral capsule, extended release 75 mg		2	
ketoprofen oral capsule 25 mg	(Kiprofen)	1	
ketoprofen oral capsule 50 mg, 75 mg		1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		2	
ketorolac oral tablet 10 mg		1	QL (20 per 30 days)
kiprofen oral capsule 25 mg	(ketoprofen)	1	

Drug Name		Drug Tier	Requirements/Limits
meclofenamate oral capsule 100 mg, 50 mg		2	
mefenamic acid oral capsule 250 mg		2	
meloxicam oral tablet 15 mg		1	
nabumetone oral tablet 500 mg, 750 mg		1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg	(EC-Naprosyn)	2	
naproxen sodium oral tablet 275 mg		1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	1	
oxaprozin oral tablet 600 mg	(Daypro)	2	
piroxicam oral capsule 10 mg		2	
piroxicam oral capsule 20 mg	(Feldene)	2	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	1	
sulindac oral tablet 150 mg, 200 mg		1	
tolmetin oral capsule 400 mg		2	
tolmetin oral tablet 200 mg		2	
tolmetin oral tablet 600 mg	(Tolectin 600)	2	
Anesthetics			
Local Anesthetics			
ana-lex kit rectal kit 2-2 %		2	
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	2	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	
lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)		2	
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		2	
Anti-Addiction/Substance Abuse Treatment Agents			
Anti-Addiction/Substance Abuse Treatment Agents			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		2	

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	PA; QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone)	2	PA; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone)	2	PA; QL (30 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	PA; QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	QL (60 per 30 days)
disulfiram oral tablet 250 mg, 500 mg	1	
naloxone injection solution 0.4 mg/ml	2	
naloxone injection syringe 0.4 mg/ml	2	
naloxone injection syringe 1 mg/ml	2	
naloxone nasal spray,non-aerosol 4 mg/actuation (Narcan)	2	QL (4 per 30 days)
naltrexone oral tablet 50 mg	1	
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL (336 per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	0	QL (50 per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	3	QL (4 per 30 days)
varenicline oral tablet 0.5 mg	0	QL (672 per 365 days)
varenicline oral tablet 1 mg (Chantix)	0	QL (336 per 365 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	

Drug Name		Drug Tier	Requirements/Limits
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	(Xanax XR)	2	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg		2	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg		1	
diazepam intensol oral concentrate 5 mg/ml	(diazepam)	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	
estazolam oral tablet 1 mg, 2 mg		1	
flurazepam oral capsule 15 mg, 30 mg		1	
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	1	
meprobamate oral tablet 200 mg, 400 mg		2	
midazolam oral syrup 2 mg/ml		1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		1	
quazepam oral tablet 15 mg	(Doral)	2	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	1	
triazolam oral tablet 0.125 mg		1	
triazolam oral tablet 0.25 mg	(Halcion)	1	
Antibacterials			
Aminoglycosides			
neomycin oral tablet 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	2	PA; *May have Specialty Costshare
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	2	PA; *May have Specialty Costshare
Antibacterials, Miscellaneous			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	(clindamycin palmitate hcl)	1	
fosfomycin tromethamine oral packet 3 gram		2	
linezolid oral tablet 600 mg	(Zyvox)	2	
methenamine hippurate oral tablet 1 gram		1	
methenamine mandelate oral tablet 0.5 gram, 1 gram		1	
metronidazole oral capsule 375 mg	(Flagyl)	1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg		1	
nitrofurantoin macrocrystal oral capsule 25 mg		1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	2	
trimethoprim oral tablet 100 mg		1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		3	
urogesic-blue oral tablet 81.6-40.8-0.12 mg	(methen-sod phos-meth blue-hyos)	2	
vancomycin oral capsule 125 mg	(Vancocin)	2	QL (56 per 30 days)
vancomycin oral capsule 250 mg	(Vancocin)	2	QL (112 per 30 days)
vancomycin oral recon soln 25 mg/ml	(Firvanq)	2	QL (280 per 30 days)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	2	QL (600 per 30 days)
XIFAXAN ORAL TABLET 550 MG		3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
Macrolides		
azithromycin oral packet 1 gram (Zithromax)	1	

Drug Name		Drug Tier	Requirements/Limits
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
azithromycin oral tablet 600 mg		1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
clarithromycin oral tablet extended release 24 hr 500 mg		2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		3	PA; *May have Specialty Costshare; QL (300 per 30 days)
DIFICID ORAL TABLET 200 MG		3	PA; QL (20 per 30 days)
e.e.s. 400 oral tablet 400 mg	(erythromycin ethylsuccinate)	1	
ery-tab oral tablet,delayed release (dr/ec) 250 mg	(erythromycin)	1	
ery-tab oral tablet,delayed release (dr/ec) 500 mg	(erythromycin)	2	
erythrocin (as stearate) oral tablet 250 mg	(erythromycin stearate)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		1	
erythromycin oral tablet 250 mg, 500 mg		1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 500 mg	(Ery-Tab)	1	
erythromycin oral tablet,delayed release (dr/ec) 333 mg	(Ery-Tab)	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous B-Lactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	3	PA; *May have Specialty Costshare; QL (84 per 56 days)
Penicillins		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet 500-125 mg (Augmentin)	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg (Augmentin XR)	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg	1	
ampicillin oral capsule 250 mg, 500 mg	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	

Drug Name		Drug Tier	Requirements/Limits
Quinolones			
ciprofloxacin hcl oral tablet 100 mg, 750 mg		1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	2	
levofloxacin oral solution 250 mg/10 ml		1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		1	
moxifloxacin oral tablet 400 mg		2	
ofloxacin oral tablet 300 mg, 400 mg		1	
Sulfonamides			
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
sulfatrim oral suspension 200-40 mg/5 ml	(sulfamethoxazole-trimethoprim)	2	
Tetracyclines			
demeclocycline oral tablet 150 mg, 300 mg		1	
doxycycline hyclate oral capsule 100 mg		1	QL (60 per 30 days)
doxycycline hyclate oral capsule 50 mg	(Morgidox)	1	QL (60 per 30 days)
doxycycline hyclate oral tablet 100 mg		1	QL (60 per 30 days)
doxycycline hyclate oral tablet 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	QL (60 per 30 days)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	QL (60 per 30 days)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml		1	

Drug Name		Drug Tier	Requirements/Limits
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	QL (60 per 30 days)
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		1	QL (60 per 30 days)
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
minocycline oral tablet 100 mg, 50 mg, 75 mg		2	
mondoxyne nl oral capsule 100 mg, 75 mg	(doxycycline monohydrate)	2	QL (60 per 30 days)
tetracycline oral capsule 250 mg, 500 mg		1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML		2	
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg, 500 mg	(Zytiga)	2	PA; *May have Specialty Costshare; QL (90 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		3	PA; *May have Specialty Costshare
ALECENSA ORAL CAPSULE 150 MG		3	PA; *May have Specialty Costshare; QL (240 per 30 days)
anastrozole oral tablet 1 mg	(Arimidex)	1	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG		3	PA; *May have Specialty Costshare
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
bexarotene oral capsule 75 mg	(Targretin)	2	PA; *May have Specialty Costshare; QL (420 per 30 days)
bexarotene topical gel 1 %	(Targretin)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
bicalutamide oral tablet 50 mg	(Casodex)	1	PA
BOSULIF ORAL CAPSULE 100 MG		3	PA; *May have Specialty Costshare; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	3	PA; *May have Specialty Costshare
CABOMETYX ORAL TABLET 20 MG, 60 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
capecitabine oral tablet 150 mg (Xeloda)	2	PA; *May have Specialty Costshare; QL (28 per 21 days)
capecitabine oral tablet 500 mg (Xeloda)	2	PA; *May have Specialty Costshare; QL (112 per 21 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	3	PA; *May have Specialty Costshare; QL (112 per 28 days)
cyclophosphamide oral tablet 25 mg, 50 mg	2	PA; *May have Specialty Costshare
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg (Sprycel)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
dasatinib oral tablet 20 mg (Sprycel)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE 150 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG		2	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		2	PA; *May have Specialty Costshare; QL (120 per 30 days)
erlotinib oral tablet 100 mg	(Tarceva)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
erlotinib oral tablet 150 mg		2	PA; *May have Specialty Costshare; QL (90 per 30 days)
erlotinib oral tablet 25 mg		2	PA; *May have Specialty Costshare; QL (60 per 30 days)
etoposide oral capsule 50 mg		1	PA
everolimus (antineoplastic) oral tablet 10 mg	(Torpenz)	2	PA; *May have Specialty Costshare
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	(Torpenz)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet 7.5 mg	(Torpenz)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	2	PA; *May have Specialty Costshare
exemestane oral tablet 25 mg	(Aromasin)	1	PA; QL (30 per 30 days)
flutamide oral capsule 125 mg	(Eulexin)	1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		3	PA; *May have Specialty Costshare
gefitinib oral tablet 250 mg	(Iressa)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
imatinib oral tablet 100 mg, 400 mg (Gleevec)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	3	PA; *May have Specialty Costshare
IWILFIN ORAL TABLET 192 MG	3	PA; *May have Specialty Costshare
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2)	2	PA; *May have Specialty Costshare
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; *May have Specialty Costshare; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
lapatinib oral tablet 250 mg (Tykerb)	2	PA; *May have Specialty Costshare; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	2	PA; *May have Specialty Costshare; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare
leuprolide subcutaneous kit 1 mg/0.2 ml	2	PA; *May have Specialty Costshare
LONSURF ORAL TABLET 15-6.14 MG	3	PA; *May have Specialty Costshare; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	3	PA; *May have Specialty Costshare; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; *May have Specialty Costshare
MATULANE ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
melphalan oral tablet 2 mg (Alkeran)	1	
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	
MYLERAN ORAL TABLET 2 MG	3	*May have Specialty Costshare
nilutamide oral tablet 150 mg (Nilandron)	2	*May have Specialty Costshare; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; *May have Specialty Costshare
pazopanib oral tablet 200 mg (Votrient)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (21 per 28 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
sorafenib oral tablet 200 mg (Nexavar)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	3	*May have Specialty Costshare
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare

Drug Name		Drug Tier	Requirements/Limits
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		2	PA; *May have Specialty Costshare
TIBSOVO ORAL TABLET 250 MG		3	PA; *May have Specialty Costshare; QL (60 per 30 days)
toremifene oral tablet 60 mg	(Fareston)	2	PA; *May have Specialty Costshare
torpenz oral tablet 10 mg	(everolimus (antineoplastic))	2	PA; *May have Specialty Costshare
torpenz oral tablet 2.5 mg, 5 mg	(everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
torpenz oral tablet 7.5 mg	(everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
tretinoin (antineoplastic) oral capsule 10 mg		2	PA; *May have Specialty Costshare
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		2	
TRUQAP ORAL TABLET 160 MG, 200 MG		3	PA; *May have Specialty Costshare
TURALIO ORAL CAPSULE 125 MG, 200 MG		3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG		3	PA; *May have Specialty Costshare; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		2	PA; *May have Specialty Costshare; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		3	PA; *May have Specialty Costshare
VITRAKVI ORAL SOLUTION 20 MG/ML		3	PA; *May have Specialty Costshare
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG		3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG		3	PA; *May have Specialty Costshare; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG		2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG		2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG		2	PA; *May have Specialty Costshare; QL (60 per 30 days)
ZEJULA ORAL CAPSULE 100 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG		3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG		3	PA; *May have Specialty Costshare; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG		3	PA; *May have Specialty Costshare
ZYDELIG ORAL TABLET 100 MG, 150 MG		3	PA; *May have Specialty Costshare
Anticholinergic Agents			
Antimuscarinics/Antispasmodics			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	2	
Anticonvulsants			
Anticonvulsants			
BRIVIACT ORAL SOLUTION 10 MG/ML		3	*May have Specialty Costshare; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		3	*May have Specialty Costshare; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	

Drug Name		Drug Tier	Requirements/Limits
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
carbamazepine oral tablet,chewable 200 mg		1	
clobazam oral tablet 10 mg, 20 mg	(Onfi)	2	QL (60 per 30 days)
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
epitol oral tablet 200 mg	(carbamazepine)	1	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral tablet 400 mg	(Felbatol)	1	QL (270 per 30 days)
felbamate oral tablet 600 mg	(Felbatol)	1	QL (180 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	1	
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	1	
gabapentin oral tablet extended release 24 hr 300 mg, 600 mg	(Gralise)	2	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	(gabapentin)	3	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG		3	PA; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG		3	PA; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG		3	PA; QL (60 per 30 days)
lacosamide oral solution 10 mg/ml	(Vimpat)	2	PA; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Vimpat)	2	PA; QL (60 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg	(Subvenite)	1	
lamotrigine oral tablet 25 mg	(Subvenite)	1	QL (180 per 30 days)
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)	(Lamictal ODT Starter (Blue))	2	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	2	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)	(Lamictal ODT Starter (Green))	2	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	2	QL (90 per 30 days)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	2	QL (60 per 30 days)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	2	QL (180 per 30 days)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	2	QL (90 per 30 days)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	2	QL (60 per 30 days)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	2	QL (180 per 30 days)
lamotrigine oral tablets,dose pack 25 mg (35)	(Subvenite Starter (Blue) Kit)	1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Subvenite Starter (Orange) Kit)	1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Subvenite Starter (Green) Kit)	1	

Drug Name		Drug Tier	Requirements/Limits
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	2	
methsuximide oral capsule 300 mg	(Celontin)	2	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 97.2 mg		1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	
pregabalin oral solution 20 mg/ml	(Lyrica)	1	
primidone oral tablet 125 mg		1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral tablet 200 mg	(Banzel)	2	PA; QL (480 per 30 days)
rufinamide oral tablet 400 mg	(Banzel)	2	PA; QL (240 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg	(lamotrigine)	1	
subvenite oral tablet 25 mg	(lamotrigine)	1	QL (180 per 30 days)
subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)	(lamotrigine)	1	
subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)	(lamotrigine)	1	

Drug Name		Drug Tier	Requirements/Limits
subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)	(lamotrigine)	1	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		2	QL (120 per 30 days)
tiagabine oral tablet 16 mg		2	QL (90 per 30 days)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	2	QL (60 per 30 days)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	2	QL (240 per 30 days)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	2	QL (120 per 30 days)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	2	QL (30 per 30 days)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	2	QL (60 per 30 days)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	
valproic acid oral capsule 250 mg		1	
vigabatrin oral powder in packet 500 mg	(Vigpoder)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	(vigabatrin)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)		2	ST; QL (30 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		2	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		2	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 200 MG		2	ST; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		2	ST; QL (30 per 30 days)
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	
donepezil oral tablet 23 mg	(Aricept)	2	
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	
ergoloid oral tablet 1 mg		1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg		2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg		2	QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr 7 mg	(Namenda XR)	2	QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg		1	QL (60 per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	1	QL (49 per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	2	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	2	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		2	ST; QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	2	ST; QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin oral concentrate 10 mg/ml		1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	1	QL (60 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)		3	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		3	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		2	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		2	

Drug Name		Drug Tier	Requirements/Limits
fluoxetine oral tablet 10 mg, 20 mg		1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		2	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		2	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		1	
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg		2	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg	(Symbyax)	2	QL (30 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine oral tablet 15 mg	(Nardil)	1	
protriptyline oral tablet 10 mg, 5 mg		2	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	1	
tranylcypromine oral tablet 10 mg	(Parnate)	2	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
trimipramine oral capsule 100 mg, 25 mg, 50 mg		1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		3	ST; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	(Effexor XR)	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		2	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	(Viibryd)	1	ST; QL (30 per 30 days)
Antidiabetic Agents			
Antidiabetic Agents, Miscellaneous			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	1	
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	(Nesina)	2	QL (30 per 30 days)
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	2	QL (60 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg		2	QL (30 per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	(Oseni)	2	QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML		2	PA; ST; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML		2	ST; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	(exenatide)	2	PA; ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	(exenatide)	2	PA; ST; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	(dapagliflozin propanediol)	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
metformin oral solution 500 mg/5 ml (Riomet)	2	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; QL (1.5 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)	2	
pioglitazone-metformin oral tablet 15-500 mg	1	
pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)	1	

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	2	QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	2	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG (dapaglifloz propaned-metformin)	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	2	QL (30 per 30 days)
Insulins		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (12 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)		2	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)		2	QL (30 per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)		2	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML		2	QL (30 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		2	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		2	QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		2	QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		2	QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML		2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)		2	QL (24 per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	(Humalog Mix 75-25 KwikPen)	2	QL (30 per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	(Admelog SoloStar U-100 Insulin)	2	QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	(Humalog Junior KwikPen U-100)	2	QL (30 per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	(Admelog U-100 Insulin lispro)	2	QL (40 per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		2	QL (30 per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		2	QL (12 per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		2	QL (30 per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	2	QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	2	QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		2	ST; QL (30 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	2	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	2	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	2	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	2	QL (18 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	2	QL (18 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		2	QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg, 4 mg		1	
glipizide oral tablet 10 mg, 5 mg		1	
glipizide oral tablet 2.5 mg		1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg		1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg		1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	
Antifungals			
Antifungals			
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (90 per 30 days)
ciclopirox topical gel 0.77 %		2	
ciclopirox topical shampoo 1 %		2	
ciclopirox topical solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	1	QL (90 per 30 days)
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %		1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	
clotrimazole-betamethasone topical lotion 1-0.05 %		2	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	3	

Drug Name		Drug Tier	Requirements/Limits
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	3	
fluconazole oral suspension for reconstitution 10 mg/ml		1	
fluconazole oral suspension for reconstitution 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 200 mg	(Diflucan)	1	
fluconazole oral tablet 150 mg, 50 mg		1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		2	
itraconazole oral capsule 100 mg	(Sporanox)	1	
itraconazole oral solution 10 mg/ml	(Sporanox)	2	
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		1	
luliconazole topical cream 1 %	(Luzu)	2	ST; QL (60 per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	2	
miconazole-3 vaginal suppository 200 mg		1	
naftifine topical cream 1 %		2	
naftifine topical cream 2 %		2	QL (180 per 30 days)
naftifine topical gel 1 %		2	
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	
nystatin oral suspension 100,000 unit/ml		1	
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	
nystatin topical ointment 100,000 unit/gram		1	

Drug Name		Drug Tier	Requirements/Limits
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		2	
nystop topical powder 100,000 unit/gram	(nystatin)	1	
oxiconazole topical cream 1 %		2	QL (180 per 30 days)
sulconazole topical cream 1 %	(Exelderm)	2	
sulconazole topical solution 1 %	(Exelderm)	2	
tavaborole topical solution with applicator 5 %		2	PA; QL (10 per 30 days)
terbinafine hcl oral tablet 250 mg		1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	2	
voriconazole oral tablet 200 mg		2	
voriconazole oral tablet 50 mg	(Vfend)	2	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral tablet 0.6 mg	(Colcrys)	2	QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	2	ST; QL (30 per 30 days)
probenecid oral tablet 500 mg		1	
Antihistamines			
Antihistamines			
alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg		1	
alavert oral tablet,disintegrating 10 mg	(loratadine)	1	
all day allergy (cetirizine) oral capsule 10 mg		1	
all day allergy (cetirizine) oral solution 1 mg/ml	(cetirizine)	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	(fexofenadine)	1	

Drug Name		Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 60-120 MG	(fexofenadine-pseudoephedrine)	1	
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine-pseudoephedrine)	1	
allerclear d-12hr oral tablet extended release 12 hr 5-120 mg		1	
allerclear d-24hr oral tablet extended release 24 hr 10-240 mg	(loratadine-pseudoephedrine)	1	
aller-ease oral tablet 180 mg	(fexofenadine)	1	
aller-ease oral tablet 60 mg	(fexofenadine)	1	
allergy relief (cetirizine) oral solution 1 mg/ml	(cetirizine)	1	
allergy relief (fexofenadine) oral tablet 180 mg	(fexofenadine)	1	
allergy relief (fexofenadine) oral tablet 60 mg	(fexofenadine)	1	
allergy relief (loratadine) oral tablet,disintegrating 10 mg	(loratadine)	1	
allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg	(fexofenadine-pseudoephedrine)	1	
aller-tec d oral tablet extended release 12 hr 5-120 mg	(cetirizine-pseudoephedrine)	1	
aller-tec oral tablet 10 mg	(cetirizine)	1	
carbinoxamine maleate oral liquid 4 mg/5 ml		1	
carbinoxamine maleate oral tablet 4 mg		1	
cetiri-d oral tablet extended release 12 hr 5-120 mg	(cetirizine-pseudoephedrine)	1	
cetirizine oral solution 1 mg/ml	(Allergy Relief (cetirizine))	1	
cetirizine oral solution 5 mg/5 ml		1	
cetirizine oral tablet 10 mg	(Aller-Tec)	1	
cetirizine oral tablet 5 mg	(Allergy Relief (cetirizine))	1	
cetirizine oral tablet,chewable 10 mg	(Children's Wal-Zyr)	1	
cetirizine oral tablet,chewable 5 mg	(Children's Cetirizine)	1	

Drug Name		Drug Tier	Requirements/Limits
cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg	(Aller-Tec D)	1	
child allergy relf(cetirizine) oral solution 1 mg/ml	(cetirizine)	1	
children's allegra allergy oral suspension 30 mg/5 ml	(fexofenadine)	1	QL (300 per 30 days)
children's allegra allergy oral tablet,disintegrating 30 mg		1	
children's allergy relief(fex) oral suspension 30 mg/5 ml	(fexofenadine)	1	QL (300 per 30 days)
children's allergy(cetirizine) oral solution 1 mg/ml	(cetirizine)	1	
children's cetirizine oral solution 1 mg/ml	(cetirizine)	1	
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	(loratadine)	1	
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG		1	
children's wal-fex oral suspension 30 mg/5 ml	(fexofenadine)	1	QL (300 per 30 days)
children's wal-zyr oral solution 1 mg/ml	(cetirizine)	1	
children's wal-zyr oral tablet,chewable 10 mg	(cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML	(cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG		1	
child's all day allergy(cetir) oral solution 1 mg/ml	(cetirizine)	1	
CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG	(loratadine)	1	
CLARITIN ORAL TABLET 10 MG	(loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG	(loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG		1	

Drug Name		Drug Tier	Requirements/Limits
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG		1	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine-pseudoephedrine)	1	
clemastine oral tablet 2.68 mg		1	
cyproheptadine oral syrup 2 mg/5 ml		1	
cyproheptadine oral tablet 4 mg		1	
desloratadine oral tablet 5 mg	(Clarinex)	2	ST; QL (30 per 30 days)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		2	ST; QL (30 per 30 days)
fexofenadine oral tablet 180 mg, 60 mg	(Allegra Allergy)	1	
fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg	(Allegra-D 12 Hour)	1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	QL (300 per 30 days)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	QL (30 per 30 days)
loradamed oral tablet 10 mg	(loratadine)	1	
lorata-d oral tablet extended release 24 hr 10-240 mg	(loratadine-pseudoephedrine)	1	
loratadine oral solution 5 mg/5 ml	(Children's Claritin)	1	
loratadine oral tablet 10 mg	(Claritin)	1	
loratadine oral tablet,disintegrating 10 mg	(Alavert)	1	
loratadine-d oral tablet extended release 12 hr 5-120 mg		1	
loratadine-d oral tablet extended release 24 hr 10-240 mg	(loratadine-pseudoephedrine)	1	
promethazine oral syrup 6.25 mg/5 ml		1	
promethazine vc oral syrup 6.25-5 mg/5 ml	(promethazine-phenylephrine)	1	
respa-ar oral tablet extended release 12 hr 8-90-0.24 mg		2	

Drug Name		Drug Tier	Requirements/Limits
wal-fex allergy oral tablet 180 mg, 60 mg	(fexofenadine)	1	
wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg	(fexofenadine-pseudoephedrine)	1	
wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg	(fexofenadine-pseudoephedrine)	1	
wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg		1	
wal-itin d oral tablet extended release 24 hr 10-240 mg	(loratadine-pseudoephedrine)	1	
wal-itin oral solution 5 mg/5 ml	(loratadine)	1	
wal-itin oral tablet 10 mg	(loratadine)	1	
wal-zyr (cetirizine) oral capsule 10 mg		1	
wal-zyr (cetirizine) oral tablet 10 mg	(cetirizine)	1	
wal-zyr d oral tablet extended release 12 hr 5-120 mg	(cetirizine-pseudoephedrine)	1	
ZYRTEC ORAL CAPSULE 10 MG		1	
ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	(cetirizine-pseudoephedrine)	1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
GYNAZOLE-1 VAGINAL CREAM 2 %		2	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	PA; QL (1 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML		2	PA; QL (1 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML		2	PA; QL (1 per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg		2	ST; QL (12 per 30 days)
dihydroergotamine injection solution 1 mg/ml		2	ST; QL (15 per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	2	ST; QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	2	ST; QL (12 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)		2	PA
ergotamine-caffeine oral tablet 1-100 mg		1	QL (40 per 30 days)
frovatriptan oral tablet 2.5 mg	(Frova)	2	ST; QL (18 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg		2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		2	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		2	PA; QL (1 per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG		2	PA; QL (8 per 30 days)
rizatriptan oral tablet 10 mg	(Maxalt)	1	QL (12 per 30 days)
rizatriptan oral tablet 5 mg		1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation		1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	(Imitrex STATdose Pen)	2	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	2	QL (5 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		2	PA; QL (16 per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	(Zomig)	2	ST; QL (12 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	2	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg		2	QL (12 per 30 days)
Antimycobacterials			
Antimycobacterials			
cycloserine oral capsule 250 mg		2	
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg, 400 mg		1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg		2	
rifampin oral capsule 150 mg, 300 mg		1	
SIRTURO ORAL TABLET 100 MG		3	PA; *May have Specialty Costshare; QL (188 per 168 days)
SIRTURO ORAL TABLET 20 MG		3	PA; *May have Specialty Costshare; QL (940 per 168 days)
Antinausea Agents			
Antinausea Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		3	PA; QL (1 per 21 days)
aprepitant oral capsule 125 mg		2	PA; QL (1 per 1 day)

Drug Name		Drug Tier	Requirements/Limits
aprepitant oral capsule 40 mg		2	PA; QL (4 per 1 day)
aprepitant oral capsule 80 mg	(Emend)	2	PA; QL (2 per 1 day)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	2	PA; QL (3 per 1 day)
compro rectal suppository 25 mg	(prochlorperazine)	1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	2	QL (120 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	2	QL (60 per 30 days)
granisetron hcl oral tablet 1 mg		2	QL (8 per 28 days)
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine (meclizine))	1	
ondansetron hcl oral solution 4 mg/5 ml		1	QL (50 per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg		1	
ondansetron oral tablet,disintegrating 16 mg		1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	
phenadoz rectal suppository 25 mg	(promethazine)	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	1	
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	2	
trimethobenzamide oral capsule 300 mg		2	
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg		2	

Drug Name		Drug Tier	Requirements/Limits
atovaquone oral suspension 750 mg/5 ml	(Mepron)	2	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	2	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	2	
benznidazole oral tablet 100 mg, 12.5 mg		1	
chloroquine phosphate oral tablet 250 mg		1	QL (36 per 16 days)
EMVERM ORAL TABLET,CHEWABLE 100 MG	(mebendazole)	3	PA
hydroxychloroquine oral tablet 100 mg		1	QL (90 per 30 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
hydroxychloroquine oral tablet 300 mg	(Sovuna)	1	QL (60 per 30 days)
hydroxychloroquine oral tablet 400 mg		1	QL (60 per 30 days)
ivermectin oral tablet 3 mg	(Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG		3	QL (4 per 30 days)
mefloquine oral tablet 250 mg		2	
nitazoxanide oral tablet 500 mg	(Alinia)	2	QL (60 per 30 days)
paromomycin oral capsule 250 mg	(Humatin)	2	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	QL (1 per 28 days)
praziquantel oral tablet 600 mg	(Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)		3	
pyrimethamine oral tablet 25 mg	(Daraprim)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
quinine sulfate oral capsule 324 mg	(Qualaquin)	2	
tinidazole oral tablet 250 mg, 500 mg		2	
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral tablet 100 mg		1	

Drug Name		Drug Tier	Requirements/Limits
apomorphine subcutaneous cartridge 10 mg/ml	(APOKYN)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg		2	
bromocriptine oral tablet 2.5 mg		2	
cabergoline oral tablet 0.5 mg		1	
carbidopa oral tablet 25 mg	(Lodosyn)	2	
carbidopa-levodopa oral tablet 10-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-100 mg	(Dhivy)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		1	
entacapone oral tablet 200 mg		1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		3	ST; QL (30 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg		2	QL (30 per 30 days)
pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	(Mirapex ER)	2	QL (30 per 30 days)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		2	QL (30 per 30 days)
selegiline hcl oral capsule 5 mg		1	
selegiline hcl oral tablet 5 mg		1	
tolcapone oral tablet 100 mg	(Tasmar)	2	QL (90 per 30 days)
trihexyphenidyl oral elixir 0.4 mg/ml		1	
trihexyphenidyl oral tablet 2 mg, 5 mg		1	
Antipsychotic Agents			
Antipsychotic Agents			
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	(Abilify)	2	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg		2	QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg		2	QL (60 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	(Saphris)	2	QL (60 per 30 days)
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		1	
clozapine oral tablet 100 mg	(Clozaril)	1	QL (270 per 30 days)
clozapine oral tablet 200 mg	(Clozaril)	1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg	(Clozaril)	1	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		2	QL (90 per 30 days)
fluphenazine hcl oral concentrate 5 mg/ml		1	
fluphenazine hcl oral elixir 2.5 mg/5 ml		1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		2	
haloperidol lactate oral concentrate 2 mg/ml		1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	(Latuda)	2	PA NSO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	(Latuda)	2	PA NSO; QL (60 per 30 days)
molindone oral tablet 10 mg		2	QL (240 per 30 days)
molindone oral tablet 25 mg		2	QL (270 per 30 days)
molindone oral tablet 5 mg		2	QL (120 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg		2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg	(Invega)	2	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	2	QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		1	
pimozide oral tablet 1 mg, 2 mg		1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	(Seroquel)	1	QL (90 per 30 days)
quetiapine oral tablet 150 mg		2	QL (90 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		3	ST; *May have Specialty Costshare; QL (30 per 30 days)
risperidone oral solution 1 mg/ml	(Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg		1	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		2	QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	

Drug Name	Drug Tier	Requirements/Limits
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	*May have Specialty Costshare; QL (7 per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
abacavir oral solution 20 mg/ml (Ziagen)	2	*May have Specialty Costshare; QL (960 per 30 days)
abacavir oral tablet 300 mg	2	*May have Specialty Costshare; QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg	3	*May have Specialty Costshare; QL (30 per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	3	*May have Specialty Costshare; QL (60 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	*May have Specialty Costshare; QL (380 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
atazanavir oral capsule 150 mg	2	*May have Specialty Costshare; QL (60 per 30 days)
atazanavir oral capsule 200 mg (Reyataz)	2	*May have Specialty Costshare; QL (60 per 30 days)
atazanavir oral capsule 300 mg (Reyataz)	2	*May have Specialty Costshare; QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
darunavir oral tablet 600 mg, 800 mg	(Prezista)	2	*May have Specialty Costshare; QL (60 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		2	*May have Specialty Costshare; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG		2	*May have Specialty Costshare; QL (30 per 30 days)
efavirenz oral capsule 200 mg, 50 mg		2	*May have Specialty Costshare
efavirenz oral tablet 600 mg		2	*May have Specialty Costshare
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	2	*May have Specialty Costshare; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	2	*May have Specialty Costshare; QL (30 per 30 days)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	2	*May have Specialty Costshare; QL (30 per 30 days)
emtricitabine oral capsule 200 mg	(Emtriva)	2	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	2	*May have Specialty Costshare; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		2	QL (720 per 30 days)
etravirine oral tablet 100 mg	(Intelence)	2	*May have Specialty Costshare; QL (120 per 30 days)
etravirine oral tablet 200 mg	(Intelence)	2	*May have Specialty Costshare; QL (60 per 30 days)
fosamprenavir oral tablet 700 mg		2	*May have Specialty Costshare; QL (120 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG		3	*May have Specialty Costshare; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG		2	*May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET 500 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	*May have Specialty Costshare; QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
lamivudine oral solution 10 mg/ml (Epivir)	2	QL (960 per 30 days)
lamivudine oral tablet 100 mg	2	QL (30 per 30 days)
lamivudine oral tablet 150 mg (Epivir)	2	QL (60 per 30 days)
lamivudine oral tablet 300 mg (Epivir)	2	QL (30 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	2	*May have Specialty Costshare; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	*May have Specialty Costshare; QL (1800 per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	2	*May have Specialty Costshare; QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg (Kaletra)	2	*May have Specialty Costshare; QL (240 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg (Kaletra)	2	*May have Specialty Costshare; QL (120 per 30 days)
maraviroc oral tablet 150 mg (Selzentry)	3	*May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
maraviroc oral tablet 300 mg (Selzentry)	3	*May have Specialty Costshare; QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml	2	QL (1200 per 30 days)
nevirapine oral tablet 200 mg	2	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg	2	QL (90 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	2	QL (30 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	*May have Specialty Costshare; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	*May have Specialty Costshare; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	2	*May have Specialty Costshare; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	2	*May have Specialty Costshare; QL (480 per 30 days)
ritonavir oral tablet 100 mg (Norvir)	3	*May have Specialty Costshare; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	*May have Specialty Costshare; QL (930 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	*May have Specialty Costshare; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	3	PA; *May have Specialty Costshare
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	2	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		3	*May have Specialty Costshare; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		3	*May have Specialty Costshare; QL (180 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG		3	*May have Specialty Costshare; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG		3	*May have Specialty Costshare; QL (30 per 30 days)
TRUVADA ORAL TABLET 167-250 MG	(emtricitabine-tenofovir (tdf))	3	*May have Specialty Costshare; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG		2	*May have Specialty Costshare
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		2	*May have Specialty Costshare; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		2	*May have Specialty Costshare; QL (30 per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	2	QL (180 per 30 days)
zidovudine oral syrup 10 mg/ml	(Retrovir)	2	QL (1920 per 30 days)
zidovudine oral tablet 300 mg		2	QL (60 per 30 days)
Antivirals, Miscellaneous			
LIVTENCITY ORAL TABLET 200 MG		3	PA; *May have Specialty Costshare
oseltamivir oral capsule 30 mg	(Tamiflu)	2	QL (20 per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	2	QL (10 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	2	QL (180 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG		2	QL (30 per 5 days); AGE (Min 12 Years)
rimantadine oral tablet 100 mg	(Flumadine)	1	
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG		3	QL (2 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; *May have Specialty Costshare; QL (30 per 29 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	3	PA; *May have Specialty Costshare
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	3	PA; *May have Specialty Costshare
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; *May have Specialty Costshare

Drug Name		Drug Tier	Requirements/Limits
Nucleosides And Nucleotides			
acyclovir oral capsule 200 mg		1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg		1	
adefovir oral tablet 10 mg	(Hepsera)	2	*May have Specialty Costshare; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		3	*May have Specialty Costshare; QL (630 per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	3	*May have Specialty Costshare; QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg		2	
lagevrio (eua) oral capsule 200 mg		2	QL (40 per 5 days); AGE (Min 18 Years)
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		2	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	1	
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG		2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG		2	QL (74 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	2	*May have Specialty Costshare; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	2	*May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	2	*May have Specialty Costshare; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	2	*May have Specialty Costshare; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	2	*May have Specialty Costshare; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	2	*May have Specialty Costshare; QL (18 per 30 days)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (900 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days)
Blood Formation Modifiers		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; *May have Specialty Costshare; QL (0.6 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		2	PA; *May have Specialty Costshare
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		2	PA; *May have Specialty Costshare
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML		2	PA; *May have Specialty Costshare
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML		2	PA; *May have Specialty Costshare
Hematologic Agents, Miscellaneous			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	2	
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	1	
anagrelide oral capsule 0.5 mg	(Agrylin)	2	
anagrelide oral capsule 1 mg		2	
tranexamic acid oral tablet 650 mg		2	
Platelet-Aggregation Inhibitors			
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg		2	
BRILINTA ORAL TABLET 60 MG, 90 MG		3	QL (60 per 30 days)
cilostazol oral tablet 100 mg, 50 mg		1	
clopidogrel oral tablet 300 mg		1	QL (4 per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		1	
pentoxifylline oral tablet extended release 400 mg		1	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	2	QL (30 per 30 days)
Cardiovascular Agents			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	

Drug Name		Drug Tier	Requirements/Limits
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	
doxazosin oral tablet 1 mg, 4 mg	(Cardura)	1	
doxazosin oral tablet 2 mg, 8 mg	(Cardura)	1	
guanfacine oral tablet 1 mg, 2 mg		1	
methyldopa oral tablet 250 mg, 500 mg		1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	2	PA; *May have Specialty Costshare
prazosin oral capsule 1 mg, 2 mg, 5 mg		1	
Angiotensin Ii Receptor Antagonists			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	2	ST
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	2	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	(sacubitril-valsartan)	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG		2	QL (60 per 30 days)
eprosartan oral tablet 600 mg		2	ST
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	2	

Drug Name		Drug Tier	Requirements/Limits
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	2	ST
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		2	ST
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	2	ST
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		1	
enalapril maleate oral solution 1 mg/ml	(Epaned)	2	QL (1200 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	

Drug Name		Drug Tier	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
moexipril oral tablet 15 mg, 7.5 mg		1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg		2	
Antiarrhythmic Agents			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	
pacerone oral tablet 100 mg, 200 mg, 400 mg	(amiodarone)	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg		1	

Drug Name		Drug Tier	Requirements/Limits
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg		1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg		1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	1	QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg		1	
nadolol oral tablet 20 mg, 40 mg		1	
nadolol oral tablet 80 mg	(Corgard)	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
pindolol oral tablet 10 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg	(sotalol)	1	
sorine oral tablet 80 mg	(sotalol)	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 80 mg	(Sotalol AF)	1	
sotalol oral tablet 240 mg	(Betapace)	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	

Drug Name		Drug Tier	Requirements/Limits
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg		1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg		1	
Cardiovascular Agents, Miscellaneous			
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digox oral tablet 125 mcg (0.125 mg)	(digoxin)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	(Lanoxin)	1	PA
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 1 day)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 1 day)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	3	PA; *May have Specialty Costshare
isoxsuprine oral tablet 10 mg, 20 mg		1	
metyrosine oral capsule 250 mg	(Demser)	2	
ranolazine oral tablet extended release 12 hr 1,000 mg		2	ST; QL (60 per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg		2	ST; QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	2	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	2	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		1	
isradipine oral capsule 2.5 mg, 5 mg		1	
nicardipine oral capsule 20 mg, 30 mg		1	
nifedipine oral capsule 10 mg, 20 mg		1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		1	
nimodipine oral capsule 30 mg		1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		1	
Diuretics			
amiloride oral tablet 5 mg		1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		1	
chlorthalidone oral tablet 25 mg, 50 mg		1	

Drug Name		Drug Tier	Requirements/Limits
ethacrynic acid oral tablet 25 mg	(Edecrin)	2	PA
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg		1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		1	
indapamide oral tablet 1.25 mg, 2.5 mg		1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg		1	
tolvaptan oral tablet 15 mg	(Samsca)	2	PA; *May have Specialty Costshare; QL (30 per 365 days)
tolvaptan oral tablet 30 mg	(Samsca)	2	PA; *May have Specialty Costshare; QL (60 per 365 days)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg		1	
Dyslipidemics			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	2	QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		2	QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	0	QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	

Drug Name		Drug Tier	Requirements/Limits
cholestyramine light oral powder in packet 4 gram	(cholestyramine-aspartame)	1	
colesevelam oral powder in packet 3.75 gram	(WelChol)	2	
colesevelam oral tablet 625 mg	(WelChol)	2	
colestipol oral packet 5 gram		1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	2	QL (30 per 30 days)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	2	PA NSO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg		2	
fenofibrate micronized oral capsule 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral capsule 50 mg	(Lipofen)	2	
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	2	
fenofibrate oral tablet 160 mg, 54 mg		1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	1	
fluvastatin oral capsule 20 mg		2	QL (30 per 30 days)
fluvastatin oral capsule 40 mg		2	QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	2	QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	(Lopid)	1	
lovastatin oral tablet 10 mg, 20 mg, 40 mg		0	QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG		2	PA
NEXLIZET ORAL TABLET 180-10 MG		2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		2	

Drug Name		Drug Tier	Requirements/Limits
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	2	QL (120 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		0	QL (30 per 30 days)
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		2	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		2	PA; QL (2 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	0	QL (30 per 30 days)
simvastatin oral tablet 5 mg		0	QL (30 per 30 days)
simvastatin oral tablet 80 mg		0	PA NSO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	2	PA NSO; QL (30 per 30 days)
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	ST
Vasodilators			
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		2	
isosorbide dinitrate oral tablet 40 mg	(Isordil)	2	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	

Drug Name		Drug Tier	Requirements/Limits
isosorbide-hydralazine oral tablet 20-37.5 mg	(BiDil)	2	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	(nitroglycerin)	2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Nitro-Dur)	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	2	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	(nitroglycerin)	1	
Central Nervous System Agents			
Central Nervous System Agents			
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	2	PA; QL (120 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	2	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		3	PA; *May have Specialty Costshare; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		3	PA; *May have Specialty Costshare; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		2	PA; *May have Specialty Costshare; QL (14 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg		2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	(glatiramer)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	2	PA; *May have Specialty Costshare; QL (12 per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	2	QL (30 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	(Dexedrine Spansule)	2	QL (60 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg		2	QL (120 per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg		2	QL (60 per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	(ProCentra)	2	QL (1800 per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	(Zenzedi)	2	QL (90 per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	(Zenzedi)	1	QL (90 per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	(Mydayis)	2	PA NSO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	2	PA NSO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	2	PA NSO; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	(Tecfidera)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	(Gilenya)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		2	PA; *May have Specialty Costshare
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	(Vyvanse)	1	PA NSO; QL (30 per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Vyvanse)	2	PA NSO; QL (30 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg		1	
lithium citrate oral solution 8 meq/5 ml		2	

Drug Name		Drug Tier	Requirements/Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAYZENT ORAL TABLET 0.25 MG		2	PA; *May have Specialty Costshare; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG		2	PA; *May have Specialty Costshare; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)		2	PA; *May have Specialty Costshare; QL (7 per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		2	PA; *May have Specialty Costshare; QL (12 per 1 day)
metadate er oral tablet extended release 20 mg	(methylphenidate hcl)	2	QL (90 per 30 days)
methamphetamine oral tablet 5 mg	(Desoxyn)	2	PA; QL (150 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	(Metadate CD)	2	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	(Metadate CD)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	2	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	2	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		2	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	(Methylin)	2	
methylphenidate hcl oral solution 5 mg/5 ml	(Methylin)	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	1	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	2	QL (90 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	2	PA NSO; QL (30 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	2	PA NSO; QL (60 per 30 days)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	2	PA NSO
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		2	QL (90 per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	2	PA NSO; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 28 days)
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	(Lyrica CR)	2	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG		3	PA NSO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PA NSO; QL (60 per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	PA NSO; QL (60 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
riluzole oral tablet 50 mg (Rilutek)	3	PA; *May have Specialty Costshare
teriflunomide oral tablet 14 mg, 7 mg (Aubagio)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg (Xenazine)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
tetrabenazine oral tablet 25 mg (Xenazine)	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; *May have Specialty Costshare
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	3	PA NSO; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
after pill oral tablet 1.5 mg	(levonorgestrel)	0	
aftera oral tablet 1.5 mg	(levonorgestrel)	0	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		0	
amethia lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
amethyst (28) oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	0	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		2	QL (1 per 365 days)
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		0	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	

Drug Name		Drug Tier	Requirements/Limits
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
balziva (28) oral tablet 0.4-35 mg-mcg		0	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
briellyn oral tablet 0.4-35 mg-mcg		0	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		2	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		0	
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	0	
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	0	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		0	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		0	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	0	
dolishale oral tablet 90-20 mcg (28)	(levonorgestrel-ethinyl estrad)	0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	0	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	0	
econtra one-step oral tablet 1.5 mg	(levonorgestrel)	0	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	0	
ELLA ORAL TABLET 30 MG		2	
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
emzahh oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
enilloring vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	0	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	0	

Drug Name		Drug Tier	Requirements/Limits
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	0	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1/50 (28))	0	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	0	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
FC2 FEMALE CONDOM		2	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		2	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		2	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	0	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
gianvi (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
GYNOL II VAGINAL GEL 3 %		2	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	0	
haloette vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
her style oral tablet 1.5 mg	(levonorgestrel)	0	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(levonorgest-eth.estradiol-iron)	0	QL (28 per 28 days)
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(noreth-ethinyl estradiol-iron)	0	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	0	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	0	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		2	

Drug Name		Drug Tier	Requirements/Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(Camrese Lo)	0	QL (91 per 91 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Rivelsa)	0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	0	QL (91 per 91 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	0	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	0	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(noreth-ethinyl estradiol-iron)	0	
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg		0	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	0	
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	(Joyeaux)	0	QL (28 per 28 days)
levonorgestrel oral tablet 1.5 mg	(After Pill)	0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	0	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	0	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		2	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		2	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	0	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	0	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(norethindrone-e.estradiol-iron)	0	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	0	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	0	
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	

Drug Name		Drug Tier	Requirements/Limits
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		2	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
my choice oral tablet 1.5 mg	(levonorgestrel)	0	
my way oral tablet 1.5 mg	(levonorgestrel)	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		0	
new day oral tablet 1.5 mg	(levonorgestrel)	0	
NEXPLANON SUBDERMAL IMPLANT 68 MG		0	QL (1 per 365 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)		2	QL (30 per 30 days)
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
nora-be oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	(Xulane)	0	QL (3 per 28 days)
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	0	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	0	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	0	

Drug Name		Drug Tier	Requirements/Limits
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	0	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	0	
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	0	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		0	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		0	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		0	
nylia 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		0	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
ocella oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		2	
opcicon one-step oral tablet 1.5 mg	(levonorgestrel)	0	
option-2 oral tablet 1.5 mg	(levonorgestrel)	0	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	

Drug Name		Drug Tier	Requirements/Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM		2	
PHEXXI VAGINAL GEL 1.8-1-0.4 %		2	PA
philith oral tablet 0.4-35 mg-mcg		0	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		0	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	0	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	0	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	0	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(l norgest/e.estradiol-e.estrad)	0	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG		2	
SLYND ORAL TABLET 4 MG (28)		2	QL (28 per 28 days)
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
take action oral tablet 1.5 mg	(levonorgestrel)	0	

Drug Name		Drug Tier	Requirements/Limits
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	0	
taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	0	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		2	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(norethindrone-e.estradiol-iron)	0	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	0	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	0	
turqoz (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	0	
tyblume oral tablet,chewable 0.1 mg-20 mcg		0	
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	(drospirenone-e.estradiol-lm.fa)	0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		2	
vcf contraceptive gel vaginal gel 4 %		2	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		0	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	0	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	0	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	0	
vyfemla (28) oral tablet 0.4-35 mg-mcg		0	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	0	
wera (28) oral tablet 0.5-35 mg-mcg		0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		2	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(noreth-ethinyl estradiol-iron)	0	
xulane transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	
zovia 1-35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	0	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
Cough And Cold Products			
Cough And Cold Products			
benzonatate oral capsule 100 mg, 200 mg		1	
bromfed dm oral syrup 2-30-10 mg/5 ml	(brompheniramine-pseudoeph-dm)	2	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	2	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		2	QL (300 per 30 days); AGE (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	1	QL (900 per 30 days); AGE (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	(Hycodan (with homatropine))	1	QL (180 per 30 days); AGE (Min 18 Years)
hydromet oral syrup 5-1.5 mg/5 ml	(hydrocodone-homatropine)	1	QL (900 per 30 days); AGE (Min 18 Years)
promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml		1	QL (900 per 30 days); AGE (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		1	QL (900 per 30 days); AGE (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml		1	
Dental And Oral Agents			
Dental And Oral Agents			
cevimeline oral capsule 30 mg	(Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
KOURZEQ DENTAL PASTE 0.1 %	(triamcinolone acetonide)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
triamcinolone acetonide dental paste 0.1 %	(Kourzeq)	1	

Drug Name		Drug Tier	Requirements/Limits
Dermatological Agents			
Dermatological Agents, Other			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		2	
acitretin oral capsule 22.5 mg		2	
acyclovir topical ointment 5 %	(Zovirax)	2	QL (30 per 7 days)
ammonium lactate topical cream 12 %		2	
ammonium lactate topical lotion 12 %	(AmLactin)	2	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	(isotretinoin)	2	PA
azelaic acid topical gel 15 %		2	
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	1	
bp 10-1 topical cleanser 10-1 %	(sulfacetamide sodium-sulfur)	2	
bpo topical gel 8 %	(benzoyl peroxide)	2	
brimonidine topical gel with pump 0.33 %	(Mirvaso)	2	QL (30 per 30 days)
calcipotriene scalp solution 0.005 %		1	
calcipotriene topical cream 0.005 %		1	
calcipotriene topical foam 0.005 %	(Sorilux)	2	
calcipotriene topical ointment 0.005 %		1	
calcipotriene-betamethasone topical ointment 0.005-0.064 %		2	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	2	
calcitriol topical ointment 3 mcg/gram	(Vectical)	2	
cem-urea topical gel 45 %	(urea)	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	PA
cleansing wash topical cleanser 10-4-10 %	(sulfacetamide sod-sulfur-urea)	2	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	3	
exoderm topical lotion 25-1 %		1	
fluorouracil topical cream 0.5 %	(Carac)	1	PA
fluorouracil topical cream 5 %	(Efudex)	1	PA

Drug Name		Drug Tier	Requirements/Limits
fluorouracil topical solution 2 %		1	
fluorouracil topical solution 5 %		1	PA
imiquimod topical cream in packet 5 %		1	QL (24 per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 40 mg	(Amnesteem)	2	PA
isotretinoin oral capsule 25 mg, 35 mg	(Absorica)	2	PA
isotretinoin oral capsule 30 mg	(Claravis)	2	PA
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		1	
mafenide acetate topical packet 50 gram	(Sulfamylon)	2	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	PA
OPZELURA TOPICAL CREAM 1.5 %		3	PA; *May have Specialty Costshare
podocon topical liquid 25 %		1	
podofilox topical solution 0.5 %		1	QL (15 per 30 days)
salicylic acid topical film forming liquid w/appl 27.5 %	(Virasal)	2	
salicylic acid topical foam 6 %	(Salvax)	2	
salicylic acid topical liquid 26 %		1	
salicylic acid topical lotion 6 %		1	
salicylic acid topical shampoo 6 %	(Keralyt)	1	
sss 10-5 topical foam 10-5 %	(sulfacetamide sodium-sulfur)	1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	2	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	2	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	1	QL (2838 per 30 days)
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	2	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	2	

Drug Name		Drug Tier	Requirements/Limits
sulfacetamide sodium-sulfur topical cream 10-2 %		2	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(Avar-E)	1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	(Plexion)	2	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)		2	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	(Plexion)	2	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin)	2	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths)	2	
sulfacetamide-niacinamide topical cream 10-4 %	(Eceoxia)	2	
TOLAK TOPICAL CREAM 4 %		2	
urea nail stick topical solution 50 %	(urea)	1	
urea topical cream 40 %, 47 %		1	
urea topical cream 45 %	(Uramaxin)	1	
urea topical foam 35 %	(Hydro 35)	1	
urea topical gel 45 %	(CEM-Urea)	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	2	PA
Dermatological Antibacterials			
clindamycin phosphate topical foam 1 %	(Clindacin)	2	
clindamycin phosphate topical gel 1 %		1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	1	
clindamycin phosphate topical solution 1 %		1	QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 %		2	

Drug Name		Drug Tier	Requirements/Limits
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	(Acanya)	2	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%		3	
CORTISPORIN TOPICAL OINTMENT 1 %		3	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	
erythromycin with ethanol topical gel 2 %	(Erygel)	2	
erythromycin with ethanol topical solution 2 %		1	QL (120 per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	2	
gentamicin topical cream 0.1 %		1	QL (90 per 30 days)
gentamicin topical ointment 0.1 %		1	QL (90 per 30 days)
metronidazole topical cream 0.75 %	(MetroCream)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	2	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
mupirocin calcium topical cream 2 %		2	QL (90 per 30 days)
mupirocin topical ointment 2 %	(Centany)	1	QL (90 per 30 days)
selenium sulfide topical lotion 2.5 %		1	
selenium sulfide topical shampoo 2.25 %		2	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %	(silver sulfadiazine)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	2	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	1	
alclometasone topical cream 0.05 %		2	
alclometasone topical ointment 0.05 %		2	
amcinonide topical cream 0.1 %		2	
amcinonide topical lotion 0.1 %		2	
amcinonide topical ointment 0.1 %		2	
anucort-hc rectal suppository 25 mg	(hydrocortisone acetate)	1	

Drug Name		Drug Tier	Requirements/Limits
betamethasone dipropionate topical cream 0.05 %		2	
betamethasone dipropionate topical lotion 0.05 %		2	
betamethasone dipropionate topical ointment 0.05 %		2	
betamethasone valerate topical cream 0.1 %		1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	2	
betamethasone valerate topical lotion 0.1 %		1	
betamethasone valerate topical ointment 0.1 %		2	
betamethasone, augmented topical cream 0.05 %		2	
betamethasone, augmented topical gel 0.05 %		1	
betamethasone, augmented topical lotion 0.05 %		2	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	2	
clobetasol scalp solution 0.05 %		2	
clobetasol topical cream 0.05 %		2	
clobetasol topical foam 0.05 %	(Olux)	2	
clobetasol topical gel 0.05 %		2	
clobetasol topical lotion 0.05 %	(Clobex)	2	
clobetasol topical shampoo 0.05 %	(Clobex)	2	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	2	
clobetasol-emollient topical cream 0.05 %		2	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	2	
clobetasol-levocetirizine topical shampoo 0.05-2 %	(Chlohux)	2	
clobetasol-niacinamide topical cream 0.05-4 %	(Chlooxia)	2	
clobetasol-niacinamide topical ointment 0.05-4 %	(Chlooxia)	2	

Drug Name		Drug Tier	Requirements/Limits
clobetasol-niacinamide topical solution 0.05-4 %	(Chlooxia)	2	
clocortolone pivalate topical cream 0.1 %		2	
desonide topical cream 0.05 %	(DesOwen)	2	
desonide topical gel 0.05 %		2	
desonide topical lotion 0.05 %		2	
desonide topical ointment 0.05 %		2	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	2	
desoximetasone topical gel 0.05 %	(Topicort)	2	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	2	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	2	
desoximetasone-niacinamide topical ointment 0.05-4 %		2	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	2	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	2	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinolone topical solution 0.01 %	(Synalar)	2	
fluocinolone-niacinamide topical cream 0.01-4 %	(Tetoxia)	2	
fluocinolone-niacinamide topical cream 0.025-4 %		2	
fluocinonide topical cream 0.05 %		2	
fluocinonide topical gel 0.05 %		2	
fluocinonide topical ointment 0.05 %		2	
fluocinonide topical solution 0.05 %		2	
fluocinonide-e topical cream 0.05 %	(fluocinonide-emollient)	2	
flurandrenolide topical cream 0.05 %	(Cordran)	2	
flurandrenolide topical lotion 0.05 %	(Cordran)	2	
flurandrenolide topical ointment 0.05 %	(Cordran)	2	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %		1	

Drug Name		Drug Tier	Requirements/Limits
fluticasone propionate topical lotion 0.05 %	(Beser)	2	
fluticasone propionate topical ointment 0.005 %		1	
halcinonide topical cream 0.1 %	(Halog)	2	
halobetasol propionate topical cream 0.05 %		2	
halobetasol propionate topical ointment 0.05 %		2	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	1	
hydrocortisone acetate rectal suppository 30 mg	(Hemmorex-HC)	1	
hydrocortisone butyrate topical cream 0.1 %		2	
hydrocortisone butyrate topical lotion 0.1 %	(Locoid)	2	QL (236 per 30 days)
hydrocortisone butyrate topical ointment 0.1 %		2	
hydrocortisone butyrate topical solution 0.1 %		2	
hydrocortisone topical cream 2.5 %		1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
hydrocortisone valerate topical cream 0.2 %		2	
hydrocortisone valerate topical ointment 0.2 %		2	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	1	
hydrocortisone-pramoxine topical cream 2.5-1 %		1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %	(Elidel)	2	PA
prednicarbate topical cream 0.1 %		2	
prednicarbate topical ointment 0.1 %		2	

Drug Name		Drug Tier	Requirements/Limits
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		3	
tacrolimus topical ointment 0.03 %, 0.1 %		2	
triamcinolone acetonide topical aerosol 0.147 mg/gram	(Kenalog)	2	
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %	(Triderm)	1	
triamcinolone acetonide topical cream 0.5 %	(Triderm)	1	QL (454 per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
triamcinolone-niacinamide topical cream 0.1-4 %		1	
triderm topical cream 0.1 %	(triamcinolone acetonide)	1	
triderm topical cream 0.5 %	(triamcinolone acetonide)	1	QL (454 per 30 days)
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	AGE (Max 25 Years)
adapalene topical gel 0.1 %	(Differin)	1	AGE (Max 25 Years)
adapalene topical gel 0.3 %		1	AGE (Max 25 Years)
adapalene topical lotion 0.1 %	(Differin)	1	AGE (Max 25 Years)
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	(Epiduo)	2	QL (45 per 30 days); AGE (Max 25 Years)
avita topical cream 0.025 %	(tretinoin)	1	AGE (Max 25 Years)
avita topical gel 0.025 %	(tretinoin)	1	AGE (Max 25 Years)
tazarotene topical cream 0.05 %	(Tazorac)	2	
tazarotene topical cream 0.1 %	(Tazorac)	2	
tazarotene topical gel 0.05 %, 0.1 %	(Tazorac)	2	

Drug Name		Drug Tier	Requirements/Limits
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	2	AGE (Max 25 Years)
tretinoin microspheres topical gel with pump 0.08 %	(Retin-A Micro Pump)	2	AGE (Max 25 Years)
tretinoin topical cream 0.025 %	(Avita)	1	AGE (Max 25 Years)
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	2	AGE (Max 25 Years)
tretinoin topical gel 0.01 %	(Retin-A)	2	AGE (Max 25 Years)
tretinoin topical gel 0.025 %	(Avita)	2	AGE (Max 25 Years)
tretinoin topical gel 0.05 %	(Atralin)	2	AGE (Max 25 Years)
Scabicides And Pediculicides			
ivermectin topical cream 1 %	(Soolantra)	2	
ivermectin topical lotion 0.5 %	(Sklice)	2	QL (117 per 30 days)
ivermectin-metronidazol-niacin topical gel 1-1-4 %	(Aveidaoxia)	1	
lindane topical shampoo 1 %		1	
malathion topical lotion 0.5 %	(Ovide)	2	
permethrin topical cream 5 %	(Elimite)	1	
spinosad topical suspension 0.9 %	(Natroba)	2	
Devices			
Devices			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN		2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1"		2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 GAUGE X 5/8"		2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	

Drug Name	Drug Tier	Requirements/Limits
INJECT-EASE DEVICE	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		2	
miglustat oral capsule 100 mg	(Yargesa)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	(Orfadin)	3	PA; *May have Specialty Costshare
PULMOZYME INHALATION SOLUTION 1 MG/ML		3	PA; *May have Specialty Costshare
sapropterin oral powder in packet 100 mg, 500 mg	(Javygtor)	3	PA; *May have Specialty Costshare
sapropterin oral tablet,soluble 100 mg	(Javygtor)	3	PA; *May have Specialty Costshare
yargesa oral capsule 100 mg	(miglustat)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT		2	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		3	QL (40 per 30 days)
apraclonidine ophthalmic (eye) drops 0.5 %		1	

Drug Name		Drug Tier	Requirements/Limits
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %		1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	
atropine ophthalmic (eye) drops, emulsion 0.01 %		1	
atropine ophthalmic (eye) ointment 1 %		1	
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)		2	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	(Astepro Allergy)	2	QL (60 per 30 days)
azelastine ophthalmic (eye) drops 0.05 %		1	QL (12 per 30 days)
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	(Dymista)	2	ST; QL (23 per 30 days)
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	2	
cromolyn ophthalmic (eye) drops 4 %		1	QL (50 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		3	PA; *May have Specialty Costshare; QL (60 per 28 days)
epinastine ophthalmic (eye) drops 0.05 %		2	QL (10 per 30 days)
homatropaire ophthalmic (eye) drops 5 %	(homatropine hbr)	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)		1	
levofloxacin ophthalmic (eye) drops 1.5 %		2	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %		2	
olopatadine nasal spray,non-aerosol 0.6 %		2	QL (30.5 per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	2	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	2	QL (2.5 per 25 days)
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		1	

Drug Name	Drug Tier	Requirements/Limits
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	2	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	2	PA
Eye, Ear, Nose, Throat Anti-Infectives Agents		
acetic acid otic (ear) solution 2 %	1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (Polycin)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	
bleph-10 ophthalmic (eye) drops 10 % (sulfacetamide sodium)	2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 % (Cetraxal)	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	2	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	2	

Drug Name		Drug Tier	Requirements/Limits
levofloxacin ophthalmic (eye) drops 0.5 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml		1	
sulfacetamide sodium ophthalmic (eye) drops 10 %		1	

Drug Name		Drug Tier	Requirements/Limits
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %		3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %		1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		3	
trifluridine ophthalmic (eye) drops 1 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
bromfenac ophthalmic (eye) drops 0.09 %		2	QL (3.4 per 16 days)
budesonide nasal spray,non-aerosol 32 mcg/actuation		2	ST; QL (17.2 per 30 days)
cyclosporine ophthalmic (eye) dropperette 0.05 %	(Restasis)	2	QL (60 per 30 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	QL (30 per 28 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	QL (10 per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	2	QL (20 per 28 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (25 per 30 days)
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	1	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	QL (20 per 28 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	QL (6.8 per 30 days)
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	1	

Drug Name		Drug Tier	Requirements/Limits
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	QL (20 per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		2	QL (7 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		2	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	2	QL (10 per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	1	QL (20 per 14 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Allergy Nasal (mometasone))	2	QL (17 per 30 days)
nasal allergy nasal aerosol,spray 55 mcg	(triamcinolone acetonide)	1	QL (16.9 per 30 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	QL (40 per 28 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	QL (40 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION		3	ST; QL (10.6 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		2	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	2	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		2	QL (112 per 10 days)
cimetidine hcl oral solution 300 mg/5 ml		1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		1	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	(Dexilant)	2	ST; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	2	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	(Nexium Packet)	2	ST; QL (30 per 30 days)
esomeprazole strontium oral capsule,delayed release(dr/ec) 49.3 mg		2	ST; QL (30 per 30 days)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		2	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	1	ST; QL (30 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		2	
nizatidine oral solution 150 mg/10 ml		2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		1	QL (30 per 30 days)
omeprazole oral tablet,delayed release (dr/ec) 20 mg		1	
omeprazole oral tablet,disintegrat, delay rel 20 mg		1	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	(Zegerid)	2	ST; QL (30 per 30 days)
pantoprazole oral granules dr for susp in packet 40 mg	(Protonix)	2	ST; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	QL (30 per 30 days)
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	(omeprazole magnesium)	1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	2	ST; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	2	ST; QL (30 per 30 days)
sucralfate oral suspension 100 mg/ml	(Carafate)	1	
sucralfate oral tablet 1 gram	(Carafate)	1	
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM	(omeprazole-sodium bicarbonate)	1	QL (30 per 30 days)
Gastrointestinal Agents, Other			
carglumic acid oral tablet, dispersible 200 mg	(Carbaglu)	3	PA; *May have Specialty Costshare
constulose oral solution 10 gram/15 ml	(lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
dicyclomine oral capsule 10 mg		1	
dicyclomine oral tablet 20 mg		1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	
ed-spaz oral tablet,disintegrating 0.125 mg	(hyoscyamine sulfate)	1	
enulose oral solution 10 gram/15 ml	(lactulose)	1	
generlac oral solution 10 gram/15 ml	(lactulose)	1	
glycopyrrolate oral tablet 1 mg	(Robinul)	1	
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	1	
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Levbid)	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	1	
hyosyne oral drops 0.125 mg/ml	(hyoscyamine sulfate)	1	
hyosyne oral elixir 0.125 mg/5 ml	(hyoscyamine sulfate)	1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml		1	
lactulose oral solution 10 gram/15 ml	(Constulose)	1	

Drug Name		Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		2	QL (30 per 30 days)
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	2	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		1	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg		2	QL (120 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		2	PA; QL (30 per 30 days)
opium tincture oral tincture 10 mg/ml (morphine)		2	
oscimin oral tablet 0.125 mg	(hyoscyamine sulfate)	1	
oscimin sl sublingual tablet 0.125 mg	(hyoscyamine sulfate)	1	
oscimin sr oral tablet extended release 12 hr 0.375 mg	(hyoscyamine sulfate)	1	
propantheline oral tablet 15 mg		1	
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	3	PA; *May have Specialty Costshare
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	2	PA; *May have Specialty Costshare
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	
sodium polystyrene sulfonate oral powder		1	
SYMPROIC ORAL TABLET 0.2 MG		2	QL (30 per 30 days)
TRULANCE ORAL TABLET 3 MG		2	QL (30 per 30 days)
ursodiol oral capsule 300 mg		2	
ursodiol oral tablet 250 mg		2	
ursodiol oral tablet 500 mg	(URSO Forte)	2	

Drug Name		Drug Tier	Requirements/Limits
Laxatives			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML		2	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	1	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	2	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	1	
peg-prep oral kit 5-210 mg-gram		2	
POLYETHYLENE GLYCOL 3350(BULK) POWDER		1	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	(Suprep Bowel Prep Kit)	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		2	
trilyte with flavor packets oral recon soln 420 gram	(peg-electrolyte soln)	1	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		1	
calcium acetate(phosphat bind) oral tablet 667 mg		1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	2	
sevelamer carbonate oral tablet 800 mg	(Renvela)	2	
sevelamer hcl oral tablet 400 mg, 800 mg		2	

Drug Name		Drug Tier	Requirements/Limits
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		2	ST; QL (30 per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	(Toviaz)	2	ST; QL (30 per 30 days)
flavoxate oral tablet 100 mg		1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML		2	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	(mirabegron)	2	QL (30 per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg		2	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	2	ST; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	2	QL (60 per 30 days)
trospium oral capsule,extended release 24hr 60 mg		2	
trospium oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	
dutasteride oral capsule 0.5 mg	(Avodart)	2	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	2	
finasteride oral tablet 5 mg	(Proscar)	1	
hyophen oral tablet 81.6-0.12-10.8 mg		2	
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	1	

Drug Name		Drug Tier	Requirements/Limits
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	2	QL (30 per 30 days)
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
ustell oral capsule 120-0.12 mg		2	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	3	PA; *May have Specialty Costshare
deferasirox oral tablet 180 mg	(Jadenu)	3	PA; *May have Specialty Costshare
deferasirox oral tablet 360 mg, 90 mg	(Jadenu)	2	PA; *May have Specialty Costshare
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	2	PA; *May have Specialty Costshare
penicillamine oral capsule 250 mg	(Cuprimine)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
penicillamine oral tablet 250 mg	(Depen Titratabs)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
covaryx h.s. oral tablet 0.625-1.25 mg	(estrogens-methyltestosterone)	1	
covaryx oral tablet 1.25-2.5 mg	(estrogens-methyltestosterone)	1	
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
estratest f.s. oral tablet 1.25-2.5 mg	(estrogens-methyltestosterone)	1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	1	
methyltestosterone oral capsule 10 mg		2	PA NSO; QL (150 per 30 days)
oxandrolone oral tablet 10 mg, 2.5 mg		1	PA

Drug Name		Drug Tier	Requirements/Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA NSO; QL (10 per 30 days)
testosterone enanthate intramuscular oil 200 mg/ml		1	PA NSO; QL (10 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation		2	PA NSO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	2	PA NSO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	2	PA NSO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	2	PA NSO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(AndroGel)	2	PA NSO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	(AndroGel)	2	PA NSO; QL (37.5 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		2	PA NSO; QL (180 per 30 days)
Estrogens And Antiestrogens			
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG		2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		2	QL (8 per 28 days)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG		2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	(Divigel)	2	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	2	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		3	QL (1 per 90 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	
INTRAROSA VAGINAL INSERT 6.5 MG		2	QL (30 per 30 days)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	2	QL (8 per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	1	
OSPHENA ORAL TABLET 60 MG		3	PA; QL (30 per 30 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		2	
raloxifene oral tablet 60 mg	(Evista)	2	PA; QL (30 per 30 days)
yuvafem vaginal tablet 10 mcg	(estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
Glucocorticoids/Mineralocorticoids			
cortisone oral tablet 25 mg		1	
dexamethasone oral solution 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		1	
fludrocortisone oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablet 32 mg		1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
prednisolone oral tablet 5 mg	(Millipred)	2	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)		1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		2	
prednisone oral solution 5 mg/5 ml		1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		1	
prednisone oral tablets,dose pack 10 mg, 5 mg		1	
Pituitary			
desmopressin injection solution 4 mcg/ml	(DDAVP)	2	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		1	
desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)		2	

Drug Name	Drug Tier	Requirements/Limits
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; *May have Specialty Costshare
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; *May have Specialty Costshare
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 per 1 day)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; *May have Specialty Costshare
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	2	PA; *May have Specialty Costshare
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	2	PA; *May have Specialty Costshare
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	2	PA; *May have Specialty Costshare
ORGOVYX ORAL TABLET 120 MG	2	PA; *May have Specialty Costshare
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
ORILISSA ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; *May have Specialty Costshare

Drug Name		Drug Tier	Requirements/Limits
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		2	PA; *May have Specialty Costshare
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		3	PA; *May have Specialty Costshare
Progestins			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		3	QL (0.65 per 84 days)
ENDOMETRIN VAGINAL INSERT 100 MG		2	PA; QL (60 per 30 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	0	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	0	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)		1	
norethindrone acetate oral tablet 5 mg	(Gallifrey)	1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	(thyroid (pork))	3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		3	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(levothyroxine)	1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Synthroid)	1	

Drug Name		Drug Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	3	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg		1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(thyroid (pork))	2	
propylthiouracil oral tablet 50 mg		1	
sski oral solution 1 gram/ml	(potassium iodide)	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	(levothyroxine)	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	2	
Immunological Agents			
Immunological Agents			
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	(Hyrimoz(CF) Pen)	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	(Hyrimoz(CF))	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML		3	PA; *May have Specialty Costshare
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	1	
azathioprine oral tablet 50 mg	(Imuran)	1	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		3	PA; *May have Specialty Costshare; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		3	PA; *May have Specialty Costshare; QL (4 per 28 days)
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	2	
cyclosporine modified oral capsule 50 mg		2	

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified oral solution 100 mg/ml (Gengraf)	2	
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	2	*May have Specialty Costshare
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; *May have Specialty Costshare; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; *May have Specialty Costshare; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; *May have Specialty Costshare
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	*May have Specialty Costshare
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	3	*May have Specialty Costshare
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	2	
gengraf oral solution 100 mg/ml (cyclosporine modified)	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
leflunomide oral tablet 10 mg, 20 mg (Arava)	1	ST
mycophenolate mofetil oral capsule 250 mg (CellCept)	2	

Drug Name	Drug Tier	Requirements/Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	2	
mycophenolate mofetil oral tablet 500 mg (CellCept)	2	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)	2	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA NSO; *May have Specialty Costshare; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA NSO; *May have Specialty Costshare; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; *May have Specialty Costshare; QL (55 per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; *May have Specialty Costshare; QL (27 per 14 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	*May have Specialty Costshare
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
sirolimus oral solution 1 mg/ml	3	*May have Specialty Costshare
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	*May have Specialty Costshare
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; *May have Specialty Costshare
SOTYKTU ORAL TABLET 6 MG	2	PA; *May have Specialty Costshare
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 84 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	2	*May have Specialty Costshare
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; *May have Specialty Costshare
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	0	QL (1 per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	0	AGE (Min 50 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 10 Years and Max 25 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Drug Name	Drug Tier	Requirements/Limits
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	QL (2 per 365 days)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (1 per 365 days)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	QL (0.5 per 30 days); AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 365 days)
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	0	AGE (Min 60 Years)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	0	QL (1 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	0	QL (1 per 365 days)
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1 per 365 days)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	0	QL (2 per 365 days)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	QL (2 per 365 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 50 Years)

Drug Name		Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML		0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML		0	QL (0.5 per 365 days); AGE (Min 7 Years)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML		0	PA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		0	QL (1.5 per 365 days); AGE (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		0	QL (4 per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		0	QL (2 per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		0	QL (2 per 365 days)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		0	QL (2 per 365 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML		0	QL (0.5 per 365 days)
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	2	
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg		2	QL (90 per 30 days)
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	2	QL (30 per 30 days)
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	

Drug Name		Drug Tier	Requirements/Limits
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	2	ST
mesalamine oral capsule, extended release 500 mg	(Pentasa)	2	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg		2	ST
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	1	
mesalamine rectal suppository 1,000 mg	(Canasa)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG		2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral solution 70 mg/75 ml		1	QL (300 per 30 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		1	
alendronate oral tablet 70 mg	(Fosamax)	1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg		1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	3	*May have Specialty Costshare; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	3	*May have Specialty Costshare; QL (120 per 30 days)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg		2	

Drug Name		Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		3	
ibandronate oral tablet 150 mg		1	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	2	
paricalcitol oral capsule 4 mcg		2	
risedronate oral tablet 150 mg	(Actonel)	2	QL (1 per 30 days)
risedronate oral tablet 30 mg, 5 mg		2	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	2	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	2	QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)		2	PA; *May have Specialty Costshare; QL (2.4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		2	PA; *May have Specialty Costshare; QL (1.56 per 28 days)
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML		3	PA; *May have Specialty Costshare; QL (12 per 30 days)
betaine oral powder 1 gram/scoop	(Cystadane)	3	PA; *May have Specialty Costshare
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
diazoxide oral suspension 50 mg/ml	(Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG		3	PA
glucagon emergency kit (human) injection recon soln 1 mg		2	QL (2 per 28 days)
guanidine oral tablet 125 mg		1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML		2	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML		2	QL (0.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.8 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	QL (0.4 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	PA
methylergonovine oral tablet 0.2 mg	1	QL (28 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; *May have Specialty Costshare; QL (1 per 1 day)
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	2	QL (30 per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	2	
pyridostigmine bromide oral tablet 30 mg	1	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	1	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	3	*May have Specialty Costshare; QL (24 per 14 days)
VOWST ORAL CAPSULE	3	PA; *May have Specialty Costshare
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine)	2	
betaxolol ophthalmic (eye) drops 0.5 %	1	
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	2	
bimatoprost ophthalmic (eye) drops 0.03 %	2	QL (2.5 per 25 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	2	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	2	
carteolol ophthalmic (eye) drops 1 %	1	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	2	QL (60 per 30 days)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
methazolamide oral tablet 25 mg, 50 mg	2	
metipranolol ophthalmic (eye) drops 0.3 %	1	

Drug Name		Drug Tier	Requirements/Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %		1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		2	
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF))	2	QL (30 per 30 days)
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %		2	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF))	2	QL (60 per 30 days)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %		1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %		2	
timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %		2	
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %		2	
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	2	QL (2.5 per 30 days)
Replacement Preparations			
Replacement Preparations			
effer-k oral tablet, effervescent 25 meq	(potassium bicarb-citric acid)	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	(potassium chloride)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	(potassium chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq	(potassium chloride)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	
potassium chloride oral packet 20 meq	(Klor-Con)	2	
potassium chloride oral tablet extended release 10 meq	(Klor-Con 10)	1	

Drug Name		Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 15 meq		1	
potassium chloride oral tablet extended release 20 meq	(K-Tab)	1	
potassium chloride oral tablet extended release 8 meq	(Klor-Con 8)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg)		1	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	2	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION		2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		2	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	(Pulmicort)	2	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	(Pulmicort)	2	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	(Breyna)	2	QL (30.9 per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation		1	QL (60 per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation		1	QL (120 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation		2	QL (12 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation		2	QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation		2	QL (21.2 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(Wixela Inhub)	2	QL (60 per 30 days)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	(fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes			
montelukast oral granules in packet 4 mg	(Singulair)	1	
montelukast oral tablet 10 mg	(Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	2	
Bronchodilators			
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		2	QL (32.1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(Ventolin HFA)	1	QL (17 per 25 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml		1	
albuterol sulfate oral syrup 2 mg/5 ml		1	
albuterol sulfate oral tablet 2 mg, 4 mg		1	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml (Brovana)	2	QL (120 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml (Perforomist)	1	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	2	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation (Xopenex HFA)	2	QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	3	*May have Specialty Costshare; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
nebusal inhalation solution for nebulization 3 % (sodium chloride)	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML		3	PA; *May have Specialty Costshare; QL (1 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG		3	PA; *May have Specialty Costshare; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		3	PA; *May have Specialty Costshare; QL (120 per 30 days)
pirfenidone oral tablet 267 mg	(Esbriet)	3	PA; *May have Specialty Costshare; QL (270 per 30 days)
pirfenidone oral tablet 534 mg		3	PA; *May have Specialty Costshare; QL (21 per 30 days)
pirfenidone oral tablet 801 mg	(Esbriet)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
roflumilast oral tablet 250 mcg, 500 mcg	(Daliresp)	2	QL (30 per 30 days)
sodium chloride inhalation solution for nebulization 0.9 %		2	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	1	
sodium chloride inhalation solution for nebulization 7 %	(Hyper-Sal)	1	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)		2	PA; *May have Specialty Costshare; QL (56 per 28 days)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)		3	PA; *May have Specialty Costshare
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)		3	PA; *May have Specialty Costshare
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG		3	PA; *May have Specialty Costshare; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		3	PA; *May have Specialty Costshare; QL (5 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML		3	PA; *May have Specialty Costshare; QL (5 per 28 days)
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg		1	QL (240 per 30 days)
baclofen oral tablet 15 mg		1	QL (160 per 30 days)
baclofen oral tablet 20 mg		1	QL (120 per 30 days)
baclofen oral tablet 5 mg		1	QL (480 per 30 days)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	2	QL (120 per 30 days)
carisoprodol-aspirin oral tablet 200-325 mg		2	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		2	QL (240 per 30 days)
chlorzoxazone oral tablet 500 mg		1	QL (120 per 30 days)
cyclobenzaprine oral tablet 10 mg, 5 mg		1	QL (90 per 30 days)
dantrolene oral capsule 100 mg		1	QL (120 per 30 days)
dantrolene oral capsule 25 mg	(Dantrium)	1	QL (90 per 30 days)
dantrolene oral capsule 50 mg		1	QL (90 per 30 days)
metaxall oral tablet 800 mg	(metaxalone)	2	QL (120 per 30 days)
metaxalone oral tablet 400 mg, 800 mg		2	QL (120 per 30 days)
methocarbamol oral tablet 500 mg		1	QL (240 per 30 days)
methocarbamol oral tablet 750 mg		1	QL (180 per 30 days)
orphenadrine citrate oral tablet extended release 100 mg		1	QL (60 per 30 days)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	(Norgesic)	2	QL (120 per 30 days)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	(Orphengesic Forte)	2	QL (120 per 30 days)
orphengesic forte oral tablet 50-770-60 mg	(orphenadrine-asa-caffeine)	2	QL (120 per 30 days)
tizanidine oral capsule 2 mg	(Zanaflex)	2	QL (540 per 30 days)
tizanidine oral capsule 4 mg	(Zanaflex)	2	QL (270 per 30 days)
tizanidine oral capsule 6 mg	(Zanaflex)	2	QL (180 per 30 days)
tizanidine oral tablet 2 mg		1	QL (540 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	2	PA; QL (30 per 30 days)
armodafinil oral tablet 50 mg	(Nuvigil)	2	PA; QL (90 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		2	ST; QL (30 per 30 days)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	2	ST; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	2	ST; QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		3	PA; *May have Specialty Costshare; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	(tasimelteon)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	2	PA; QL (60 per 30 days)
ramelteon oral tablet 8 mg	(Rozerem)	2	QL (30 per 30 days)
sodium oxybate oral solution 500 mg/ml	(Xyrem)	3	PA; *May have Specialty Costshare; QL (540 per 30 days)
tasimelteon oral capsule 20 mg	(Hetlioz)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML		2	PA; *May have Specialty Costshare
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	2	ST; QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		3	PA; *May have Specialty Costshare; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; *May have Specialty Costshare
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; *May have Specialty Costshare
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	3	PA; *May have Specialty Costshare; QL (224 per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	2	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg (Alyq)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
tadalafil oral tablet 2.5 mg	2	PA
tadalafil oral tablet 5 mg (Cialis)	2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; *May have Specialty Costshare; QL (200 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
folic acid oral tablet 1 mg	1	
liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml) (multivit-min-ferrous gluconate)	1	

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