CareFirst
Family of health care plans

# CareFirst Formulary 2

# 2023

**PLEASE READ: This document contains information about the drugs we cover in this plan.**

**This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.**

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rxgroup**.

Last updated 12/01/2023—For self-insured plans only

# Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of three drug tiers which determines the price you pay.

## Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

| | |
|---|---|
| **Tier 0: $0 Drugs** | ■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.<br>■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share. |
| **Tier 1: Generic Drugs $** | ■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use.<br>■ Generic drugs generally cost less than brand-name drugs. |
| **Tier 2: Preferred Brand Drugs $$** | ■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category. |
| **Tier 3: Non-preferred Brand Drugs $$$** | ■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower. |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | | |
| ***AMPHETAMINES*** | | |
| AMPHETAMI ER SUS 1.25/ML | 1 | QL (540 mL every 30 days) |
| *amphetamine sulfate tab 5 mg* | 1 | QL (150 tabs every 30 days) |
| *amphetamine sulfate tab 10 mg* | 1 | QL (150 tabs every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 5 mg* | 1 | QL (120 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 10 mg* | 1 | QL (120 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 15 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 20 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 25 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cap er 24hr 30 mg* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine tab 5 mg* | 1 | QL (120 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 7.5 mg* | 1 | QL (120 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 10 mg* | 1 | QL (120 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 12.5 mg* | 1 | QL (120 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 15 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 20 mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tab 30 mg* | 1 | QL (30 tabs every 30 days) |
| DESOXYN TAB 5MG | 3 | QL (180 tabs every 30 days) |
| DEXEDRINE CAP 5MG CR | 3 | QL (150 caps every 30 days) |
| DEXEDRINE CAP 10MG CR | 3 | QL (150 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEXEDRINE CAP 15MG CR | 3 | QL (60 caps every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 5 mg* | 1 | QL (150 caps every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 10 mg* | 1 | QL (150 caps every 30 days) |
| *dextroamphetamine sulfate cap er 24hr 15 mg* | 1 | QL (60 caps every 30 days) |
| *dextroamphetamine sulfate oral solution 5 mg/5ml* | 1 | QL (1440 mL every 30 days) |
| *dextroamphetamine sulfate tab 2.5 mg* | 1 | QL (150 tabs every 30 days) |
| *dextroamphetamine sulfate tab 5 mg* | 1 | QL (150 tabs every 30 days) |
| *dextroamphetamine sulfate tab 7.5 mg* | 1 | QL (150 tabs every 30 days) |
| *dextroamphetamine sulfate tab 10 mg* | 1 | QL (150 tabs every 30 days) |
| *dextroamphetamine sulfate tab 15 mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tab 20 mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tab 30 mg* | 1 | QL (30 tabs every 30 days) |
| *methamphetamine hcl tab 5 mg* | 1 | QL (180 tabs every 30 days) |
| VYVANSE CAP 10MG | 3 | QL (60 caps every 30 days) |
| VYVANSE CAP 20MG | 3 | QL (60 caps every 30 days) |
| VYVANSE CAP 30MG | 3 | QL (60 caps every 30 days) |
| VYVANSE CAP 40MG | 3 | QL (30 caps every 30 days) |
| VYVANSE CAP 50MG | 3 | QL (30 caps every 30 days) |
| VYVANSE CAP 60MG | 3 | QL (30 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VYVANSE CAP 70MG | 3 | QL (30 caps every 30 days) |
| VYVANSE CHW 10MG | 3 | QL (60 tabs every 30 days) |
| VYVANSE CHW 20MG | 3 | QL (60 tabs every 30 days) |
| VYVANSE CHW 30MG | 3 | QL (60 tabs every 30 days) |
| VYVANSE CHW 40MG | 3 | QL (30 tabs every 30 days) |
| VYVANSE CHW 50MG | 3 | QL (30 tabs every 30 days) |
| VYVANSE CHW 60MG | 3 | QL (30 tabs every 30 days) |
| ***ANALEPTICS*** | | |
| *caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)* | 1 | |
| ***ANTI-OBESITY AGENTS*** | | |
| WEGOVY INJ 0.5MG | 2 | PA; Coverage is subject to your plan/benefits |
| WEGOVY INJ 0.25MG | 2 | PA; Coverage is subject to your plan/benefits |
| WEGOVY INJ 1.7MG | 2 | PA; Coverage is subject to your plan/benefits |
| WEGOVY INJ 1MG | 2 | PA; Coverage is subject to your plan/benefits |
| WEGOVY INJ 2.4MG | 2 | PA; Coverage is subject to your plan/benefits |
| ***ANTIOBESITY AGENTS, INJECTABLE*** | | |
| SAXENDA INJ 18MG/3ML | 2 | PA; Coverage is subject to your plan/benefits |
| ***ANTIOBESITY AGENTS, ORAL*** | | |
| ADIPEX-P CAP 37.5MG | 3 | PA; Coverage is subject to your plan/benefits |
| ADIPEX-P TAB 37.5MG | 3 | PA; Coverage is subject to your plan/benefits |
| *benzphetamine hcl tab 25 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *benzphetamine hcl tab 50 mg* | 1 | PA; Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diethylpropion hcl tab 25 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *diethylpropion hcl tab er 24hr 75 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *orlistat cap 120 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| PHENDIMETRAZ CAP 105MG ER | 1 | PA; Coverage is subject to your plan/benefits |
| *phendimetrazine tartrate tab 35 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *phentermine hcl cap 15 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *phentermine hcl cap 30 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *phentermine hcl cap 37.5 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| *phentermine hcl tab 37.5 mg* | 1 | PA; Coverage is subject to your plan/benefits |
| QSYMIA CAP 3.75-23 | 2 | PA; Coverage is subject to your plan/benefits |
| QSYMIA CAP 7.5-46MG | 2 | PA; Coverage is subject to your plan/benefits |
| QSYMIA CAP 11.25-69 | 2 | PA; Coverage is subject to your plan/benefits |
| QSYMIA CAP 15-92MG | 2 | PA; Coverage is subject to your plan/benefits |
| ***ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS*** | | |
| *atomoxetine hcl cap 10 mg (base equiv)* | 1 | QL (150 caps every 30 days) |
| *atomoxetine hcl cap 18 mg (base equiv)* | 1 | QL (150 caps every 30 days) |
| *atomoxetine hcl cap 25 mg (base equiv)* | 1 | QL (150 caps every 30 days) |
| *atomoxetine hcl cap 40 mg (base equiv)* | 1 | QL (60 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atomoxetine hcl cap 60 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *atomoxetine hcl cap 80 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *atomoxetine hcl cap 100 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *clonidine hcl tab er 12hr 0.1 mg* | 1 | |
| *guanfacine hcl tab er 24hr 1 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 2 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 3 mg (base equiv)* | 1 | |
| *guanfacine hcl tab er 24hr 4 mg (base equiv)* | 1 | |
| KAPVAY TAB 0.1 MG | 3 | |
| QELBREE CAP 200MG ER | 2 | |
| STRATTERA CAP 10MG | 3 | QL (150 caps every 30 days) |
| STRATTERA CAP 18MG | 3 | QL (150 caps every 30 days) |
| STRATTERA CAP 25MG | 3 | QL (150 caps every 30 days) |
| STRATTERA CAP 40MG | 3 | QL (60 caps every 30 days) |
| STRATTERA CAP 60MG | 3 | QL (30 caps every 30 days) |
| STRATTERA CAP 80MG | 3 | QL (30 caps every 30 days) |
| STRATTERA CAP 100MG | 3 | QL (30 caps every 30 days) |
| ***DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** | | |
| SUNOSI TAB 75MG | 2 | |
| SUNOSI TAB 150MG | 2 | |
| ***HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** | | |
| WAKIX TAB 4.45MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| WAKIX TAB 17.8MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***STIMULANTS - MISC.*** | | |
| *armodafinil tab 50 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *armodafinil tab 150 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *armodafinil tab 200 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *armodafinil tab 250 mg* | 1 | PA, QL (30 tabs every 30 days) |
| AZSTARYS CAP 26.1-5.2 | 2 | |
| AZSTARYS CAP 39.2-7.8 | 2 | |
| AZSTARYS CAP 52.3-10. | 2 | |
| *dexmethylphenidate hcl cap er 24 hr 5 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 10 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 15 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 20 mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 25 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 30 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 35 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cap er 24 hr 40 mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl tab 2.5 mg* | 1 | QL (150 tabs every 30 days) |
| *dexmethylphenidate hcl tab 5 mg* | 1 | QL (150 tabs every 30 days) |
| *dexmethylphenidate hcl tab 10 mg* | 1 | QL (60 tabs every 30 days) |
| FOCALIN TAB 2.5MG | 3 | QL (150 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FOCALIN TAB 5MG | 3 | QL (150 tabs every 30 days) |
| FOCALIN TAB 10MG | 3 | QL (60 tabs every 30 days) |
| METHYLIN SOL 5MG/5ML | 3 | QL (2160 mL every 30 days) |
| METHYLIN SOL 10MG/5ML | 3 | QL (1080 mL every 30 days) |
| METHYLPHENID TAB 72MG ER | 3 | QL (30 tabs every 30 days) |
| *methylphenidate hcl cap er 10 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 20 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 10 mg (la)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 10 mg (xr)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 15 mg (xr)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 20 mg (la)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 20 mg (xr)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 30 mg (la)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 30 mg (xr)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 40 mg (la)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 40 mg (xr)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 50 mg (xr)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 60 mg (la)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 24hr 60 mg (xr)* | 1 | QL (30 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylphenidate hcl cap er 30 mg (cd)* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cap er 40 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 50 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cap er 60 mg (cd)* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl chew tab 2.5 mg* | 1 | QL (210 tabs every 30 days) |
| *methylphenidate hcl chew tab 5 mg* | 1 | QL (210 tabs every 30 days) |
| *methylphenidate hcl chew tab 10 mg* | 1 | QL (210 tabs every 30 days) |
| *methylphenidate hcl soln 5 mg/5ml* | 1 | QL (2160 mL every 30 days) |
| *methylphenidate hcl soln 10 mg/5ml* | 1 | QL (1080 mL every 30 days) |
| *methylphenidate hcl tab 5 mg* | 1 | QL (210 tabs every 30 days) |
| *methylphenidate hcl tab 10 mg* | 1 | QL (210 tabs every 30 days) |
| *methylphenidate hcl tab 20 mg* | 1 | QL (120 tabs every 30 days) |
| *methylphenidate hcl tab er 10 mg* | 1 | QL (120 tabs every 30 days) |
| *methylphenidate hcl tab er 20 mg* | 1 | QL (120 tabs every 30 days) |
| *methylphenidate hcl tab er 24hr 18 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er 24hr 27 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er 24hr 36 mg* | 1 | QL (60 tabs every 30 days); MNPA |
| *methylphenidate hcl tab er 24hr 54 mg* | 1 | QL (30 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 18 mg* | 1 | QL (60 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methylphenidate hcl tab er osmotic release (osm) 27 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 36 mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tab er osmotic release (osm) 54 mg* | 1 | QL (30 tabs every 30 days) |
| *modafinil tab 100 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *modafinil tab 200 mg* | 1 | PA, QL (60 tabs every 30 days) |
| RITALIN LA CAP 10MG | 3 | QL (60 caps every 30 days) |
| RITALIN LA CAP 20MG | 3 | QL (60 caps every 30 days) |
| RITALIN LA CAP 30MG | 3 | QL (60 caps every 30 days) |
| RITALIN LA CAP 40MG | 3 | QL (30 caps every 30 days) |
| RITALIN TAB 5MG | 3 | QL (210 tabs every 30 days) |
| RITALIN TAB 10MG | 3 | QL (210 tabs every 30 days) |
| RITALIN TAB 20MG | 3 | QL (120 tabs every 30 days) |
| **ALLERGENIC EXTRACTS/BIOLOGICALS MISC** | | |
| ***ALLERGENIC EXTRACTS*** | | |
| GRASTEK SUB 2800BAU | 2 | |
| RAGWITEK SUB | 2 | |
| **AMINOGLYCOSIDES** | | |
| ***AMINOGLYCOSIDES*** | | |
| ARIKAYCE SUS | 3 | PA |
| *neomycin sulfate tab 500 mg* | 1 | |
| *paromomycin sulfate cap 250 mg* | 1 | |
| *tobramycin nebu soln 300 mg/4ml* | 1 | PA, QL (56 AMPULES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tobramycin nebu soln 300 mg/5ml* | 1 | PA, QL (56 AMPULES PER 28 DAYS) |
| **ANALGESICS - ANTI-INFLAMMATORY** | | |
| ***ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| ADALIMU-ADAZ INJ 40/0.4ML | 2 | PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days |
| ADALIMU-ADAZ INJ 40/0.4ML | 2 | PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days |
| AMJEVITA INJ 10/0.2ML | 3 | PA, QL (2 syringes per 28 days) |
| AMJEVITA INJ 20/0.4ML | 3 | PA, QL (4 SYRINGES PER 28 DAYS) |
| AMJEVITA INJ 40/0.8ML | 3 | PA, QL (4 PENS PER 28 DAYS); Loading dose: 8 per 14 days |
| AMJEVITA INJ 40/0.8ML | 3 | PA, QL (4 SYRINGES PER 28 DAYS); Loading dose: 8 per 14 days |
| HUMIRA INJ 10/0.1ML | 2 | PA, QL (2 SYRINGES PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA INJ 20/0.2ML | 2 | PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HUMIRA INJ 40/0.4ML | 2 | PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HUMIRA KIT 40MG/0.8 | 2 | PA, QL (4 SYRINGES PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HUMIRA PEDIA INJ CROHNS | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 2 syringes per 28 days. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEDIA INJ CROHNS | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 syringes per 28 days. |
| HUMIRA PEN INJ 40/0.4ML | 2 | PA, QL (4.5 pens every 28 days); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HUMIRA PEN INJ 40MG/0.8 | 2 | PA, QL (4 PENS PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HUMIRA PEN INJ 80/0.8ML | 2 | PA, QL (2 PENS PER 28 DAYS); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEN INJ CD/UC/HS | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 6 pens per 28 days. |
| HUMIRA PEN INJ PS/UV | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 4 pens per 28 days. |
| HUMIRA PEN KIT CD/UC/HS | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Loading dose: 3 pens per 28 days. |
| HUMIRA PEN KIT PED UC | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HUMIRA PEN KIT PS/UV | 2 | PA, QL (NOT FOR DAILY USE); Preferred for all approved indications ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| HYRIMOZ | 2 | PA, QL (2 NOT FOR DAILY USEpens PER 28 days); LOADING DOSE: 3 pens per 28 days |
| HYRIMOZ INJ 10/0.1ML | 2 | PA, QL (2 syringes per 28 days) |
| HYRIMOZ INJ 20/0.2ML | 2 | PA, QL (4 syringes per 28 days) |
| HYRIMOZ INJ 40/0.4ML | 2 | PA, QL (4 pens per 28 days); LOADING DOSE: 8 pens per 14 days |
| HYRIMOZ INJ 40/0.4ML | 2 | PA, QL (4 syringes per 28 days); LOADING DOSE: 8 syringes per 14 days |
| HYRIMOZ INJ 40/0.8ML | 2 | PA, QL (4 pen autoinjectors per 28 days) |
| HYRIMOZ INJ 40/0.8ML | 2 | PA, QL (4 syringes per 28 days) |
| HYRIMOZ INJ 80/0.8ML | 2 | PA, QL (2 pens PER 28 days); LOADING DOSE: 4 pens per 14 days |
| HYRIMOZ-PED INJ CROHNS | 2 | PA, QL (NOT FOR DAILY USE); LOADING DOSE: 2 syringes per 28 days |
| HYRIMOZ-PED INJ CROHNS | 2 | PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ-PLAQ INJ PSORIASI | 2 | PA, QL (NOT FOR DAILY USE); LOADING DOSE: 3 pens per 28 days |
| ***ANTIRHEUMATIC - ENZYME INHIBITORS*** | | |
| RINVOQ TAB 15MG ER | 2 | PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. |
| RINVOQ TAB 30MG ER | 2 | PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. |
| RINVOQ TAB 45MG ER | 2 | PA, QL (NOT FOR DAILY USE); referred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 84 tablets per 84 days |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XELJANZ SOL 1MG/ML | 2 | PA, QL (240ML PER 24 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| XELJANZ TAB 5MG | 2 | PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| XELJANZ TAB 10MG | 2 | PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XELJANZ XR TAB 11MG | 2 | PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| XELJANZ XR TAB 22MG | 2 | PA, QL (30 TABLETS PER 30 DAYS); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| ***ANTIRHEUMATIC ANTIMETABOLITES*** | | |
| RASUVO INJ 7.5MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 10MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 12.5MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 15MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 17.5MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 20MG | 2 | PA, QL (4 PENS PER 28 DAYS) |
| RASUVO INJ 22.5MG | 2 | PA, QL (4 INJ PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RASUVO INJ 25MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| RASUVO INJ 30MG | 2 | PA, QL (4 INJ PER 28 DAYS) |
| ***GOLD COMPOUNDS*** | | |
| RIDAURA CAP 3MG | 3 | |
| ***INTERLEUKIN-6 RECEPTOR INHIBITORS*** | | |
| KEVZARA INJ 150/1.14 | 2 | PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| KEVZARA INJ 200/1.14 | 2 | PA, QL (2 SYRINGES PER 4 WEEKS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| ***NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** | | |
| *celecoxib cap 50 mg* | 1 | |
| *celecoxib cap 100 mg* | 1 | |
| *celecoxib cap 200 mg* | 1 | |
| *celecoxib cap 400 mg* | 1 | |
| DAYPRO TAB 600MG | 3 | |
| *diclofenac potassium tab 50 mg* | 1 | |
| *diclofenac sodium tab delayed release 25 mg* | 1 | |
| *diclofenac sodium tab delayed release 50 mg* | 1 | |
| *diclofenac sodium tab delayed release 75 mg* | 1 | |
| *diclofenac sodium tab er 24hr 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diclofenac w/ misoprostol tab delayed release 50-0.2 mg* | 1 | |
| *diclofenac w/ misoprostol tab delayed release 75-0.2 mg* | 1 | |
| DUEXIS TAB 800-26.6 | 3 | |
| EC-NAPROSYN TAB 375MG | 3 | |
| EC-NAPROSYN TAB 500MG | 3 | |
| *etodolac cap 200 mg* | 1 | |
| *etodolac cap 300 mg* | 1 | |
| *etodolac tab 400 mg* | 1 | |
| *etodolac tab 500 mg* | 1 | |
| *etodolac tab er 24hr 400 mg* | 1 | |
| *etodolac tab er 24hr 500 mg* | 1 | |
| *etodolac tab er 24hr 600 mg* | 1 | |
| FELDENE CAP 10MG | 3 | |
| FELDENE CAP 20MG | 3 | |
| *flurbiprofen tab 50 mg* | 1 | |
| *flurbiprofen tab 100 mg* | 1 | |
| *ibuprofen tab 400 mg* | 1 | |
| *ibuprofen tab 600 mg* | 1 | |
| *ibuprofen tab 800 mg* | 1 | |
| *indomethacin cap 25 mg* | 1 | |
| *indomethacin cap 50 mg* | 1 | |
| *indomethacin cap er 75 mg* | 1 | |
| *ketoprofen cap 50 mg* | 1 | |
| *ketoprofen cap 75 mg* | 1 | |
| *ketorolac tromethamine tab 10 mg* | 1 | |
| *meclofenamate sodium cap 50 mg* | 1 | |
| *meclofenamate sodium cap 100 mg* | 1 | |
| *mefenamic acid cap 250 mg* | 1 | |
| *meloxicam tab 7.5 mg* | 1 | |
| *meloxicam tab 15 mg* | 1 | |
| MOBIC TAB 7.5MG | 3 | |
| MOBIC TAB 15MG | 3 | |
| *nabumetone tab 500 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nabumetone tab 750 mg* | 1 | |
| NALFON CAP 400MG | 3 | |
| NALFON TAB 600MG | 3 | |
| NAPROSYN SUS 125/5ML | 3 | |
| NAPROSYN TAB 500MG | 3 | |
| *naproxen sodium tab 275 mg* | 1 | |
| *naproxen sodium tab 550 mg* | 1 | |
| *naproxen tab 250 mg* | 1 | |
| *naproxen tab 375 mg* | 1 | |
| *naproxen tab 500 mg* | 1 | |
| *naproxen tab ec 375 mg* | 1 | |
| *naproxen tab ec 500 mg* | 1 | |
| *oxaprozin tab 600 mg* | 1 | |
| *piroxicam cap 10 mg* | 1 | |
| *piroxicam cap 20 mg* | 1 | |
| *sulindac tab 150 mg* | 1 | |
| *sulindac tab 200 mg* | 1 | |
| *tolmetin sodium cap 400 mg* | 1 | |
| *tolmetin sodium tab 600 mg* | 1 | |
| VIMOVO TAB 375-20MG | 3 | |
| VIMOVO TAB 500-20MG | 3 | |
| ZIPSOR CAP 25MG | 3 | |
| ***PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** | | |
| OTEZLA TAB 10/20/30 | 2 | PA, QL (55 TABLETS PER 28 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OTEZLA TAB 30MG | 2 | PA, QL (60 TABLETS PER 30 DAYS); Preferred agent for Psoriasis, Psoriatic Arthritis ; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| ***PYRIMIDINE SYNTHESIS INHIBITORS*** | | |
| ARAVA TAB 10MG | 2 | |
| ARAVA TAB 20MG | 2 | |
| *leflunomide tab 10 mg* | 1 | |
| *leflunomide tab 20 mg* | 1 | |
| ***SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | | |
| ENBREL INJ 25/0.5ML | 2 | PA, QL (8 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| ENBREL INJ 50MG/ML | 2 | PA, QL (4 SYRINGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 SYRINGES PER 28 DAYS |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL MINI INJ 50MG/ML | 2 | PA, QL (4 CARTRIDGES PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 CARTRIDGES PER 28 DAYS |
| ENBREL SRCLK INJ 50MG/ML | 2 | PA, QL (4 INJ PER 28 DAYS); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:8 INJECTORS PER 28 DAYS |
| **ANALGESICS - NONNARCOTIC** | | |
| ***ANALGESIC COMBINATIONS*** | | |
| *butalbital-acetaminophen tab 50-325 mg* | 1 | |
| *butalbital-acetaminophen-caffeine tab 50-325-40 mg* | 1 | |
| *butalbital-aspirin-caffeine cap 50-325-40 mg* | 1 | |
| ESGIC TAB | 3 | |
| ***SALICYLATES*** | | |
| *aspirin chew tab 81 mg* | 0 | OTC; $0 copay-age and gender restrictions apply |
| *aspirin tab delayed release 81 mg* | 0 | OTC; $0 copay-age and gender restrictions apply |
| *diflunisal tab 500 mg* | 1 | |
| *salsalate tab 500 mg* | 1 | |
| *salsalate tab 750 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS - OPIOID** | | |
| ***OPIOID AGONISTS*** | | |
| ACTIQ LOZ 200MCG | 3 | PA |
| ACTIQ LOZ 400MCG | 3 | PA |
| ACTIQ LOZ 600MCG | 3 | PA |
| ACTIQ LOZ 800MCG | 3 | PA |
| ACTIQ LOZ 1200MCG | 3 | PA |
| ACTIQ LOZ 1600MCG | 3 | PA |
| CODEINE SULF TAB 15MG | 3 | PA, QL (42 tabs every 30 days) |
| CODEINE SULF TAB 60MG | 3 | PA, QL (42 tabs every 30 days) |
| *codeine sulfate tab 30 mg* | 1 | PA, QL (42 tabs every 30 days) |
| CONZIP CAP 100MG | 3 | PA, QL (30 caps every 30 days) |
| CONZIP CAP 200MG | 3 | PA, QL (30 caps every 30 days) |
| CONZIP CAP 300MG | 3 | PA, QL (30 caps every 30 days) |
| DILAUDID LIQ 1MG/ML | 3 | PA, QL (16 mL per day) |
| DILAUDID TAB 2MG | 3 | PA, QL (180 tabs every 30 days) |
| DILAUDID TAB 4MG | 3 | PA, QL (4 tabs per day) |
| DILAUDID TAB 8MG | 3 | PA, QL (60 tabs every 30 days) |
| DURAGESIC DIS 12MCG/HR | 3 | PA, QL (10 patches every 30 days) |
| DURAGESIC DIS 25MCG/HR | 3 | PA, QL (10 patches every 30 days) |
| DURAGESIC DIS 50MCG/HR | 3 | PA |
| DURAGESIC DIS 75MCG/HR | 3 | PA |
| DURAGESIC DIS 100MCG/H | 3 | PA, QL (10 patches every 30 days) |
| *fentanyl citrate buccal tab 100 mcg (base equiv)* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fentanyl citrate buccal tab 200 mcg (base equiv)* | 1 | PA |
| *fentanyl citrate buccal tab 400 mcg (base equiv)* | 1 | PA |
| *fentanyl citrate buccal tab 600 mcg (base equiv)* | 1 | PA |
| *fentanyl citrate buccal tab 800 mcg (base equiv)* | 1 | PA |
| *fentanyl citrate lozenge on a handle 200 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 400 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 600 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 800 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 1200 mcg* | 1 | PA |
| *fentanyl citrate lozenge on a handle 1600 mcg* | 1 | PA |
| *fentanyl td patch 72hr 12 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 25 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 37.5 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 50 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 62.5 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 75 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 87.5 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| *fentanyl td patch 72hr 100 mcg/hr* | 1 | PA, QL (10 patches every 25 days) |
| FENTORA TAB 100MCG | 3 | PA |
| FENTORA TAB 200MCG | 3 | PA |
| FENTORA TAB 400MCG | 3 | PA |
| FENTORA TAB 600MCG | 3 | PA |
| FENTORA TAB 800MCG | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone bitartrate cap er 12hr 10 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate cap er 12hr 15 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate cap er 12hr 20 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate cap er 12hr 30 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate cap er 12hr 40 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate cap er 12hr 50 mg* | 1 | PA, QL (60 caps every 30 days) |
| *hydrocodone bitartrate tab er 24hr deter 20 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 30 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 40 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 60 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 80 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 100 mg* | 1 | PA, QL (30 tabs every 25 days) |
| *hydrocodone bitartrate tab er 24hr deter 120 mg* | 1 | PA, QL (30 tabs every 25 days) |
| HYDROMORPHON SUP 3MG | 3 | PA, QL (120 supp every 30 days) |
| *hydromorphone hcl liqd 1 mg/ml* | 1 | PA, QL (16 mL per day) |
| *hydromorphone hcl tab 2 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *hydromorphone hcl tab 4 mg* | 1 | PA, QL (4 tabs per day) |
| *hydromorphone hcl tab 8 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 8 mg* | 1 | PA, QL (30 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydromorphone hcl tab er 24hr 12 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 16 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *hydromorphone hcl tab er 24hr 32 mg* | 1 | PA |
| *meperidine hcl oral soln 50 mg/5ml* | 1 | PA |
| *meperidine hcl tab 50 mg* | 1 | PA |
| *methadone hcl conc 10 mg/ml* | 1 | PA, QL (1.5 mL per day) |
| *methadone hcl conc 10 mg/ml* | 1 | PA, QL (60 mL every 30 days) |
| *methadone hcl soln 5 mg/5ml* | 1 | PA, QL (450 mL every 30 days) |
| *methadone hcl soln 10 mg/5ml* | 1 | PA, QL (300 mL every 30 days) |
| *methadone hcl tab 5 mg* | 1 | PA, QL (90 tabs every 30 days) |
| *methadone hcl tab 10 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *methadone hcl tab for oral susp 40 mg* | 1 | |
| METHADOSE CON 10MG/ML | 3 | QL (60 mL every 30 days) |
| METHADOSE SF CON 10MG/ML | 3 | QL (60 mL every 30 days) |
| *morphine sulfate beads cap er 24hr 30 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 45 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 60 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 75 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 90 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate beads cap er 24hr 120 mg* | 1 | PA |
| *morphine sulfate cap er 24hr 10 mg* | 1 | PA, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 20 mg* | 1 | PA, QL (60 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate cap er 24hr 30 mg* | 1 | PA, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 40 mg* | 1 | PA, QL (60 caps every 30 days) |
| *morphine sulfate cap er 24hr 50 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 60 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 80 mg* | 1 | PA, QL (30 caps every 30 days) |
| *morphine sulfate cap er 24hr 100 mg* | 1 | PA |
| *morphine sulfate oral soln 10 mg/5ml* | 1 | PA, QL (900 mL every 30 days) |
| *morphine sulfate oral soln 20 mg/5ml* | 1 | PA, QL (675 mL every 30 days) |
| *morphine sulfate oral soln 100 mg/5ml (20 mg/ml)* | 1 | PA, QL (135 mL every 30 days) |
| *morphine sulfate suppos 5 mg* | 1 | PA, QL (180 supp every 30 days) |
| *morphine sulfate suppos 10 mg* | 1 | PA, QL (180 supp every 30 days) |
| *morphine sulfate suppos 20 mg* | 1 | PA, QL (120 supp every 30 days) |
| *morphine sulfate suppos 30 mg* | 1 | PA, QL (90 supp every 30 days) |
| *morphine sulfate tab 15 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *morphine sulfate tab 30 mg* | 1 | PA, QL (90 tabs every 30 days) |
| *morphine sulfate tab er 15 mg* | 1 | PA, QL (90 tabs every 30 days) |
| *morphine sulfate tab er 30 mg* | 1 | PA, QL (90 tabs every 30 days) |
| *morphine sulfate tab er 60 mg* | 1 | PA |
| *morphine sulfate tab er 100 mg* | 1 | PA |
| *morphine sulfate tab er 200 mg* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MS CONTIN TAB 15MG ER | 3 | PA, QL (90 tabs every 30 days) |
| MS CONTIN TAB 30MG ER | 3 | PA, QL (90 tabs every 30 days) |
| MS CONTIN TAB 60MG ER | 3 | PA |
| MS CONTIN TAB 100MG ER | 3 | PA |
| MS CONTIN TAB 200MG ER | 3 | PA |
| *oxycodone hcl cap 5 mg* | 1 | PA, QL (180 caps every 30 days) |
| *oxycodone hcl conc 100 mg/5ml (20 mg/ml)* | 1 | PA, QL (90 mL every 30 days) |
| *oxycodone hcl soln 5 mg/5ml* | 1 | PA, QL (900 mL every 30 days) |
| *oxycodone hcl tab 5 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *oxycodone hcl tab 10 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *oxycodone hcl tab 15 mg* | 1 | PA, QL (120 tabs every 30 days) |
| *oxycodone hcl tab 20 mg* | 1 | PA, QL (90 tabs every 30 days) |
| *oxycodone hcl tab 30 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 10 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 15 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 20 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 30 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 40 mg* | 1 | PA, QL (120 tabs every 30 days) |
| *oxycodone hcl tab er 12hr deter 60 mg* | 1 | PA, QL (60 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone hcl tab er 12hr deter 80 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *oxymorphone hcl tab 5 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *oxymorphone hcl tab 10 mg* | 1 | PA, QL (90 tabs every 30 days) |
| ROXICODONE TAB 5MG | 3 | PA, QL (180 tabs every 30 days) |
| ROXICODONE TAB 15MG | 3 | PA, QL (120 tabs every 30 days) |
| ROXICODONE TAB 30MG | 3 | PA, QL (60 tabs every 30 days) |
| *tramadol hcl tab 50 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *tramadol hcl tab er 24hr 100 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tramadol hcl tab er 24hr 200 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tramadol hcl tab er 24hr 300 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *tramadol hcl tab er 24hr biphasic release 100 mg* | 1 | PA |
| *tramadol hcl tab er 24hr biphasic release 200 mg* | 1 | PA |
| *tramadol hcl tab er 24hr biphasic release 300 mg* | 1 | PA |
| ULTRAM TAB 50MG | 3 | PA, QL (180 tabs every 30 days) |
| XTAMPZA ER CAP 9MG | 2 | PA, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 13.5MG | 2 | PA, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 18MG | 2 | PA, QL (60 caps every 30 days) |
| XTAMPZA ER CAP 27MG | 2 | PA, QL (60 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XTAMPZA ER CAP 36MG | 2 | PA, QL (60 caps every 30 days) |
| ***OPIOID COMBINATIONS*** | | |
| *acetaminophen w/ codeine soln 120-12 mg/5ml* | 1 | PA, QL (2700 mL every 30 days) |
| *acetaminophen w/ codeine tab 300-15 mg* | 1 | PA, QL (390 tabs every 30 days) |
| *acetaminophen w/ codeine tab 300-30 mg* | 1 | PA, QL (360 tabs every 30 days) |
| *acetaminophen w/ codeine tab 300-60 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg* | 1 | PA, QL (300 caps every 30 days) |
| *acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg* | 1 | PA, QL (300 tabs every 30 days) |
| *butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg* | 1 | |
| *butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg* | 1 | |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* | 1 | |
| FIORICET CAP CODEINE | 3 | |
| *hydrocodone-acetaminophen soln 7.5-325 mg/15ml* | 1 | PA, QL (2700 mL every 30 days) |
| *hydrocodone-acetaminophen soln 10-325 mg/15ml* | 1 | PA, QL (2700 mL every 30 days) |
| *hydrocodone-acetaminophen tab 5-300 mg* | 1 | PA, QL (240 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 5-325 mg* | 1 | PA, QL (240 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 7.5-300 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 7.5-325 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *hydrocodone-acetaminophen tab 10-300 mg* | 1 | PA, QL (180 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-acetaminophen tab 10-325 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *hydrocodone-ibuprofen tab 5-200 mg* | 1 | PA, QL (150 tabs every 30 days) |
| *hydrocodone-ibuprofen tab 7.5-200 mg* | 1 | PA, QL (150 tabs every 30 days) |
| *hydrocodone-ibuprofen tab 10-200 mg* | 1 | PA, QL (150 tabs every 30 days) |
| LORTAB ELX 10-300MG | 3 | PA, QL (2040 mL every 30 days) |
| *oxycodone w/ acetaminophen tab 2.5-325 mg* | 1 | PA, QL (360 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 5-325 mg* | 1 | PA, QL (360 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 7.5-325 mg* | 1 | PA, QL (240 tabs every 30 days) |
| *oxycodone w/ acetaminophen tab 10-325 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *oxycodone-aspirin tab 4.8355-325 mg* | 1 | PA, QL (360 tabs every 30 days) |
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | PA, QL (240 tabs every 30 days) |
| ULTRACET TAB 37.5-325 | 3 | PA, QL (240 tabs every 30 days) |
| ***OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA MIS 75MCG | 2 | PA, QL (60 films every 30 days) |
| BELBUCA MIS 150MCG | 2 | PA, QL (60 films every 30 days) |
| BELBUCA MIS 300MCG | 2 | PA, QL (60 films every 30 days) |
| BELBUCA MIS 450MCG | 2 | PA, QL (60 films every 30 days) |
| BELBUCA MIS 600MCG | 2 | PA |
| BELBUCA MIS 750MCG | 2 | PA |
| BELBUCA MIS 900MCG | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BUNAVAIL MIS 4.2-0.7 | 3 | |
| BUNAVAIL MIS 6.3-1MG | 3 | |
| *buprenorphine hcl sl tab 2 mg (base equiv)* | 0 | |
| *buprenorphine hcl sl tab 8 mg (base equiv)* | 0 | |
| *buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)* | 1 | |
| *buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)* | 0 | |
| *buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)* | 0 | |
| *buprenorphine td patch weekly 5 mcg/hr* | 1 | PA, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 7.5 mcg/hr* | 1 | PA, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 10 mcg/hr* | 1 | PA, QL (4 patches every 30 days) |
| *buprenorphine td patch weekly 15 mcg/hr* | 1 | PA |
| *buprenorphine td patch weekly 20 mcg/hr* | 1 | PA |
| *butorphanol tartrate nasal soln 10 mg/ml* | 1 | QL (2.4 bottles every 30 days) |
| *pentazocine w/ naloxone hcl tab 50-0.5 mg* | 1 | PA |
| ZUBSOLV SUB 0.7-0.18 | 2 | |
| ZUBSOLV SUB 1.4-0.36 | 2 | |
| ZUBSOLV SUB 2.9-0.71 | 2 | |
| ZUBSOLV SUB 5.7-1.4 | 2 | |
| ZUBSOLV SUB 8.6-2.1 | 2 | |
| ZUBSOLV SUB 11.4-2.9 | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANDROGENS-ANABOLIC** | | |
| ***ANABOLIC STEROIDS*** | | |
| *oxandrolone tab 2.5 mg* | 1 | |
| *oxandrolone tab 10 mg* | 1 | |
| ***ANDROGENS*** | | |
| ANDRODERM DIS 2MG/24HR | 3 | PA |
| ANDRODERM DIS 4MG/24HR | 3 | PA |
| *danazol cap 50 mg* | 1 | |
| *danazol cap 100 mg* | 1 | |
| *danazol cap 200 mg* | 1 | |
| METHITEST TAB 10MG | 3 | |
| *methyltestosterone cap 10 mg* | 1 | |
| NATESTO GEL 5.5MG | 2 | PA |
| *testosterone cypionate im inj in oil 100 mg/ml* | 1 | PA |
| *testosterone cypionate im inj in oil 100 mg/ml* | 3 | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | 1 | PA |
| *testosterone cypionate im inj in oil 200 mg/ml* | 3 | PA |
| *testosterone enanthate im inj in oil 200 mg/ml* | 1 | PA |
| *testosterone td gel 10mg/act (2%)* | 1 | PA |
| *testosterone td gel 12.5 mg/act (1%)* | 1 | PA |
| *testosterone td gel 20.25 mg/1.25gm (1.62%)* | 1 | PA |
| *testosterone td gel 20.25 mg/act (1.62%)* | 1 | PA |
| *testosterone td gel 25 mg/2.5gm (1%)* | 1 | PA |
| *testosterone td gel 40.5 mg/2.5gm (1.62%)* | 1 | PA |
| *testosterone td gel 50 mg/5gm (1%)* | 1 | PA |
| *testosterone td soln 30 mg/act* | 1 | |
| XYOSTED INJ 50/0.5 | 3 | PA |
| XYOSTED INJ 75/0.5 | 3 | PA |
| XYOSTED INJ 100/0.5 | 3 | PA |
| **ANORECTAL AND RELATED PRODUCTS** | | |
| ***INTRARECTAL STEROIDS*** | | |
| CORTENEMA ENE 100MG | 3 | |
| CORTIFOAM AER 90MG | 2 | |
| *hydrocortisone enema 100 mg/60ml* | 1 | |
| UCERIS AER 2MG/ACT | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***RECTAL COMBINATIONS*** | | |
| ANALPRAM-HC CRE 1-1% | 3 | |
| ANALPRAM-HC LOT 2.5% | 3 | |
| *hydrocortisone acetate w/ pramoxine perianal cream 1-1%* | 1 | |
| PROCORT CRE | 3 | |
| PROCTOFOAM AER HC 1% | 2 | |
| ***RECTAL STEROIDS*** | | |
| ANUSOL-HC CRE 2.5% | 2 | |
| *hydrocortisone acetate suppos 25 mg* | 1 | |
| *hydrocortisone perianal cream 1%* | 1 | |
| *hydrocortisone perianal cream 2.5%* | 1 | |
| PROCTOCORT CRE 1% | 3 | |
| PROCTOCORT SUP 30MG | 3 | |
| ***VASODILATING AGENTS*** | | |
| RECTIV OIN 0.4% | 3 | |
| **ANTHELMINTICS** | | |
| ***ANTHELMINTICS*** | | |
| *albendazole tab 200 mg* | 1 | QL (336 tabs every year) |
| ALBENZA TAB 200MG | 3 | QL (336 tabs every year) |
| BENZNIDAZOLE TAB 12.5MG | 3 | |
| BENZNIDAZOLE TAB 100MG | 3 | |
| BILTRICIDE TAB 600MG | 3 | QL (24 tabs every year) |
| EMVERM CHW 100MG | 2 | QL (12 ea every year) |
| *ivermectin tab 3 mg* | 1 | PA, QL (9 tabs every 90 days) |
| *praziquantel tab 600 mg* | 1 | QL (24 tabs every year) |
| STROMECTOL TAB 3MG | 3 | PA, QL (9 tabs every 90 days) |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| ***ANTI-INFECTIVE AGENTS - MISC.*** | | |
| AEMCOLO TAB 194MG | 3 | |
| FLAGYL CAP 375MG | 3 | |
| FLAGYL TAB 500MG | 3 | |
| IMPAVIDO CAP 50MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metronidazole cap 375 mg* | 1 | |
| *metronidazole tab 250 mg* | 1 | |
| *metronidazole tab 500 mg* | 1 | |
| PRIMSOL SOL 50MG/5ML | 3 | |
| *tinidazole tab 250 mg* | 1 | |
| *tinidazole tab 500 mg* | 1 | |
| *trimethoprim tab 100 mg* | 1 | |
| XIFAXAN TAB 200MG | 3 | QL (9 tabs every 25 days) |
| XIFAXAN TAB 550MG | 2 | PA |
| ***ANTI-INFECTIVE MISC. - COMBINATIONS*** | | |
| BACTRIM DS TAB 800-160 | 3 | |
| BACTRIM TAB 400-80MG | 3 | |
| *methenamine-hyos-meth blue-sod phos-phen sal tab 81.6 mg* | 1 | |
| *sulfamethoxazole-trimethoprim susp 200-40 mg/5ml* | 1 | |
| *sulfamethoxazole-trimethoprim tab 400-80 mg* | 1 | |
| *sulfamethoxazole-trimethoprim tab 800-160 mg* | 1 | |
| ***ANTIPROTOZOAL AGENTS*** | | |
| ALINIA SUS 100/5ML | 3 | |
| ALINIA TAB 500MG | 3 | |
| *atovaquone susp 750 mg/5ml* | 1 | |
| LAMPIT TAB 30MG | 3 | |
| LAMPIT TAB 120MG | 3 | |
| MEPRON SUS | 3 | |
| *nitazoxanide tab 500 mg* | 1 | |
| ***GLYCOPEPTIDES*** | | |
| VANCOCIN CAP 125MG | 2 | QL (80 caps every 10 days) |
| VANCOCIN CAP 250MG | 2 | QL (80 caps every 10 days) |
| *vancomycin hcl cap 125 mg (base equivalent)* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl cap 250 mg (base equivalent)* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl for oral soln 50 mg/ml (base equivalent)* | 3 | QL (450 mL every 10 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***LEPROSTATICS*** | | |
| *dapsone tab 25 mg* | 1 | |
| *dapsone tab 100 mg* | 1 | |
| ***LINCOSAMIDES*** | | |
| CLEOCIN CAP 75MG | 2 | |
| CLEOCIN CAP 150MG | 2 | |
| CLEOCIN CAP 300MG | 2 | |
| CLEOCIN PED SOL 75MG/5ML | 2 | |
| *clindamycin hcl cap 75 mg* | 1 | |
| *clindamycin hcl cap 150 mg* | 1 | |
| *clindamycin hcl cap 300 mg* | 1 | |
| *clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)* | 1 | |
| ***OXAZOLIDINONES*** | | |
| *linezolid for susp 100 mg/5ml* | 1 | PA |
| *linezolid tab 600 mg* | 1 | PA |
| SIVEXTRO TAB 200MG | 3 | |
| ZYVOX SUS 100MG/5M | 3 | PA |
| ZYVOX TAB 600MG | 3 | PA |
| ***PLEUROMUTILINS*** | | |
| XENLETA TAB 600MG | 3 | |
| ***URINARY ANTI-INFECTIVES*** | | |
| *fosfomycin tromethamine powd pack 3 gm (base equivalent)* | 1 | |
| HIPREX TAB 1GM | 3 | |
| MACROBID CAP 100MG | 2 | |
| *methenamine hippurate tab 1 gm* | 1 | |
| *methenamine mandelate tab 0.5 gm* | 1 | |
| *methenamine mandelate tab 1 gm* | 1 | |
| MONUROL PAK GRANULES | 3 | |
| *nitrofurantoin macrocrystalline cap 25 mg* | 1 | |
| *nitrofurantoin macrocrystalline cap 50 mg* | 1 | |
| *nitrofurantoin macrocrystalline cap 100 mg* | 1 | |
| *nitrofurantoin monohydrate macrocrystalline cap 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nitrofurantoin susp 25 mg/5ml* | 1 | |
| **ANTIANGINAL AGENTS** | | |
| ***ANTIANGINALS-OTHER*** | | |
| RANEXA TAB 500MG | 3 | |
| RANEXA TAB 1000MG | 3 | |
| *ranolazine tab er 12hr 500 mg* | 1 | |
| *ranolazine tab er 12hr 1000 mg* | 1 | |
| ***NITRATES*** | | |
| DILATRATE SR CAP 40MG | 3 | |
| ISORDIL TAB 5MG | 3 | |
| ISORDIL TAB 40MG | 3 | |
| *isosorbide dinitrate tab 5 mg* | 1 | |
| *isosorbide dinitrate tab 10 mg* | 1 | |
| *isosorbide dinitrate tab 20 mg* | 1 | |
| *isosorbide dinitrate tab 30 mg* | 1 | |
| *isosorbide mononitrate tab 10 mg* | 1 | |
| *isosorbide mononitrate tab 20 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 30 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 60 mg* | 1 | |
| *isosorbide mononitrate tab er 24hr 120 mg* | 1 | |
| NITRO-BID OIN 2% | 3 | |
| NITRO-DUR DIS 0.1MG/HR | 2 | |
| NITRO-DUR DIS 0.2MG/HR | 2 | |
| NITRO-DUR DIS 0.3MG/HR | 2 | |
| NITRO-DUR DIS 0.4MG/HR | 2 | |
| NITRO-DUR DIS 0.6MG/HR | 2 | |
| NITRO-DUR DIS 0.8MG/HR | 2 | |
| *nitroglycerin sl tab 0.3 mg* | 1 | |
| *nitroglycerin sl tab 0.4 mg* | 1 | |
| *nitroglycerin sl tab 0.6 mg* | 1 | |
| *nitroglycerin td patch 24hr 0.1 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.2 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.4 mg/hr* | 1 | |
| *nitroglycerin td patch 24hr 0.6 mg/hr* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)* | 1 | |
| NITROLINGUAL SPR PUMPSPRA | 3 | |
| NITROMIST AER 400MCG | 3 | |
| NITROSTAT SUB 0.3MG | 3 | |
| NITROSTAT SUB 0.4MG | 3 | |
| NITROSTAT SUB 0.6MG | 3 | |
| **ANTIANXIETY AGENTS** | | |
| ***ANTIANXIETY AGENTS - MISC.*** | | |
| *buspirone hcl tab 5 mg* | 1 | |
| *buspirone hcl tab 7.5 mg* | 1 | |
| *buspirone hcl tab 10 mg* | 1 | |
| *buspirone hcl tab 15 mg* | 1 | |
| *buspirone hcl tab 30 mg* | 1 | |
| *hydroxyzine hcl syrup 10 mg/5ml* | 1 | |
| *hydroxyzine hcl tab 10 mg* | 1 | |
| *hydroxyzine hcl tab 25 mg* | 1 | |
| *hydroxyzine hcl tab 50 mg* | 1 | |
| *hydroxyzine pamoate cap 25 mg* | 1 | |
| *hydroxyzine pamoate cap 50 mg* | 1 | |
| *hydroxyzine pamoate cap 100 mg* | 1 | |
| *meprobamate tab 200 mg* | 1 | |
| *meprobamate tab 400 mg* | 1 | |
| VISTARIL CAP 25MG | 3 | |
| VISTARIL CAP 50MG | 3 | |
| ***BENZODIAZEPINES*** | | |
| ALPRAZOLAM CON 1 MG/ML | 3 | |
| *alprazolam orally disintegrating tab 0.5 mg* | 1 | |
| *alprazolam orally disintegrating tab 0.25 mg* | 1 | |
| *alprazolam orally disintegrating tab 1 mg* | 1 | |
| *alprazolam orally disintegrating tab 2 mg* | 1 | |
| *alprazolam tab 0.5 mg* | 1 | |
| *alprazolam tab 0.25 mg* | 1 | |
| *alprazolam tab 1 mg* | 1 | |
| *alprazolam tab 2 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alprazolam tab er 24hr 0.5 mg* | 1 | |
| *alprazolam tab er 24hr 1 mg* | 1 | |
| *alprazolam tab er 24hr 2 mg* | 1 | |
| *alprazolam tab er 24hr 3 mg* | 1 | |
| *chlordiazepoxide hcl cap 5 mg* | 1 | |
| *chlordiazepoxide hcl cap 10 mg* | 1 | |
| *chlordiazepoxide hcl cap 25 mg* | 1 | |
| *clorazepate dipotassium tab 3.75 mg* | 1 | |
| *clorazepate dipotassium tab 7.5 mg* | 1 | |
| *clorazepate dipotassium tab 15 mg* | 1 | |
| *diazepam conc 5 mg/ml* | 1 | |
| *diazepam oral soln 1 mg/ml* | 1 | |
| *diazepam tab 2 mg* | 1 | |
| *diazepam tab 5 mg* | 1 | |
| *diazepam tab 10 mg* | 1 | |
| *lorazepam conc 2 mg/ml* | 1 | |
| *lorazepam tab 0.5 mg* | 1 | |
| *lorazepam tab 1 mg* | 1 | |
| *lorazepam tab 2 mg* | 1 | |
| *oxazepam cap 10 mg* | 1 | |
| *oxazepam cap 15 mg* | 1 | |
| *oxazepam cap 30 mg* | 1 | |
| TRANXENE T TAB 7.5MG | 3 | |
| VALIUM TAB 2MG | 3 | |
| VALIUM TAB 5MG | 3 | |
| VALIUM TAB 10MG | 3 | |

## ANTIARRHYTHMICS

### *ANTIARRHYTHMICS TYPE I-A*

| | | |
|---|---|---|
| *disopyramide phosphate cap 100 mg* | 1 | |
| *disopyramide phosphate cap 150 mg* | 1 | |
| NORPACE CAP 100MG CR | 2 | |
| NORPACE CAP 150MG CR | 2 | |
| *quinidine gluconate tab er 324 mg* | 1 | |
| *quinidine sulfate tab 200 mg* | 1 | |
| *quinidine sulfate tab 300 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIARRHYTHMICS TYPE I-B*** | | |
| *mexiletine hcl cap 150 mg* | 1 | |
| *mexiletine hcl cap 200 mg* | 1 | |
| *mexiletine hcl cap 250 mg* | 1 | |
| ***ANTIARRHYTHMICS TYPE I-C*** | | |
| *flecainide acetate tab 50 mg* | 1 | |
| *flecainide acetate tab 100 mg* | 1 | |
| *flecainide acetate tab 150 mg* | 1 | |
| *propafenone hcl cap er 12hr 225 mg* | 1 | |
| *propafenone hcl cap er 12hr 325 mg* | 1 | |
| *propafenone hcl cap er 12hr 425 mg* | 1 | |
| *propafenone hcl tab 150 mg* | 1 | |
| *propafenone hcl tab 225 mg* | 1 | |
| *propafenone hcl tab 300 mg* | 1 | |
| RYTHMOL SR CAP 225MG | 2 | |
| RYTHMOL SR CAP 325MG | 2 | |
| RYTHMOL SR CAP 425MG | 2 | |
| ***ANTIARRHYTHMICS TYPE III*** | | |
| *amiodarone hcl tab 100 mg* | 1 | |
| *amiodarone hcl tab 200 mg* | 1 | |
| *amiodarone hcl tab 400 mg* | 1 | |
| *dofetilide cap 125 mcg (0.125 mg)* | 1 | PA |
| *dofetilide cap 250 mcg (0.25 mg)* | 1 | PA |
| *dofetilide cap 500 mcg (0.5 mg)* | 1 | PA |
| TIKOSYN CAP 125MCG | 3 | PA |
| TIKOSYN CAP 250MCG | 3 | PA |
| TIKOSYN CAP 500MCG | 3 | PA |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS** | | |
| ***ANTI-INFLAMMATORY AGENTS*** | | |
| *cromolyn sodium soln nebu 20 mg/2ml* | 1 | QL (240 mL every 30 days) |
| ***ANTIASTHMATIC - MONOCLONAL ANTIBODIES*** | | |
| DUPIXENT INJ 100/0.67 | 2 | PA, QL (2 SYRINGES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT INJ 200/1.14 | 2 | PA, QL (2 PFS PER 28 DAYS); LOADING DOSE:2 PFS PER 14 DAYS |
| FASENRA PEN INJ 30MG/ML | 2 | PA, QL (1 PENS PER 56 DAYS); LOADING DOSE: 3 PENS PER 84 DAYS |
| NUCALA INJ 40MG/0.4 | 2 | PA, QL (1 SYRINGE PER 28 DAYS) |
| NUCALA INJ 100MG/ML | 2 | PA, QL (3 INJ PER 28 DAYS) |
| NUCALA INJ 100MG/ML | 2 | PA, QL (3 PFS PER 28 DAYS) |
| TEZSPIRE INJ 210MG | 2 | PA, QL (1 PEN PER 28 DAYS) |
| ***BRONCHODILATORS - ANTICHOLINERGICS*** | | |
| ATROVENT HFA AER 17MCG | 3 | QL (2 packages every 25 days) |
| *ipratropium bromide inhal soln 0.02%* | 1 | QL (120 vials every 30 days) |
| SPIRIVA AER 1.25MCG | 2 | QL (1 package every 25 days) |
| SPIRIVA CAP HANDIHLR | 2 | QL (30 caps every 30 days) |
| SPIRIVA SPR 2.5MCG | 2 | QL (1 package every 25 days) |
| YUPELRI SOL | 2 | QL (90 mL every 30 days) |
| ***LEUKOTRIENE MODULATORS*** | | |
| ACCOLATE TAB 10MG | 3 | |
| ACCOLATE TAB 20MG | 3 | |
| *montelukast sodium chew tab 4 mg (base equiv)* | 1 | |
| *montelukast sodium chew tab 5 mg (base equiv)* | 1 | |
| *montelukast sodium oral granules packet 4 mg (base equiv)* | 1 | |
| *montelukast sodium tab 10 mg (base equiv)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zafirlukast tab 10 mg* | 1 | |
| *zafirlukast tab 20 mg* | 1 | |
| ZYFLO TAB 600MG | 3 | |
| ***STEROID INHALANTS*** | | |
| *budesonide inhalation susp 0.5 mg/2ml* | 1 | QL (2 mL every 25 days) |
| *budesonide inhalation susp 0.25 mg/2ml* | 1 | QL (3 mL every 25 days) |
| *budesonide inhalation susp 1 mg/2ml* | 1 | QL (1 mL every 25 days) |
| FLOVENT HFA AER 44MCG | 2 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| FLOVENT HFA AER 110MCG | 2 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| FLOVENT HFA AER 220MCG | 2 | QL (2 packages every 25 days); Covered for member 6 years of age and younger |
| *fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)* | 1 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| *fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)* | 1 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| *fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)* | 1 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| PULMICORT INH 90MCG | 2 | QL (3 inhalers every 25 days) |
| PULMICORT INH 180MCG | 2 | QL (2 inhalers every 25 days) |
| PULMICORT SUS 0.5MG/2 | 3 | QL (3 mL every 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PULMICORT SUS 0.25MG/2 | 3 | QL (2 mL every 25 days) |
| PULMICORT SUS 1MG/2ML | 3 | QL (1 mL every 25 days) |
| QVAR REDIHA AER 80MCG | 2 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| QVAR REDIHAL AER 40MCG | 2 | QL (2 packages every 25 days); Covered for members 6 years of age and younger |
| ***SYMPATHOMIMETICS*** | | |
| ADVAIR DISKU AER 100/50 | 1 | QL (60 inhalations every 30 days); Tier 1 with DAW9 |
| ADVAIR DISKU AER 250/50 | 1 | QL (60 inhalations every 30 days); Tier 1 with DAW9 |
| ADVAIR DISKU AER 500/50 | 1 | QL (60 inhalations every 30 days); Tier 1 with DAW9 |
| ADVAIR HFA AER 45/21 | 2 | QL (1 package every 25 days) |
| ADVAIR HFA AER 115/21 | 2 | QL (1 package every 25 days) |
| ADVAIR HFA AER 230/21 | 2 | QL (1 package every 25 days) |
| AIRSUPRA AER 90-80MCG | 2 | QL (3 packages per 30 days) |
| *albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)* | 1 | QL (2 packages every 25 days) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | 1 | QL (120 ea every 30 days) |
| *albuterol sulfate soln nebu 0.5% (5 mg/ml)* | 1 | QL (60 mL every 30 days) |
| *albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (360 mL every 30 days) |
| *albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)* | 1 | QL (360 mL every 30 days) |
| *albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (360 mL every 30 days) |
| *albuterol sulfate syrup 2 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *albuterol sulfate tab 2 mg* | 1 | |
| *albuterol sulfate tab 4 mg* | 1 | |
| *albuterol sulfate tab er 12hr 4 mg* | 1 | |
| *albuterol sulfate tab er 12hr 8 mg* | 1 | |
| ANORO ELLIPT AER 62.5-25 | 2 | QL (60 blisters every 30 days) |
| *arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)* | 1 | QL (120 mL every 30 days) |
| BREO ELLIPTA INH 50-25MCG | 2 | QL (60 blisters every 30 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (60 blisters every 30 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (60 blisters every 30 days) |
| BREZTRI AERO AER SPHERE | 2 | QL (1 inhaler every 25 days) |
| BROVANA NEB 15MCG | 3 | QL (120 mL every 30 days) |
| COMBIVENT AER 20-100 | 3 | QL (2 packages every 25 days) |
| *formoterol fumarate soln nebu 20 mcg/2ml* | 1 | QL (60 mL every 30 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | QL (540 mL every 30 days) |
| *levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)* | 1 | QL (300 mL every 30 days) |
| *levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)* | 1 | QL (90 ea every 30 days) |
| *levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)* | 1 | QL (2 inhalers every 30 days) |
| PERFOROMIST NEB 20MCG | 3 | QL (120 mL every 30 days) |
| SEREVENT DIS AER 50MCG | 2 | QL (60 inhalations every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STIOLTO AER 2.5-2.5 | 2 | QL (1 package every 25 days) |
| STRIVERDI AER 2.5MCG | 2 | QL (1 package every 25 days) |
| SYMBICORT AER 80-4.5 | 2 | QL (3 packages every 25 days); Tier 2 with DAW9 |
| SYMBICORT AER 160-4.5 | 2 | QL (3 packages every 25 days); Tier 2 with DAW9 |
| *terbutaline sulfate tab 2.5 mg* | 1 | |
| *terbutaline sulfate tab 5 mg* | 1 | |
| TRELEGY AER 100MCG | 2 | QL (1 inhaler every 30 days) |
| TRELEGY AER 200MCG | 2 | QL (1 inhaler every 30 days) |
| XOPENEX CONC NEB 1.25/0.5 | 3 | QL (90 ea every 30 days) |
| XOPENEX NEB 0.31MG | 3 | QL (300 mL every 30 days) |
| XOPENEX NEB 0.63MG | 3 | QL (300 mL every 30 days) |
| XOPENEX NEB 1.25/3ML | 3 | QL (300 mL every 30 days) |
| ***XANTHINES*** | | |
| *theophylline elixir 80 mg/15ml* | 1 | |
| *theophylline elixir 80 mg/15ml* | 3 | |
| *theophylline tab er 12hr 300 mg* | 1 | |
| *theophylline tab er 12hr 450 mg* | 1 | |
| *theophylline tab er 24hr 400 mg* | 1 | |
| *theophylline tab er 24hr 600 mg* | 1 | |
| **ANTICOAGULANTS** | | |
| ***COUMARIN ANTICOAGULANTS*** | | |
| *warfarin sodium tab 1 mg* | 1 | |
| *warfarin sodium tab 2 mg* | 1 | |
| *warfarin sodium tab 2.5 mg* | 1 | |
| *warfarin sodium tab 3 mg* | 1 | |
| *warfarin sodium tab 4 mg* | 1 | |
| *warfarin sodium tab 5 mg* | 1 | |
| *warfarin sodium tab 6 mg* | 1 | |
| *warfarin sodium tab 7.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *warfarin sodium tab 10 mg* | 1 | |
| ***DIRECT FACTOR XA INHIBITORS*** | | |
| ELIQUIS ST P TAB 5MG | 2 | |
| ELIQUIS TAB 2.5MG | 2 | |
| ELIQUIS TAB 5MG | 2 | |
| XARELTO STAR TAB 15/20MG | 2 | |
| XARELTO TAB 2.5MG | 2 | |
| XARELTO TAB 10MG | 2 | |
| XARELTO TAB 15MG | 2 | |
| XARELTO TAB 20MG | 2 | |
| ***HEPARINS AND HEPARINOID-LIKE AGENTS*** | | |
| ARIXTRA INJ 2.5/0.5 | 2 | |
| ARIXTRA INJ 5/0.4ML | 2 | |
| ARIXTRA INJ 7.5/0.6 | 2 | |
| ARIXTRA INJ 10/0.8ML | 2 | |
| *enoxaparin sodium inj 300 mg/3ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 30 mg/0.3ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 40 mg/0.4ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 60 mg/0.6ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 80 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | 1 | |
| FRAGMIN INJ 2500/0.2 | 2 | |
| FRAGMIN INJ 5000/0.2 | 2 | |
| FRAGMIN INJ 7500/0.3 | 2 | |
| FRAGMIN INJ 10000/ML | 2 | |
| FRAGMIN INJ 12500UNT | 2 | |
| FRAGMIN INJ 15000UNT | 2 | |
| FRAGMIN INJ 18000UNT | 2 | |
| FRAGMIN INJ 95000UNT | 2 | |
| *heparin sodium (porcine) inj 1000 unit/ml* | 1 | PA |
| *heparin sodium (porcine) inj 5000 unit/ml* | 1 | PA |
| *heparin sodium (porcine) inj 10000 unit/ml* | 1 | PA |
| *heparin sodium (porcine) inj 20000 unit/ml* | 1 | PA |
| *heparin sodium (porcine) pf inj 5000 unit/0.5ml* | 1 | PA |
| LOVENOX INJ 30/0.3ML | 3 | |
| LOVENOX INJ 40/0.4ML | 3 | |
| LOVENOX INJ 60/0.6ML | 3 | |
| LOVENOX INJ 80/0.8ML | 3 | |
| LOVENOX INJ 100MG/ML | 3 | |
| LOVENOX INJ 120/0.8 | 3 | |
| LOVENOX INJ 150MG/ML | 3 | |
| LOVENOX INJ 300/3ML | 3 | |
| **ANTICONVULSANTS** | | |
| ***AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** | | |
| FYCOMPA SUS 0.5MG/ML | 2 | |
| FYCOMPA TAB 2MG | 2 | |
| FYCOMPA TAB 4MG | 2 | |
| FYCOMPA TAB 6MG | 2 | |
| FYCOMPA TAB 8MG | 2 | |
| FYCOMPA TAB 10MG | 2 | |
| FYCOMPA TAB 12MG | 2 | |
| ***ANTICONVULSANTS - BENZODIAZEPINES*** | | |
| *clobazam suspension 2.5 mg/ml* | 1 | |
| *clobazam tab 10 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clobazam tab 20 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.5 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.25 mg* | 1 | |
| *clonazepam orally disintegrating tab 0.125 mg* | 1 | |
| *clonazepam orally disintegrating tab 1 mg* | 1 | |
| *clonazepam orally disintegrating tab 2 mg* | 1 | |
| *clonazepam tab 0.5 mg* | 1 | |
| *clonazepam tab 1 mg* | 1 | |
| *clonazepam tab 2 mg* | 1 | |
| DIASTAT ACDL GEL 5-10MG | 3 | |
| DIASTAT ACDL GEL 12.5-20 | 3 | |
| DIASTAT PED GEL 2.5M GEL | 3 | |
| *diazepam rectal gel delivery system 2.5 mg* | 1 | |
| *diazepam rectal gel delivery system 10 mg* | 1 | |
| *diazepam rectal gel delivery system 20 mg* | 1 | |
| KLONOPIN TAB 0.5MG | 3 | |
| KLONOPIN TAB 1MG | 3 | |
| KLONOPIN TAB 2MG | 3 | |
| NAYZILAM SPR 5MG | 2 | PA, QL (10 bottles every 25 days) |
| VALTOCO SPR 5MG | 2 | PA, QL (5 sprays every 25 days) |
| VALTOCO SPR 10MG | 2 | PA, QL (5 sprays every 25 days) |
| VALTOCO SPR 15MG | 2 | PA, QL (5 ea every 25 days) |
| VALTOCO SPR 20MG | 2 | PA, QL (5 ea every 25 days) |
| ***ANTICONVULSANTS - MISC.*** | | |
| APTIOM TAB 200MG | 2 | |
| APTIOM TAB 400MG | 2 | |
| APTIOM TAB 600MG | 2 | |
| APTIOM TAB 800MG | 2 | |
| BRIVIACT SOL 10MG/ML | 3 | |
| BRIVIACT TAB 10MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BRIVIACT TAB 25MG | 3 | |
| BRIVIACT TAB 50MG | 3 | |
| BRIVIACT TAB 75MG | 3 | |
| BRIVIACT TAB 100MG | 3 | |
| *carbamazepine cap er 12hr 100 mg* | 1 | |
| *carbamazepine cap er 12hr 200 mg* | 1 | |
| *carbamazepine cap er 12hr 300 mg* | 1 | |
| *carbamazepine chew tab 100 mg* | 1 | |
| *carbamazepine susp 100 mg/5ml* | 1 | |
| *carbamazepine tab 200 mg* | 1 | |
| *carbamazepine tab er 12hr 100 mg* | 1 | |
| *carbamazepine tab er 12hr 200 mg* | 1 | |
| *carbamazepine tab er 12hr 400 mg* | 1 | |
| CARBATROL CAP 100MG | 3 | |
| CARBATROL CAP 200MG | 3 | |
| CARBATROL CAP 300MG | 3 | |
| EPIDIOLEX SOL 100MG/ML | 3 | PA, QL (800 ML PER 30 DAYS) |
| *gabapentin cap 100 mg* | 1 | QL (180 capsules per 30 days) |
| *gabapentin cap 300 mg* | 1 | QL (180 capsules per 30 days) |
| *gabapentin cap 400 mg* | 1 | QL (180 capsules per 30 days) |
| *gabapentin oral soln 250 mg/5ml* | 1 | |
| *gabapentin oral soln 250 mg/5ml* | 1 | QL (72 mL per day) |
| *gabapentin tab 600 mg* | 1 | QL (180 capsules per 30 days) |
| *gabapentin tab 800 mg* | 1 | QL (120 tablets per 30 days) |
| *lacosamide oral solution 10 mg/ml* | 1 | |
| *lacosamide tab 50 mg* | 1 | |
| *lacosamide tab 100 mg* | 1 | |
| *lacosamide tab 150 mg* | 1 | |
| *lacosamide tab 200 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lamotrigine orally disintegrating tab 25 mg* | 1 | |
| *lamotrigine orally disintegrating tab 50 mg* | 1 | |
| *lamotrigine orally disintegrating tab 100 mg* | 1 | |
| *lamotrigine orally disintegrating tab 200 mg* | 1 | |
| *lamotrigine tab 25 mg* | 1 | |
| *lamotrigine tab 25 mg (42) & 100 mg (7) starter kit* | 1 | |
| *lamotrigine tab 35 x 25 mg starter kit* | 1 | |
| *lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit* | 1 | |
| *lamotrigine tab 100 mg* | 1 | |
| *lamotrigine tab 150 mg* | 1 | |
| *lamotrigine tab 200 mg* | 1 | |
| *lamotrigine tab chewable dispersible 5 mg* | 1 | |
| *lamotrigine tab chewable dispersible 25 mg* | 1 | |
| *lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit* | 1 | |
| *lamotrigine tab er 24hr 25 mg* | 1 | |
| *lamotrigine tab er 24hr 50 mg* | 1 | |
| *lamotrigine tab er 24hr 100 mg* | 1 | |
| *lamotrigine tab er 24hr 200 mg* | 1 | |
| *lamotrigine tab er 24hr 250 mg* | 1 | |
| *lamotrigine tab er 24hr 300 mg* | 1 | |
| *levetiracetam oral soln 100 mg/ml* | 1 | |
| *levetiracetam tab 250 mg* | 1 | |
| *levetiracetam tab 500 mg* | 1 | |
| *levetiracetam tab 750 mg* | 1 | |
| *levetiracetam tab 1000 mg* | 1 | |
| *levetiracetam tab er 24hr 500 mg* | 1 | |
| *levetiracetam tab er 24hr 750 mg* | 1 | |
| MYSOLINE TAB 50MG | 3 | |
| MYSOLINE TAB 250MG | 3 | |
| NEURONTIN CAP 100MG | 3 | QL (180 capsules per 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEURONTIN CAP 300MG | 3 | QL (180 capsules per 30 days) |
| NEURONTIN CAP 400MG | 3 | QL (180 capsules per 30 days) |
| NEURONTIN SOL 250/5ML | 3 | QL (72 mL per day) |
| NEURONTIN TAB 600MG | 3 | QL (180 tablets per 30 days) |
| NEURONTIN TAB 800MG | 3 | QL (120 tablets per 30 days) |
| *oxcarbazepine susp 300 mg/5ml (60 mg/ml)* | 1 | |
| *oxcarbazepine tab 150 mg* | 1 | |
| *oxcarbazepine tab 300 mg* | 1 | |
| *oxcarbazepine tab 600 mg* | 1 | |
| OXTELLAR XR TAB 150MG | 2 | |
| OXTELLAR XR TAB 300MG | 2 | |
| OXTELLAR XR TAB 600MG | 2 | |
| *pregabalin cap 25 mg* | 1 | QL (120 caps every 30 days) |
| *pregabalin cap 50 mg* | 1 | QL (120 caps every 30 days) |
| *pregabalin cap 75 mg* | 1 | QL (120 caps every 30 days) |
| *pregabalin cap 100 mg* | 1 | QL (120 caps every 30 days) |
| *pregabalin cap 150 mg* | 1 | QL (120 caps every 30 days) |
| *pregabalin cap 200 mg* | 1 | QL (90 caps every 30 days) |
| *pregabalin cap 225 mg* | 1 | QL (60 caps every 30 days) |
| *pregabalin cap 300 mg* | 1 | QL (60 caps every 30 days) |
| *pregabalin soln 20 mg/ml* | 1 | QL (1080 mL every 30 days) |
| *primidone tab 50 mg* | 1 | |
| *primidone tab 250 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| QUDEXY XR CAP 25/24HR | 3 | |
| QUDEXY XR CAP 50/24HR | 3 | |
| QUDEXY XR CAP 100/24HR | 3 | |
| QUDEXY XR CAP 150/24HR | 3 | |
| QUDEXY XR CAP 200/24HR | 3 | |
| *rufinamide susp 40 mg/ml* | 1 | |
| TOPAMAX SPR CAP 15MG | 3 | |
| TOPAMAX SPR CAP 25MG | 3 | |
| TOPAMAX TAB 25MG | 3 | |
| TOPAMAX TAB 50MG | 3 | |
| TOPAMAX TAB 100MG | 3 | |
| TOPAMAX TAB 200MG | 3 | |
| *topiramate cap er 24hr 200 mg* | 1 | |
| *topiramate sprinkle cap 15 mg* | 1 | |
| *topiramate sprinkle cap 25 mg* | 1 | |
| *topiramate tab 25 mg* | 1 | |
| *topiramate tab 50 mg* | 1 | |
| *topiramate tab 100 mg* | 1 | |
| *topiramate tab 200 mg* | 1 | |
| TROKENDI XR CAP 25MG | 2 | |
| TROKENDI XR CAP 50MG | 2 | |
| TROKENDI XR CAP 100MG | 2 | |
| TROKENDI XR CAP 200MG | 2 | |
| *zonisamide cap 25 mg* | 1 | |
| *zonisamide cap 50 mg* | 1 | |
| *zonisamide cap 100 mg* | 1 | |
| ***CARBAMATES*** | | |
| *felbamate susp 600 mg/5ml* | 1 | |
| *felbamate tab 400 mg* | 1 | |
| *felbamate tab 600 mg* | 1 | |
| FELBATOL SUS 600/5ML | 3 | |
| FELBATOL TAB 400MG | 3 | |
| FELBATOL TAB 600MG | 3 | |
| XCOPRI PAK 12.5-25 | 2 | |
| XCOPRI PAK 50-100MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XCOPRI PAK 50-200MG | 2 | |
| XCOPRI PAK 100-150 | 2 | |
| XCOPRI PAK 150-200 | 2 | |
| XCOPRI TAB 50MG | 2 | |
| XCOPRI TAB 100MG | 2 | |
| XCOPRI TAB 150MG | 2 | |
| XCOPRI TAB 200MG | 2 | |
| ***GABA MODULATORS*** | | |
| GABITRIL TAB 2MG | 3 | |
| GABITRIL TAB 4MG | 3 | |
| GABITRIL TAB 12MG | 3 | |
| GABITRIL TAB 16MG | 3 | |
| *tiagabine hcl tab 2 mg* | 1 | |
| *tiagabine hcl tab 4 mg* | 1 | |
| *tiagabine hcl tab 12 mg* | 1 | |
| *tiagabine hcl tab 16 mg* | 1 | |
| *vigabatrin powd pack 500 mg* | 1 | PA, QL (180 PACKETS PER 30 DAYS) |
| *vigabatrin tab 500 mg* | 1 | PA, QL (180 TABLETS PER 30 DAYS) |
| ***HYDANTOINS*** | | |
| *phenytoin chew tab 50 mg* | 1 | |
| *phenytoin sodium extended cap 100 mg* | 1 | |
| *phenytoin sodium extended cap 200 mg* | 1 | |
| *phenytoin sodium extended cap 200 mg* | 3 | |
| *phenytoin sodium extended cap 300 mg* | 1 | |
| *phenytoin sodium extended cap 300 mg* | 3 | |
| *phenytoin susp 125 mg/5ml* | 1 | |
| ***SUCCINIMIDES*** | | |
| CELONTIN CAP 300MG | 3 | |
| *ethosuximide cap 250 mg* | 1 | |
| *ethosuximide soln 250 mg/5ml* | 1 | |
| ZARONTIN CAP 250MG | 3 | |
| ZARONTIN SOL 250/5ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***VALPROIC ACID*** | | |
| *divalproex sodium cap delayed release sprinkle 125 mg* | 1 | |
| *divalproex sodium tab delayed release 125 mg* | 1 | |
| *divalproex sodium tab delayed release 250 mg* | 1 | |
| *divalproex sodium tab delayed release 500 mg* | 1 | |
| *divalproex sodium tab er 24 hr 250 mg* | 1 | |
| *divalproex sodium tab er 24 hr 500 mg* | 1 | |
| *valproate sodium oral soln 250 mg/5ml (base equiv)* | 1 | |
| *valproic acid cap 250 mg* | 1 | |
| **ANTIDEPRESSANTS** | | |
| ***ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** | | |
| *mirtazapine orally disintegrating tab 15 mg* | 1 | |
| *mirtazapine orally disintegrating tab 30 mg* | 1 | |
| *mirtazapine orally disintegrating tab 45 mg* | 1 | |
| *mirtazapine tab 7.5 mg* | 1 | |
| *mirtazapine tab 15 mg* | 1 | |
| *mirtazapine tab 30 mg* | 1 | |
| *mirtazapine tab 45 mg* | 1 | |
| REMERON SLTB TAB 15MG | 3 | |
| REMERON SLTB TAB 30MG | 3 | |
| REMERON SLTB TAB 45MG | 3 | |
| REMERON TAB 15MG | 3 | |
| REMERON TAB 30MG | 3 | |
| ***ANTIDEPRESSANTS - MISC.*** | | |
| APLENZIN TAB 174MG | 3 | |
| APLENZIN TAB 348MG | 3 | |
| APLENZIN TAB 522MG | 3 | |
| *bupropion hcl tab 75 mg* | 1 | |
| *bupropion hcl tab 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 100 mg* | 1 | |
| *bupropion hcl tab er 12hr 150 mg* | 1 | |
| *bupropion hcl tab er 12hr 200 mg* | 1 | |
| *bupropion hcl tab er 24hr 150 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *bupropion hcl tab er 24hr 300 mg* | 1 | |
| FORFIVO XL TAB 450MG | 3 | |
| *maprotiline hcl tab 25 mg* | 1 | |
| *maprotiline hcl tab 50 mg* | 1 | |
| *maprotiline hcl tab 75 mg* | 1 | |
| WELLBUTRIN TAB 100MG SR | 3 | |
| WELLBUTRIN TAB 150MG SR | 3 | |
| WELLBUTRIN TAB 200MG SR | 3 | |
| WELLBUTRIN TAB XL 150MG | 3 | |
| WELLBUTRIN TAB XL 300MG | 3 | |
| ***MONOAMINE OXIDASE INHIBITORS (MAOIS)*** | | |
| EMSAM DIS 6MG/24HR | 3 | |
| EMSAM DIS 9MG/24HR | 3 | |
| EMSAM DIS 12MG/24H | 3 | |
| MARPLAN TAB 10MG | 3 | |
| NARDIL TAB 15MG | 2 | |
| PARNATE TAB 10MG | 2 | |
| *phenelzine sulfate tab 15 mg* | 1 | |
| *tranylcypromine sulfate tab 10 mg* | 1 | |
| ***N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** | | |
| SPRAVATO SOL 56MG DOS | 3 | PA |
| SPRAVATO SOL 84MG DOS | 3 | PA |
| ***SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** | | |
| CELEXA TAB 10MG | 3 | |
| CELEXA TAB 20MG | 3 | |
| CELEXA TAB 40MG | 3 | |
| *citalopram hydrobromide oral soln 10 mg/5ml* | 1 | |
| *citalopram hydrobromide tab 10 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | 1 | |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *escitalopram oxalate tab 5 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 10 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 20 mg (base equiv)* | 1 | |
| *fluoxetine hcl cap 10 mg* | 1 | |
| *fluoxetine hcl cap 20 mg* | 1 | |
| *fluoxetine hcl cap 40 mg* | 1 | |
| *fluoxetine hcl cap delayed release 90 mg* | 1 | |
| *fluoxetine hcl solution 20 mg/5ml* | 1 | |
| *fluoxetine hcl tab 10 mg* | 1 | |
| *fluoxetine hcl tab 20 mg* | 1 | |
| FLUOXETINE TAB 60MG | 3 | |
| *fluvoxamine maleate cap er 24hr 100 mg* | 1 | |
| *fluvoxamine maleate cap er 24hr 150 mg* | 1 | |
| *fluvoxamine maleate tab 25 mg* | 1 | |
| *fluvoxamine maleate tab 50 mg* | 1 | |
| *fluvoxamine maleate tab 100 mg* | 1 | |
| *paroxetine hcl tab 10 mg* | 1 | |
| *paroxetine hcl tab 20 mg* | 1 | |
| *paroxetine hcl tab 30 mg* | 1 | |
| *paroxetine hcl tab 40 mg* | 1 | |
| *paroxetine hcl tab er 24hr 12.5 mg* | 1 | |
| *paroxetine hcl tab er 24hr 25 mg* | 1 | |
| *paroxetine hcl tab er 24hr 37.5 mg* | 1 | |
| *sertraline hcl oral concentrate for solution 20 mg/ml* | 1 | |
| *sertraline hcl tab 25 mg* | 1 | |
| *sertraline hcl tab 50 mg* | 1 | |
| *sertraline hcl tab 100 mg* | 1 | |
| ***SEROTONIN MODULATORS*** | | |
| *nefazodone hcl tab 50 mg* | 1 | |
| *nefazodone hcl tab 100 mg* | 1 | |
| *nefazodone hcl tab 150 mg* | 1 | |
| *nefazodone hcl tab 200 mg* | 1 | |
| *nefazodone hcl tab 250 mg* | 1 | |
| *trazodone hcl tab 50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trazodone hcl tab 100 mg* | 1 | |
| *trazodone hcl tab 150 mg* | 1 | |
| *trazodone hcl tab 300 mg* | 1 | |
| TRINTELLIX TAB 5MG | 2 | |
| TRINTELLIX TAB 10MG | 2 | |
| TRINTELLIX TAB 20MG | 2 | |
| *vilazodone hcl tab 10 mg* | 1 | |
| *vilazodone hcl tab 20 mg* | 1 | |
| *vilazodone hcl tab 40 mg* | 1 | |
| ***SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** | | |
| DESVENLAFAX TAB 50MG ER | 3 | |
| DESVENLAFAX TAB 100MG ER | 3 | |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 1 | |
| FETZIMA CAP 20MG | 3 | |
| FETZIMA CAP 40MG | 3 | |
| FETZIMA CAP 80MG | 3 | |
| FETZIMA CAP 120MG | 3 | |
| FETZIMA CAP TITRATIO | 3 | |
| *venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl cap er 24hr 75 mg (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *venlafaxine hcl cap er 24hr 150 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 25 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 37.5 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 50 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 75 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab 100 mg (base equivalent)* | 1 | |
| *venlafaxine hcl tab er 24hr 225 mg (base equivalent)* | 1 | |
| ***TRICYCLIC AGENTS*** | | |
| *amitriptyline hcl tab 10 mg* | 1 | |
| *amitriptyline hcl tab 25 mg* | 1 | |
| *amitriptyline hcl tab 50 mg* | 1 | |
| *amitriptyline hcl tab 75 mg* | 1 | |
| *amitriptyline hcl tab 100 mg* | 1 | |
| *amitriptyline hcl tab 150 mg* | 1 | |
| *amoxapine tab 25 mg* | 1 | |
| *amoxapine tab 50 mg* | 1 | |
| *amoxapine tab 100 mg* | 1 | |
| *amoxapine tab 150 mg* | 1 | |
| ANAFRANIL CAP 25MG | 2 | |
| ANAFRANIL CAP 50MG | 2 | |
| ANAFRANIL CAP 75MG | 2 | |
| *clomipramine hcl cap 25 mg* | 1 | |
| *clomipramine hcl cap 50 mg* | 1 | |
| *clomipramine hcl cap 75 mg* | 1 | |
| *desipramine hcl tab 10 mg* | 1 | |
| *desipramine hcl tab 25 mg* | 1 | |
| *desipramine hcl tab 50 mg* | 1 | |
| *desipramine hcl tab 75 mg* | 1 | |
| *desipramine hcl tab 100 mg* | 1 | |
| *desipramine hcl tab 150 mg* | 1 | |
| *doxepin hcl cap 10 mg* | 1 | |
| *doxepin hcl cap 25 mg* | 1 | |
| *doxepin hcl cap 50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin hcl cap 75 mg* | 1 | |
| *doxepin hcl cap 100 mg* | 1 | |
| *doxepin hcl cap 150 mg* | 1 | |
| *doxepin hcl conc 10 mg/ml* | 1 | |
| *imipramine hcl tab 10 mg* | 1 | |
| *imipramine hcl tab 25 mg* | 1 | |
| *imipramine hcl tab 50 mg* | 1 | |
| *imipramine pamoate cap 75 mg* | 1 | |
| *imipramine pamoate cap 100 mg* | 1 | |
| *imipramine pamoate cap 125 mg* | 1 | |
| *imipramine pamoate cap 150 mg* | 1 | |
| NORPRAMIN TAB 10MG | 2 | |
| NORPRAMIN TAB 25MG | 2 | |
| *nortriptyline hcl cap 10 mg* | 1 | |
| *nortriptyline hcl cap 25 mg* | 1 | |
| *nortriptyline hcl cap 50 mg* | 1 | |
| *nortriptyline hcl cap 75 mg* | 1 | |
| *nortriptyline hcl soln 10 mg/5ml* | 1 | |
| PAMELOR CAP 10MG | 2 | |
| PAMELOR CAP 25MG | 2 | |
| PAMELOR CAP 50MG | 2 | |
| PAMELOR CAP 75MG | 2 | |
| *protriptyline hcl tab 5 mg* | 1 | |
| *protriptyline hcl tab 10 mg* | 1 | |
| *trimipramine maleate cap 25 mg* | 1 | |
| *trimipramine maleate cap 50 mg* | 1 | |
| *trimipramine maleate cap 100 mg* | 1 | |
| **ANTIDIABETICS** | | |
| ***ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| *acarbose tab 25 mg* | 1 | |
| *acarbose tab 50 mg* | 1 | |
| *acarbose tab 100 mg* | 1 | |
| *miglitol tab 25 mg* | 1 | |
| *miglitol tab 50 mg* | 1 | |
| *miglitol tab 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRECOSE TAB 25MG | 2 | |
| PRECOSE TAB 50MG | 2 | |
| PRECOSE TAB 100MG | 2 | |
| ***ANTIDIABETIC - AMYLIN ANALOGS*** | | |
| SYMLINPEN 60 INJ 1000MCG | 2 | ST |
| SYMLNPEN 120 INJ 1000MCG | 2 | ST |
| ***ANTIDIABETIC COMBINATIONS*** | | |
| ACTOPLUS MET TAB 15-500MG | 3 | |
| ACTOPLUS MET TAB 15-850MG | 3 | |
| DUETACT TAB 30-2MG | 3 | |
| DUETACT TAB 30-4MG | 3 | |
| *glipizide-metformin hcl tab 2.5-250 mg* | 1 | |
| *glipizide-metformin hcl tab 2.5-500 mg* | 1 | |
| *glipizide-metformin hcl tab 5-500 mg* | 1 | |
| *glyburide-metformin tab 1.25-250 mg* | 1 | |
| *glyburide-metformin tab 2.5-500 mg* | 1 | |
| *glyburide-metformin tab 5-500 mg* | 1 | |
| GLYXAMBI TAB 10-5 MG | 2 | ST |
| GLYXAMBI TAB 25-5 MG | 2 | ST |
| JANUMET TAB 50-500MG | 2 | ST |
| JANUMET TAB 50-1000 | 2 | ST |
| JANUMET XR TAB 50-500MG | 2 | ST |
| JANUMET XR TAB 50-1000 | 2 | ST |
| JANUMET XR TAB 100-1000 | 2 | ST |
| *pioglitazone hcl-glimepiride tab 30-2 mg* | 1 | |
| *pioglitazone hcl-glimepiride tab 30-4 mg* | 1 | |
| *pioglitazone hcl-metformin hcl tab 15-500 mg* | 1 | |
| *pioglitazone hcl-metformin hcl tab 15-850 mg* | 1 | |
| SOLIQUA INJ 100/33 | 2 | ST, QL (10 pens every 30 days) |
| SYNJARDY TAB | 2 | ST |
| SYNJARDY TAB 5-500MG | 2 | ST |
| SYNJARDY TAB 5-1000MG | 2 | ST |
| SYNJARDY TAB 12.5-500 | 2 | ST |
| SYNJARDY XR TAB | 2 | ST |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SYNJARDY XR TAB 5-1000MG | 2 | ST |
| SYNJARDY XR TAB 10-1000 | 2 | ST |
| SYNJARDY XR TAB 25-1000 | 2 | ST |
| TRIJARDY XR TAB | 2 | ST |
| XIGDUO XR TAB 2.5-1000 | 2 | ST |
| XIGDUO XR TAB 5-500MG | 2 | ST |
| XIGDUO XR TAB 5-1000MG | 2 | ST |
| XIGDUO XR TAB 10-500MG | 2 | ST |
| XIGDUO XR TAB 10-1000 | 2 | ST |
| XULTOPHY INJ 100/3.6 | 2 | ST, QL (5 pens every 30 days) |
| ***BIGUANIDES*** | | |
| *metformin hcl oral soln 500 mg/5ml* | 1 | |
| *metformin hcl tab 500 mg* | 1 | |
| *metformin hcl tab 850 mg* | 1 | |
| *metformin hcl tab 1000 mg* | 1 | |
| *metformin hcl tab er 24hr 500 mg* | 1 | |
| *metformin hcl tab er 24hr 750 mg* | 1 | |
| ***DIABETIC OTHER*** | | |
| BAQSIMI ONE POW 3MG/DOSE | 2 | |
| BAQSIMI TWO POW 3MG/DOSE | 2 | |
| *diazoxide susp 50 mg/ml* | 1 | |
| *glucagon (rdna) for inj kit 1 mg* | 1 | |
| GVOKE HYPO 1 INJ 1MG/.2ML | 2 | |
| GVOKE HYPO 1 INJ .5/.1ML | 2 | |
| GVOKE HYPO 2 INJ 1MG/.2ML | 2 | |
| GVOKE HYPO 2 INJ .5/.1ML | 2 | |
| GVOKE KIT SOL 1MG/0.2M | 2 | |
| GVOKE PFS INJ | 2 | |
| PROGLYCEM SUS 50MG/ML | 3 | |
| ZEGALOGUE INJ 0.6/0.6 | 2 | |
| ***DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| JANUVIA TAB 25MG | 2 | ST |
| JANUVIA TAB 50MG | 2 | ST |
| JANUVIA TAB 100MG | 2 | ST |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC*** | | |
| CYCLOSET TAB 0.8MG | 3 | |
| ***INCRETIN MIMETIC AGENTS*** | | |
| OZEMPIC INJ 2MG/3ML | 2 | ST, QL (1 pen every 30 days) |
| ***INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** | | |
| MOUNJARO INJ 2.5/0.5 | 2 | ST, QL (4 pens every 30 days) |
| MOUNJARO INJ 5MG/0.5 | 2 | ST, QL (4 pens every 30 days) |
| MOUNJARO INJ 7.5/0.5 | 2 | ST, QL (4 pens every 30 days) |
| MOUNJARO INJ 12.5/0.5 | 2 | ST, QL (4 pens every 30 days) |
| MOUNJARO INJ 15MG/0.5 | 2 | ST, QL (4 pens every 30 days) |
| OZEMPIC INJ 2/1.5ML | 2 | ST, QL (1 pen every 30 days); Starter Pen |
| OZEMPIC INJ 4MG/3ML | 2 | ST, QL (1 pen every 30 days) |
| OZEMPIC INJ 8MG/3ML | 2 | ST, QL (1 pen every 25 days) |
| RYBELSUS TAB 3MG | 2 | ST, QL (30 tabs every 30 days) |
| RYBELSUS TAB 7MG | 2 | ST, QL (30 tabs every 30 days) |
| RYBELSUS TAB 14MG | 2 | ST, QL (30 tabs every 30 days) |
| TRULICITY INJ 0.75/0.5 | 2 | ST, QL (4 pens every 30 days) |
| TRULICITY INJ 1.5/0.5 | 2 | ST, QL (4 pens every 30 days) |
| TRULICITY INJ 3/0.5 | 2 | ST, QL (4 pens every 30 days) |
| TRULICITY INJ 4.5/0.5 | 2 | ST, QL (4 pens every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VICTOZA INJ 18MG/3ML | 2 | ST, QL (3 pens every 30 days) |
| ***INSULIN*** | | |
| BASAGLAR INJ 100UNIT | 2 | |
| FIASP FLEX INJ TOUCH | 2 | |
| FIASP INJ 100/ML | 2 | |
| FIASP PENFIL INJ U-100 | 2 | |
| HUMULIN R INJ U-500 | 2 | |
| LEVEMIR INJ | 2 | |
| LEVEMIR INJ FLEXPEN | 2 | |
| LEVEMIR INJ FLEXTOUC | 2 | |
| NOVOLIN INJ 70/30 | 2 | |
| NOVOLIN INJ 70/30 FP | 2 | |
| NOVOLIN N INJ 100 UNIT | 2 | |
| NOVOLIN N INJ U-100 | 2 | |
| NOVOLIN R INJ 100 UNIT | 2 | |
| NOVOLIN R INJ U-100 | 2 | |
| NOVOLOG INJ 100/ML | 2 | |
| NOVOLOG INJ FLEXPEN | 2 | |
| NOVOLOG INJ PENFILL | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| TOUJEO MAX INJ 300IU/ML | 2 | |
| TOUJEO SOLO INJ 300IU/ML | 2 | |
| TRESIBA FLEX INJ 100UNIT | 2 | |
| TRESIBA FLEX INJ 200UNIT | 2 | |
| TRESIBA INJ 100UNIT | 2 | |
| ***INSULIN SENSITIZING AGENTS*** | | |
| AVANDIA TAB 2MG | 3 | |
| AVANDIA TAB 4MG | 3 | |
| *pioglitazone hcl tab 15 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 30 mg (base equiv)* | 1 | |
| *pioglitazone hcl tab 45 mg (base equiv)* | 1 | |
| ***MEGLITINIDE ANALOGUES*** | | |
| *nateglinide tab 60 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nateglinide tab 120 mg* | 1 | |
| *repaglinide tab 0.5 mg* | 1 | |
| *repaglinide tab 1 mg* | 1 | |
| *repaglinide tab 2 mg* | 1 | |
| STARLIX TAB 120MG | 3 | |
| ***SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** | | |
| FARXIGA TAB 5MG | 2 | ST |
| FARXIGA TAB 10MG | 2 | ST |
| JARDIANCE TAB 10MG | 2 | ST |
| JARDIANCE TAB 25MG | 2 | ST |
| ***SULFONYLUREAS*** | | |
| AMARYL TAB 1MG | 3 | |
| AMARYL TAB 2MG | 3 | |
| AMARYL TAB 4MG | 3 | |
| *glimepiride tab 1 mg* | 1 | |
| *glimepiride tab 2 mg* | 1 | |
| *glimepiride tab 4 mg* | 1 | |
| *glipizide tab 5 mg* | 1 | |
| *glipizide tab 10 mg* | 1 | |
| *glipizide tab er 24hr 2.5 mg* | 1 | |
| *glipizide tab er 24hr 5 mg* | 1 | |
| *glipizide tab er 24hr 10 mg* | 1 | |
| GLUCOTROL TAB 10MG | 3 | |
| GLUCOTROL XL TAB 2.5MG | 3 | |
| GLUCOTROL XL TAB 5MG | 3 | |
| GLUCOTROL XL TAB 10MG | 3 | |
| *glyburide micronized tab 1.5 mg* | 1 | |
| *glyburide micronized tab 3 mg* | 1 | |
| *glyburide micronized tab 6 mg* | 1 | |
| *glyburide tab 1.25 mg* | 1 | |
| *glyburide tab 2.5 mg* | 1 | |
| *glyburide tab 5 mg* | 1 | |
| GLYNASE TAB 1.5MG | 3 | |
| GLYNASE TAB 3MG | 3 | |
| GLYNASE TAB 6MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tolbutamide tab 500 mg* | 1 | |
| **ANTIDIARRHEAL/PROBIOTIC AGENTS** | | |
| ***ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** | | |
| RESTORA RX CAP 60-1.25 | 3 | |
| ***ANTIPERISTALTIC AGENTS*** | | |
| *diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml* | 1 | |
| *diphenoxylate w/ atropine tab 2.5-0.025 mg* | 1 | |
| LOMOTIL TAB 2.5MG | 2 | |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| ***ANTIDOTES - CHELATING AGENTS*** | | |
| CHEMET CAP 100MG | 3 | |
| *deferasirox granules packet 90 mg* | 1 | PA |
| *deferasirox granules packet 180 mg* | 1 | PA |
| *deferasirox granules packet 360 mg* | 1 | PA |
| *deferasirox tab 90 mg* | 1 | PA |
| *deferasirox tab 180 mg* | 1 | PA |
| *deferasirox tab 360 mg* | 1 | PA |
| *deferasirox tab for oral susp 125 mg* | 1 | PA |
| *deferasirox tab for oral susp 250 mg* | 1 | PA |
| *deferasirox tab for oral susp 500 mg* | 1 | PA |
| *deferiprone tab 500 mg* | 1 | PA |
| ***ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| *deferoxamine mesylate for inj 2 gm* | 1 | PA |
| RADIOGARDASE CAP 0.5GM | 3 | |
| VISTOGARD PAK 10GM | 2 | QL (20 PACKETS PER 5 DAYS) |
| ***OPIOID ANTAGONISTS*** | | |
| KLOXXADO SPR 8MG | 3 | |
| *naloxone hcl inj 0.4 mg/ml* | 1 | |
| *naloxone hcl inj 4 mg/10ml* | 1 | |
| *naloxone hcl nasal spray 4 mg/0.1ml* | 1 | |
| *naloxone hcl soln cartridge 0.4 mg/ml* | 1 | |
| *naloxone hcl soln prefilled syringe 2 mg/2ml* | 1 | |
| *naltrexone hcl tab 50 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NARCAN SPR 4MG | 3 | |
| **ANTIEMETICS** | | |
| ***5-HT3 RECEPTOR ANTAGONISTS*** | | |
| ANZEMET TAB 50MG | 3 | QL (6 tabs every 21 days) |
| ANZEMET TAB 100MG | 3 | QL (6 tabs every 21 days) |
| *granisetron hcl tab 1 mg* | 1 | QL (12 tabs every 21 days) |
| *ondansetron hcl oral soln 4 mg/5ml* | 1 | QL (200 mL every 21 days) |
| *ondansetron hcl tab 4 mg* | 1 | QL (18 tabs every 21 days) |
| *ondansetron hcl tab 8 mg* | 1 | QL (18 tabs every 21 days) |
| *ondansetron hcl tab 24 mg* | 1 | QL (2 ea every 21 days) |
| *ondansetron orally disintegrating tab 4 mg* | 1 | QL (18 tabs every 21 days) |
| *ondansetron orally disintegrating tab 8 mg* | 1 | QL (18 tabs every 21 days) |
| SANCUSO DIS 3.1MG | 2 | QL (2 patches every 21 days) |
| ZOFRAN TAB 4MG | 3 | QL (18 tabs every 21 days) |
| ***ANTIEMETICS - ANTICHOLINERGIC*** | | |
| *scopolamine td patch 72hr 1 mg/3days* | 1 | |
| TIGAN CAP 300MG | 3 | |
| *trimethobenzamide hcl cap 300 mg* | 1 | |
| ***ANTIEMETICS - MISCELLANEOUS*** | | |
| AKYNZEO CAP 300-0.5 | 3 | QL (2 caps every 21 days) |
| BONJESTA TAB 20-20MG | 3 | |
| DICLEGIS TAB 10-10MG | 3 | |
| *doxylamine-pyridoxine tab delayed release 10-10 mg* | 1 | |
| *dronabinol cap 2.5 mg* | 1 | |
| *dronabinol cap 5 mg* | 1 | |
| *dronabinol cap 10 mg* | 1 | |
| MARINOL CAP 2.5MG | 3 | |
| MARINOL CAP 5MG | 3 | |
| MARINOL CAP 10MG | 3 | |
| ***SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** | | |
| *aprepitant capsule 40 mg* | 1 | QL (3 caps every 180 days) |
| *aprepitant capsule 80 mg* | 1 | QL (4 caps every 21 days) |
| *aprepitant capsule 125 mg* | 1 | QL (2 ea every 21 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *aprepitant capsule therapy pack 80 & 125 mg* | 1 | QL (6 caps every 21 days) |
| EMEND CAP 80MG | 3 | QL (4 caps every 21 days) |
| EMEND SUS 125MG | 3 | QL (6 kits every 21 days) |
| EMEND TRIPAC PAK 80 & 125 | 3 | QL (6 caps every 21 days) |
| VARUBI TAB 90MG | 3 | QL (4 tabs every 21 days) |
| **ANTIFUNGALS** | | |
| ***ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** | | |
| BREXAFEMME TAB 150MG | 3 | ST, QL (4 tabs every 7 days) |
| ***ANTIFUNGALS*** | | |
| ANCOBON CAP 250MG | 3 | |
| ANCOBON CAP 500MG | 3 | |
| BIO-STATIN CAP 500000 | 3 | |
| BIO-STATIN CAP 1000000 | 3 | |
| *flucytosine cap 250 mg* | 1 | |
| *griseofulvin microsize susp 125 mg/5ml* | 1 | |
| *griseofulvin microsize tab 500 mg* | 1 | |
| *griseofulvin ultramicrosize tab 125 mg* | 1 | |
| *griseofulvin ultramicrosize tab 250 mg* | 1 | |
| *nystatin oral powder* | 1 | |
| *nystatin tab 500000 unit* | 1 | |
| *terbinafine hcl tab 250 mg* | 1 | |
| ***IMIDAZOLE-RELATED ANTIFUNGALS*** | | |
| DIFLUCAN SUS 10MG/ML | 3 | |
| DIFLUCAN SUS 40MG/ML | 3 | |
| DIFLUCAN TAB 50MG | 3 | |
| DIFLUCAN TAB 100MG | 3 | |
| DIFLUCAN TAB 150MG | 3 | |
| DIFLUCAN TAB 200MG | 3 | |
| *fluconazole for susp 10 mg/ml* | 1 | |
| *fluconazole for susp 40 mg/ml* | 1 | |
| *fluconazole tab 50 mg* | 1 | |
| *fluconazole tab 100 mg* | 1 | |
| *fluconazole tab 150 mg* | 1 | |
| *fluconazole tab 200 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *itraconazole cap 100 mg* | 1 | |
| *itraconazole oral soln 10 mg/ml* | 1 | |
| *ketoconazole tab 200 mg* | 1 | |
| *posaconazole susp 40 mg/ml* | 1 | |
| SPORANOX CAP 100MG | 3 | |
| SPORANOX CAP PULSEPAK | 3 | |
| SPORANOX SOL 10MG/ML | 3 | |
| VFEND SUS 40MG/ML | 2 | PA |
| VFEND TAB 50MG | 2 | PA |
| VFEND TAB 200MG | 2 | PA |
| VIVJOA CAP 150MG | 3 | PA |
| *voriconazole for susp 40 mg/ml* | 1 | PA |
| *voriconazole tab 50 mg* | 1 | PA |
| *voriconazole tab 200 mg* | 1 | PA |
| **ANTIHISTAMINES** | | |
| ***ANTIHISTAMINES - ETHANOLAMINES*** | | |
| *carbinoxamine maleate soln 4 mg/5ml* | 1 | |
| *carbinoxamine maleate tab 4 mg* | 1 | |
| *clemastine fumarate tab 2.68 mg* | 1 | |
| KARBINAL ER SUS 4MG/5ML | 3 | |
| ***ANTIHISTAMINES - NON-SEDATING*** | | |
| CLARINEX TAB 5MG | 3 | |
| *desloratadine tab 5 mg* | 1 | |
| *desloratadine tab orally disintegrating 2.5 mg* | 1 | |
| *desloratadine tab orally disintegrating 5 mg* | 1 | |
| *levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)* | 1 | |
| ***ANTIHISTAMINES - PHENOTHIAZINES*** | | |
| *promethazine hcl suppos 12.5 mg* | 1 | |
| *promethazine hcl suppos 25 mg* | 1 | |
| *promethazine hcl suppos 50 mg* | 1 | |
| *promethazine hcl syrup 6.25 mg/5ml* | 1 | |
| *promethazine hcl tab 12.5 mg* | 1 | |
| *promethazine hcl tab 25 mg* | 1 | |
| *promethazine hcl tab 50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIHISTAMINES - PIPERIDINES*** | | |
| *cyproheptadine hcl syrup 2 mg/5ml* | 1 | |
| *cyproheptadine hcl tab 4 mg* | 1 | |
| **ANTIHYPERLIPIDEMICS** | | |
| ***ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** | | |
| NEXLETOL TAB 180MG | 2 | PA |
| ***ANTIHYPERLIPIDEMICS - COMBINATIONS*** | | |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | |
| NEXLIZET TAB 180/10MG | 2 | PA |
| VYTORIN TAB 10-10MG | 3 | |
| VYTORIN TAB 10-20MG | 3 | |
| VYTORIN TAB 10-40MG | 3 | |
| VYTORIN TAB 10-80MG | 3 | |
| ***ANTIHYPERLIPIDEMICS - MISC.*** | | |
| *omega-3-acid ethyl esters cap 1 gm* | 1 | PA |
| VASCEPA CAP 0.5GM | 1 | PA; Tier 1 with DAW9 |
| VASCEPA CAP 1GM | 1 | PA; Tier 1 with DAW9 |
| ***BILE ACID SEQUESTRANTS*** | | |
| *cholestyramine light powder 4 gm/dose* | 1 | |
| *cholestyramine light powder packets 4 gm* | 1 | |
| *cholestyramine powder 4 gm/dose* | 1 | |
| *cholestyramine powder packets 4 gm* | 1 | |
| *colesevelam hcl packet for susp 3.75 gm* | 1 | |
| *colesevelam hcl tab 625 mg* | 1 | |
| COLESTID FLA GRA 5/7.5GM | 3 | |
| COLESTID FLA GRA 5GM | 3 | |
| COLESTID GRA 5GM | 3 | |
| COLESTID POW 5GM | 3 | |
| COLESTID TAB 1GM | 3 | |
| *colestipol hcl granule packets 5 gm* | 1 | |
| *colestipol hcl granules 5 gm* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *colestipol hcl tab 1 gm* | 1 | |
| QUESTRAN POW 4GM | 3 | |
| QUESTRAN POW 4GM LITE | 3 | |
| WELCHOL PAK 3.75GM | 3 | |
| WELCHOL TAB 625MG | 3 | |
| ***FIBRIC ACID DERIVATIVES*** | | |
| ANTARA CAP 30MG | 3 | |
| ANTARA CAP 90MG | 3 | |
| *choline fenofibrate cap dr 45 mg (fenofibric acid equiv)* | 1 | |
| *choline fenofibrate cap dr 135 mg (fenofibric acid equiv)* | 1 | |
| *fenofibrate cap 150 mg* | 1 | |
| *fenofibrate micronized cap 43 mg* | 1 | |
| *fenofibrate micronized cap 67 mg* | 1 | |
| *fenofibrate micronized cap 134 mg* | 1 | |
| *fenofibrate micronized cap 200 mg* | 1 | |
| *fenofibrate tab 48 mg* | 1 | |
| *fenofibrate tab 54 mg* | 1 | |
| *fenofibrate tab 145 mg* | 1 | |
| *fenofibrate tab 160 mg* | 1 | |
| *fenofibric acid tab 35 mg* | 1 | |
| *fenofibric acid tab 105 mg* | 1 | |
| FENOGLIDE TAB 40MG | 3 | |
| FIBRICOR TAB 35MG | 3 | |
| FIBRICOR TAB 105MG | 3 | |
| *gemfibrozil tab 600 mg* | 1 | |
| LIPOFEN CAP 50MG | 3 | |
| LIPOFEN CAP 150MG | 3 | |
| LOPID TAB 600MG | 3 | |
| TRILIPIX CAP 45MG | 3 | |
| TRILIPIX CAP 135MG | 3 | |
| ***HMG COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *atorvastatin calcium tab 20 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium tab 40 mg (base equivalent)* | 1 | |
| *atorvastatin calcium tab 80 mg (base equivalent)* | 1 | |
| *fluvastatin sodium cap 20 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium cap 40 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *lovastatin tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| *pravastatin sodium tab 80 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 5 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 10 mg* | 0 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium tab 20 mg* | 1 | |
| *rosuvastatin calcium tab 40 mg* | 1 | |
| *simvastatin tab 5 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 10 mg* | 0 | $0 copay for members age 40 through 75 |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *simvastatin tab 20 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 40 mg* | 0 | $0 copay for members age 40 through 75 |
| *simvastatin tab 80 mg* | 1 | |
| ZOCOR TAB 10MG | 3 | |
| ZOCOR TAB 20MG | 3 | |
| ZOCOR TAB 40MG | 3 | |
| ZOCOR TAB 80MG | 3 | |
| ***INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** | | |
| *ezetimibe tab 10 mg* | 1 | |
| ***NICOTINIC ACID DERIVATIVES*** | | |
| *niacin tab er 500 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 750 mg (antihyperlipidemic)* | 1 | |
| *niacin tab er 1000 mg (antihyperlipidemic)* | 1 | |
| NIASPAN TAB 500MG ER | 3 | |
| NIASPAN TAB 750MG ER | 3 | |
| NIASPAN TAB 1000 ER | 3 | |
| ***PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS*** | | |
| REPATHA INJ 140MG/ML | 2 | PA, QL (3 SYRINGES PER 28 DAYS) |
| REPATHA PUSH INJ 420/3.5 | 2 | PA, QL (1 CARTRIDGES PER 28 DAYS) |
| REPATHA SURE INJ 140MG/ML | 2 | PA, QL (3 PENS PER 28 DAYS) |
| **ANTIHYPERTENSIVES** | | |
| ***ACE INHIBITORS*** | | |
| ACCUPRIL TAB 5MG | 3 | |
| ACCUPRIL TAB 10MG | 3 | |
| ACCUPRIL TAB 20MG | 3 | |
| ACCUPRIL TAB 40MG | 3 | |
| ALTACE CAP 1.25MG | 3 | |
| ALTACE CAP 2.5MG | 3 | |
| ALTACE CAP 5MG | 3 | |
| ALTACE CAP 10MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *benazepril hcl tab 5 mg* | 1 | |
| *benazepril hcl tab 10 mg* | 1 | |
| *benazepril hcl tab 20 mg* | 1 | |
| *benazepril hcl tab 40 mg* | 1 | |
| *captopril tab 12.5 mg* | 1 | |
| *captopril tab 25 mg* | 1 | |
| *captopril tab 50 mg* | 1 | |
| *captopril tab 100 mg* | 1 | |
| *enalapril maleate oral soln 1 mg/ml* | 1 | |
| *enalapril maleate tab 2.5 mg* | 1 | |
| *enalapril maleate tab 5 mg* | 1 | |
| *enalapril maleate tab 10 mg* | 1 | |
| *enalapril maleate tab 20 mg* | 1 | |
| *fosinopril sodium tab 10 mg* | 1 | |
| *fosinopril sodium tab 20 mg* | 1 | |
| *fosinopril sodium tab 40 mg* | 1 | |
| *lisinopril tab 2.5 mg* | 1 | |
| *lisinopril tab 5 mg* | 1 | |
| *lisinopril tab 10 mg* | 1 | |
| *lisinopril tab 20 mg* | 1 | |
| *lisinopril tab 30 mg* | 1 | |
| *lisinopril tab 40 mg* | 1 | |
| LOTENSIN TAB 10MG | 3 | |
| LOTENSIN TAB 20MG | 3 | |
| LOTENSIN TAB 40MG | 3 | |
| *moexipril hcl tab 7.5 mg* | 1 | |
| *moexipril hcl tab 15 mg* | 1 | |
| *perindopril erbumine tab 2 mg* | 1 | |
| *perindopril erbumine tab 4 mg* | 1 | |
| *perindopril erbumine tab 8 mg* | 1 | |
| PRINIVIL TAB 20MG | 3 | |
| QBRELIS SOL 1MG/ML | 3 | |
| *quinapril hcl tab 5 mg* | 1 | |
| *quinapril hcl tab 10 mg* | 1 | |
| *quinapril hcl tab 20 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinapril hcl tab 40 mg* | 1 | |
| *ramipril cap 1.25 mg* | 1 | |
| *ramipril cap 2.5 mg* | 1 | |
| *ramipril cap 5 mg* | 1 | |
| *ramipril cap 10 mg* | 1 | |
| *trandolapril tab 1 mg* | 1 | |
| *trandolapril tab 2 mg* | 1 | |
| *trandolapril tab 4 mg* | 1 | |
| VASOTEC TAB 2.5MG | 3 | |
| VASOTEC TAB 5MG | 3 | |
| VASOTEC TAB 10MG | 3 | |
| VASOTEC TAB 20MG | 3 | |
| ZESTRIL TAB 2.5MG | 3 | |
| ZESTRIL TAB 5MG | 3 | |
| ZESTRIL TAB 10MG | 3 | |
| ZESTRIL TAB 20MG | 3 | |
| ZESTRIL TAB 30MG | 3 | |
| ZESTRIL TAB 40MG | 3 | |
| ***AGENTS FOR PHEOCHROMOCYTOMA*** | | |
| DEMSER CAP 250MG | 3 | |
| DIBENZYLINE CAP 10MG | 3 | |
| *metyrosine cap 250 mg* | 1 | |
| *phenoxybenzamine hcl cap 10 mg* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| AVAPRO TAB 75MG | 3 | |
| AVAPRO TAB 150MG | 3 | |
| AVAPRO TAB 300MG | 3 | |
| *candesartan cilexetil tab 4 mg* | 1 | |
| *candesartan cilexetil tab 8 mg* | 1 | |
| *candesartan cilexetil tab 16 mg* | 1 | |
| *candesartan cilexetil tab 32 mg* | 1 | |
| *irbesartan tab 75 mg* | 1 | |
| *irbesartan tab 150 mg* | 1 | |
| *irbesartan tab 300 mg* | 1 | |
| *losartan potassium tab 25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *losartan potassium tab 50 mg* | 1 | |
| *losartan potassium tab 100 mg* | 1 | |
| *olmesartan medoxomil tab 5 mg* | 1 | |
| *olmesartan medoxomil tab 20 mg* | 1 | |
| *olmesartan medoxomil tab 40 mg* | 1 | |
| *telmisartan tab 20 mg* | 1 | |
| *telmisartan tab 40 mg* | 1 | |
| *telmisartan tab 80 mg* | 1 | |
| *valsartan tab 40 mg* | 1 | |
| *valsartan tab 80 mg* | 1 | |
| *valsartan tab 160 mg* | 1 | |
| *valsartan tab 320 mg* | 1 | |
| ***ANTIADRENERGIC ANTIHYPERTENSIVES*** | | |
| CARDURA TAB 1MG | 3 | |
| CARDURA TAB 2MG | 3 | |
| CARDURA TAB 4MG | 3 | |
| CARDURA TAB 8MG | 3 | |
| CATAPRES-TTS DIS 0.1/24HR | 2 | |
| CATAPRES-TTS DIS 0.2/24HR | 2 | |
| CATAPRES-TTS DIS 0.3/24HR | 2 | |
| *clonidine hcl tab 0.1 mg* | 1 | |
| *clonidine hcl tab 0.2 mg* | 1 | |
| *clonidine hcl tab 0.3 mg* | 1 | |
| *clonidine td patch weekly 0.1 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.2 mg/24hr* | 1 | |
| *clonidine td patch weekly 0.3 mg/24hr* | 1 | |
| *doxazosin mesylate tab 1 mg* | 1 | |
| *doxazosin mesylate tab 2 mg* | 1 | |
| *doxazosin mesylate tab 4 mg* | 1 | |
| *doxazosin mesylate tab 8 mg* | 1 | |
| *guanfacine hcl tab 1 mg* | 1 | |
| *guanfacine hcl tab 2 mg* | 1 | |
| *methyldopa tab 250 mg* | 1 | |
| *methyldopa tab 500 mg* | 1 | |
| MINIPRESS CAP 1MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MINIPRESS CAP 2MG | 3 | |
| MINIPRESS CAP 5MG | 3 | |
| *prazosin hcl cap 1 mg* | 1 | |
| *prazosin hcl cap 2 mg* | 1 | |
| *prazosin hcl cap 5 mg* | 1 | |
| *terazosin hcl cap 1 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 2 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 5 mg (base equivalent)* | 1 | |
| *terazosin hcl cap 10 mg (base equivalent)* | 1 | |
| ***ANTIHYPERTENSIVE COMBINATIONS*** | | |
| ACCURETIC TAB 10-12.5 | 3 | |
| ACCURETIC TAB 20-12.5 | 3 | |
| ACCURETIC TAB 20-25MG | 3 | |
| *amlodipine besylate-benazepril hcl cap 2.5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-10 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* | 1 | |
| *amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 50-25 mg* | 1 | |
| *atenolol & chlorthalidone tab 100-25 mg* | 1 | |
| AVALIDE TAB 150-12.5 | 3 | |
| AVALIDE TAB 300-12.5 | 3 | |
| *benazepril & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *benazepril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 5-6.25 mg* | 1 | |
| *bisoprolol & hydrochlorothiazide tab 10-6.25 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-15 mg* | 1 | |
| *captopril & hydrochlorothiazide tab 50-25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *enalapril maleate & hydrochlorothiazide tab 5-12.5 mg* | 1 | |
| *enalapril maleate & hydrochlorothiazide tab 10-25 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 150-12.5 mg* | 1 | |
| *irbesartan-hydrochlorothiazide tab 300-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *lisinopril & hydrochlorothiazide tab 20-25 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 50-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-12.5 mg* | 1 | |
| *losartan potassium & hydrochlorothiazide tab 100-25 mg* | 1 | |
| LOTENSIN HCT TAB 10-12.5 | 3 | |
| LOTENSIN HCT TAB 20-12.5 | 3 | |
| LOTENSIN HCT TAB 20-25MG | 3 | |
| LOTREL CAP 5-10MG | 2 | |
| LOTREL CAP 5-20MG | 2 | |
| LOTREL CAP 10-20MG | 2 | |
| LOTREL CAP 10-40MG | 2 | |
| *methyldopa & hydrochlorothiazide tab 250-15 mg* | 1 | |
| *methyldopa & hydrochlorothiazide tab 250-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 50-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-25 mg* | 1 | |
| *metoprolol & hydrochlorothiazide tab 100-50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg* | 1 | |
| *propranolol & hydrochlorothiazide tab 40-25 mg* | 1 | |
| *propranolol & hydrochlorothiazide tab 80-25 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 10-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-12.5 mg* | 1 | |
| *quinapril-hydrochlorothiazide tab 20-25 mg* | 1 | |
| TARKA TAB 2-180 CR | 2 | |
| TARKA TAB 2-240 CR | 2 | |
| TARKA TAB 4-240 CR | 2 | |
| TEKTURNA HCT TAB 150-12.5 | 2 | |
| TEKTURNA HCT TAB 150-25MG | 2 | |
| TEKTURNA HCT TAB 300-12.5 | 2 | |
| TEKTURNA HCT TAB 300-25MG | 2 | |
| *telmisartan-amlodipine tab 40-5 mg* | 1 | |
| *telmisartan-amlodipine tab 40-10 mg* | 1 | |
| *telmisartan-amlodipine tab 80-5 mg* | 1 | |
| *telmisartan-amlodipine tab 80-10 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 40-12.5 mg* | 1 | |
| *telmisartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *telmisartan-hydrochlorothiazide tab 80-25 mg* | 1 | |
| TENORETIC TAB 50 | 3 | |
| TENORETIC TAB 100 | 3 | |
| *trandolapril-verapamil hcl tab er 1-240 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-180 mg* | 1 | |
| *trandolapril-verapamil hcl tab er 2-240 mg* | 3 | |
| *trandolapril-verapamil hcl tab er 4-240 mg* | 1 | |
| TRIBENZOR20- TAB 5-12.5MG | 3 | |
| TRIBENZOR40- TAB 5-12.5MG | 3 | |
| TRIBENZOR40- TAB 5-25MG | 3 | |
| TRIBENZOR40- TAB 10-12.5 | 3 | |
| TRIBENZOR40- TAB 10-25MG | 3 | |
| TWYNSTA TAB 40-5MG | 3 | |
| TWYNSTA TAB 40-10MG | 3 | |
| TWYNSTA TAB 80-5MG | 3 | |
| TWYNSTA TAB 80-10MG | 3 | |
| *valsartan-hydrochlorothiazide tab 80-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 160-25 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 320-12.5 mg* | 1 | |
| *valsartan-hydrochlorothiazide tab 320-25 mg* | 1 | |
| VASERETIC TAB 10-25MG | 3 | |
| ZIAC TAB 2.5/6.25 | 2 | |
| ZIAC TAB 5-6.25MG | 2 | |
| ZIAC TAB 10/6.25 | 2 | |
| ***ANTIHYPERTENSIVES - MISC.*** | | |
| VECAMYL TAB 2.5MG | 3 | |
| ***DIRECT RENIN INHIBITORS*** | | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | 1 | |
| *aliskiren fumarate tab 300 mg (base equivalent)* | 1 | |
| TEKTURNA TAB 150MG | 3 | |
| TEKTURNA TAB 300MG | 3 | |
| ***SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** | | |
| *eplerenone tab 25 mg* | 1 | |
| *eplerenone tab 50 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSPRA TAB 25MG | 2 | |
| INSPRA TAB 50MG | 2 | |
| ***VASODILATORS*** | | |
| *hydralazine hcl tab 10 mg* | 1 | |
| *hydralazine hcl tab 25 mg* | 1 | |
| *hydralazine hcl tab 50 mg* | 1 | |
| *hydralazine hcl tab 100 mg* | 1 | |
| *minoxidil tab 2.5 mg* | 1 | |
| *minoxidil tab 10 mg* | 1 | |
| **ANTIMALARIALS** | | |
| ***ANTIMALARIAL COMBINATIONS*** | | |
| *atovaquone-proguanil hcl tab 62.5-25 mg* | 1 | |
| *atovaquone-proguanil hcl tab 250-100 mg* | 1 | |
| COARTEM TAB 20-120MG | 3 | |
| MALARONE TAB 62.5-25 | 2 | |
| MALARONE TAB 250-100 | 2 | |
| ***ANTIMALARIALS*** | | |
| *chloroquine phosphate tab 250 mg* | 1 | |
| *chloroquine phosphate tab 500 mg* | 1 | |
| *hydroxychloroquine sulfate tab 200 mg* | 1 | |
| *mefloquine hcl tab 250 mg* | 1 | |
| PLAQUENIL TAB 200MG | 2 | |
| *primaquine phosphate tab 26.3 mg (15 mg base)* | 1 | |
| PRIMAQUINE TAB 26.3MG | 3 | |
| *pyrimethamine tab 25 mg* | 1 | PA |
| QUALAQUIN CAP 324MG | 3 | |
| *quinine sulfate cap 324 mg* | 1 | |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | |
| ***ANTIMYASTHENIC/CHOLINERGIC AGENTS*** | | |
| FIRDAPSE TAB 10MG | 3 | PA, QL (240 TABLETS PER 30 DAYS) |
| GUANIDINE TAB 125MG | 3 | |
| MESTINON SOL 60MG/5ML | 3 | |
| MESTINON TAB 60MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MESTINON TAB TIMESPAN | 3 | |
| *pyridostigmine bromide oral soln 60 mg/5ml* | 1 | |
| *pyridostigmine bromide tab 60 mg* | 1 | |
| *pyridostigmine bromide tab er 180 mg* | 1 | |
| RUZURGI TAB 10MG | 3 | PA, QL (300 TABLETS PER 30 DAYS) |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| ***ANTIMYCOBACTERIAL AGENTS*** | | |
| *cycloserine cap 250 mg* | 1 | |
| *ethambutol hcl tab 100 mg* | 1 | |
| *ethambutol hcl tab 400 mg* | 1 | |
| *isoniazid syrup 50 mg/5ml* | 1 | |
| *isoniazid tab 100 mg* | 1 | |
| *isoniazid tab 300 mg* | 1 | |
| MYAMBUTOL TAB 400MG | 2 | |
| MYCOBUTIN CAP 150MG | 3 | |
| PASER GRA 4GM | 3 | |
| PRETOMANID TAB 200MG | 3 | |
| PRIFTIN TAB 150MG | 3 | |
| *pyrazinamide tab 500 mg* | 1 | |
| *rifabutin cap 150 mg* | 1 | |
| *rifampin cap 150 mg* | 1 | |
| *rifampin cap 300 mg* | 1 | |
| SIRTURO TAB 20MG | 3 | |
| SIRTURO TAB 100MG | 3 | |
| TRECATOR TAB 250MG | 3 | |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| ***ALKYLATING AGENTS*** | | |
| ALKERAN TAB 2MG | 0 | |
| CYCLOPHOSPH TAB 25MG | 0 | |
| CYCLOPHOSPH TAB 50MG | 0 | |
| *cyclophosphamide cap 25 mg* | 0 | |
| *cyclophosphamide cap 50 mg* | 0 | |
| GLEOSTINE CAP 10MG | 0 | |
| GLEOSTINE CAP 40MG | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLEOSTINE CAP 100MG | 0 | |
| LEUKERAN TAB 2MG | 0 | |
| *melphalan tab 2 mg* | 0 | |
| MYLERAN TAB 2MG | 0 | |
| TEMODAR CAP 100MG | 0 | PA |
| TEMODAR CAP 140MG | 0 | PA |
| TEMODAR CAP 180MG | 0 | PA |
| TEMODAR CAP 250MG | 0 | PA |
| *temozolomide cap 5 mg* | 0 | PA |
| *temozolomide cap 20 mg* | 0 | PA |
| *temozolomide cap 100 mg* | 0 | PA |
| *temozolomide cap 140 mg* | 0 | PA |
| *temozolomide cap 180 mg* | 0 | PA |
| *temozolomide cap 250 mg* | 0 | PA |
| ***ANTIMETABOLITES*** | | |
| *azacitidine for inj 100 mg* | 1 | PA |
| *capecitabine tab 150 mg* | 0 | PA |
| *capecitabine tab 500 mg* | 0 | PA |
| *mercaptopurine tab 50 mg* | 0 | |
| *methotrexate sodium for inj 1 gm* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium inj 50 mg/2ml (25 mg/ml)* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium inj 250 mg/10ml (25 mg/ml)* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)* | 1 | $0 copay based on your plan/benefit |
| *methotrexate sodium tab 2.5 mg (base equiv)* | 0 | $0 copay based on your plan/benefit |
| ONUREG TAB 200MG | 0 | PA, QL (14 TABLETS PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ONUREG TAB 300MG | 0 | PA, QL (14 TABLETS PER 28 DAYS) |
| PURIXAN SUS 20MG/ML | 0 | PA |
| TABLOID TAB 40MG | 0 | |
| TREXALL TAB 5MG | 0 | |
| TREXALL TAB 7.5MG | 0 | |
| TREXALL TAB 10MG | 0 | |
| TREXALL TAB 15MG | 0 | |
| VIDAZA INJ 100MG | 3 | PA |
| XATMEP SOL 2.5MG/ML | 0 | |
| XELODA TAB 150MG | 0 | PA, QL (120 tabs every 30 days) |
| XELODA TAB 500MG | 0 | PA, QL (300 tabs every 30 days) |
| ***ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS*** | | |
| INLYTA TAB 1MG | 0 | PA, QL (240 TABLETS PER 30 DAYS) |
| INLYTA TAB 5MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| LENVIMA CAP 4MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 8 MG | 0 | PA, QL (60 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 10 MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 12MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 14 MG | 0 | PA, QL (60 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 18 MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 20 MG | 0 | PA, QL (60 CAPSULES PER 30 DAYS) |
| LENVIMA CAP 24 MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| TUKYSA TAB 50MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| TUKYSA TAB 150MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| ***ANTINEOPLASTIC - BCL-2 INHIBITORS*** | | |
| VENCLEXTA TAB 10MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| VENCLEXTA TAB 50MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| VENCLEXTA TAB 100MG | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| VENCLEXTA TAB START PK | 0 | PA, QL (1 PACK EVERY 28 DAYS) |
| ***ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| *erlotinib hcl tab 25 mg (base equivalent)* | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| *erlotinib hcl tab 100 mg (base equivalent)* | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| *erlotinib hcl tab 150 mg (base equivalent)* | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| GILOTRIF TAB 20MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| GILOTRIF TAB 30MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| GILOTRIF TAB 40MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IRESSA TAB 250MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| TAGRISSO TAB 40MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| TAGRISSO TAB 80MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| TARCEVA TAB 25MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TARCEVA TAB 100MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| TARCEVA TAB 150MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| ***ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | | |
| ERIVEDGE CAP 150MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| ODOMZO CAP 200MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| ***ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS*** | | |
| *abiraterone acetate tab 250 mg* | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| *abiraterone acetate tab 500 mg* | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| *anastrozole tab 1 mg* | 0 | |
| ARIMIDEX TAB 1MG | 0 | |
| AROMASIN TAB 25MG | 0 | |
| *bicalutamide tab 50 mg* | 0 | |
| CASODEX TAB 50MG | 0 | |
| EMCYT CAP 140MG | 0 | |
| ERLEADA TAB 60MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| ERLEADA TAB 240MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| *exemestane tab 25 mg* | 0 | |
| FARESTON TAB 60MG | 0 | |
| FEMARA TAB 2.5MG | 0 | |
| *flutamide cap 125 mg* | 0 | |
| *letrozole tab 2.5 mg* | 0 | |
| *leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)* | 1 | PA |
| LUPRON DEPOT INJ 3.75MG | 3 | PA |
| LUPRON DEPOT INJ 11.25MG | 3 | PA |
| LYSODREN TAB 500MG | 0 | |
| *megestrol acetate susp 40 mg/ml* | 0 | |
| *megestrol acetate tab 20 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *megestrol acetate tab 40 mg* | 0 | |
| *nilutamide tab 150 mg* | 0 | |
| NUBEQA TAB 300MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| ORGOVYX TAB 120MG | 0 | PA, QL (30 TABLETS PER 30 DAYS); LOADING DOSE: FIRST MONTH: 30 PER 28 DAYS |
| SOLTAMOX SOL 10MG/5ML | 0 | |
| *tamoxifen citrate tab 10 mg (base equivalent)* | 0 | $0 copay for women > 35 years for the primary prevention of breast cancer |
| *tamoxifen citrate tab 20 mg (base equivalent)* | 0 | $0 copay for women > 35 years for the primary prevention of breast cancer |
| *toremifene citrate tab 60 mg (base equivalent)* | 0 | |
| XTANDI CAP 40MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| XTANDI TAB 40MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| XTANDI TAB 80MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| YONSA TAB 125MG | 0 | PA, QL (120 tabs every 30 days) |
| ***ANTINEOPLASTIC - IMMUNOMODULATORS*** | | |
| POMALYST CAP 1MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| POMALYST CAP 2MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| POMALYST CAP 3MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| POMALYST CAP 4MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTINEOPLASTIC - XPO1 INHIBITORS*** | | |
| XPOVIO PAK 40MG | 0 | PA, QL (16 TABLETS PER 28 DAYS); Twice Weekly |
| XPOVIO PAK 40MG | 0 | PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack |
| XPOVIO PAK 40MG | 0 | PA, QL (8 TABLETS PER 28 DAYS); Once Weekly |
| XPOVIO PAK 40MG | 0 | PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack |
| XPOVIO PAK 50MG | 0 | PA, QL (8 TABLETS PER 28 DAYS); Therapy Pack |
| XPOVIO PAK 60MG | 0 | PA, QL (12 TABLETS PER 28 DAYS); Once Weekly |
| XPOVIO PAK 60MG | 0 | PA, QL (24 TABLETS PER 28 DAYS); Twice Weekly |
| XPOVIO PAK 60MG | 0 | PA, QL (4 TABLETS PER 28 DAYS); Therapy Pack |
| XPOVIO PAK 80MG | 0 | PA, QL (16 TABLETS PER 28 DAYS); Once Weekly |
| XPOVIO PAK 80MG | 0 | PA, QL (32 TABLETS PER 28 DAYS); Twice Weekly |
| XPOVIO PAK 100MG | 0 | PA, QL (20 TABLETS PER 28 DAYS); Once Weekly |
| ***ANTINEOPLASTIC COMBINATIONS*** | | |
| INQOVI TAB 35-100MG | 0 | PA, QL (5 TABLETS PER 28 DAYS) |
| KISQALI 200 PAK FEMARA | 0 | PA, QL (49 TABLETS PER 28 DAYS) |
| KISQALI 400 PAK FEMARA | 0 | PA, QL (70 TABLETS PER 28 DAYS) |
| KISQALI 600 PAK FEMARA | 0 | PA, QL (91 TABLETS PER 28 DAYS) |
| LONSURF TAB 15-6.14 | 0 | PA, QL (100 TABLETS 28 DAYS) |
| LONSURF TAB 20-8.19 | 0 | PA, QL (80 TABLETS 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTINEOPLASTIC ENZYME INHIBITORS*** | | |
| ALECENSA CAP 150MG | 0 | PA, QL (240 CAPSULES PER 30 DAYS) |
| ALUNBRIG PAK | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| ALUNBRIG TAB 30MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| ALUNBRIG TAB 90MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| ALUNBRIG TAB 180MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| BALVERSA TAB 3MG | 0 | PA, QL (84 TABLETS PER 28 DAYS) |
| BALVERSA TAB 4MG | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| BALVERSA TAB 5MG | 0 | PA, QL (28 TABLETS PER 28 DAYS) |
| BOSULIF TAB 100MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| BOSULIF TAB 400MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| BOSULIF TAB 500MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| BRAFTOVI CAP 75MG | 0 | PA, QL (180 CAPSULES PER 30 DAYS) |
| BRUKINSA CAP 80MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| CABOMETYX TAB 20MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| CABOMETYX TAB 40MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| CABOMETYX TAB 60MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| CALQUENCE CAP 100MG | 0 | PA, QL (60 caps every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CAPRELSA TAB 100MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| CAPRELSA TAB 300MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| COMETRIQ KIT 60MG | 0 | PA, QL (84 CAPSULES PER 28 DAYS) |
| COMETRIQ KIT 100MG | 0 | PA, QL (56 CAPSULES PER 28 DAYS) |
| COMETRIQ KIT 140MG | 0 | PA, QL (112 CAPSULES PER 28 DAYS) |
| COPIKTRA CAP 15MG | 0 | PA, QL (56 CAPSULES PER 28 DAYS) |
| COPIKTRA CAP 25MG | 0 | PA, QL (56 CAPSULES PER 28 DAYS) |
| COTELLIC TAB 20MG | 0 | PA, QL (63 TABLETS 28 DAYS) |
| *everolimus tab 2.5 mg* | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| *everolimus tab 5 mg* | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| *everolimus tab 7.5 mg* | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| GAVRETO CAP 100MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| IBRANCE CAP 75MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| IBRANCE CAP 100MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| IBRANCE CAP 125MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| IBRANCE TAB 75MG | 0 | PA, QL (21 TABLETS PER 28 DAYS) |
| IBRANCE TAB 100MG | 0 | PA, QL (21 TABLETS PER 28 DAYS) |
| IBRANCE TAB 125MG | 0 | PA, QL (21 TABLETS PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ICLUSIG TAB 30MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IDHIFA TAB 50MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IDHIFA TAB 100MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| *imatinib mesylate tab 100 mg (base equivalent)* | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| *imatinib mesylate tab 400 mg (base equivalent)* | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| IMBRUVICA CAP 70MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| IMBRUVICA CAP 140MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |
| IMBRUVICA SUS 70MG/ML | 0 | PA, QL (216 ML PER 36 DAYS) |
| IMBRUVICA TAB 140MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IMBRUVICA TAB 280MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IMBRUVICA TAB 420MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| IMBRUVICA TAB 560MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| JAKAFI TAB 5MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| JAKAFI TAB 10MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| JAKAFI TAB 15MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| JAKAFI TAB 20MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| JAKAFI TAB 25MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| KISQALI TAB 200DOSE | 0 | PA, QL (21 TABLETS PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KISQALI TAB 400DOSE | 0 | PA, QL (42 TABLETS 28 DAYS) |
| KISQALI TAB 600DOSE | 0 | PA, QL (63 TABLETS 28 DAYS) |
| KOSELUGO CAP 10MG | 0 | PA, QL (240 CAPSULES PER 30 DAYS) |
| KOSELUGO CAP 25MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| KRAZATI TAB 200MG | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| *lapatinib ditosylate tab 250 mg (base equiv)* | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| LORBRENA TAB 25MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| LORBRENA TAB 100MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| LUMAKRAS TAB 120MG | 0 | PA, QL (240 TABS PER 30 DAYS) |
| LUMAKRAS TAB 320MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| LYNPARZA TAB 100MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| LYNPARZA TAB 150MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| MEKTOVI TAB 15MG | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| NERLYNX TAB 40MG | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| NEXAVAR TAB 200MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| NINLARO CAP 2.3MG | 0 | PA, QL (3 CAPSULES PER 28 DAYS) |
| NINLARO CAP 3MG | 0 | PA, QL (3 CAPSULES PER 28 DAYS) |
| NINLARO CAP 4MG | 0 | PA, QL (3 CAPSULES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PIQRAY 200MG TAB DOSE | 0 | PA, QL (28 TABLETS PER 28 DAYS) |
| PIQRAY 250MG TAB DOSE | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| PIQRAY 300MG TAB DOSE | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| RETEVMO CAP 40MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| RETEVMO CAP 80MG | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| ROZLYTREK CAP 100MG | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| ROZLYTREK CAP 200MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |
| RYDAPT CAP 25MG | 0 | PA, QL (224 CAPSULES PER 28 DAYS) |
| *sorafenib tosylate tab 200 mg (base equivalent)* | 0 | PA, QL (120 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 20MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 50MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 70MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 80MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 100MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| SPRYCEL TAB 140MG | 0 | PA, QL (30 TABLETS PER 30 DAYS) |
| STIVARGA TAB 40MG | 0 | PA, QL (84 TABLETS PER 28 DAYS) |
| *sunitinib malate cap 12.5 mg (base equivalent)* | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| *sunitinib malate cap 25 mg (base equivalent)* | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sunitinib malate cap 37.5 mg (base equivalent)* | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| *sunitinib malate cap 50 mg (base equivalent)* | 0 | PA, QL (30 CAPSULES PER 30 DAYS) |
| TIBSOVO TAB 250MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| TYKERB TAB 250MG | 0 | PA, QL (180 TABLETS PER 30 DAYS) |
| VERZENIO TAB 50MG | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| VERZENIO TAB 100MG | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| VERZENIO TAB 150MG | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| VERZENIO TAB 200MG | 0 | PA, QL (56 TABLETS PER 28 DAYS) |
| VITRAKVI CAP 25MG | 0 | PA, QL (180 CAPSULES PER 30 DAYS) |
| VITRAKVI CAP 100MG | 0 | PA, QL (60 CAPSULES PER 30 DAYS) |
| VITRAKVI SOL 20MG/ML | 0 | PA, QL (300 ML PER 30 DAYS) |
| VONJO CAP 100MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| XOSPATA TAB 40MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| ZEJULA CAP 100MG | 0 | PA, QL (90 CAPSULES PER 30 DAYS) |
| ZEJULA TAB 100MG | 0 | PA, QL (30 TABS PER 30 DAYS) |
| ZEJULA TAB 200MG | 0 | PA, QL (30 TABS PER 30 DAYS) |
| ZEJULA TAB 300MG | 0 | PA, QL (30 TABS PER 30 DAYS) |
| ZELBORAF TAB 240MG | 0 | PA, QL (240 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZOLINZA CAP 100MG | 0 | PA, QL (120 CAPSULES PER 30 DAYS) |
| ZYDELIG TAB 100MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| ZYDELIG TAB 150MG | 0 | PA, QL (60 TABLETS PER 30 DAYS) |
| ZYKADIA TAB 150MG | 0 | PA, QL (90 TABLETS PER 30 DAYS) |
| ***ANTINEOPLASTICS MISC.*** | | |
| ACTIMMUNE INJ 2MU/0.5 | 3 | PA |
| BESREMI SOL 500MCG | 3 | PA, QL (2 PFS PER 28 DAYS) |
| *bexarotene cap 75 mg* | 0 | PA |
| HYDREA CAP 500MG | 0 | |
| *hydroxyurea cap 500 mg* | 0 | |
| INTRON A INJ 10MU | 3 | PA |
| INTRON A INJ 18MU | 3 | PA |
| INTRON A INJ 25MU | 3 | PA |
| INTRON A INJ 50MU | 3 | PA |
| MATULANE CAP 50MG | 0 | |
| *tretinoin cap 10 mg* | 0 | |
| ***CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS*** | | |
| *leucovorin calcium tab 5 mg* | 0 | |
| *leucovorin calcium tab 10 mg* | 0 | |
| *leucovorin calcium tab 15 mg* | 0 | |
| *leucovorin calcium tab 25 mg* | 0 | |
| MESNEX TAB 400MG | 0 | |
| ***MITOTIC INHIBITORS*** | | |
| *etoposide cap 50 mg* | 0 | |
| ***TOPOISOMERASE I INHIBITORS*** | | |
| HYCAMTIN CAP 0.25MG | 0 | PA |
| HYCAMTIN CAP 1MG | 0 | PA |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | | |
| ***ANTIPARKINSON ADJUNCTIVE THERAPY*** | | |
| *carbidopa tab 25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LODOSYN TAB 25MG | 3 | |
| ***ANTIPARKINSON ANTICHOLINERGICS*** | | |
| *benztropine mesylate tab 0.5 mg* | 1 | |
| *benztropine mesylate tab 1 mg* | 1 | |
| *benztropine mesylate tab 2 mg* | 1 | |
| *trihexyphenidyl hcl oral soln 0.4 mg/ml* | 1 | |
| *trihexyphenidyl hcl tab 2 mg* | 1 | |
| *trihexyphenidyl hcl tab 5 mg* | 1 | |
| ***ANTIPARKINSON COMT INHIBITORS*** | | |
| COMTAN TAB 200MG | 3 | |
| *entacapone tab 200 mg* | 1 | |
| TASMAR TAB 100MG | 3 | |
| *tolcapone tab 100 mg* | 1 | |
| ***ANTIPARKINSON DOPAMINERGICS*** | | |
| *amantadine hcl cap 100 mg* | 1 | |
| *amantadine hcl soln 50 mg/5ml* | 1 | |
| *amantadine hcl tab 100 mg* | 1 | |
| *bromocriptine mesylate cap 5 mg (base equivalent)* | 1 | |
| *bromocriptine mesylate tab 2.5 mg (base equivalent)* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 10-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-100 mg* | 1 | |
| *carbidopa & levodopa orally disintegrating tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab 10-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-100 mg* | 1 | |
| *carbidopa & levodopa tab 25-250 mg* | 1 | |
| *carbidopa & levodopa tab er 25-100 mg* | 1 | |
| *carbidopa & levodopa tab er 50-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 12.5-50-200 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carbidopa-levodopa-entacapone tabs 18.75-75-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 25-100-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 31.25-125-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 37.5-150-200 mg* | 1 | |
| *carbidopa-levodopa-entacapone tabs 50-200-200 mg* | 1 | |
| INBRIJA CAP 42MG | 2 | PA, QL (300 CAPSULES PER 30 DAYS) |
| MIRAPEX ER TAB 0.75MG | 3 | |
| MIRAPEX ER TAB 0.375MG | 3 | |
| MIRAPEX ER TAB 1.5MG | 3 | |
| MIRAPEX ER TAB 2.25MG | 3 | |
| MIRAPEX ER TAB 3.75MG | 3 | |
| MIRAPEX ER TAB 3MG | 3 | |
| MIRAPEX ER TAB 4.5MG | 3 | |
| MIRAPEX TAB 0.5MG | 3 | |
| MIRAPEX TAB 0.75MG | 3 | |
| MIRAPEX TAB 0.125MG | 3 | |
| MIRAPEX TAB 1MG | 3 | |
| NEUPRO DIS 1MG/24HR | 2 | |
| NEUPRO DIS 2MG/24HR | 2 | |
| NEUPRO DIS 3MG/24HR | 2 | |
| NEUPRO DIS 4MG/24HR | 2 | |
| NEUPRO DIS 6MG/24HR | 2 | |
| NEUPRO DIS 8MG/24HR | 2 | |
| PARLODEL CAP 5MG | 3 | |
| PARLODEL TAB 2.5MG | 3 | |
| *pramipexole dihydrochloride tab 0.5 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.25 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab 0.125 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pramipexole dihydrochloride tab 1 mg* | 1 | |
| *pramipexole dihydrochloride tab 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.75 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 0.375 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 1.5 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 2.25 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 3.75 mg* | 1 | |
| *pramipexole dihydrochloride tab er 24hr 4.5 mg* | 1 | |
| *ropinirole hydrochloride tab 0.5 mg* | 1 | |
| *ropinirole hydrochloride tab 0.25 mg* | 1 | |
| *ropinirole hydrochloride tab 1 mg* | 1 | |
| *ropinirole hydrochloride tab 2 mg* | 1 | |
| *ropinirole hydrochloride tab 3 mg* | 1 | |
| *ropinirole hydrochloride tab 4 mg* | 1 | |
| *ropinirole hydrochloride tab 5 mg* | 1 | |
| *ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)* | 1 | |
| RYTARY CAP 95MG | 2 | |
| RYTARY CAP 145MG | 2 | |
| RYTARY CAP 195MG | 2 | |
| RYTARY CAP 245MG | 2 | |
| SINEMET TAB 10-100MG | 3 | |
| SINEMET TAB 25-100MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| STALEVO 50 TAB | 3 | |
| STALEVO 75 TAB | 3 | |
| STALEVO 100 TAB | 3 | |
| STALEVO 125 TAB | 3 | |
| STALEVO 150 TAB | 3 | |
| STALEVO 200 TAB | 3 | |
| ***ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** | | |
| AZILECT TAB 0.5MG | 3 | |
| AZILECT TAB 1MG | 3 | |
| *rasagiline mesylate tab 0.5 mg (base equiv)* | 1 | |
| *rasagiline mesylate tab 1 mg (base equiv)* | 1 | |
| *selegiline hcl cap 5 mg* | 1 | |
| *selegiline hcl tab 5 mg* | 1 | |
| ZELAPAR TAB 1.25MG | 3 | |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | | |
| ***ANTIMANIC AGENTS*** | | |
| *lithium carbonate cap 150 mg* | 1 | |
| *lithium carbonate cap 300 mg* | 1 | |
| *lithium carbonate cap 600 mg* | 1 | |
| *lithium carbonate tab 300 mg* | 1 | |
| *lithium carbonate tab er 300 mg* | 1 | |
| *lithium carbonate tab er 450 mg* | 1 | |
| LITHIUM SOL 8MEQ/5ML | 3 | |
| LITHOBID TAB 300MG CR | 2 | |
| ***ANTIPSYCHOTICS - MISC.*** | | |
| CAPLYTA CAP 10.5MG | 3 | |
| CAPLYTA CAP 21MG | 3 | |
| CAPLYTA CAP 42MG | 3 | |
| EQUETRO CAP 100MG | 3 | |
| EQUETRO CAP 200MG | 3 | |
| EQUETRO CAP 300MG | 3 | |
| GEODON CAP 20MG | 3 | |
| GEODON CAP 40MG | 3 | |
| GEODON CAP 60MG | 3 | |
| GEODON CAP 80MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GEODON INJ 20MG | 3 | |
| *lurasidone hcl tab 20 mg* | 1 | |
| *lurasidone hcl tab 40 mg* | 1 | |
| *lurasidone hcl tab 60 mg* | 1 | |
| *lurasidone hcl tab 80 mg* | 1 | |
| *lurasidone hcl tab 120 mg* | 1 | |
| NUPLAZID CAP 34MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| NUPLAZID TAB 10MG | 3 | PA, QL (30 TABLETS PER 30 DAYS) |
| VRAYLAR CAP 1.5-3MG | 2 | |
| VRAYLAR CAP 1.5MG | 2 | |
| VRAYLAR CAP 3MG | 2 | |
| VRAYLAR CAP 4.5MG | 2 | |
| VRAYLAR CAP 6MG | 2 | |
| *ziprasidone hcl cap 20 mg* | 1 | |
| *ziprasidone hcl cap 40 mg* | 1 | |
| *ziprasidone hcl cap 60 mg* | 1 | |
| *ziprasidone hcl cap 80 mg* | 1 | |
| *ziprasidone mesylate for inj 20 mg (base equivalent)* | 1 | |
| ***BENZISOXAZOLES*** | | |
| INVEGA SUST INJ 39/0.25 | 3 | |
| INVEGA SUST INJ 78/0.5ML | 3 | |
| INVEGA SUST INJ 117/0.75 | 3 | |
| INVEGA SUST INJ 156MG/ML | 3 | |
| INVEGA SUST INJ 234/1.5 | 3 | |
| INVEGA TAB 1.5MG | 3 | |
| INVEGA TAB 3MG | 3 | |
| INVEGA TAB 6MG | 3 | |
| INVEGA TAB 9MG | 3 | |
| *paliperidone tab er 24hr 1.5 mg* | 1 | |
| *paliperidone tab er 24hr 3 mg* | 1 | |
| *paliperidone tab er 24hr 6 mg* | 1 | |
| *paliperidone tab er 24hr 9 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PERSERIS INJ 90MG | 2 | |
| PERSERIS INJ 120MG | 2 | |
| RISPERDAL INJ 12.5MG | 3 | |
| RISPERDAL INJ 25MG | 3 | |
| RISPERDAL INJ 37.5MG | 3 | |
| RISPERDAL INJ 50MG | 3 | |
| RISPERDAL SOL 1MG/ML | 3 | |
| RISPERDAL TAB 0.5MG | 3 | |
| RISPERDAL TAB 1MG | 3 | |
| RISPERDAL TAB 2MG | 3 | |
| RISPERDAL TAB 3MG | 3 | |
| RISPERDAL TAB 4MG | 3 | |
| *risperidone orally disintegrating tab 0.5 mg* | 1 | |
| *risperidone orally disintegrating tab 0.25 mg* | 1 | |
| *risperidone orally disintegrating tab 1 mg* | 1 | |
| *risperidone orally disintegrating tab 2 mg* | 1 | |
| *risperidone orally disintegrating tab 3 mg* | 1 | |
| *risperidone orally disintegrating tab 4 mg* | 1 | |
| *risperidone soln 1 mg/ml* | 1 | |
| *risperidone tab 0.5 mg* | 1 | |
| *risperidone tab 0.25 mg* | 1 | |
| *risperidone tab 1 mg* | 1 | |
| *risperidone tab 2 mg* | 1 | |
| *risperidone tab 3 mg* | 1 | |
| *risperidone tab 4 mg* | 1 | |
| ***BUTYROPHENONES*** | | |
| HALDOL DECAN INJ 50MG/ML | 3 | |
| HALDOL DECAN INJ 100MG/ML | 3 | |
| HALDOL INJ 5MG/ML | 3 | |
| *haloperidol decanoate im soln 50 mg/ml* | 1 | |
| *haloperidol decanoate im soln 100 mg/ml* | 1 | |
| *haloperidol lactate inj 5 mg/ml* | 1 | |
| *haloperidol lactate oral conc 2 mg/ml* | 1 | |
| *haloperidol tab 0.5 mg* | 1 | |
| *haloperidol tab 1 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *haloperidol tab 2 mg* | 1 | |
| *haloperidol tab 5 mg* | 1 | |
| *haloperidol tab 10 mg* | 1 | |
| *haloperidol tab 20 mg* | 1 | |
| ***DIBENZAPINES*** | | |
| ADASUVE INH 10MG | 3 | |
| *asenapine maleate sl tab 2.5 mg (base equiv)* | 1 | |
| *asenapine maleate sl tab 5 mg (base equiv)* | 1 | |
| *asenapine maleate sl tab 10 mg (base equiv)* | 1 | |
| *clozapine orally disintegrating tab 12.5 mg* | 1 | |
| *clozapine orally disintegrating tab 25 mg* | 1 | |
| *clozapine orally disintegrating tab 100 mg* | 1 | |
| *clozapine orally disintegrating tab 150 mg* | 1 | |
| *clozapine orally disintegrating tab 200 mg* | 1 | |
| *clozapine tab 25 mg* | 1 | |
| *clozapine tab 50 mg* | 1 | |
| *clozapine tab 100 mg* | 1 | |
| *clozapine tab 200 mg* | 1 | |
| CLOZARIL TAB 25MG | 3 | |
| CLOZARIL TAB 50MG | 3 | |
| CLOZARIL TAB 100MG | 3 | |
| CLOZARIL TAB 200MG | 3 | |
| *loxapine succinate cap 5 mg* | 1 | |
| *loxapine succinate cap 10 mg* | 1 | |
| *loxapine succinate cap 25 mg* | 1 | |
| *loxapine succinate cap 50 mg* | 1 | |
| *olanzapine for im inj 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 5 mg* | 1 | |
| *olanzapine orally disintegrating tab 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 15 mg* | 1 | |
| *olanzapine orally disintegrating tab 20 mg* | 1 | |
| *olanzapine tab 2.5 mg* | 1 | |
| *olanzapine tab 5 mg* | 1 | |
| *olanzapine tab 7.5 mg* | 1 | |
| *olanzapine tab 10 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olanzapine tab 15 mg* | 1 | |
| *olanzapine tab 20 mg* | 1 | |
| *quetiapine fumarate tab 25 mg* | 1 | |
| *quetiapine fumarate tab 50 mg* | 1 | |
| *quetiapine fumarate tab 100 mg* | 1 | |
| *quetiapine fumarate tab 200 mg* | 1 | |
| *quetiapine fumarate tab 300 mg* | 1 | |
| *quetiapine fumarate tab 400 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 150 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 200 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 300 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 400 mg* | 1 | |
| SAPHRIS SUB 2.5MG | 3 | |
| SAPHRIS SUB 5MG | 3 | |
| SAPHRIS SUB 10MG | 3 | |
| SEROQUEL TAB 25MG | 3 | |
| SEROQUEL TAB 50MG | 3 | |
| SEROQUEL TAB 100MG | 3 | |
| SEROQUEL TAB 200MG | 3 | |
| SEROQUEL TAB 300MG | 3 | |
| SEROQUEL TAB 400MG | 3 | |
| VERSACLOZ SUS 50MG/ML | 3 | |
| ZYPREXA INJ 10MG | 3 | |
| ZYPREXA RELP INJ 210MG | 3 | |
| ZYPREXA RELP INJ 300MG | 3 | |
| ZYPREXA RELP INJ 405MG | 3 | |
| ZYPREXA TAB 2.5MG | 3 | |
| ZYPREXA TAB 5MG | 3 | |
| ZYPREXA TAB 7.5MG | 3 | |
| ZYPREXA TAB 10MG | 3 | |
| ZYPREXA TAB 15MG | 3 | |
| ZYPREXA TAB 20MG | 3 | |
| ZYPREXA ZYDI TAB 5MG | 3 | |
| ZYPREXA ZYDI TAB 10MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZYPREXA ZYDI TAB 15MG | 3 | |
| ZYPREXA ZYDI TAB 20MG | 3 | |
| ***DIHYDROINDOLONES*** | | |
| *molindone hcl tab 5 mg* | 1 | |
| *molindone hcl tab 10 mg* | 1 | |
| *molindone hcl tab 25 mg* | 1 | |
| ***PHENOTHIAZINES*** | | |
| *chlorpromazine hcl inj 25 mg/ml* | 1 | |
| *chlorpromazine hcl inj 50 mg/2ml* | 1 | |
| *chlorpromazine hcl tab 10 mg* | 1 | |
| *chlorpromazine hcl tab 25 mg* | 1 | |
| *chlorpromazine hcl tab 50 mg* | 1 | |
| *chlorpromazine hcl tab 100 mg* | 1 | |
| *chlorpromazine hcl tab 200 mg* | 1 | |
| *fluphenazine decanoate inj 25 mg/ml* | 1 | |
| *fluphenazine hcl elixir 2.5 mg/5ml* | 1 | |
| *fluphenazine hcl inj 2.5 mg/ml* | 1 | |
| *fluphenazine hcl oral conc 5 mg/ml* | 1 | |
| *fluphenazine hcl tab 1 mg* | 1 | |
| *fluphenazine hcl tab 2.5 mg* | 1 | |
| *fluphenazine hcl tab 5 mg* | 1 | |
| *fluphenazine hcl tab 10 mg* | 1 | |
| *perphenazine tab 2 mg* | 1 | |
| *perphenazine tab 4 mg* | 1 | |
| *perphenazine tab 8 mg* | 1 | |
| *perphenazine tab 16 mg* | 1 | |
| *prochlorperazine edisylate inj 10 mg/2ml* | 1 | |
| *prochlorperazine edisylate inj 50 mg/10ml* | 1 | |
| *prochlorperazine maleate tab 5 mg (base equivalent)* | 1 | |
| *prochlorperazine maleate tab 10 mg (base equivalent)* | 1 | |
| *prochlorperazine suppos 25 mg* | 1 | |
| *thioridazine hcl tab 10 mg* | 1 | |
| *thioridazine hcl tab 25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *thioridazine hcl tab 50 mg* | 1 | |
| *thioridazine hcl tab 100 mg* | 1 | |
| *trifluoperazine hcl tab 1 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 2 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 5 mg (base equivalent)* | 1 | |
| *trifluoperazine hcl tab 10 mg (base equivalent)* | 1 | |
| ***QUINOLINONE DERIVATIVES*** | | |
| ABILIFY MAIN INJ 300MG | 2 | |
| ABILIFY MAIN INJ 400MG | 2 | |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole orally disintegrating tab 10 mg* | 1 | |
| *aripiprazole orally disintegrating tab 15 mg* | 1 | |
| *aripiprazole tab 2 mg* | 1 | |
| *aripiprazole tab 5 mg* | 1 | |
| *aripiprazole tab 10 mg* | 1 | |
| *aripiprazole tab 15 mg* | 1 | |
| *aripiprazole tab 20 mg* | 1 | |
| *aripiprazole tab 30 mg* | 1 | |
| ARISTADA INJ 441MG/1. | 3 | |
| ARISTADA INJ 662MG/2 | 3 | |
| ARISTADA INJ 882MG/3 | 3 | |
| ARISTADA INJ 1064MG | 3 | QL (23.077 injections every year) |
| ARISTADA INJ INITIO | 3 | |
| REXULTI TAB 0.5MG | 3 | |
| REXULTI TAB 0.25MG | 3 | |
| REXULTI TAB 1MG | 3 | |
| REXULTI TAB 2MG | 3 | |
| REXULTI TAB 3MG | 3 | |
| REXULTI TAB 4MG | 3 | |
| ***THIOXANTHENES*** | | |
| *thiothixene cap 1 mg* | 1 | |
| *thiothixene cap 2 mg* | 1 | |
| *thiothixene cap 5 mg* | 1 | |
| *thiothixene cap 10 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTISEPTICS & DISINFECTANTS** | | |
| ***ANTISEPTICS & DISINFECTANTS*** | | |
| *formaldehyde solution 10%* | 1 | |
| GLUTARALDEHY SOL 25% | 3 | |
| *hydrogen peroxide soln 30%* | 1 | |
| ***CHLORINE ANTISEPTICS*** | | |
| BENZALKONIUM SOL NF | 3 | |
| CHLORHEX GLU SOL 20% | 3 | |
| **ANTIVIRALS** | | |
| ***ANTIRETROVIRALS*** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | 1 | QL (900 ML PER 30 DAYS) |
| *abacavir sulfate tab 300 mg (base equiv)* | 1 | QL (60 TABLETS PER 30 DAYS) |
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| *atazanavir sulfate cap 150 mg (base equiv)* | 1 | QL (30 CAPSULES PER 30 DAYS) |
| *atazanavir sulfate cap 200 mg (base equiv)* | 1 | QL (60 CAPSULES PER 30 DAYS) |
| *atazanavir sulfate cap 300 mg (base equiv)* | 1 | QL (30 CAPSULES PER 30 DAYS) |
| BIKTARVY TAB | 2 | QL (30 TABLETS PER 30 DAYS) |
| CIMDUO TAB 300-300 | 2 | QL (30 TABLETS PER 30 DAYS) |
| COMBIVIR TAB 150-300 | 3 | QL (60 TABLETS PER 30 DAYS) |
| CRIXIVAN CAP 400MG | 3 | QL (180 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DESCOVY TAB 120-15MG | 2 | PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis |
| DESCOVY TAB 200/25MG | 2 | PA, QL (30 TABLETS PER 30 DAYS); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis |
| DOVATO TAB 50-300MG | 2 | QL (30 TABLETS PER 30 DAYS) |
| EDURANT TAB 25MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| *efavirenz cap 50 mg* | 1 | QL (90 CAPSULES PER 30 DAYS) |
| *efavirenz cap 200 mg* | 1 | QL (90 CAPSULES PER 30 DAYS) |
| *efavirenz tab 600 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *emtricitabine caps 200 mg* | 1 | QL (30 CAPSULES PER 30 DAYS) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 0 | QL (30 TABLETS PER 30 DAYS); $0 copay for pre exposure prophylaxis |
| EMTRIVA CAP 200MG | 2 | QL (30 CAPSULES PER 30 DAYS) |
| EMTRIVA SOL 10MG/ML | 2 | QL (680 ML PER 28 DAYS) |
| EPIVIR SOL 10MG/ML | 3 | QL (960 ML PER 30 DAYS) |
| EPIVIR TAB 150MG | 3 | QL (60 TABLETS PER 30 DAYS) |
| EPIVIR TAB 300MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| EPZICOM TAB 600-300 | 3 | QL (30 TABLETS PER 30 DAYS) |
| *etravirine tab 100 mg* | 1 | QL (120 TABLETS PER 30 DAYS) |
| *etravirine tab 200 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| EVOTAZ TAB 300-150 | 2 | QL (30 TABLETS PER 30 DAYS) |
| *fosamprenavir calcium tab 700 mg (base equiv)* | 1 | QL (120 TABLETS PER 30 DAYS) |
| FUZEON INJ 90MG | 2 | PA, QL (60 VIALS PER 30 DAYS) |
| GENVOYA TAB | 2 | QL (30 TABLETS PER 30 DAYS) |
| INTELENCE TAB 25MG | 2 | QL (120 TABLETS PER 30 DAYS) |
| INTELENCE TAB 100MG | 2 | QL (120 TABLETS PER 30 DAYS) |
| INTELENCE TAB 200MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| ISENTRESS CHW 25MG | 2 | QL (180 TABLETS PER 30 DAYS) |
| ISENTRESS CHW 100MG | 2 | QL (180 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ISENTRESS HD TAB 600MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| ISENTRESS POW 100MG | 2 | QL (60 PACKETS PER 30 DAYS) |
| ISENTRESS TAB 400MG | 2 | QL (120 TABLETS PER 30 DAYS) |
| JULUCA TAB 50-25MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| KALETRA SOL | 3 | QL (480 ML PER 30 DAYS) |
| KALETRA TAB 100-25MG | 3 | QL (240 TABLETS PER 30 DAYS) |
| KALETRA TAB 200-50MG | 3 | QL (120 TABLETS PER 30 DAYS) |
| *lamivudine oral soln 10 mg/ml* | 1 | QL (960 ML PER 30 DAYS) |
| *lamivudine tab 150 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| *lamivudine tab 300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | 1 | QL (480 ML PER 30 DAYS) |
| *lopinavir-ritonavir tab 100-25 mg* | 1 | QL (240 TABLETS PER 30 DAYS) |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | QL (120 TABLETS PER 30 DAYS) |
| *nevirapine susp 50 mg/5ml* | 1 | QL (1200 ML PER 30 ML DAYS) |
| *nevirapine tab 200 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| *nevirapine tab er 24hr 100 mg* | 1 | QL (90 TABLETS PER 30 DAYS) |
| *nevirapine tab er 24hr 400 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| NORVIR POW 100MG | 2 | QL (360 PACKETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NORVIR SOL 80MG/ML | 2 | QL (480 ML PER 30 DAYS) |
| NORVIR TAB 100MG | 2 | QL (360 TABLETS PER 30 DAYS) |
| ODEFSEY TAB | 2 | QL (30 TABLETS PER 30 DAYS) |
| PREZCOBIX TAB 800-150 | 2 | QL (30 TABLETS PER 30 DAYS) |
| PREZISTA SUS 100MG/ML | 2 | QL (400 ML PER 30 DAYS) |
| PREZISTA TAB 75MG | 2 | QL (300 TABLETS PER 30 DAYS) |
| PREZISTA TAB 150MG | 2 | QL (180 TABLETS PER 30 DAYS) |
| PREZISTA TAB 600MG | 2 | QL (30 TABLETS PER 30 DAYS) |
| PREZISTA TAB 800MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| RETROVIR CAP 100MG | 3 | QL (180 CAPSULES PER 30 DAYS) |
| RETROVIR SYP 50MG/5ML | 3 | QL (1920 ML PER 30 DAYS) |
| REYATAZ CAP 150MG | 3 | QL (30 CAPSULES PER 30 DAYS) |
| REYATAZ CAP 200MG | 3 | QL (60 CAPSULES PER 30 DAYS) |
| REYATAZ CAP 300MG | 3 | QL (30 CAPSULES PER 30 DAYS) |
| REYATAZ POW 50MG | 3 | QL (180 PACKETS PER 30 DAYS) |
| *ritonavir tab 100 mg* | 1 | QL (360 TABLETS PER 30 DAYS) |
| RUKOBIA TAB 600MG ER | 3 | PA, QL (60 TABLETS PER 30 DAYS) |
| *stavudine cap 15 mg* | 1 | QL (60 CAPSULES PER 30 DAYS) |
| *stavudine cap 20 mg* | 1 | QL (60 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *stavudine cap 30 mg* | 1 | QL (60 CAPSULES PER 30 DAYS) |
| *stavudine cap 40 mg* | 1 | QL (60 CAPSULES PER 30 DAYS) |
| SUSTIVA CAP 50MG | 3 | QL (90 CAPSULES PER 30 DAYS) |
| SUSTIVA CAP 200MG | 3 | QL (90 CAPSULES PER 30 DAYS) |
| SUSTIVA TAB 600MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| SYMFI LO TAB | 3 | QL (30 TABLETS PER 30 DAYS) |
| SYMFI TAB | 3 | QL (30 TABLETS PER 30 DAYS) |
| SYMTUZA TAB | 2 | QL (30 TABLETS PER 30 DAYS) |
| TEMIXYS TAB 300-300 | 2 | QL (30 TABLETS PER 30 DAYS) |
| *tenofovir disoproxil fumarate tab 300 mg* | 1 | QL (30 TABLETS PER 30 DAYS) |
| TIVICAY PD TAB 5MG | 2 | QL (360 TABLETS PER 30 DAYS) |
| TIVICAY TAB 10MG | 2 | QL (240 TABLETS PER 30 DAYS) |
| TIVICAY TAB 25MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| TIVICAY TAB 50MG | 2 | QL (60 TABLETS PER 30 DAYS) |
| TRIUMEQ PD TAB | 2 | QL (180 TABLETS PER 30 DAYS) |
| TRIUMEQ TAB | 2 | QL (30 TABLETS PER 30 DAYS) |
| TRIZIVIR TAB | 3 | QL (60 TABLETS PER 30 DAYS) |
| TYBOST TAB 150MG | 3 | QL (30 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VIRAMUNE SUS 50MG/5ML | 3 | QL (1200 ML PER 30 ML DAYS) |
| VIRAMUNE XR TAB 400MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| VIREAD POW 40MG/GM | 3 | QL (240 GM PER 30 DAYS) |
| VIREAD TAB 150MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| VIREAD TAB 200MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| VIREAD TAB 250MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| VIREAD TAB 300MG | 3 | QL (30 TABLETS PER 30 DAYS) |
| ZIAGEN SOL 20MG/ML | 3 | QL (900 ML PER 30 DAYS) |
| ZIAGEN TAB 300MG | 3 | QL (60 TABLETS PER 30 DAYS) |
| *zidovudine cap 100 mg* | 1 | QL (180 CAPSULES PER 30 DAYS) |
| *zidovudine syrup 10 mg/ml* | 1 | QL (1920 ML PER 30 DAYS) |
| *zidovudine tab 300 mg* | 1 | QL (60 TABLETS PER 30 DAYS) |
| ***ANTIVIRAL COMBINATIONS*** | | |
| PAXLOVID TAB 150-100 | 3 | QL (40 tabs every 30 days) |
| PAXLOVID TAB 300-100 | 3 | QL (60 tabs every 30 days) |
| ***CMV AGENTS*** | | |
| LIVTENCITY TAB 200MG | 3 | PA, QL (120 TABLETS PER 30 DAYS) |
| PREVYMIS TAB 240MG | 3 | |
| PREVYMIS TAB 480MG | 3 | |
| *valganciclovir hcl for soln 50 mg/ml (base equiv)* | 1 | QL (1000 ML PER 30 DAYS) |
| *valganciclovir hcl tab 450 mg (base equivalent)* | 1 | QL (120 TABLETS FOR 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***HEPATITIS AGENTS*** | | |
| *adefovir dipivoxil tab 10 mg* | 1 | |
| BARACLUDE SOL | 3 | QL (630 ML PER 30 DAYS) |
| *entecavir tab 0.5 mg* | 1 | QL (30 TABS PER 30 DAYS) |
| *entecavir tab 1 mg* | 1 | QL (30 TABS PER 30 DAYS) |
| EPCLUSA PAK 150-37.5 | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6 |
| EPCLUSA PAK 200-50MG | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6 |
| EPCLUSA TAB 200-50MG | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6 |
| EPCLUSA TAB 400-100 | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 2, 3, 4, 5, 6 |
| HARVONI PAK | 2 | PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6 |
| HARVONI PAK 45-200MG | 2 | PA, QL (28 PELLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6 |
| HARVONI TAB 45-200MG | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6 |
| HARVONI TAB 90-400MG | 2 | PA, QL (28 TABLETS PER 28 DAYS); Genotypes 1, 4, 5 ,6 |
| *lamivudine tab 100 mg (hbv)* | 1 | |
| PEGINTRON KIT 50MCG | 3 | |
| *ribavirin cap 200 mg* | 1 | PA |
| *ribavirin tab 200 mg* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SOVALDI PAK 150MG | 3 | PA, QL (28 PELLETS PER 28 DAYS) |
| SOVALDI PAK 200MG | 3 | PA, QL (28 PELLETS PER 28 DAYS) |
| SOVALDI TAB 200MG | 3 | PA, QL (28 TABLETS PER 28 DAYS) |
| SOVALDI TAB 400MG | 3 | PA, QL (28 TABLETS PER 28 DAYS) |
| VEMLIDY TAB 25MG | 2 | QL (30 TABLETS PER 30 DAYS) |
| VOSEVI TAB | 2 | PA, QL (28 TABLETS PER 28 DAYS); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3) |
| ***HERPES AGENTS*** | | |
| *acyclovir cap 200 mg* | 1 | |
| *acyclovir susp 200 mg/5ml* | 1 | |
| *acyclovir tab 400 mg* | 1 | |
| *acyclovir tab 800 mg* | 1 | |
| *famciclovir tab 125 mg* | 1 | |
| *famciclovir tab 250 mg* | 1 | |
| *famciclovir tab 500 mg* | 1 | |
| SITAVIG TAB 50MG | 3 | |
| *valacyclovir hcl tab 1 gm* | 1 | |
| *valacyclovir hcl tab 500 mg* | 1 | |
| ZOVIRAX SUS 200/5ML | 3 | |
| ***INFLUENZA AGENTS*** | | |
| *oseltamivir phosphate cap 30 mg (base equiv)* | 1 | QL (28 caps every 90 days) |
| *oseltamivir phosphate cap 45 mg (base equiv)* | 1 | QL (14 caps every 90 days) |
| *oseltamivir phosphate cap 75 mg (base equiv)* | 1 | QL (14 caps every 90 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oseltamivir phosphate for susp 6 mg/ml (base equiv)* | 1 | QL (180 mL every 90 days) |
| RELENZA MIS DISKHALE | 2 | QL (2 inhalers every 90 days) |
| *rimantadine hydrochloride tab 100 mg* | 1 | |
| TAMIFLU CAP 30MG | 3 | QL (28 caps every 90 days) |
| TAMIFLU CAP 45MG | 3 | QL (14 caps every 90 days) |
| TAMIFLU CAP 75MG | 3 | QL (14 caps every 90 days) |
| TAMIFLU SUS 6MG/ML | 3 | QL (180 mL every 90 days) |
| ***MISC. ANTIVIRALS*** | | |
| FAVIPIRAVIR TAB 200MG | 3 | |
| LAGEVRIO CAP 200MG | 3 | QL (40 caps every 30 days) |
| TEMBEXA SUS 10MG/ML | 3 | |
| TEMBEXA TAB 100MG | 3 | |
| TPOXX CAP 200MG | 3 | |
| TPOXX INJ | 3 | |
| **BETA BLOCKERS** | | |
| ***ALPHA-BETA BLOCKERS*** | | |
| *carvedilol phosphate cap er 24hr 10 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 20 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 40 mg* | 1 | |
| *carvedilol phosphate cap er 24hr 80 mg* | 1 | |
| *carvedilol tab 3.125 mg* | 1 | |
| *carvedilol tab 6.25 mg* | 1 | |
| *carvedilol tab 12.5 mg* | 1 | |
| *carvedilol tab 25 mg* | 1 | |
| COREG TAB 3.125MG | 3 | |
| COREG TAB 6.25MG | 3 | |
| COREG TAB 12.5MG | 3 | |
| COREG TAB 25MG | 3 | |
| *labetalol hcl tab 100 mg* | 1 | |
| *labetalol hcl tab 200 mg* | 1 | |
| *labetalol hcl tab 300 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***BETA BLOCKERS CARDIO-SELECTIVE*** | | |
| *acebutolol hcl cap 200 mg* | 1 | |
| *acebutolol hcl cap 400 mg* | 1 | |
| *atenolol tab 25 mg* | 1 | |
| *atenolol tab 50 mg* | 1 | |
| *atenolol tab 100 mg* | 1 | |
| *betaxolol hcl tab 10 mg* | 1 | |
| *betaxolol hcl tab 20 mg* | 1 | |
| *bisoprolol fumarate tab 5 mg* | 1 | |
| *bisoprolol fumarate tab 10 mg* | 1 | |
| LOPRESSOR TAB 50MG | 3 | |
| LOPRESSOR TAB 100MG | 3 | |
| *metoprolol succinate tab er 24hr 25 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 50 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 100 mg (tartrate equiv)* | 1 | |
| *metoprolol succinate tab er 24hr 200 mg (tartrate equiv)* | 1 | |
| *metoprolol tartrate tab 25 mg* | 1 | |
| *metoprolol tartrate tab 37.5 mg* | 1 | |
| *metoprolol tartrate tab 50 mg* | 1 | |
| *metoprolol tartrate tab 75 mg* | 1 | |
| *metoprolol tartrate tab 100 mg* | 1 | |
| *nebivolol hcl tab 2.5 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 5 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 10 mg (base equivalent)* | 1 | |
| *nebivolol hcl tab 20 mg (base equivalent)* | 1 | |
| TENORMIN TAB 25MG | 3 | |
| TENORMIN TAB 50MG | 3 | |
| TENORMIN TAB 100MG | 3 | |
| ***BETA BLOCKERS NON-SELECTIVE*** | | |
| CORGARD TAB 20MG | 3 | |
| CORGARD TAB 40MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CORGARD TAB 80MG | 3 | |
| HEMANGEOL SOL 4.28/ML | 3 | |
| *nadolol tab 20 mg* | 1 | |
| *nadolol tab 40 mg* | 1 | |
| *nadolol tab 80 mg* | 1 | |
| *pindolol tab 5 mg* | 1 | |
| *pindolol tab 10 mg* | 1 | |
| *propranolol hcl cap er 24hr 60 mg* | 1 | |
| *propranolol hcl cap er 24hr 80 mg* | 1 | |
| *propranolol hcl cap er 24hr 120 mg* | 1 | |
| *propranolol hcl cap er 24hr 160 mg* | 1 | |
| *propranolol hcl oral soln 20 mg/5ml* | 1 | |
| *propranolol hcl oral soln 40 mg/5ml* | 1 | |
| *propranolol hcl tab 10 mg* | 1 | |
| *propranolol hcl tab 20 mg* | 1 | |
| *propranolol hcl tab 40 mg* | 1 | |
| *propranolol hcl tab 60 mg* | 1 | |
| *propranolol hcl tab 80 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 80 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 120 mg* | 1 | |
| *sotalol hcl (afib/afl) tab 160 mg* | 1 | |
| *sotalol hcl tab 80 mg* | 1 | |
| *sotalol hcl tab 120 mg* | 1 | |
| *sotalol hcl tab 160 mg* | 1 | |
| *sotalol hcl tab 240 mg* | 1 | |
| SOTYLIZE SOL 5MG/ML | 3 | |
| *timolol maleate tab 5 mg* | 1 | |
| *timolol maleate tab 10 mg* | 1 | |
| *timolol maleate tab 20 mg* | 1 | |
| **CALCIUM CHANNEL BLOCKERS** | | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate tab 2.5 mg (base equivalent)* | 1 | |
| *amlodipine besylate tab 5 mg (base equivalent)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine besylate tab 10 mg (base equivalent)* | 1 | |
| CALAN SR TAB 120MG | 3 | |
| CALAN SR TAB 180MG | 3 | |
| CALAN SR TAB 240MG | 3 | |
| *diltiazem hcl cap er 12hr 60 mg* | 1 | |
| *diltiazem hcl cap er 12hr 90 mg* | 1 | |
| *diltiazem hcl cap er 12hr 120 mg* | 1 | |
| *diltiazem hcl cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl coated beads cap er 24hr 360 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 120 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 180 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 240 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 300 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 360 mg* | 1 | |
| *diltiazem hcl extended release beads cap er 24hr 420 mg* | 1 | |
| *diltiazem hcl tab 30 mg* | 1 | |
| *diltiazem hcl tab 60 mg* | 1 | |
| *diltiazem hcl tab 90 mg* | 1 | |
| *diltiazem hcl tab 120 mg* | 1 | |
| *felodipine tab er 24hr 2.5 mg* | 1 | |
| *felodipine tab er 24hr 5 mg* | 1 | |
| *felodipine tab er 24hr 10 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *isradipine cap 2.5 mg* | 1 | |
| *isradipine cap 5 mg* | 1 | |
| *nicardipine hcl cap 20 mg* | 1 | |
| *nicardipine hcl cap 30 mg* | 1 | |
| *nifedipine cap 10 mg* | 1 | |
| *nifedipine cap 20 mg* | 1 | |
| *nifedipine tab er 24hr 30 mg* | 1 | |
| *nifedipine tab er 24hr 60 mg* | 1 | |
| *nifedipine tab er 24hr 90 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 30 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 60 mg* | 1 | |
| *nifedipine tab er 24hr osmotic release 90 mg* | 1 | |
| *nimodipine cap 30 mg* | 1 | |
| *nisoldipine tab er 24hr 8.5 mg* | 1 | |
| *nisoldipine tab er 24hr 17 mg* | 1 | |
| *nisoldipine tab er 24hr 20 mg* | 1 | |
| *nisoldipine tab er 24hr 25.5 mg* | 1 | |
| *nisoldipine tab er 24hr 30 mg* | 1 | |
| *nisoldipine tab er 24hr 34 mg* | 1 | |
| *nisoldipine tab er 24hr 40 mg* | 1 | |
| NYMALIZE SOL | 3 | |
| PROCARDIA CAP 10MG | 3 | |
| PROCARDIA XL TAB 30MG CR | 3 | |
| PROCARDIA XL TAB 60MG CR | 3 | |
| PROCARDIA XL TAB 90MG CR | 3 | |
| SULAR TAB 8.5MG | 3 | |
| SULAR TAB 17MG | 3 | |
| SULAR TAB 34MG | 3 | |
| TIAZAC CAP 120MG/24 | 3 | |
| TIAZAC CAP 180MG/24 | 3 | |
| TIAZAC CAP 240MG/24 | 3 | |
| TIAZAC CAP 300MG/24 | 3 | |
| TIAZAC CAP 360MG/24 | 3 | |
| TIAZAC CAP 420MG/24 | 3 | |
| *verapamil hcl cap er 24hr 100 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *verapamil hcl cap er 24hr 120 mg* | 1 | |
| *verapamil hcl cap er 24hr 180 mg* | 1 | |
| *verapamil hcl cap er 24hr 200 mg* | 1 | |
| *verapamil hcl cap er 24hr 240 mg* | 1 | |
| *verapamil hcl cap er 24hr 300 mg* | 1 | |
| *verapamil hcl cap er 24hr 360 mg* | 1 | |
| *verapamil hcl tab 40 mg* | 1 | |
| *verapamil hcl tab 80 mg* | 1 | |
| *verapamil hcl tab 120 mg* | 1 | |
| *verapamil hcl tab er 120 mg* | 1 | |
| *verapamil hcl tab er 180 mg* | 1 | |
| *verapamil hcl tab er 240 mg* | 1 | |
| VERELAN CAP 120MG SR | 3 | |
| VERELAN CAP 180MG SR | 3 | |
| VERELAN CAP 240MG SR | 3 | |
| VERELAN CAP 360MG SR | 3 | |
| VERELAN PM CAP 100MG ER | 3 | |
| VERELAN PM CAP 200MG ER | 3 | |
| VERELAN PM CAP 300MG ER | 3 | |
| **CARDIOTONICS** | | |
| ***CARDIAC GLYCOSIDES*** | | |
| *digoxin oral soln 0.05 mg/ml* | 1 | |
| *digoxin tab 125 mcg (0.125 mg)* | 1 | |
| *digoxin tab 250 mcg (0.25 mg)* | 1 | |
| LANOXIN TAB 0.0625MG | 3 | |
| **CARDIOVASCULAR AGENTS - MISC.** | | |
| ***CARDIAC MYOSIN INHIBITORS*** | | |
| CAMZYOS CAP 2.5MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| CAMZYOS CAP 5MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| CAMZYOS CAP 10MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| CAMZYOS CAP 15MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***CARDIOVASCULAR AGENTS MISC. - COMBINATIONS*** | | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 2.5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 5-80 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-10 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-20 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-40 mg* | 1 | |
| *amlodipine besylate-atorvastatin calcium tab 10-80 mg* | 1 | |
| BIDIL TAB | 2 | |
| CADUET TAB 5-10MG | 3 | |
| CADUET TAB 5-20MG | 3 | |
| CADUET TAB 5-40MG | 3 | |
| CADUET TAB 5-80MG | 3 | |
| CADUET TAB 10-10MG | 3 | |
| CADUET TAB 10-20MG | 3 | |
| CADUET TAB 10-40MG | 3 | |
| CADUET TAB 10-80MG | 3 | |
| ENTRESTO TAB 24-26MG | 2 | |
| ENTRESTO TAB 49-51MG | 2 | |
| ENTRESTO TAB 97-103MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***IMPOTENCE AGENTS*** | | |
| CAVERJECT IM KIT 10MCG | 3 | QL (6 each every 30 days); Coverage is subject to your plan/benefits |
| CAVERJECT INJ 40MCG | 3 | QL (6 vials every 30 days); Coverage is subject to your plan/benefits |
| CAVERJECT KIT 20MCG | 3 | QL (6 kits every 30 days); Coverage is subject to your plan/benefits |
| EDEX KIT 10MCG | 3 | QL (6 each every 30 days); Coverage is subject to your plan/benefits |
| EDEX KIT 20MCG | 3 | QL (6 kits every 30 days); Coverage is subject to your plan/benefits |
| EDEX KIT 40MCG | 3 | QL (6 kits every 30 days); Coverage is subject to your plan/benefits |
| LEVITRA TAB 10MG | 3 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| LEVITRA TAB 20MG | 3 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| MUSE SUP 125MCG | 2 | QL (6 sup every 30 days); Coverage is subject to your plan/benefits |
| MUSE SUP 250MCG | 2 | QL (6 sup every 30 days); Coverage is subject to your plan/benefits |
| MUSE SUP 500MCG | 2 | QL (6 sup every 30 days); Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MUSE SUP 1000MCG | 2 | QL (6 sup every 30 days); Coverage is subject to your plan/benefits |
| *sildenafil citrate tab 25 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *sildenafil citrate tab 50 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *sildenafil citrate tab 100 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| STAXYN TAB 10MG | 3 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *tadalafil tab 2.5 mg* | 1 | ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits |
| *tadalafil tab 5 mg* | 1 | ST, QL (30 tabs every 30 days); Coverage is subject to your plan/benefits |
| *tadalafil tab 10 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *tadalafil tab 20 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *vardenafil hcl orally disintegrating tab 10 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *vardenafil hcl tab 2.5 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *vardenafil hcl tab 5 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *vardenafil hcl tab 10 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| *vardenafil hcl tab 20 mg* | 1 | QL (6 tabs every 30 days); Coverage is subject to your plan/benefits |
| ***PROSTAGLANDIN VASODILATORS*** | | |
| ORENITRAM TAB 0.25MG | 2 | PA |
| ORENITRAM TAB 0.125MG | 2 | PA |
| ORENITRAM TAB 1MG | 2 | PA |
| ORENITRAM TAB 2.5MG | 2 | PA |
| ORENITRAM TAB 5MG | 2 | PA |
| ORENITRAM TAB MONTH 1 | 2 | PA |
| ORENITRAM TAB MONTH 2 | 2 | PA |
| ORENITRAM TAB MONTH 3 | 2 | PA |
| TYVASO REFIL SOL 0.6MG/ML | 3 | PA, QL (28 AMPULES PER 28 DAYS) |
| TYVASO SOL 0.6MG/ML | 3 | PA, QL (28 AMPULES PER 28 DAYS) |
| TYVASO START SOL 0.6MG/ML | 3 | PA, QL (28 AMPULES PER 28 DAYS) |
| VENTAVIS SOL 10MCG/ML | 3 | PA, QL (270 AMPULES PER 30 DAYS) |
| VENTAVIS SOL 20MCG/ML | 3 | PA, QL (270 AMPULES PER 30 DAYS) |
| ***PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| *ambrisentan tab 5 mg* | 1 | PA, QL (30 TABLETS PER 30 DAYS) |
| *ambrisentan tab 10 mg* | 1 | PA, QL (30 TABLETS PER 30 DAYS) |
| *bosentan tab 62.5 mg* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| *bosentan tab 125 mg* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| OPSUMIT TAB 10MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| *sildenafil citrate for suspension 10 mg/ml* | 1 | PA, QL (784 ML PER 30 DAYS) |
| *sildenafil citrate tab 20 mg* | 1 | PA, QL (360 TABLETS PER 30 DAYS) |
| *tadalafil tab 20 mg (pah)* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| TADLIQ SUS 20MG/5ML | 3 | PA, QL (300 ML PER 30 DAYS) |
| ***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI PACK TAB 200/800 | 2 | PA, QL (1 PACK EVERY 28 DAYS) |
| UPTRAVI TAB 200MCG | 2 | PA, QL (140 TABLETS PER 28 DAYS) |
| UPTRAVI TAB 400MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 600MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 800MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 1000MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 1200MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 1400MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| UPTRAVI TAB 1600MCG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| ***PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR*** | | |
| ADEMPAS TAB 0.5MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |
| ADEMPAS TAB 1.5MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |
| ADEMPAS TAB 1MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADEMPAS TAB 2.5MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |
| ADEMPAS TAB 2MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |
| ***SINUS NODE INHIBITORS*** | | |
| CORLANOR SOL 5MG/5ML | 3 | PA |
| CORLANOR TAB 5MG | 2 | PA |
| CORLANOR TAB 7.5MG | 2 | PA |
| ***TRANSTHYRETIN STABILIZERS*** | | |
| VYNDAMAX CAP 61MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| ***VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** | | |
| VERQUVO TAB 2.5MG | 2 | |
| VERQUVO TAB 5MG | 2 | |
| VERQUVO TAB 10MG | 2 | |
| **CEPHALOSPORINS** | | |
| ***CEPHALOSPORINS - 1ST GENERATION*** | | |
| *cefadroxil cap 500 mg* | 1 | |
| *cefadroxil for susp 250 mg/5ml* | 1 | |
| *cefadroxil for susp 500 mg/5ml* | 1 | |
| *cefadroxil tab 1 gm* | 1 | |
| *cephalexin cap 250 mg* | 1 | |
| *cephalexin cap 500 mg* | 1 | |
| *cephalexin cap 750 mg* | 1 | |
| *cephalexin for susp 125 mg/5ml* | 1 | |
| *cephalexin for susp 250 mg/5ml* | 1 | |
| *cephalexin tab 250 mg* | 1 | |
| *cephalexin tab 500 mg* | 1 | |
| KEFLEX CAP 750MG | 3 | |
| ***CEPHALOSPORINS - 2ND GENERATION*** | | |
| *cefaclor cap 250 mg* | 1 | |
| *cefaclor cap 500 mg* | 1 | |
| CEFACLOR ER TAB 500MG | 3 | |
| *cefaclor for susp 125 mg/5ml* | 1 | |
| *cefaclor for susp 250 mg/5ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefaclor for susp 375 mg/5ml* | 1 | |
| *cefprozil for susp 125 mg/5ml* | 1 | |
| *cefprozil for susp 250 mg/5ml* | 1 | |
| *cefprozil tab 250 mg* | 1 | |
| *cefprozil tab 500 mg* | 1 | |
| *cefuroxime axetil tab 250 mg* | 1 | |
| *cefuroxime axetil tab 500 mg* | 1 | |
| ***CEPHALOSPORINS - 3RD GENERATION*** | | |
| *cefdinir cap 300 mg* | 1 | |
| *cefdinir for susp 125 mg/5ml* | 1 | |
| *cefdinir for susp 250 mg/5ml* | 1 | |
| *cefixime cap 400 mg* | 1 | |
| *cefixime for susp 100 mg/5ml* | 1 | |
| *cefixime for susp 200 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 50 mg/5ml* | 1 | |
| *cefpodoxime proxetil for susp 100 mg/5ml* | 1 | |
| *cefpodoxime proxetil tab 100 mg* | 1 | |
| *cefpodoxime proxetil tab 200 mg* | 1 | |
| SUPRAX CAP 400MG | 2 | |
| SUPRAX CHW 100MG | 2 | |
| SUPRAX CHW 200MG | 2 | |
| SUPRAX SUS 100/5ML | 2 | |
| SUPRAX SUS 200/5ML | 2 | |
| SUPRAX SUS 500/5ML | 2 | |
| **CONTRACEPTIVES** | | |
| ***COMBINATION CONTRACEPTIVES - ORAL*** | | |
| *desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)* | 0 | |
| *desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg* | 0 | |
| *desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 0 | |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 0 | |
| *drospirenone-ethinyl estradiol tab 3-0.03 mg* | 0 | |
| ESTROSTEP FE TAB | 0 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg* | 0 | |
| *ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg* | 0 | |
| GENERESS FE CHW | 0 | |
| *levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg* | 0 | |
| *levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)* | 0 | |
| *levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)* | 0 | |
| *levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg* | 0 | |
| *levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg* | 0 | |
| *levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg* | 0 | |
| *levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg* | 0 | |
| *levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg* | 0 | |
| LO LOESTRIN TAB 1-10-10 | 0 | |
| MIRCETTE TAB 28 DAY | 0 | |
| NATAZIA TAB | 0 | |
| *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg* | 0 | |
| *norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg* | 0 | |
| *norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg* | 0 | |
| *norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* | 0 | |
| *norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* | 0 | |
| *norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* | 0 | |
| *norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* | 0 | |
| *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* | 0 | |
| *norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* | 0 | |
| *norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* | 0 | |
| *norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* | 0 | |
| *norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* | 0 | |
| SAFYRAL TAB | 0 | |
| ***COMBINATION CONTRACEPTIVES - TRANSDERMAL*** | | |
| *norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr* | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***COMBINATION CONTRACEPTIVES - VAGINAL*** | | |
| ANNOVERA MIS | 0 | QL (1 ring every 300 days) |
| NUVARING MIS | 0 | QL (13 rings every 300 days); Tier 1 with DAW9 |
| ***EMERGENCY CONTRACEPTIVES*** | | |
| ELLA TAB 30MG | 0 | |
| *levonorgestrel tab 1.5 mg* | 0 | |
| ***PROGESTIN CONTRACEPTIVES - INJECTABLE*** | | |
| DEPO-PROVERA INJ 150MG/ML | 0 | QL (1 injection every 59 days) |
| DEPO-SQ PROV INJ 104 | 0 | QL (6.154 injections every 300 days) |
| *medroxyprogesterone acetate im susp 150 mg/ml* | 0 | QL (4 injections every 300 days) |
| *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* | 0 | QL (4 injections every 300 days) |
| ***PROGESTIN CONTRACEPTIVES - ORAL*** | | |
| *norethindrone tab 0.35 mg* | 0 | |
| ORTHO MICRON TAB 0.35MG | 0 | |
| **CORTICOSTEROIDS** | | |
| ***GLUCOCORTICOSTEROIDS*** | | |
| *budesonide delayed release particles cap 3 mg* | 1 | |
| CORTEF TAB 5MG | 3 | |
| CORTEF TAB 10MG | 3 | |
| CORTEF TAB 20MG | 3 | |
| DEXAMETHASON CON 1MG/ML | 3 | |
| *dexamethasone elixir 0.5 mg/5ml* | 1 | |
| *dexamethasone soln 0.5 mg/5ml* | 1 | |
| *dexamethasone tab 0.5 mg* | 1 | |
| *dexamethasone tab 0.75 mg* | 1 | |
| *dexamethasone tab 1 mg* | 1 | |
| *dexamethasone tab 1.5 mg* | 1 | |
| *dexamethasone tab 2 mg* | 1 | |
| *dexamethasone tab 4 mg* | 1 | |
| *dexamethasone tab 6 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dexamethasone tab therapy pack 1.5 mg (21)* | 1 | |
| *dexamethasone tab therapy pack 1.5 mg (35)* | 1 | |
| *dexamethasone tab therapy pack 1.5 mg (51)* | 1 | |
| ENTOCORT EC CAP 3MG DR | 3 | |
| *hydrocortisone tab 5 mg* | 1 | |
| *hydrocortisone tab 10 mg* | 1 | |
| *hydrocortisone tab 20 mg* | 1 | |
| MEDROL TAB 2MG | 3 | |
| MEDROL TAB 4MG | 3 | |
| MEDROL TAB 8MG | 3 | |
| MEDROL TAB 16MG | 3 | |
| MEDROL TAB 32MG | 3 | |
| *methylprednisolone tab 4 mg* | 1 | |
| *methylprednisolone tab 8 mg* | 1 | |
| *methylprednisolone tab 16 mg* | 1 | |
| *methylprednisolone tab 32 mg* | 1 | |
| *methylprednisolone tab therapy pack 4 mg (21)* | 1 | |
| ORAPRED ODT TAB 10MG | 3 | |
| ORAPRED ODT TAB 15MG | 3 | |
| ORAPRED ODT TAB 30MG | 3 | |
| PEDIAPRED SOL 5MG/5ML | 3 | |
| *prednisolone sod phos orally disintegr tab 10 mg (base eq)* | 1 | |
| *prednisolone sod phos orally disintegr tab 15 mg (base eq)* | 1 | |
| *prednisolone sod phos orally disintegr tab 30 mg (base eq)* | 1 | |
| *prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)* | 1 | |
| *prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)* | 1 | |
| *prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)* | 1 | |
| *prednisolone soln 15 mg/5ml* | 1 | |
| PREDNISONE CON 5MG/ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *prednisone oral soln 5 mg/5ml* | 1 | |
| *prednisone tab 1 mg* | 1 | |
| *prednisone tab 2.5 mg* | 1 | |
| *prednisone tab 5 mg* | 1 | |
| *prednisone tab 10 mg* | 1 | |
| *prednisone tab 20 mg* | 1 | |
| *prednisone tab 50 mg* | 1 | |
| *prednisone tab therapy pack 5 mg (21)* | 1 | |
| *prednisone tab therapy pack 5 mg (48)* | 1 | |
| *prednisone tab therapy pack 10 mg (21)* | 1 | |
| *prednisone tab therapy pack 10 mg (48)* | 1 | |
| SOLU-CORTEF INJ 100MG | 3 | PA |
| SOLU-CORTEF INJ 250MG | 3 | PA |
| SOLU-CORTEF INJ 500MG | 3 | PA |
| SOLU-CORTEF INJ 1000MG | 3 | PA |
| UCERIS TAB 9MG | 1 | Tier 1 with DAW9 |
| ***MINERALOCORTICOIDS*** | | |
| *fludrocortisone acetate tab 0.1 mg* | 1 | |
| **COUGH/COLD/ALLERGY** | | |
| ***ANTITUSSIVES*** | | |
| *benzonatate cap 100 mg* | 1 | |
| *benzonatate cap 150 mg* | 1 | |
| *benzonatate cap 200 mg* | 1 | |
| *hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml* | 1 | QL (30 mL every 7 days) |
| *hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg* | 1 | QL (6 tabs every 7 days) |
| TESSALON PER CAP 100MG | 2 | |
| ***COUGH/COLD/ALLERGY COMBINATIONS*** | | |
| CLARINEX-D TAB 2.5-120 | 3 | |
| *guaifenesin-codeine liquid 225-7.5 mg/5ml* | 1 | QL (45 mL every 7 days) |
| *guaifenesin-codeine soln 100-10 mg/5ml* | 1 | QL (60 mL every 7 days) |
| *hydrocod polst-chlorphen polst er susp 10-8 mg/5ml* | 1 | QL (10 mL every 7 days) |
| MAR-COF CG LIQ 225-7.5 | 3 | QL (45 mL every 7 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEOTUSS PLUS LIQ | 3 | |
| *promethazine & phenylephrine syrup 6.25-5 mg/5ml* | 1 | |
| *promethazine w/ codeine syrup 6.25-10 mg/5ml* | 1 | QL (30 mL every 7 days) |
| *promethazine-dm syrup 6.25-15 mg/5ml* | 1 | |
| *promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml* | 1 | QL (30 mL every 7 days) |
| *pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml* | 1 | |
| TUSSICAPS CAP 10-8MG | 3 | QL (2 caps every 7 days) |
| TUZISTRA XR SUS | 3 | QL (20 mL every 7 days) |
| ***MISC. RESPIRATORY INHALANTS*** | | |
| HYPERSAL NEB 3.5% | 3 | |
| HYPERSAL NEB 7% | 3 | |
| *sodium chloride soln nebu 0.9%* | 1 | |
| *sodium chloride soln nebu 3%* | 1 | |
| *sodium chloride soln nebu 7%* | 1 | |
| *sodium chloride soln nebu 10%* | 1 | |
| ***MUCOLYTICS*** | | |
| *acetylcysteine inhal soln 10%* | 1 | |
| *acetylcysteine inhal soln 20%* | 1 | |
| **DERMATOLOGICALS** | | |
| ***ACNE PRODUCTS*** | | |
| ABSORICA CAP 10MG | 3 | |
| ABSORICA CAP 20MG | 3 | |
| ABSORICA CAP 25MG | 3 | |
| ABSORICA CAP 30MG | 3 | |
| ABSORICA CAP 35MG | 3 | |
| ABSORICA CAP 40MG | 3 | |
| *adapalene cream 0.1%* | 1 | PA |
| *adapalene gel 0.1%* | 1 | PA |
| *adapalene gel 0.1%* | 1 | PA |
| *adapalene gel 0.3%* | 1 | PA |
| *adapalene-benzoyl peroxide gel 0.1-2.5%* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *adapalene-benzoyl peroxide gel 0.3-2.5%* | 1 | PA |
| AKLIEF CRE 0.005% | 2 | PA |
| ARAZLO LOT 0.045% | 2 | PA |
| ATRALIN GEL 0.05% | 3 | PA |
| BENZAMYCIN GEL 5-3% | 3 | QL (47 gm every 25 days) |
| *benzoyl peroxide foam 9.8%* | 1 | |
| *benzoyl peroxide liq 7%* | 1 | |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | QL (47 gm every 25 days) |
| *benzoyl peroxide-hydrocortisone lotion 5-0.5%* | 1 | |
| CLEOCIN-T LOT 1% | 3 | QL (60 mL every 30 days) |
| CLINDAGEL GEL 1% | 3 | QL (60 mL every 30 days) |
| *clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%* | 1 | QL (50 gm every 25 days) |
| *clindamycin phosphate foam 1%* | 1 | |
| *clindamycin phosphate gel 1%* | 1 | QL (60 gm every 30 days) |
| *clindamycin phosphate lotion 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate soln 1%* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate swab 1%* | 1 | |
| *clindamycin phosphate-benzoyl peroxide gel 1-5%* | 1 | QL (50 gm every 25 days) |
| *clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%* | 1 | QL (50 gm every 25 days) |
| *clindamycin phosphate-tretinoin gel 1.2-0.025%* | 1 | PA |
| *dapsone gel 5%* | 1 | |
| *dapsone gel 7.5%* | 1 | |
| DIFFERIN CRE 0.1% | 3 | PA |
| DIFFERIN GEL 0.1% | 3 | PA |
| DIFFERIN GEL 0.3% | 3 | PA |
| EPIDUO FORTE GEL 0.3-2.5% | 2 | PA |
| EPIDUO GEL 0.1-2.5% | 2 | PA |
| ERYGEL GEL 2% | 3 | QL (60 gm every 30 days) |
| *erythromycin gel 2%* | 1 | QL (60 gm every 30 days) |
| *erythromycin pads 2%* | 1 | |
| *erythromycin soln 2%* | 1 | QL (60 mL every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EVOCLIN AER 1% | 3 | |
| *isotretinoin cap 10 mg* | 1 | |
| *isotretinoin cap 20 mg* | 1 | |
| *isotretinoin cap 30 mg* | 1 | |
| *isotretinoin cap 40 mg* | 1 | |
| KLARON LOT 10% | 3 | |
| ONEXTON GEL 1.2-3.75 | 2 | QL (50 gm every 25 days) |
| PR BENZOYL LIQ 7% WASH | 1 | |
| RETIN-A CRE 0.1% | 3 | PA |
| RETIN-A CRE 0.05% | 3 | PA |
| RETIN-A CRE 0.025% | 3 | PA |
| RETIN-A GEL 0.01% | 3 | PA |
| RETIN-A GEL 0.025% | 3 | PA |
| RETIN-A MICR GEL 0.1% | 3 | PA |
| RETIN-A MICR GEL 0.1%PUMP | 3 | PA |
| RETIN-A MICR GEL 0.04% | 3 | PA |
| RETIN-A MICR GEL 0.04%PMP | 3 | PA |
| RETIN-A MICR GEL 0.06% | 3 | PA |
| RETIN-A MICR GEL 0.08% | 3 | PA |
| RIAX AER 5.5% | 3 | |
| RIAX AER 9.5% | 3 | |
| *sulfacetamide sodium lotion 10% (acne)* | 1 | |
| *sulfacetamide sodium w/ sulfur cleansing pad 10-4%* | 1 | |
| *sulfacetamide sodium w/ sulfur emulsion 10-1%* | 1 | |
| *tretinoin cream 0.1%* | 1 | PA |
| *tretinoin cream 0.05%* | 1 | PA |
| *tretinoin cream 0.025%* | 1 | PA |
| *tretinoin gel 0.01%* | 1 | PA |
| *tretinoin gel 0.05%* | 1 | PA |
| *tretinoin gel 0.025%* | 1 | PA |
| *tretinoin microsphere gel 0.1%* | 1 | PA |
| *tretinoin microsphere gel 0.04%* | 1 | PA |
| TWYNEO CRE 0.1-3% | 2 | PA |
| WINLEVI CRE 1% | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZACLIR LOT 8% | 3 | |
| ***ANTI-INFLAMMATORY AGENTS - TOPICAL*** | | |
| *diclofenac epolamine patch 1.3%* | 1 | |
| *diclofenac sodium soln 1.5%* | 1 | PA, QL (150 mL every 21 days) |
| FLECTOR DIS 1.3% | 3 | |
| ***ANTIBIOTICS - TOPICAL*** | | |
| ALTABAX OIN 1% | 3 | |
| CENTANY OIN 2% | 3 | QL (30 gm every 25 days) |
| *gentamicin sulfate cream 0.1%* | 1 | QL (120 gm every 25 days) |
| *gentamicin sulfate oint 0.1%* | 1 | QL (120 gm every 25 days) |
| *mupirocin oint 2%* | 1 | QL (30 gm every 25 days) |
| XEPI CRE 1% | 3 | PA |
| ***ANTIFUNGALS - TOPICAL*** | | |
| *ciclopirox gel 0.77%* | 1 | QL (120 gm every 25 days) |
| *ciclopirox olamine cream 0.77% (base equiv)* | 1 | QL (120 gm every 25 days) |
| *ciclopirox olamine susp 0.77% (base equiv)* | 1 | QL (120 mL every 25 days) |
| *ciclopirox shampoo 1%* | 1 | QL (120 mL every 25 days) |
| *ciclopirox solution 8%* | 1 | |
| *clotrimazole w/ betamethasone cream 1-0.05%* | 1 | |
| *clotrimazole w/ betamethasone lotion 1-0.05%* | 1 | |
| *econazole nitrate cream 1%* | 1 | QL (60 gm every 25 days) |
| ECOZA AER 1% | 3 | QL (70 gm every 25 days) |
| ERTACZO CRE 2% | 3 | QL (60 gm every 25 days) |
| EXELDERM CRE 1% | 3 | QL (60 gm every 25 days) |
| EXELDERM SOL 1% | 3 | QL (60 mL every 25 days) |
| EXODERM LOT 25-1% | 3 | |
| EXTINA AER 2% | 3 | QL (100 gm every 25 days) |
| *iodoquinol-hc cream 1-1%* | 1 | |
| *iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%* | 1 | |
| JUBLIA SOL 10% | 3 | PA, QL (4 mL every 21 days) |
| KERYDIN SOL 5% | 3 | PA, QL (4 mL every 21 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ketoconazole cream 2%* | 1 | QL (120 gm every 25 days) |
| *ketoconazole shampoo 2%* | 1 | QL (120 mL every 25 days) |
| LOPROX SHA 1% | 3 | QL (120 mL every 25 days) |
| LUZU CRE 1% | 3 | QL (60 gm every 25 days) |
| *miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%* | 1 | QL (100 gm every 25 days) |
| *naftifine hcl cream 1%* | 1 | QL (60 gm every 25 days) |
| *naftifine hcl cream 2%* | 1 | QL (60 gm every 25 days) |
| *naftifine hcl gel 1%* | 1 | QL (120 gm every 25 days) |
| NAFTIN GEL 1% | 2 | QL (120 gm every 25 days) |
| NAFTIN GEL 2% | 2 | QL (60 gm every 25 days) |
| *nystatin cream 100000 unit/gm* | 1 | QL (120 gm every 25 days) |
| *nystatin oint 100000 unit/gm* | 1 | QL (120 gm every 25 days) |
| *nystatin topical powder 100000 unit/gm* | 1 | QL (120 gm every 25 days) |
| *nystatin-triamcinolone cream 100000-0.1 unit/gm-%* | 1 | |
| *nystatin-triamcinolone oint 100000-0.1 unit/gm-%* | 1 | |
| *oxiconazole nitrate cream 1%* | 1 | QL (60 gm every 25 days) |
| OXISTAT CRE 1% | 3 | QL (60 gm every 25 days) |
| OXISTAT LOT 1% | 3 | QL (60 mL every 25 days) |
| *sulconazole nitrate cream 1%* | 1 | QL (60 gm every 25 days) |
| *sulconazole nitrate solution 1%* | 1 | QL (60 mL every 25 days) |
| VUSION OIN | 3 | QL (100 gm every 25 days) |
| ***ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL*** | | |
| *diclofenac sodium (actinic keratoses) gel 3%* | 1 | PA |
| EFUDEX CRE 5% | 3 | |
| FLUOROPLEX CRE 1% | 3 | |
| *fluorouracil cream 5%* | 1 | |
| *fluorouracil soln 2%* | 1 | |
| *fluorouracil soln 5%* | 1 | |
| LEVULAN KERA SOL 20% | 3 | |
| PANRETIN GEL 0.1% | 3 | |
| PICATO GEL 0.05% | 2 | |
| PICATO GEL 0.015% | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VALCHLOR GEL 0.016% | 3 | PA, QL (2 TUBES PER 30 DAYS) |
| ***ANTIPRURITICS - TOPICAL*** | | |
| PRUDOXIN CRE 5% | 3 | ST, QL (90 gm every 25 days) |
| ZONALON CRE 5% | 3 | ST, QL (90 gm every 25 days) |
| ***ANTIPSORIATICS*** | | |
| *acitretin cap 10 mg* | 1 | |
| *acitretin cap 17.5 mg* | 1 | |
| *acitretin cap 25 mg* | 1 | |
| *calcipotriene oint 0.005%* | 1 | PA |
| *calcipotriene soln 0.005% (50 mcg/ml)* | 1 | PA |
| COSENTYX INJ 75MG/0.5 | 2 | PA, QL (1 SYRINGE PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:5 SYRINGES PER 35 DAYS |
| COSENTYX INJ 150MG/ML | 2 | PA, QL (1 SYRINGES PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis dependent |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX INJ 300DOSE | 2 | PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |
| COSENTYX PEN INJ 150MG/ML | 2 | PA, QL (1 PENS PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |
| COSENTYX PEN INJ 300DOSE | 2 | PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX UNO INJ 300/2ML | 2 | PA, QL (300 MG (2 ML) PER 28 DAYS); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis and Psoriatic Arthritis. Quantity Limits are consistent with maximum FDA approved dosing limits. |
| DOVONEX CRE 0.005% | 3 | PA |
| *methoxsalen rapid cap 10 mg* | 1 | |
| OXSORALEN-UL CAP 10MG | 3 | |
| SKYRIZI INJ 150DOSE | 2 | PA, QL (2 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 4 SYRINGES PER 28 DAYS |
| SKYRIZI INJ 150MG/ML | 2 | PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 SYRINGES PER 28 DAYS |
| SKYRIZI PEN INJ 150MG/ML | 2 | PA, QL (1 SYRINGES PER 84 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE:2 SYRINGES PER 28 DAYS |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SORIATANE CAP 10MG | 3 | |
| SORIATANE CAP 25MG | 3 | |
| SOTYKTU TAB 6MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| STELARA INJ 45MG/0.5 | 2 | PA, QL (1 SYRINGES PER 12 WEEKS (84 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |
| STELARA INJ 45MG/0.5 | 2 | PA, QL (1 VIALS PER 12 WEEKS); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |
| STELARA INJ 90MG/ML | 2 | PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: Diagnosis Dependent |
| *tazarotene cream 0.1%* | 1 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TREMFYA INJ 100MG/ML | 2 | PA, QL (1 PENS PER 8 WEEKS); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS |
| TREMFYA INJ 100MG/ML | 2 | PA, QL (1 PFS PER 8 WEEKS (56 DAYS)); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. LOADING DOSE: 2 INJ PER 28 DAYS |
| VTAMA CRE 1% | 2 | PA |
| ZORYVE CRE 0.3% | 2 | ST, PA, QL (60 gms per 25 days) |
| ***ANTISEBORRHEIC PRODUCTS*** | | |
| *selenium sulfide lotion 2.5%* | 1 | |
| SODIUM SULFA LIQ 10% WASH | 3 | |
| ***ANTIVIRALS - TOPICAL*** | | |
| *acyclovir oint 5%* | 1 | |
| DENAVIR CRE 1% | 3 | |
| *penciclovir cream 1%* | 1 | |
| XERESE CRE 5-1% | 3 | |
| ZOVIRAX CRE 5% | 3 | |
| ZOVIRAX OIN 5% | 3 | |
| ***BURN PRODUCTS*** | | |
| *mafenide acetate packet for topical soln 5% (50 gm)* | 1 | |
| SILVADENE CRE 1% | 2 | |
| *silver sulfadiazine cream 1%* | 1 | |
| SULFAMYLON CRE 85MG/GM | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SULFAMYLON PAK 5% | 3 | |
| ***CORTICOSTEROIDS - TOPICAL*** | | |
| *alclometasone dipropionate cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *alclometasone dipropionate oint 0.05%* | 1 | QL (120 gm every 30 days) |
| *amcinonide cream 0.1%* | 1 | QL (120 gm every 30 days) |
| *amcinonide lotion 0.1%* | 1 | QL (120 mL every 30 days) |
| *amcinonide oint 0.1%* | 3 | QL (120 gm every 30 days) |
| *betamethasone dipropionate augmented cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *betamethasone dipropionate augmented gel 0.05%* | 1 | QL (120 gm every 30 days) |
| *betamethasone dipropionate augmented lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone dipropionate augmented oint 0.05%* | 1 | QL (120 gm every 30 days) |
| *betamethasone dipropionate cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *betamethasone dipropionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate aerosol foam 0.12%* | 1 | QL (120 gm every 30 days) |
| *betamethasone valerate cream 0.1% (base equivalent)* | 1 | QL (120 gm every 30 days) |
| *betamethasone valerate lotion 0.1% (base equivalent)* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate oint 0.1% (base equivalent)* | 1 | QL (120 gm every 30 days) |
| BRYHALI LOT 0.01% | 2 | QL (120 gm every 30 days) |
| CAPEX SHA 0.01% | 2 | QL (120 mL every 30 days) |
| *clobetasol propionate cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *clobetasol propionate emollient base cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *clobetasol propionate foam 0.05%* | 1 | QL (120 gm every 30 days) |
| *clobetasol propionate gel 0.05%* | 1 | QL (120 gm every 30 days) |
| *clobetasol propionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate oint 0.05%* | 1 | QL (120 gm every 30 days) |
| *clobetasol propionate shampoo 0.05%* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate soln 0.05%* | 1 | QL (120 mL every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CLOBEX LOT 0.05% | 2 | QL (120 mL every 30 days) |
| CLOBEX SHA 0.05% | 2 | QL (120 mL every 30 days) |
| CLODERM CRE 0.1% | 3 | QL (120 gm every 30 days) |
| CUTIVATE LOT 0.05% | 3 | QL (120 mL every 30 days) |
| DERMA-SMOOTH OIL /FS BODY | 2 | QL (120 mL every 30 days) |
| DERMA-SMOOTH OIL /FS SCLP | 2 | QL (120 mL every 30 days) |
| DESONATE GEL 0.05% | 3 | QL (120 gm every 30 days) |
| *desonide cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *desonide lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *desonide oint 0.05%* | 1 | QL (120 gm every 30 days) |
| DESOWEN CRE 0.05% | 3 | QL (120 gm every 30 days) |
| *desoximetasone cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *desoximetasone cream 0.25%* | 1 | QL (120 gm every 30 days) |
| *desoximetasone gel 0.05%* | 1 | QL (120 gm every 30 days) |
| *desoximetasone oint 0.25%* | 1 | QL (120 gm every 30 days) |
| *desoximetasone spray 0.25%* | 1 | QL (120 mL every 30 days) |
| DIPROLENE AF CRE 0.05% | 3 | QL (120 gm every 30 days) |
| DIPROLENE OIN 0.05% | 3 | QL (120 gm every 30 days) |
| ENSTILAR AER | 2 | PA |
| EPIFOAM AER 1% | 3 | |
| *fluocinolone acetonide cream 0.01%* | 1 | QL (120 gm every 30 days) |
| *fluocinolone acetonide cream 0.025%* | 1 | QL (120 gm every 30 days) |
| *fluocinolone acetonide oil 0.01% (body oil)* | 1 | QL (120 mL every 30 days) |
| *fluocinolone acetonide oil 0.01% (scalp oil)* | 1 | QL (120 mL every 30 days) |
| *fluocinolone acetonide oint 0.025%* | 1 | QL (120 gm every 30 days) |
| *fluocinolone acetonide soln 0.01%* | 1 | QL (120 mL every 30 days) |
| *fluocinonide cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *fluocinonide emulsified base cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *fluocinonide gel 0.05%* | 1 | QL (120 gm every 30 days) |
| *fluocinonide oint 0.05%* | 1 | QL (120 gm every 30 days) |
| *fluocinonide soln 0.05%* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate cream 0.05%* | 1 | QL (120 gm every 30 days) |
| *fluticasone propionate lotion 0.05%* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate oint 0.005%* | 1 | QL (120 gm every 30 days) |
| *halobetasol propionate cream 0.05%* | 1 | QL (120 gm every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *halobetasol propionate oint 0.05%* | 1 | QL (120 gm every 30 days) |
| HC/PRAMOXINE CRE 1-2.35% | 3 | |
| *hydrocortisone butyrate cream 0.1%* | 1 | QL (120 gm every 30 days) |
| *hydrocortisone butyrate oint 0.1%* | 1 | QL (120 gm every 30 days) |
| *hydrocortisone butyrate soln 0.1%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone cream 2.5%* | 1 | QL (120 gm every 30 days) |
| *hydrocortisone lotion 2.5%* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone oint 2.5%* | 1 | QL (120 gm every 30 days) |
| *hydrocortisone valerate cream 0.2%* | 1 | QL (120 gm every 30 days) |
| *hydrocortisone valerate oint 0.2%* | 1 | QL (120 gm every 30 days) |
| KENALOG AER SPRAY | 3 | QL (120 gm every 30 days) |
| LOCOID LIPO CRE 0.1% | 3 | QL (120 gm every 30 days) |
| LOCOID LOT 0.1% | 3 | QL (120 mL every 30 days) |
| LUXIQ AER 0.12% | 3 | QL (120 gm every 30 days) |
| *mometasone furoate cream 0.1%* | 1 | QL (120 gm every 30 days) |
| *mometasone furoate oint 0.1%* | 1 | QL (120 gm every 30 days) |
| *mometasone furoate solution 0.1% (lotion)* | 1 | QL (120 mL every 30 days) |
| OLUX AER 0.05% | 3 | QL (120 gm every 30 days) |
| PANDEL CRE 0.1% | 3 | QL (120 gm every 30 days) |
| PRAMOSONE CRE 1-1% | 3 | |
| PRAMOSONE LOT 1% | 3 | |
| PRAMOSONE LOT 2.5% | 3 | |
| *prednicarbate cream 0.1%* | 1 | QL (120 gm every 30 days) |
| *prednicarbate oint 0.1%* | 1 | QL (120 gm every 30 days) |
| SERNIVO SPR | 3 | QL (120 mL every 30 days) |
| SERNIVO SPR 0.05% | 3 | QL (120 mL every 30 days) |
| SYNALAR CRE 0.025% | 3 | QL (120 gm every 30 days) |
| SYNALAR OIN 0.025% | 3 | QL (120 gm every 30 days) |
| SYNALAR SOL 0.01% | 3 | QL (120 mL every 30 days) |
| TACLONEX OIN | 3 | PA |
| TACLONEX SUS | 3 | PA |
| TEMOVATE CRE 0.05% | 2 | QL (120 gm every 30 days) |
| TEMOVATE OIN 0.05% | 2 | QL (120 gm every 30 days) |
| TEXACORT SOL 2.5% | 2 | QL (120 mL every 30 days) |
| TOPICORT CRE 0.05% | 3 | QL (120 gm every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TOPICORT CRE 0.25% | 3 | QL (120 gm every 30 days) |
| TOPICORT GEL 0.05% | 3 | QL (120 gm every 30 days) |
| TOPICORT OIN 0.05% | 3 | QL (120 gm every 30 days) |
| TOPICORT OIN 0.25% | 3 | QL (120 gm every 30 days) |
| TOPICORT SPR 0.25% | 3 | QL (120 mL every 30 days) |
| *triamcinolone acetonide cream 0.1%* | 1 | QL (120 gm every 30 days) |
| *triamcinolone acetonide cream 0.5%* | 1 | QL (120 gm every 30 days) |
| *triamcinolone acetonide cream 0.025%* | 1 | QL (120 gm every 30 days) |
| *triamcinolone acetonide lotion 0.1%* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide lotion 0.025%* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide oint 0.1%* | 1 | QL (120 gm every 30 days) |
| *triamcinolone acetonide oint 0.5%* | 1 | QL (120 gm every 30 days) |
| *triamcinolone acetonide oint 0.025%* | 1 | QL (120 gm every 30 days) |
| TRIDESILON CRE 0.05% | 3 | QL (120 gm every 30 days) |
| VANOS CRE 0.1% | 3 | QL (120 gm every 30 days) |
| VERDESO AER 0.05% | 3 | QL (120 gm every 30 days) |
| ***ECZEMA AGENTS*** | | |
| ADBRY INJ 150MG/ML | 2 | PA, QL (4 SYRINGES PER 28 DAYS); LOADING DOSE: 4 SYRINGES PER 14 DAYS |
| CIBINQO TAB 50MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| CIBINQO TAB 100MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| CIBINQO TAB 200MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| DUPIXENT INJ 200MG | 2 | PA, QL (2 PENS (400 MG) PER 28 DAYS); LOADING DOSE:2 PENS (400 MG) PER 14 DAYS |
| DUPIXENT INJ 300/2ML | 2 | PA, QL (4 PENS PER 28 DAYS) |
| DUPIXENT INJ 300/2ML | 2 | PA, QL (4 PFS PER 28 DAYS) |
| OPZELURA CRE 1.5% | 3 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***EMOLLIENT/KERATOLYTIC AGENTS*** | | |
| *urea cream 39%* | 1 | |
| *urea lotion 40%* | 1 | |
| ***EMOLLIENTS*** | | |
| LACTIC ACID LOT 10% | 3 | |
| ***ENZYMES - TOPICAL*** | | |
| SANTYL OIN 250/GM | 3 | |
| ***HAIR GROWTH AGENTS*** | | |
| LITFULO CAP 50MG | 3 | PA, QL (28 caps per 28 days) |
| ***IMMUNOMODULATING AGENTS - TOPICAL*** | | |
| ALDARA CRE 5% | 3 | QL (21 ea every 25 days) |
| *imiquimod cream 3.75%* | 1 | |
| *imiquimod cream 5%* | 1 | QL (21 ea every 25 days) |
| ZYCLARA CRE 3.75% | 2 | |
| ZYCLARA PUMP CRE 2.5% | 2 | |
| ZYCLARA PUMP CRE 3.75% | 2 | |
| ***IMMUNOSUPPRESSIVE AGENTS - TOPICAL*** | | |
| *pimecrolimus cream 1%* | 1 | ST |
| PROTOPIC OIN 0.1% | 3 | ST |
| PROTOPIC OIN 0.03% | 3 | ST |
| *tacrolimus oint 0.1%* | 1 | ST |
| *tacrolimus oint 0.03%* | 1 | ST |
| ***KERATOLYTIC/ANTIMITOTIC AGENTS*** | | |
| CONDYLOX GEL 0.5% | 2 | |
| GORDOFILM SOL | 3 | |
| *podofilox soln 0.5%* | 1 | |
| PYROGALL ACD OIN | 3 | |
| SALIMEZ FORT CRE 10% | 3 | |
| ***LINIMENTS*** | | |
| TURPENTINE SOL SPIRITS | 3 | |
| ***LOCAL ANESTHETICS - TOPICAL*** | | |
| ANACAINE OIN | 3 | |
| ETHYL CHLOR AER FINE PIN | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ETHYL CHLOR AER FN STRM | 3 | |
| ETHYL CHLOR AER MED JET | 3 | |
| ETHYL CHLOR AER MED STRM | 3 | |
| ETHYL CHLOR AER MIST | 3 | |
| *ethyl chloride aerosol spray* | 1 | |
| *lidocaine hcl soln 4%* | 1 | QL (50 mL every 25 days) |
| *lidocaine hcl urethral/mucosal gel 2%* | 1 | QL (60 mL every 25 days) |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | 1 | QL (10 injections every 25 days) |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | 1 | QL (12 injections every 25 days) |
| *lidocaine hcl urethral/mucosal gel prefilled syringe 2%* | 1 | QL (3 injections every 25 days) |
| *lidocaine oint 5%* | 1 | QL (50 gm every 25 days) |
| *lidocaine patch 5%* | 1 | QL (90 ea every 30 days) |
| *lidocaine-prilocaine cream 2.5-2.5%* | 1 | QL (30 gm every 25 days) |
| LIDODERM DIS 5% | 2 | QL (90 ea every 30 days) |
| SYNERA DIS 70-70MG | 3 | QL (2 patches every 25 days) |
| ZTLIDO PAD 1.8% | 3 | PA, QL (90 ea every 30 days) |
| ZTLIDO PAD 1.8% | 3 | PA, QL (90 patches every 30 days) |
| ***MISC. TOPICAL*** | | |
| ARNICA TIN FLOWER | 3 | |
| DRYSOL SOL 20% | 3 | |
| QBREXZA PAD 2.4% | 3 | |
| XERAC-AC SOL 6.25% | 3 | |
| ***PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** | | |
| EUCRISA OIN 2% | 2 | |
| ***ROSACEA AGENTS*** | | |
| *azelaic acid gel 15%* | 1 | PA |
| FINACEA AER 15% | 2 | PA |
| METROCREAM CRE 0.75% | 3 | |
| METROGEL GEL 1% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| METROLOTION LOT 0.75% | 3 | |
| *metronidazole cream 0.75%* | 1 | |
| *metronidazole gel 0.75%* | 1 | |
| *metronidazole gel 1%* | 1 | |
| *metronidazole lotion 0.75%* | 1 | |
| ORACEA CAP 40MG | 1 | Tier 1 with DAW9 |
| RHOFADE CRE 1% | 2 | PA |
| SOOLANTRA CRE 1% | 1 | Tier 1 with DAW9 |
| ***SCABICIDES & PEDICULICIDES*** | | |
| *crotamiton lotion 10%* | 1 | |
| ELIMITE CRE 5% | 2 | |
| *ivermectin lotion 0.5%* | 1 | |
| *lindane shampoo 1%* | 1 | |
| *malathion lotion 0.5%* | 1 | |
| NATROBA SUS 0.9% | 3 | |
| OVIDE LOT 0.5% | 2 | |
| *permethrin cream 5%* | 1 | |
| *spinosad susp 0.9%* | 1 | |
| SULF LIME SOL | 3 | |
| ***TAR PRODUCTS*** | | |
| *coal tar soln 20%* | 1 | |
| ***WOUND CARE PRODUCTS*** | | |
| REGRANEX GEL 0.01% | 3 | |
| **DIAGNOSTIC PRODUCTS** | | |
| ***DIAGNOSTIC TESTS*** | | |
| ACCU-CHEK GUIDE | 0 | QL (150 strips every 30 days) |
| ACCU-CHEK TES AVIVA PL | 0 | QL (150 strips every 30 days) |
| ACCU-CHEK TES COMPACT | 0 | QL (150 strips every 30 days) |
| ACCU-CHEK TES SMART | 0 | QL (150 strips every 30 days) |
| ASSURE PRISM TES MULTI | 0 | PA, QL (150 strips every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CHEMSTRIP K TES | 0 | |
| CHEMSTRIP TES UGK | 0 | |
| CVS KETONE TES CARE | 0 | |
| DIASTIX TES STRIPS | 0 | |
| FORA GTEL TES KETONE | 0 | |
| GENULTIMATE TES | 0 | PA, QL (150 strips every 30 days) |
| GLUCOCARD TES SHINE | 0 | PA, QL (150 strips every 30 days) |
| GOJJI BLOOD TES KETONE | 0 | |
| KETO-DIASTIX TES | 0 | |
| KETONE TES | 0 | |
| KETONE TEST TES | 0 | |
| KETOSTIX TES STRIP | 0 | |
| NOVA MAX PLS TES KETONE | 0 | |
| ONETOUCH TES ULTRA | 0 | QL (150 strips every 30 days) |
| ONETOUCH TES VERIO | 0 | QL (150 strips every 30 days) |
| PRECISN XTRA TES KETONE | 0 | |
| PTS PANELS TES KETONE | 0 | |
| RELION TES KETONE | 0 | |

**DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS**

***DIETARY MANAGEMENT PRODUCTS***

| | | |
|---|---|---|
| CAMINO PRO LIQ 15PE | 3 | Coverage is subject to your plan/benefits |
| COMPLEAT LIQ CLS SYS | 3 | PA; Coverage is subject to your plan/benefits |
| COMPLEAT PED LIQ ORG BLND | 3 | PA; Coverage is subject to your plan/benefits |
| CRUCIAL LIQ UNFLAVOR | 3 | PA; Coverage is subject to your plan/benefits |
| DIABETIC TF LIQ | 3 | PA; Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DIABETISOURC LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| EAA SUPPLEME POW TROPICAL | 3 | Coverage is subject to your plan/benefits |
| ENSURE PLANT LIQ CHOCOLAT | 3 | Coverage is subject to your plan/benefits |
| EO28 SPLASH LIQ ORANGE | 3 | PA; Coverage is subject to your plan/benefits |
| F.A.A. LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| FIBERSOUR HN LIQ CLS SYS | 3 | PA; Coverage is subject to your plan/benefits |
| FIBERSOURCE LIQ CLS SYS | 3 | PA; Coverage is subject to your plan/benefits |
| GLUCERNA 1.0 LIQ CARB VAN | 3 | PA; Coverage is subject to your plan/benefits |
| GLUCERNA LIQ 1.2 CAL | 3 | PA; Coverage is subject to your plan/benefits |
| GLUCERNA SEL LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| GLYTACTIN PAK BTMK/DLT | 3 | Coverage is subject to your plan/benefits |
| GLYTACTIN POW BETMLK15 | 3 | Coverage is subject to your plan/benefits |
| GLYTACTIN POW RST LT10 | 3 | Coverage is subject to your plan/benefits |
| GLYTROL LIQ PREBIO1 | 3 | PA; Coverage is subject to your plan/benefits |
| HCU EXP20 PAK UNFLAVOR | 3 | Coverage is subject to your plan/benefits |
| HCU EXPRESS PAK | 3 | Coverage is subject to your plan/benefits |
| HOMACTIN AA LIQ PLUS | 3 | Coverage is subject to your plan/benefits |
| ISOSOURCE HN LIQ | 3 | PA; Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ISOSOURCE LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| ISOVACTIN AA LIQ PLUS | 3 | Coverage is subject to your plan/benefits |
| JEVITY 1 CAL LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| JEVITY 1.2 LIQ CAL | 3 | PA; Coverage is subject to your plan/benefits |
| JEVITY 1.5 LIQ CAL | 3 | PA; Coverage is subject to your plan/benefits |
| LANAFLEX PAK | 3 | Coverage is subject to your plan/benefits |
| LIQUID HOPE LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| LOPHLEX POW | 3 | Coverage is subject to your plan/benefits |
| MCT PRO-CAL PAK | 3 | PA; Coverage is subject to your plan/benefits |
| NEOCATE LIQ SPLASH | 3 | PA; Coverage is subject to your plan/benefits |
| NEOKE MCT70 POW | 3 | PA; Coverage is subject to your plan/benefits |
| NEPRO LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| NOVASOURCE LIQ RENAL | 3 | PA; Coverage is subject to your plan/benefits |
| NUTRAMINE PAK | 3 | PA; Coverage is subject to your plan/benefits |
| NUTREN 1.0 LIQ UNFLAVOR | 3 | PA; Coverage is subject to your plan/benefits |
| NUTREN 1.5 LIQ FIBER | 3 | PA; Coverage is subject to your plan/benefits |
| NUTREN 2.0 LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| NUTREN JR LIQ | 3 | PA; Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUTREN LIQ JUNIOR | 3 | PA; Coverage is subject to your plan/benefits |
| NUTREN RENAL LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| NUTRIRENAL LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| OPTIMENTAL LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| OSMOLITE 1 LIQ CAL | 3 | PA; Coverage is subject to your plan/benefits |
| OSMOLITE 1.2 LIQ CAL | 3 | PA; Coverage is subject to your plan/benefits |
| OSMOLITE 1.5 LIQ CAL | 3 | PA; Coverage is subject to your plan/benefits |
| OSMOLITE HN LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| OSMOLITE LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| OXEPA 1.5 LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| OXEPA LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| PEDIASURE EN LIQ /FIBER | 3 | PA; Coverage is subject to your plan/benefits |
| PEDIASURE LIQ PEPTIDE | 3 | PA; Coverage is subject to your plan/benefits |
| PEPTAMEN LIQ PREBIO1 | 3 | PA; Coverage is subject to your plan/benefits |
| PEPTAMEN LIQ UNFLAVOR | 3 | PA; Coverage is subject to your plan/benefits |
| PEPTINEX DT LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| PEPTINEX DT LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| PERATIVE LIQ | 3 | PA; Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PHENACTIN AA LIQ PLUS | 3 | Coverage is subject to your plan/benefits |
| PHLEXY-10 POW | 3 | PA; Coverage is subject to your plan/benefits |
| PIVOT LIQ 1.5 CAL | 3 | PA; Coverage is subject to your plan/benefits |
| PKU EXPLORE5 POW UNFLAVOR | 3 | Coverage is subject to your plan/benefits |
| PPA/MMA POW EXPRESS | 3 | Coverage is subject to your plan/benefits |
| PRO-PHREE POW | 3 | Coverage is subject to your plan/benefits |
| PROMACTIN AA SUS PLUS | 3 | Coverage is subject to your plan/benefits |
| PROMOTE 1.0 LIQ W/ FIBER | 3 | PA; Coverage is subject to your plan/benefits |
| PROMOTE LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| PROMOTE W/ LIQ FIBER | 3 | PA; Coverage is subject to your plan/benefits |
| PROMOTE W/FB LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| PROMOTE/ LIQ FIBER | 3 | PA; Coverage is subject to your plan/benefits |
| PROSOURCE LIQ TF | 3 | PA; Coverage is subject to your plan/benefits |
| REPLETE FIBE LIQ 1 CAL | 3 | PA; Coverage is subject to your plan/benefits |
| REPLETE LIQ ULTRAPAK | 3 | PA; Coverage is subject to your plan/benefits |
| RESOURCE DIA LIQ TF | 3 | PA; Coverage is subject to your plan/benefits |
| S.O.S. 20 POW | 3 | Coverage is subject to your plan/benefits |
| S.O.S. 25 POW | 3 | Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SUPLENA LIQ VANILLA | 3 | PA; Coverage is subject to your plan/benefits |
| TOLEREX POW | 3 | PA; Coverage is subject to your plan/benefits |
| TWOCAL HN LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| TYLACTIN POW BLD 20PE | 3 | Coverage is subject to your plan/benefits |
| ULTRACAL HN LIQ PLUS | 3 | PA; Coverage is subject to your plan/benefits |
| ULTRACAL LIQ | 3 | PA; Coverage is subject to your plan/benefits |
| ULTRIENT 1.5 LIQ SAFE-T | 3 | PA; Coverage is subject to your plan/benefits |
| VILACTIN AA LIQ PLUS | 3 | Coverage is subject to your plan/benefits |
| VITAL HN POW | 3 | PA; Coverage is subject to your plan/benefits |
| VIVONEX RTF LIQ | 3 | PA; Coverage is subject to your plan/benefits |

## DIGESTIVE AIDS

### *DIGESTIVE ENZYMES*

| | | |
|---|---|---|
| CREON CAP 3000UNIT | 2 | |
| CREON CAP 6000UNIT | 2 | |
| CREON CAP 12000UNT | 2 | |
| CREON CAP 24000UNT | 2 | |
| CREON CAP 36000UNT | 2 | |
| PANCREAZE CAP 2600UNIT | 3 | |
| PANCREAZE CAP 4200UNIT | 3 | |
| PANCREAZE CAP 10500UNT | 3 | |
| PANCREAZE CAP 16800UNT | 3 | |
| PANCREAZE CAP 21000UNT | 3 | |
| PANCREAZE CAP 37000 | 3 | |
| PERTZYE CAP 4000UNIT | 3 | |
| PERTZYE CAP 8000UNIT | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PERTZYE CAP 16000U | 3 | |
| PERTZYE CAP 24000U | 3 | |
| SUCRAID SOL 8500/ML | 3 | PA |
| SUCRAID SOL 8500/ML | 3 | PA |
| VIOKACE TAB 10440 | 2 | |
| VIOKACE TAB 20880 | 2 | |
| ZENPEP CAP 3000UNIT | 2 | |
| ZENPEP CAP 5000UNIT | 2 | |
| ZENPEP CAP 10000UNT | 2 | |
| ZENPEP CAP 15000UNT | 2 | |
| ZENPEP CAP 20000UNT | 2 | |
| ZENPEP CAP 25000UNT | 2 | |
| ZENPEP CAP 40000UNT | 2 | |
| **DIURETICS** | | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | | |
| *acetazolamide cap er 12hr 500 mg* | 1 | |
| *acetazolamide tab 125 mg* | 1 | |
| *acetazolamide tab 250 mg* | 1 | |
| *dichlorphenamide tab 50 mg* | 1 | PA, QL (120 tabs every 30 days) |
| KEVEYIS TAB 50MG | 3 | PA, QL (120 TABLETS PER 30 DAYS) |
| *methazolamide tab 25 mg* | 1 | |
| *methazolamide tab 50 mg* | 1 | |
| ***DIURETIC COMBINATIONS*** | | |
| ALDACTAZIDE TAB 25/25 | 3 | |
| ALDACTAZIDE TAB 50/50 | 3 | |
| *amiloride & hydrochlorothiazide tab 5-50 mg* | 1 | |
| MAXZIDE TAB 75-50 | 3 | |
| MAXZIDE-25 TAB | 3 | |
| *spironolactone & hydrochlorothiazide tab 25-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide cap 37.5-25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *triamterene & hydrochlorothiazide tab 37.5-25 mg* | 1 | |
| *triamterene & hydrochlorothiazide tab 75-50 mg* | 1 | |
| ***LOOP DIURETICS*** | | |
| *bumetanide tab 0.5 mg* | 1 | |
| *bumetanide tab 1 mg* | 1 | |
| *bumetanide tab 2 mg* | 1 | |
| BUMEX TAB 0.5MG | 3 | |
| EDECRIN TAB 25MG | 3 | |
| *ethacrynic acid tab 25 mg* | 1 | |
| *furosemide oral soln 8 mg/ml* | 1 | |
| *furosemide oral soln 10 mg/ml* | 1 | |
| *furosemide tab 20 mg* | 1 | |
| *furosemide tab 40 mg* | 1 | |
| *furosemide tab 80 mg* | 1 | |
| LASIX TAB 20MG | 3 | |
| LASIX TAB 40MG | 3 | |
| LASIX TAB 80MG | 3 | |
| *torsemide tab 5 mg* | 1 | |
| *torsemide tab 10 mg* | 1 | |
| *torsemide tab 20 mg* | 1 | |
| *torsemide tab 100 mg* | 1 | |
| ***POTASSIUM SPARING DIURETICS*** | | |
| ALDACTONE TAB 25MG | 2 | |
| ALDACTONE TAB 50MG | 2 | |
| ALDACTONE TAB 100MG | 2 | |
| *amiloride hcl tab 5 mg* | 1 | |
| *spironolactone tab 25 mg* | 1 | |
| *spironolactone tab 50 mg* | 1 | |
| *spironolactone tab 100 mg* | 1 | |
| *triamterene cap 50 mg* | 1 | |
| *triamterene cap 100 mg* | 1 | |
| ***THIAZIDES AND THIAZIDE-LIKE DIURETICS*** | | |
| *chlorthalidone tab 25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *chlorthalidone tab 50 mg* | 1 | |
| DIURIL SUS 250/5ML | 3 | |
| *hydrochlorothiazide cap 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 12.5 mg* | 1 | |
| *hydrochlorothiazide tab 25 mg* | 1 | |
| *hydrochlorothiazide tab 50 mg* | 1 | |
| *indapamide tab 1.25 mg* | 1 | |
| *indapamide tab 2.5 mg* | 1 | |
| *metolazone tab 2.5 mg* | 1 | |
| *metolazone tab 5 mg* | 1 | |
| *metolazone tab 10 mg* | 1 | |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | | |
| ***BONE DENSITY REGULATORS*** | | |
| ACTONEL TAB 35MG | 3 | |
| ACTONEL TAB 150MG | 3 | |
| *alendronate sodium oral soln 70 mg/75ml* | 1 | |
| *alendronate sodium tab 5 mg* | 1 | |
| *alendronate sodium tab 10 mg* | 1 | |
| *alendronate sodium tab 35 mg* | 1 | |
| *alendronate sodium tab 70 mg* | 1 | |
| ATELVIA TAB | 3 | |
| BINOSTO TAB 70MG | 3 | |
| BONIVA TAB 150MG | 3 | |
| *calcitonin (salmon) nasal soln 200 unit/act* | 1 | |
| FORTEO INJ 600/2.4 | 2 | PA, QL (1 PENS FOR 28 DAYS) |
| FOSAMAX + D TAB 70-2800 | 3 | |
| FOSAMAX + D TAB 70-5600 | 3 | |
| FOSAMAX TAB 70MG | 3 | |
| *ibandronate sodium tab 150 mg (base equivalent)* | 1 | |
| NATPARA INJ 25MCG | 3 | PA, QL (2 CARTRIDGES PER 28 DAYS) |
| NATPARA INJ 50MCG | 3 | PA, QL (2 CARTRIDGES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NATPARA INJ 75MCG | 3 | PA, QL (2 CARTRIDGES PER 28 DAYS) |
| NATPARA INJ 100MCG | 3 | PA, QL (2 CARTRIDGES PER 28 DAYS) |
| *risedronate sodium tab 5 mg* | 1 | |
| *risedronate sodium tab 30 mg* | 1 | |
| *risedronate sodium tab 35 mg* | 1 | |
| *risedronate sodium tab 150 mg* | 1 | |
| *risedronate sodium tab delayed release 35 mg* | 1 | |
| TYMLOS INJ | 2 | PA, QL (1 PEN PER 30 DAYS) |
| ***CORTICOTROPIN*** | | |
| ACTHAR INJ 80UNIT | 3 | PA, QL (35ML PER 21 DAYS) |
| CORTROPHIN GEL 80UNIT | 3 | PA, QL (35ML PER 21 DAYS) |
| ***FERTILITY REGULATORS*** | | |
| *clomiphene citrate tab 50 mg* | 1 | Coverage is subject to your plan/benefits |
| GONAL-F INJ 450UNIT | 2 | PA, QL (10 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits |
| GONAL-F INJ 1050UNIT | 2 | PA, QL (6 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits |
| GONAL-F RFF INJ 75UNIT | 2 | PA, QL (60 VIALS PER 28 DAYS); Coverage is subject to your plan/benefits |
| GONAL-F RFF INJ 300/0.5 | 2 | PA, QL (15 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GONAL-F RFF INJ 450/0.75 | 2 | PA, QL (10 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits |
| GONAL-F RFF INJ 900/1.5 | 2 | PA, QL (7 CARTRIDGES PER 28 DAYS); Coverage is subject to your plan/benefits |
| MENOPUR INJ 75UNIT | 2 | PA; Coverage is subject to your plan/benefits |
| OVIDREL INJ | 2 | PA; Coverage is subject to your plan/benefits |
| ***GNRH/LHRH ANTAGONISTS*** | | |
| CETROTIDE KIT 0.25MG | 2 | PA |
| GANIRELIX AC INJ 250/0.5 | 3 | PA |
| *ganirelix acetate soln prefilled syringe 250 mcg/0.5ml* | 1 | PA |
| ORILISSA TAB 150MG | 2 | PA |
| ORILISSA TAB 200MG | 2 | PA |
| ***GROWTH HORMONE RELEASING HORMONES (GHRH)*** | | |
| EGRIFTA SV INJ 2MG | 3 | PA, QL (30 VIALS PER 30 DAYS) |
| ***GROWTH HORMONES*** | | |
| GENOTROPIN INJ 0.2MG | 2 | PA |
| GENOTROPIN INJ 0.4MG | 2 | PA |
| GENOTROPIN INJ 0.6MG | 2 | PA |
| GENOTROPIN INJ 0.8MG | 2 | PA |
| GENOTROPIN INJ 1.2MG | 2 | PA |
| GENOTROPIN INJ 1.4MG | 2 | PA |
| GENOTROPIN INJ 1.6MG | 2 | PA |
| GENOTROPIN INJ 1.8MG | 2 | PA |
| GENOTROPIN INJ 1MG | 2 | PA |
| GENOTROPIN INJ 2MG | 2 | PA |
| GENOTROPIN INJ 5MG | 2 | PA |
| GENOTROPIN INJ 12MG | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NORDITROPIN INJ 5/1.5ML | 2 | PA |
| NORDITROPIN INJ 10/1.5ML | 2 | PA |
| NORDITROPIN INJ 15/1.5ML | 2 | PA |
| NORDITROPIN INJ 30/3ML | 2 | PA |
| SEROSTIM INJ 4MG | 3 | PA |
| SEROSTIM INJ 5MG | 3 | PA |
| SEROSTIM INJ 6MG | 3 | PA |
| SOGROYA INJ 5MG/1.5 | 2 | PA, QL (4 PENS PER 28 DAYS) |
| SOGROYA INJ 10MG/1.5 | 2 | PA, QL (4 PENS PER 28 DAYS) |
| SOGROYA INJ 15MG/1.5 | 2 | PA, QL (4 PENS PER 28 DAYS) |
| ZORBTIVE INJ 8.8MG | 3 | PA |
| ***HORMONE RECEPTOR MODULATORS*** | | |
| EVISTA TAB 60MG | 0 | |
| *raloxifene hcl tab 60 mg* | 0 | |
| ***INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** | | |
| INCRELEX INJ 40MG/4ML | 3 | PA |
| ***LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| SYNAREL SOL 2MG/ML | 3 | |
| ***METABOLIC MODIFIERS*** | | |
| *calcitriol cap 0.5 mcg* | 1 | |
| *calcitriol cap 0.25 mcg* | 1 | |
| *calcitriol oral soln 1 mcg/ml* | 1 | |
| *carglumic acid soluble tab 200 mg* | 1 | PA |
| *cinacalcet hcl tab 30 mg (base equiv)* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| *cinacalcet hcl tab 60 mg (base equiv)* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| *cinacalcet hcl tab 90 mg (base equiv)* | 1 | PA, QL (120 TABLETS PER 30 DAYS) |
| *doxercalciferol cap 0.5 mcg* | 1 | |
| *doxercalciferol cap 1 mcg* | 1 | |
| *doxercalciferol cap 2.5 mcg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GALAFOLD CAP 123MG | 3 | PA, QL (14 CAPSULES PER 28 DAYS) |
| *levocarnitine oral soln 1 gm/10ml (10%)* | 1 | |
| *levocarnitine tab 330 mg* | 1 | |
| MYALEPT INJ 11.3MG | 3 | PA, QL (30 VIALS PER 30 DAYS) |
| *nitisinone cap 2 mg* | 1 | PA |
| *nitisinone cap 5 mg* | 1 | PA |
| *nitisinone cap 10 mg* | 1 | PA |
| ORFADIN CAP 2MG | 2 | PA |
| ORFADIN CAP 5MG | 2 | PA |
| ORFADIN CAP 10MG | 2 | PA |
| ORFADIN CAP 20MG | 2 | PA |
| ORFADIN SUS 4MG/ML | 2 | PA |
| *paricalcitol cap 1 mcg* | 1 | |
| *paricalcitol cap 2 mcg* | 1 | |
| *paricalcitol cap 4 mcg* | 1 | |
| PHEBURANE MIS 483/GM | 3 | PA, QL (672 GRAMS (8 BOTTLES) PER 30 DAYS) |
| REVCOVI INJ 1.6MG/ML | 3 | |
| ROCALTROL CAP 0.5MCG | 2 | |
| ROCALTROL CAP 0.25MCG | 2 | |
| ROCALTROL SOL 1MCG/ML | 2 | |
| *sapropterin dihydrochloride powder packet 100 mg* | 1 | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | 1 | PA |
| *sapropterin dihydrochloride tab 100 mg* | 1 | PA |
| SENSIPAR TAB 30MG | 3 | PA, QL (60 TABLETS PER 30 DAYS) |
| SENSIPAR TAB 60MG | 3 | PA, QL (60 TABLETS PER 30 DAYS) |
| SENSIPAR TAB 90MG | 3 | PA, QL (120 TABLETS PER 30 DAYS) |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | 1 | PA, QL (798 GRAMS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium phenylbutyrate tab 500 mg* | 1 | PA, QL (1200 TABLETS PER 30 DAYS) |
| STRENSIQ INJ 18/0.45 | 3 | PA |
| STRENSIQ INJ 28/0.7ML | 3 | PA |
| STRENSIQ INJ 40MG/ML | 3 | PA |
| STRENSIQ INJ 80/0.8ML | 3 | PA |
| XURIDEN POW 2GM | 3 | QL (4 PACKETS PER DAY) |
| ZEMPLAR CAP 1MCG | 2 | |
| ZEMPLAR CAP 2MCG | 2 | |
| ***MINERALOCORTICOID RECEPTOR ANTAGONISTS*** | | |
| KERENDIA TAB 10MG | 2 | PA |
| KERENDIA TAB 20MG | 2 | PA |
| ***NATRIURETIC PEPTIDES*** | | |
| VOXZOGO INJ 0.4MG | 3 | PA, QL (30 VIALS PER 30 DAYS) |
| VOXZOGO INJ 0.56MG | 3 | PA, QL (30 VIALS PER 30 DAYS) |
| VOXZOGO INJ 1.2MG | 3 | PA, QL (30 VIALS PER 30 DAYS) |
| ***POSTERIOR PITUITARY HORMONES*** | | |
| DDAVP SOL 0.01% | 3 | |
| DDAVP TAB 0.1MG | 3 | |
| DDAVP TAB 0.2MG | 3 | |
| *desmopressin acetate nasal spray soln 0.01%* | 1 | |
| *desmopressin acetate nasal spray soln 0.01% (refrigerated)* | 1 | |
| *desmopressin acetate tab 0.1 mg* | 1 | |
| *desmopressin acetate tab 0.2 mg* | 1 | |
| NOCDURNA SUB 27.7MCG | 3 | |
| NOCDURNA SUB 55.3MCG | 3 | |
| STIMATE SOL 1.5MG/ML | 3 | PA |
| ***PROGESTERONE RECEPTOR ANTAGONISTS*** | | |
| MIFEPREX TAB 200MG | 3 | |
| *mifepristone tab 200 mg* | 1 | $0 copay based on your plan/benefit |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PROLACTIN INHIBITORS*** | | |
| *cabergoline tab 0.5 mg* | 1 | |
| ***SOMATOSTATIC AGENTS*** | | |
| *octreotide acetate inj 50 mcg/ml (0.05 mg/ml)* | 1 | PA, QL (90 vials every 30 days) |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | 1 | PA, QL (90 VIALS PER 30 DAYS) |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | 1 | PA, QL (45 VIALS (45,000 UNITS) PER 30 DAYS) |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | 1 | PA, QL (90 AMPULES PER 30 DAYS) |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | 1 | PA, QL (9 VIALS (45,000) PER 30 DAYS) |
| SANDOSTATIN INJ 50MCG/ML | 3 | PA, QL (90 ampules every 30 days) |
| SANDOSTATIN INJ 100MCG | 3 | PA, QL (90 VIALS PER 30 DAYS) |
| SANDOSTATIN INJ 500MCG | 3 | PA, QL (90 AMPULES PER 30 DAYS) |
| SIGNIFOR INJ 0.3MG/ML | 3 | PA, QL (60 AMPULES PER 30 DAYS) |
| SIGNIFOR INJ 0.6MG/ML | 3 | PA, QL (60 AMPULES PER 30 DAYS) |
| SIGNIFOR INJ 0.9MG/ML | 3 | PA, QL (60 AMPULES PER 30 DAYS) |
| ***VASOPRESSIN RECEPTOR ANTAGONISTS*** | | |
| SAMSCA TAB 15MG | 3 | PA, QL (60 TABLETS PER 30 DAYS) |
| SAMSCA TAB 30MG | 3 | PA, QL (30 TABLETS PER 30 DAYS) |
| *tolvaptan tab 30 mg* | 1 | PA, QL (30 TABLETS PER 30 DAYS) |
| **ESTROGENS** | | |
| ***ESTROGEN COMBINATIONS*** | | |
| ACTIVELLA TAB 1-0.5MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ANGELIQ TAB 0.5-1MG | 3 | |
| ANGELIQ TAB 0.25-0.5 | 3 | |
| BIJUVA CAP 1-100MG | 3 | |
| CLIMARA PRO DIS WEEKLY | 2 | |
| COMBIPATCH DIS | 2 | |
| DUAVEE TAB 0.45-20 | 2 | |
| *estradiol & norethindrone acetate tab 0.5-0.1 mg* | 1 | |
| *estradiol & norethindrone acetate tab 1-0.5 mg* | 1 | |
| FEMHRT TAB 0.5-2.5 | 3 | |
| *norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* | 1 | |
| *norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* | 1 | |
| ORIAHNN CAP | 2 | PA |
| PREFEST TAB | 3 | |
| PREMPHASE TAB | 2 | |
| PREMPRO TAB | 2 | |
| PREMPRO TAB 0.3-1.5 | 2 | |
| PREMPRO TAB 0.45-1.5 | 2 | |
| PREMPRO TAB 0.625-5 | 2 | |
| ***ESTROGENS*** | | |
| ALORA DIS 0.1MG | 3 | |
| ALORA DIS 0.05MG | 3 | |
| ALORA DIS 0.025MG | 3 | |
| ALORA DIS 0.075MG | 3 | |
| DELESTROGEN INJ 10MG/ML | 3 | PA |
| DELESTROGEN INJ 20MG/ML | 3 | PA |
| DELESTROGEN INJ 40MG/ML | 3 | PA |
| DEPO-ESTRADI INJ 5MG/ML | 3 | PA |
| DIVIGEL GEL 0.5MG | 2 | |
| DIVIGEL GEL 0.25MG | 2 | |
| DIVIGEL GEL 0.75MG | 2 | |
| DIVIGEL GEL 1.25MG | 2 | |
| DIVIGEL GEL 1MG/GM | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ELESTRIN GEL 0.06% | 3 | |
| ESTRACE TAB 0.5MG | 3 | |
| ESTRACE TAB 1MG | 3 | |
| ESTRACE TAB 2MG | 3 | |
| *estradiol tab 0.5 mg* | 1 | |
| *estradiol tab 1 mg* | 1 | |
| *estradiol tab 2 mg* | 1 | |
| *estradiol td gel 0.5 mg/0.5gm (0.1%)* | 1 | |
| *estradiol td gel 0.25 mg/0.25gm (0.1%)* | 1 | |
| *estradiol td gel 0.75 mg/0.75gm (0.1%)* | 1 | |
| *estradiol td gel 1 mg/gm (0.1%)* | 1 | |
| *estradiol td gel 1.25 mg/1.25gm (0.1%)* | 1 | |
| *estradiol td patch twice weekly 0.1 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.05 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.025 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.075 mg/24hr* | 1 | |
| *estradiol td patch twice weekly 0.0375 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.1 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.05 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.06 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.025 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.075 mg/24hr* | 1 | |
| *estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)* | 1 | |
| *estradiol valerate im in oil 20 mg/ml* | 1 | PA |
| *estradiol valerate im in oil 40 mg/ml* | 1 | PA |
| ESTROGEL GEL | 3 | |
| EVAMIST SPR 1.53MG | 2 | |
| MENOSTAR DIS 14MCG | 3 | |
| PREMARIN INJ 25MG | 3 | PA |
| **FLUOROQUINOLONES** | | |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA TAB 450MG | 3 | |
| CIPRO (5%) SUS 250MG/5 | 3 | |
| CIPRO (10%) SUS 500MG/5 | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CIPRO TAB 250MG | 3 | |
| CIPRO TAB 500MG | 3 | |
| *ciprofloxacin hcl tab 100 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 250 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 500 mg (base equiv)* | 1 | |
| *ciprofloxacin hcl tab 750 mg (base equiv)* | 1 | |
| *levofloxacin oral soln 25 mg/ml* | 1 | |
| *levofloxacin tab 250 mg* | 1 | |
| *levofloxacin tab 500 mg* | 1 | |
| *levofloxacin tab 750 mg* | 1 | |
| *moxifloxacin hcl tab 400 mg (base equiv)* | 1 | |
| *ofloxacin tab 300 mg* | 1 | |
| *ofloxacin tab 400 mg* | 1 | |
| **GASTROINTESTINAL AGENTS - MISC.** | | |
| ***AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)*** | | |
| TRULANCE TAB 3MG | 3 | |
| ***BILE ACID SYNTHESIS DISORDER AGENTS*** | | |
| CHOLBAM CAP 50MG | 3 | PA |
| CHOLBAM CAP 250MG | 3 | PA |
| ***FARNESOID X RECEPTOR (FXR) AGONISTS*** | | |
| OCALIVA TAB 5MG | 3 | PA, QL (30 TABLETS PER 30 DAYS) |
| OCALIVA TAB 10MG | 3 | PA, QL (30 TABLETS PER 30 DAYS) |
| ***GALLSTONE SOLUBILIZING AGENTS*** | | |
| CHENODAL TAB 250MG | 3 | |
| URSO 250 TAB 250MG | 2 | |
| URSO FORTE TAB 500MG | 2 | |
| *ursodiol cap 300 mg* | 1 | |
| *ursodiol tab 250 mg* | 1 | |
| *ursodiol tab 500 mg* | 1 | |
| ***GASTROINTESTINAL ANTIALLERGY AGENTS*** | | |
| *cromolyn sodium oral conc 100 mg/5ml* | 1 | |
| GASTROCROM CON 100/5ML | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** | | |
| *lubiprostone cap 8 mcg* | 1 | |
| *lubiprostone cap 24 mcg* | 1 | |
| ***GASTROINTESTINAL STIMULANTS*** | | |
| METOCLOPRAMI TAB 10MG ODT | 3 | |
| *metoclopramide hcl orally disintegrating tab 5 mg (base eq)* | 1 | |
| *metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)* | 1 | |
| *metoclopramide hcl tab 5 mg (base equivalent)* | 1 | |
| *metoclopramide hcl tab 10 mg (base equivalent)* | 1 | |
| REGLAN TAB 5MG | 3 | |
| REGLAN TAB 10MG | 3 | |
| ***INFLAMMATORY BOWEL AGENTS*** | | |
| APRISO CAP 0.375GM | 3 | |
| AZULFIDINE TAB 500MG | 3 | |
| AZULFIDINE TAB 500MG EN | 3 | |
| *balsalazide disodium cap 750 mg* | 1 | |
| CANASA SUP 1000MG | 3 | |
| DIPENTUM CAP 250MG | 3 | |
| *mesalamine cap dr 400 mg* | 1 | |
| *mesalamine cap er 24hr 0.375 gm* | 1 | |
| *mesalamine cap er 500 mg* | 1 | |
| *mesalamine enema 4 gm* | 1 | |
| *mesalamine rectal enema 4 gm & cleanser wipe kit* | 1 | |
| *mesalamine suppos 1000 mg* | 1 | |
| *mesalamine tab delayed release 1.2 gm* | 1 | |
| *mesalamine tab delayed release 800 mg* | 1 | |
| ROWASA KIT 4GM | 3 | |
| SFROWASA ENE 4GM | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SKYRIZI INJ 180/1.2 | 2 | PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| SKYRIZI INJ 360/2.4 | 2 | PA, QL (1 CARTRIDGE PER 56 DAYS); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit. |
| *sulfasalazine tab 500 mg* | 1 | |
| *sulfasalazine tab delayed release 500 mg* | 1 | |
| ***INTESTINAL ACIDIFIERS*** | | |
| *lactulose (encephalopathy) solution 10 gm/15ml* | 1 | |
| ***IRRITABLE BOWEL SYNDROME (IBS) AGENTS*** | | |
| *alosetron hcl tab 0.5 mg (base equiv)* | 1 | |
| *alosetron hcl tab 1 mg (base equiv)* | 1 | |
| LINZESS CAP 72MCG | 2 | |
| LINZESS CAP 145MCG | 2 | |
| LINZESS CAP 290MCG | 2 | |
| LOTRONEX TAB 0.5MG | 3 | |
| LOTRONEX TAB 1MG | 3 | |
| VIBERZI TAB 75MG | 2 | |
| VIBERZI TAB 100MG | 2 | |
| ***LIVE FECAL MICROBIOTA*** | | |
| VOWST CAP | 3 | PA, QL (12 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** | | |
| *alvimopan cap 12 mg* | 1 | |
| ENTEREG CAP 12MG | 3 | |
| RELISTOR INJ 8/0.4ML | 3 | PA |
| RELISTOR INJ 12/0.6ML | 3 | PA |
| RELISTOR TAB 150MG | 3 | PA |
| SYMPROIC TAB 0.2MG | 2 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| AURYXIA TAB 210MG | 2 | |
| *calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* | 1 | |
| PHOSLYRA SOL | 3 | |
| RENAGEL TAB 800MG | 3 | |
| *sevelamer carbonate packet 0.8 gm* | 1 | |
| *sevelamer carbonate packet 2.4 gm* | 1 | |
| *sevelamer carbonate tab 800 mg* | 1 | |
| *sevelamer hcl tab 400 mg* | 1 | |
| *sevelamer hcl tab 800 mg* | 1 | |
| VELPHORO CHW 500MG | 2 | |
| ***SHORT BOWEL SYNDROME (SBS) AGENTS*** | | |
| GATTEX KIT 5MG | 3 | PA, QL (ONE 30-VIAL KIT PER 30 DAYS) |
| ***TRYPTOPHAN HYDROXYLASE INHIBITORS*** | | |
| XERMELO TAB 250MG | 3 | PA, QL (90 TABLETS PER 30 DAYS) |
| **GENITOURINARY AGENTS - MISCELLANEOUS** | | |
| ***ACIDIFIERS*** | | |
| K-PHOS TAB NO 2 | 3 | |
| ***ALKALINIZERS*** | | |
| ORACIT SOL | 3 | |
| *pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml* | 1 | |
| *potassium citrate & citric acid powder pack 3300-1002 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium citrate & citric acid soln 1100-334 mg/5ml* | 1 | |
| *potassium citrate tab er 5 meq (540 mg)* | 1 | |
| *potassium citrate tab er 10 meq (1080 mg)* | 1 | |
| *potassium citrate tab er 15 meq (1620 mg)* | 1 | |
| *sodium citrate & citric acid soln 500-334 mg/5ml* | 1 | |
| UROCIT-K 5 TAB | 2 | |
| UROCIT-K 10 TAB | 2 | |
| UROCIT-K 15 TAB | 2 | |
| ***CYSTINOSIS AGENTS*** | | |
| CYSTAGON CAP 50MG | 2 | PA |
| CYSTAGON CAP 150MG | 2 | PA |
| ***PROSTATIC HYPERTROPHY AGENTS*** | | |
| *alfuzosin hcl tab er 24hr 10 mg* | 1 | |
| AVODART CAP 0.5MG | 3 | |
| CARDURA XL TAB 4MG | 3 | |
| CARDURA XL TAB 8MG | 3 | |
| *dutasteride cap 0.5 mg* | 1 | |
| *dutasteride-tamsulosin hcl cap 0.5-0.4 mg* | 1 | |
| *finasteride tab 5 mg* | 1 | |
| FLOMAX CAP 0.4MG | 3 | |
| PROSCAR TAB 5MG | 3 | |
| *silodosin cap 4 mg* | 1 | |
| *silodosin cap 8 mg* | 1 | |
| *tamsulosin hcl cap 0.4 mg* | 1 | |
| ***URINARY ANALGESICS*** | | |
| *phenazopyridine hcl tab 200 mg* | 1 | |
| ***URINARY STONE AGENTS*** | | |
| *tiopronin tab 100 mg* | 1 | PA |
| **GOUT AGENTS** | | |
| ***GOUT AGENT COMBINATIONS*** | | |
| *colchicine w/ probenecid tab 0.5-500 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***GOUT AGENTS*** | | |
| *allopurinol tab 100 mg* | 1 | |
| *allopurinol tab 300 mg* | 1 | |
| *colchicine tab 0.6 mg* | 1 | QL (120 tabs per 30 days) |
| *febuxostat tab 40 mg* | 1 | |
| *febuxostat tab 80 mg* | 1 | |
| MITIGARE CAP 0.6MG | 1 | QL (60 caps per 30 days); Tier 1 with DAW9 |
| ZYLOPRIM TAB 100MG | 3 | |
| ZYLOPRIM TAB 300MG | 3 | |
| ***URICOSURICS*** | | |
| *probenecid tab 500 mg* | 1 | |
| **HEMATOLOGICAL AGENTS - MISC.** | | |
| ***ANTIHEMOPHILIC PRODUCTS*** | | |
| HEMLIBRA INJ 30MG/ML | 3 | PA |
| HEMLIBRA INJ 60/0.4 | 3 | PA |
| HEMLIBRA INJ 105/0.7 | 3 | PA |
| HEMLIBRA INJ 150/ML | 3 | PA |
| ***BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | 1 | PA, QL (45 syringes every 90 days) |
| ***COMPLEMENT INHIBITORS*** | | |
| HAEGARDA INJ 2000UNIT | 3 | PA, QL (20 VIALS PER 30 DAYS) |
| HAEGARDA INJ 3000UNIT | 3 | PA, QL (20 VIALS PER 30 DAYS) |
| RUCONEST INJ 2100UNIT | 2 | PA, QL (60 VIALS PER 90 DAYS) |
| ***HEMATAOLOGIC - TYROSINE KINASE INHIBITORS*** | | |
| TAVALISSE TAB 100MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| TAVALISSE TAB 150MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| ***HEMATORHEOLOGIC AGENTS*** | | |
| *pentoxifylline tab er 400 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PLASMA KALLIKREIN INHIBITORS*** | | |
| KALBITOR INJ 10MG/ML | 3 | PA, QL (30 CARTONS (900 MG) PER 90 DAYS) |
| ORLADEYO CAP 110MG | 2 | PA, QL (28 CAPSULES PER 28 DAYS) |
| ORLADEYO CAP 150MG | 2 | PA, QL (28 CAPSULES PER 28 DAYS) |
| TAKHZYRO INJ 150MG/ML | 2 | PA, QL (2 SYRINGES PER 28 DAYS) |
| TAKHZYRO INJ 300/2ML | 2 | PA, QL (2 VIALS PER 28 DAYS) |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| AGRYLIN CAP 0.5MG | 2 | |
| *anagrelide hcl cap 0.5 mg* | 1 | |
| *anagrelide hcl cap 1 mg* | 1 | |
| *aspirin-dipyridamole cap er 12hr 25-200 mg* | 1 | |
| BRILINTA TAB 60MG | 2 | |
| BRILINTA TAB 90MG | 2 | |
| *cilostazol tab 50 mg* | 1 | |
| *cilostazol tab 100 mg* | 1 | |
| *clopidogrel bisulfate tab 75 mg (base equiv)* | 1 | |
| *clopidogrel bisulfate tab 300 mg (base equiv)* | 1 | |
| *dipyridamole tab 25 mg* | 1 | |
| *dipyridamole tab 50 mg* | 1 | |
| *dipyridamole tab 75 mg* | 1 | |
| EFFIENT TAB 5MG | 3 | |
| EFFIENT TAB 10MG | 3 | |
| *prasugrel hcl tab 5 mg (base equiv)* | 1 | |
| *prasugrel hcl tab 10 mg (base equiv)* | 1 | |
| **HEMATOPOIETIC AGENTS** | | |
| ***AGENTS FOR GAUCHER DISEASE*** | | |
| CERDELGA CAP 84MG | 2 | PA, QL (56 CAPSULES PER 28 DAYS) |
| *miglustat cap 100 mg* | 1 | PA, QL (90 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZAVESCA CAP 100MG | 3 | PA, QL (90 CAPSULES PER 30 DAYS) |
| ***AGENTS FOR SICKLE CELL DISEASE*** | | |
| DROXIA CAP 200MG | 3 | |
| DROXIA CAP 300MG | 3 | |
| DROXIA CAP 400MG | 3 | |
| ENDARI POW 5GM | 2 | PA, QL (180 PACKETS PER 30 DAYS) |
| SIKLOS TAB 100MG | 2 | |
| SIKLOS TAB 1000MG | 2 | |
| ***COBALAMINS*** | | |
| *cyanocobalamin inj 1000 mcg/ml* | 1 | PA |
| NASCOBAL SPR 500MCG | 3 | |
| ***FOLIC ACID/FOLATES*** | | |
| *folic acid cap 0.8 mg* | 0 | $0 copay for women younger than 55 |
| *folic acid tab 1 mg* | 1 | |
| *folic acid tab 400 mcg* | 0 | $0 copay for women younger than 55 |
| *folic acid tab 800 mcg* | 0 | $0 copay for women younger than 55 |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP INJ 10MCG | 2 | PA |
| ARANESP INJ 25MCG | 2 | PA |
| ARANESP INJ 40MCG | 2 | PA |
| ARANESP INJ 60MCG | 2 | PA |
| ARANESP INJ 100MCG | 2 | PA |
| ARANESP INJ 150MCG | 2 | PA |
| ARANESP INJ 200MCG | 2 | PA |
| ARANESP INJ 300MCG | 2 | PA |
| ARANESP INJ 500MCG | 2 | PA |
| DOPTELET TAB 20MG | 2 | PA, QL (60 tabs every 30 days) |
| DOPTELET TAB 20MG | 2 | PA, QL (90 tabs every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FYLNETRA INJ 6MG/0.6 | 2 | PA, QL (2 SYRINGES PER 28 DAYS) |
| MULPLETA TAB 3MG | 3 | PA, QL (7 TABLETS PER 14 DAYS) |
| NIVESTYM INJ 300/0.5 | 2 | PA |
| NIVESTYM INJ 300MCG | 2 | PA |
| NIVESTYM INJ 480/0.8 | 2 | PA |
| NIVESTYM INJ 480MCG | 2 | PA |
| NYVEPRIA INJ 6/0.6ML | 2 | PA, QL (2 SYRINGES PER 28 DAYS) |
| PROCRIT INJ 2000/ML | 2 | PA; MNPA |
| PROCRIT INJ 3000/ML | 2 | PA; MNPA |
| PROCRIT INJ 4000/ML | 2 | PA; MNPA |
| PROCRIT INJ 10000/ML | 2 | PA; MNPA |
| PROCRIT INJ 20000/ML | 2 | PA; MNPA |
| PROCRIT INJ 40000/ML | 2 | PA; MNPA |
| PROMACTA PAK 25MG | 2 | PA, QL (180 PACKETS PER 30 DAYS) |
| PROMACTA POW 12.5MG | 2 | PA, QL (120 PACKETS PER 30 DAYS) |
| PROMACTA TAB 12.5MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| PROMACTA TAB 25MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| PROMACTA TAB 50MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| PROMACTA TAB 75MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| RETACRIT INJ 2000UNIT | 2 | PA |
| RETACRIT INJ 3000UNIT | 2 | PA |
| RETACRIT INJ 4000UNIT | 2 | PA |
| RETACRIT INJ 10000UNT | 2 | PA |
| RETACRIT INJ 20000UNI | 2 | PA |
| RETACRIT INJ 40000UNT | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **HEMOSTATICS** | | |
| ***HEMOSTATICS - SYSTEMIC*** | | |
| AMICAR TAB 500MG | 3 | |
| AMICAR TAB 1000MG | 3 | |
| *aminocaproic acid oral soln 0.25 gm/ml* | 1 | |
| *aminocaproic acid tab 500 mg* | 1 | |
| *aminocaproic acid tab 1000 mg* | 1 | |
| LYSTEDA TAB 650MG | 3 | |
| *tranexamic acid tab 650 mg* | 1 | |
| ***HEMOSTATICS - TOPICAL*** | | |
| ARTISS SOL 2ML | 3 | |
| ARTISS SOL 4ML | 3 | |
| ARTISS SOL 10ML | 3 | |
| TACHOSIL PAD 4.8X4.8 | 3 | |
| TACHOSIL PAD 9.5X4.8 | 3 | |
| TISSEEL KIT 2ML | 3 | |
| TISSEEL KIT 4ML | 3 | |
| TISSEEL KIT 10ML | 3 | |
| TISSEEL SOL 2ML | 3 | |
| TISSEEL SOL 4ML | 3 | |
| TISSEEL SOL 10ML | 3 | |
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | | |
| ***BARBITURATE HYPNOTICS*** | | |
| *phenobarbital elixir 20 mg/5ml* | 1 | |
| *phenobarbital tab 15 mg* | 1 | |
| *phenobarbital tab 16.2 mg* | 1 | |
| *phenobarbital tab 30 mg* | 1 | |
| *phenobarbital tab 32.4 mg* | 1 | |
| *phenobarbital tab 60 mg* | 1 | |
| *phenobarbital tab 64.8 mg* | 1 | |
| *phenobarbital tab 97.2 mg* | 1 | |
| *phenobarbital tab 100 mg* | 1 | |
| ***HYPNOTICS - TRICYCLIC AGENTS*** | | |
| *doxepin hcl (sleep) tab 3 mg (base equiv)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *doxepin hcl (sleep) tab 6 mg (base equiv)* | 1 | |
| ***NON-BARBITURATE HYPNOTICS*** | | |
| AMBIEN CR TAB 6.25MG | 3 | |
| AMBIEN CR TAB 12.5MG | 3 | |
| AMBIEN TAB 5MG | 3 | |
| AMBIEN TAB 10MG | 3 | |
| DORAL TAB 15MG | 3 | |
| *estazolam tab 1 mg* | 1 | |
| *estazolam tab 2 mg* | 1 | |
| *eszopiclone tab 1 mg* | 1 | |
| *eszopiclone tab 2 mg* | 1 | |
| *eszopiclone tab 3 mg* | 1 | |
| *flurazepam hcl cap 15 mg* | 1 | |
| *flurazepam hcl cap 30 mg* | 1 | |
| HALCION TAB 0.25MG | 3 | |
| RESTORIL CAP 7.5MG | 3 | |
| RESTORIL CAP 15MG | 3 | |
| RESTORIL CAP 22.5MG | 3 | |
| RESTORIL CAP 30MG | 3 | |
| *temazepam cap 7.5 mg* | 1 | |
| *temazepam cap 15 mg* | 1 | |
| *temazepam cap 22.5 mg* | 1 | |
| *temazepam cap 30 mg* | 1 | |
| *triazolam tab 0.25 mg* | 1 | |
| *triazolam tab 0.125 mg* | 1 | |
| *zaleplon cap 5 mg* | 1 | |
| *zaleplon cap 10 mg* | 1 | |
| *zolpidem tartrate tab 5 mg* | 1 | |
| *zolpidem tartrate tab 10 mg* | 1 | |
| *zolpidem tartrate tab er 6.25 mg* | 1 | |
| *zolpidem tartrate tab er 12.5 mg* | 1 | |
| ***OREXIN RECEPTOR ANTAGONISTS*** | | |
| BELSOMRA TAB 5MG | 2 | |
| BELSOMRA TAB 10MG | 2 | |
| BELSOMRA TAB 15MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BELSOMRA TAB 20MG | 2 | |
| DAYVIGO TAB 5MG | 2 | |
| DAYVIGO TAB 10MG | 2 | |
| QUVIVIQ TAB 25MG | 2 | |
| QUVIVIQ TAB 50MG | 2 | |
| ***SELECTIVE MELATONIN RECEPTOR AGONISTS*** | | |
| HETLIOZ CAP 20MG | 3 | PA, QL (30 CAPSULES PER 30 DAYS) |
| HETLIOZ LQ SUS 4MG/ML | 3 | PA, QL (5 ML PER DAY) |
| *ramelteon tab 8 mg* | 1 | |
| *tasimelteon capsule 20 mg* | 1 | PA, QL (30 CAPSULES PER 30 DAYS) |
| **LAXATIVES** | | |
| ***LAXATIVE COMBINATIONS*** | | |
| *bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit* | 0 | $0 copay for members age 45 through 75 |
| CLENPIQ SOL | 0 | $0 copay for members age 45 through 75 |
| NULYTELY SOL LMN/LIME | 3 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm* | 1 | |
| *peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm* | 1 | |
| *peg 3350-kcl-sod bicarb-nacl for soln 420 gm* | 1 | |
| PEG-PREP KIT | 0 | $0 copay for members age 45 through 75 |
| *sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml* | 0 | $0 copay for members age 45 through 75 |
| ***LAXATIVES - MISCELLANEOUS*** | | |
| KRISTALOSE PAK 10GM | 3 | |
| KRISTALOSE PAK 20GM | 3 | |
| *lactulose solution 10 gm/15ml* | 1 | |
| ***STIMULANT LAXATIVES*** | | |
| CASCARA EXT SAGRADA | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **MACROLIDES** | | |
| ***AZITHROMYCIN*** | | |
| *azithromycin for susp 100 mg/5ml* | 1 | |
| *azithromycin for susp 200 mg/5ml* | 1 | |
| *azithromycin powd pack for susp 1 gm* | 1 | |
| *azithromycin tab 250 mg* | 1 | |
| *azithromycin tab 500 mg* | 1 | |
| *azithromycin tab 600 mg* | 1 | |
| ZITHROMAX POW 1GM PAK | 3 | |
| ZITHROMAX SUS 100/5ML | 3 | |
| ZITHROMAX SUS 200/5ML | 3 | |
| ZITHROMAX TAB 250MG | 3 | |
| ZITHROMAX TAB 500MG | 3 | |
| ZITHROMAX TAB TRI-PAK | 3 | |
| ZITHROMAX TAB Z-PAK | 3 | |
| ***CLARITHROMYCIN*** | | |
| *clarithromycin for susp 125 mg/5ml* | 1 | |
| *clarithromycin for susp 250 mg/5ml* | 1 | |
| *clarithromycin tab 250 mg* | 1 | |
| *clarithromycin tab 500 mg* | 1 | |
| *clarithromycin tab er 24hr 500 mg* | 1 | |
| ***ERYTHROMYCINS*** | | |
| *erythromycin ethylsuccinate for susp 200 mg/5ml* | 1 | |
| *erythromycin ethylsuccinate for susp 400 mg/5ml* | 1 | |
| *erythromycin ethylsuccinate tab 400 mg* | 1 | |
| *erythromycin stearate tab 250 mg* | 1 | |
| *erythromycin tab 250 mg* | 1 | |
| *erythromycin tab 500 mg* | 1 | |
| *erythromycin tab delayed release 250 mg* | 1 | |
| *erythromycin tab delayed release 333 mg* | 1 | |
| *erythromycin tab delayed release 500 mg* | 1 | |
| *erythromycin w/ delayed release particles cap 250 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***FIDAXOMICIN*** | | |
| DIFICID SUS | 2 | |
| DIFICID TAB 200MG | 2 | |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| ***CONTRACEPTIVES*** | | |
| CAYA DPR | 0 | QL (1 each every 300 days) |
| FC2 FEMALE MIS CONDOM | 0 | QL (12 boxes every 25 days); OTC |
| FC FEMALE MIS CONDOM | 0 | QL (12 boxes every 25 days); OTC |
| FEMCAP MIS 22MM | 0 | QL (1 each every 300 days) |
| FEMCAP MIS 26MM | 0 | QL (1 each every 300 days) |
| FEMCAP MIS 30MM | 0 | QL (1 each every 300 days) |
| OMNIFLEX DPR | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 60 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 65 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 70 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 75 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 80 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 85 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 90 | 0 | QL (1 each every 300 days) |
| WIDE-SEAL DPR KIT 95 | 0 | QL (1 each every 300 days) |
| ***DIABETIC SUPPLIES*** | | |
| ACCU-CHEK KIT FASTCLIX | 0 | |
| ACCU-CHEK KIT SOFTCLIX | 0 | |
| ACCU-CHEK LIQ GUIDE | 0 | |
| ACCU-CHEK LIQ SMART | 0 | |
| ACCU-CHEK MIS MLTICLIX | 0 | |
| ACCU-CHEK SOL | 0 | |
| ACCU-CHEK SOL COMPACT | 0 | |
| ACCUTREND SOL GLUCOSE | 0 | |
| ACTI-LANCE MIS 28G | 0 | |
| ACTI-LANCE MIS LITE 28G | 0 | |
| ACTI-LANCE MIS SPEC 17G | 0 | |
| ACTI-LANCE MIS UNIV 23G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADJ LANCING MIS DEVICE | 0 | |
| ADV LANCING MIS DEVICE | 0 | |
| ADV TRAVEL MIS LANC 28G | 0 | |
| ADVANCE LIQ CONTROL | 0 | |
| ADVANCE LIQ INTUITIO | 0 | |
| ADVANCE NORM LIQ CONTROL | 0 | |
| ADVCATE SAFE MIS LANC 26G | 0 | |
| ADVOCATE LIQ HIGH | 0 | |
| ADVOCATE LIQ LOW | 0 | |
| ADVOCATE MIS LANC 30G | 0 | |
| ADVOCATE MIS LANC DEV | 0 | |
| ADVOCATE MIS LANCETS | 0 | |
| ADVOCATE+ SOL REDI-COD | 0 | |
| AGAMATRIX MIS 33G | 0 | |
| AGAMATRIX SOL HIGH | 0 | |
| AGAMATRIX SOL LEVEL 2 | 0 | |
| AGAMATRIX SOL LEVEL 4 | 0 | |
| AGAMATRIX SOL NORM/HGH | 0 | |
| AGAMATRIX SOL NORMAL | 0 | |
| AIMSCO TWIST MIS 32G | 0 | |
| AIMSCO TWIST MIS 33G | 0 | |
| AQUALANCE MIS 30G | 0 | |
| ASSURE 3 LIQ CONTROL | 0 | |
| ASSURE 4 LIQ LEVEL1/2 | 0 | |
| ASSURE CMFRT MIS 28G | 0 | |
| ASSURE DOSE SOL NORM/HGH | 0 | |
| ASSURE DOSE SOL NORMAL | 0 | |
| ASSURE II LIQ LEVEL1/2 | 0 | |
| ASSURE II LIQ LEVEL 1 | 0 | |
| ASSURE LANCE MIS 21G | 0 | |
| ASSURE LANCE MIS 28G | 0 | |
| ASSURE LANCE MIS LOW FLOW | 0 | |
| ASSURE LANCE MIS MICRO | 0 | |
| ASSURE LANCE MIS SAFE 25G | 0 | |
| ASSURE LANCE MIS SAFE 30G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ASSURE PLUS MIS HIGH 18G | 0 | |
| ASSURE PLUS MIS LOW 25G | 0 | |
| ASSURE PLUS MIS MCRO 28G | 0 | |
| ASSURE PLUS MIS NORM 21G | 0 | |
| ASSURE PLUS MIS PEDIATRI | 0 | |
| ASSURE PRISM SOL LEVEL1/2 | 0 | |
| ASSURE PRO LIQ LEVEL1/2 | 0 | |
| AURORA LANCE MIS 30G | 0 | |
| AURORA LANCE MIS THIN 23G | 0 | |
| AUTO LANCET MIS | 0 | |
| AUTO-LANCET MIS | 0 | |
| AUTO-LANCET MIS MINI | 0 | |
| AUTOLET II KIT CLINISAF | 0 | |
| AUTOLET IMPR MIS LANC DEV | 0 | |
| AUTOLET LANC MIS DEVICE | 0 | |
| AUTOLET LITE KIT | 0 | |
| AUTOLET LITE KIT CLINISAF | 0 | |
| AUTOLET LITE KIT STARTER | 0 | |
| AUTOLET MINI MIS | 0 | |
| AUTOLET PLAT MIS 1.8MM | 0 | |
| AUTOLET PLAT MIS 2.4MM | 0 | |
| AUTOLET PLAT MIS 3.0MM | 0 | |
| AUTOLET PLUS MIS | 0 | |
| AUTOLET PLUS MIS LANC DEV | 0 | |
| BD LANCET UF MIS 30G | 0 | |
| BD LANCET UF MIS 33G | 0 | |
| BD MICROTAIN MIS LANCETS | 0 | |
| CARDIOCOM MIS LANCING | 0 | |
| CAREONE ADV MIS LANCING | 0 | |
| CAREONE LANC MIS 30G | 0 | |
| CAREONE LANC MIS THIN 23G | 0 | |
| CARESENS 30G MIS LANCETS | 0 | |
| CARESENS SOL CONTROL | 0 | |
| CARETOUCH MIS EJECTOR | 0 | |
| CARETOUCH MIS LANC 26G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CARETOUCH MIS LANC 28G | 0 | |
| CARETOUCH MIS LANC 30G | 0 | |
| CARETOUCH MIS TWIST 28 | 0 | |
| CARETOUCH MIS TWIST 30 | 0 | |
| CARETOUCH MIS TWIST 33 | 0 | |
| CLEANLET 28G MIS LANCETS | 0 | |
| CLEVER CHECK MIS | 0 | |
| CLEVER CHECK MIS 30G | 0 | |
| CLEVR CHOICE LIQ HIGH | 0 | |
| CLEVR CHOICE LIQ LOW | 0 | |
| COAGUCHEK MIS LANCETS | 0 | |
| COMFORT ASSU MIS LANC 28G | 0 | |
| COMFORT ASSU MIS LANC 33G | 0 | |
| COMFORT EZ MIS 21G | 0 | |
| COMFORT EZ MIS 23G | 0 | |
| COMFORT EZ MIS 28G | 0 | |
| COMFORT MIS LANCETS | 0 | |
| COMFORT TCH MIS LANC 28G | 0 | |
| COMFORT TCH MIS LANC 31G | 0 | |
| COMFORTOUCH MIS LANCET | 0 | |
| CONTOUR HIGH LIQ CONTROL | 0 | |
| CONTOUR LOW LIQ CONTROL | 0 | |
| CONTOUR NEXT SOL LEVEL 1 | 0 | |
| CONTOUR NEXT SOL LEVEL 2 | 0 | |
| CONTOUR NORM LIQ CONTROL | 0 | |
| CONTROL HIGH SOL UNISTRIP | 0 | |
| CONTROL LOW SOL UNISTRIP | 0 | |
| CONTROL NORM SOL EASY STP | 0 | |
| CONTROL SOL LIQ HI/MID/L | 0 | |
| CONTROL SOL LIQ HIGH/LOW | 0 | |
| CONTROL SOL LIQ LEVEL 2 | 0 | |
| CONTROL SOL LIQ MID | 0 | |
| CONTROL SOL NORMAL | 0 | |
| COOL CONTROL SOL A | 0 | |
| COOL CONTROL SOL B | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CVS LANCETS MIS 21G | 0 | |
| CVS LANCETS MIS 30G | 0 | |
| CVS LANCETS MIS 33G | 0 | |
| CVS LANCETS MIS ORIGINAL | 0 | |
| CVS LANCETS MIS THIN 26G | 0 | |
| CVS LANCETS MIS THIN 30G | 0 | |
| CVS LANCETS MIS THIN 33G | 0 | |
| CVS LANCING MIS DEVICE | 0 | |
| DEXCOM G5 MIS RECEIVER | 0 | |
| DEXCOM G5 MIS TRANSMIT | 0 | |
| DEXCOM G6 MIS RECEIVER | 0 | |
| DEXCOM G6 MIS SENSOR | 0 | QL (3 sensors per month) |
| DEXCOM G6 MIS TRANSMIT | 0 | |
| DEXCOM G7 MIS RECEIVER | 0 | |
| DEXCOM G7 MIS SENSOR | 0 | QL (3 sensors per month) |
| DIATHRIVE LIQ CONTROL | 0 | |
| DIATHRIVE MIS LANCETS | 0 | |
| DIATHRIVE MIS LANCING | 0 | |
| DIATHRIVE MIS UT 30G | 0 | |
| DIATRUE CONT SOL LEVEL 1 | 0 | |
| DIATRUE CONT SOL LEVEL 2 | 0 | |
| DIATRUE CONT SOL LEVEL 3 | 0 | |
| DROPLET LANC MIS 30G | 0 | |
| DROPLET LANC MIS DEVICE | 0 | |
| DROPLET PERS MIS LANC 30G | 0 | |
| DUO-CARE LIQ LEVEL1/2 | 0 | |
| E-Z JECT MIS 21G | 0 | |
| E-Z JECT MIS 21G COLR | 0 | |
| E-Z JECT MIS 30G | 0 | |
| E-Z JECT MIS 32G COLR | 0 | |
| E-Z JECT MIS LANC 21G | 0 | |
| E-Z JECT MIS THIN 26G | 0 | |
| E-ZJECT LANC MIS 33G | 0 | |
| EASY COMFORT MIS 30G | 0 | |
| EASY COMFORT MIS LANC/30G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EASY COMFORT MIS TWIST | 0 | |
| EASY MINI MIS | 0 | |
| EASY MINI MIS EJECT | 0 | |
| EASY PLUS II SOL HIGH | 0 | |
| EASY PLUS II SOL LOW | 0 | |
| EASY TALK SOL HIGH | 0 | |
| EASY TALK SOL LOW | 0 | |
| EASY TALK SOL NORMAL | 0 | |
| EASY TOUCH MIS | 0 | |
| EASY TOUCH MIS LANC/21G | 0 | |
| EASY TOUCH MIS LANC/23G | 0 | |
| EASY TOUCH MIS LANC/26G | 0 | |
| EASY TOUCH MIS LANC/28G | 0 | |
| EASY TOUCH MIS LANC/30G | 0 | |
| EASY TOUCH MIS LANC/32G | 0 | |
| EASY TOUCH MIS LANC/33G | 0 | |
| EASY TOUCH SOL CONTROL | 0 | |
| EASY TOUCH SOL HIGH/LOW | 0 | |
| EASY TRAK II LIQ NORMAL | 0 | |
| EASY TRAK SOL HIGH | 0 | |
| EASY TRAK SOL LOW | 0 | |
| EASY TRAK SOL NORMAL | 0 | |
| EASYGLUCO SOL PLUS | 0 | |
| EASYMAX 15 LIQ LEVEL2-3 | 0 | |
| EASYMAX 15 SOL LEVEL 2 | 0 | |
| EASYMAX LIQ NORM/HIG | 0 | |
| EASYMAX SOL NORMAL | 0 | |
| EASYSTEP HGH SOL CONTROL | 0 | |
| EASYSTEP LOW SOL CONTROL | 0 | |
| ELEMENT CONT LIQ NORMAL | 0 | |
| ELEMENT LIQ HIGH | 0 | |
| ELEMENT LIQ LOW | 0 | |
| ELEMNT COMPA SOL LEVEL 2 | 0 | |
| ELEMNT COMPA SOL LEVEL 3 | 0 | |
| EMBRACE CNTR LIQ HIGH | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| EMBRACE EVO LIQ LEVEL 1 | 0 | |
| EMBRACE LANC MIS /EJECTOR | 0 | |
| EMBRACE LANC MIS THIN 30G | 0 | |
| EMBRACE PRO LIQ GLUCOSE | 0 | |
| EMBRACE SOL LOW | 0 | |
| EMBRACE TALK SOL HIGH/L2 | 0 | |
| EMBRACE TALK SOL LOW/L1 | 0 | |
| EQL LANCETS MIS 21G COLR | 0 | |
| EQL LANCETS MIS 33G COLR | 0 | |
| EQL LANCETS MIS THIN 26G | 0 | |
| EQL LANCETS MIS THIN 30G | 0 | |
| EVENCAR MINI SOL NORMAL | 0 | |
| EVENCARE G2 SOL LOW/HIGH | 0 | |
| EVENCARE G3 SOL LOW/HIGH | 0 | |
| EVENCARE SOL LIQ LOW/HIGH | 0 | |
| EVOLUTION SOL NORMAL | 0 | |
| EZ-LETS 21G MIS LANCETS | 0 | |
| EZ-LETS 26G MIS LANCETS | 0 | |
| EZ-LETS 28G MIS LANCETS | 0 | |
| EZ-LETS 30G MIS LANCETS | 0 | |
| FASTCLIX MIS LANCETS | 0 | |
| FIFTY50 SAFE MIS LANCETS | 0 | |
| FINE 30 MIS | 0 | |
| FINGERSTIX MIS LANCETS | 0 | |
| FORA CONTROL SOL HIGH | 0 | |
| FORA CONTROL SOL LOW | 0 | |
| FORA CONTROL SOL NORMAL | 0 | |
| FORA LANCETS MIS 30G | 0 | |
| FORA MIS LANCETS | 0 | |
| FORA MIS LANCING | 0 | |
| FORACARE GDH SOL HIGH | 0 | |
| FORACARE GDH SOL LOW | 0 | |
| FORACARE GDH SOL NORMAL | 0 | |
| FORTISCARE SOL CNTL HI | 0 | |
| FORTISCARE SOL CNTL LOW | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FORTISCARE SOL CNTL NML | 0 | |
| FREESTYLE LIQ CONTROL | 0 | |
| FREESTYLE MIS LANCETS | 0 | |
| FREESTYLE MIS UNISTICK | 0 | |
| G4 PLAT PED MIS RVC/SHAR | 0 | QL (1 each every year) |
| G4 PLATINUM MIS PEDIATRC | 0 | QL (1 each every year) |
| G4 PLATINUM MIS RCV/SHAR | 0 | QL (1 each every year) |
| G4 PLATINUM MIS RECEIVER | 0 | |
| G4 PLATINUM MIS TRANSMIT | 0 | |
| G4 SENSOR MIS | 0 | QL (3 sensors per month) |
| G5/G4 MIS SENSOR | 0 | QL (3 sensors per month) |
| GE100 CONTRL SOL NORMAL | 0 | |
| GENTEEL LANC KIT BLUE | 0 | |
| GENTEEL MIS LANCETS | 0 | |
| GENTEEL MIS NOZZLES | 0 | |
| GENTEEL PLUS MIS BLACK | 0 | |
| GENTEEL PLUS MIS BLUE | 0 | |
| GENTEEL PLUS MIS PINK | 0 | |
| GENTEEL PLUS MIS PURPLE | 0 | |
| GENTEEL PLUS MIS WHITE | 0 | |
| GENTEEL TIPS MIS BLUE | 0 | |
| GENTEEL TIPS MIS CLEAR | 0 | |
| GENTEEL TIPS MIS GREEN | 0 | |
| GENTEEL TIPS MIS ORANGE | 0 | |
| GENTEEL TIPS MIS RAINBOW | 0 | |
| GENTEEL TIPS MIS VIOLET | 0 | |
| GENTEEL TIPS MIS YELLOW | 0 | |
| GENTLE-LET MIS 26G | 0 | |
| GENTLE-LET MIS 28G | 0 | |
| GENTLE-LET MIS LANCETS | 0 | |
| GENTLE-LET MIS PLATFORM | 0 | |
| GLOBAL 28G MIS LANCETS | 0 | |
| GLOBAL 30G MIS LANCETS | 0 | |
| GLOBAL LANC MIS DEVICE | 0 | |
| GLUC CONTROL LIQ NORMAL | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GLUC CONTROL SOL | 0 | |
| GLUC CONTROL SOL MID | 0 | |
| GLUC CONTROL SOL NORMAL | 0 | |
| GLUCOCARD 01 LIQ NORM/HGH | 0 | |
| GLUCOCARD 01 SOL NORMAL | 0 | |
| GLUCOCARD LIQ LEVEL 1 | 0 | |
| GLUCOCARD SOL NORMAL | 0 | |
| GLUCOCARD SOL SHINE | 0 | |
| GLUCOCOM MIS 28G | 0 | |
| GLUCOCOM MIS 30G | 0 | |
| GLUCOCOM MIS 33G | 0 | |
| GLUCOCOM TES HIGH CON | 0 | |
| GLUCOCOM TES NORM CON | 0 | |
| GLUCOSE CONT LIQ HIGH/LOW | 0 | |
| GLUCOSE CONT SOL HIGH | 0 | |
| GLUCOSE CONT SOL NORMAL | 0 | |
| GLUCOSE CONT SOL PRECISIO | 0 | |
| GNP LANCETS MIS 21G | 0 | |
| GNP LANCETS MIS THIN | 0 | |
| GNP LANCETS MIS THIN 26G | 0 | |
| GOJJI CNTRL SOL NORMAL | 0 | |
| GOJJI LANCET MIS 30G | 0 | |
| GOJJI MIS LANC DEV | 0 | |
| GOODSENSE MIS LANC 26G | 0 | |
| GOODSENSE MIS LANC 30G | 0 | |
| GOODSENSE MIS LANC 33G | 0 | |
| GOODSENSE MIS LANC DVC | 0 | |
| HAEMOLANCE MIS HIGH FLO | 0 | |
| HAEMOLANCE MIS LOW FLOW | 0 | |
| HAEMOLANCE MIS PLUS | 0 | |
| HAEMOLANCE MIS PLUS LOW | 0 | |
| HAEMOLANCE MIS PLUS MAX | 0 | |
| HAEMOLANCE MIS PLUS PED | 0 | |
| HAEMOLANCE MIS RETRACT | 0 | |
| HC LANCING MIS DEVICE | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HLTHY ACCNTS MIS LANC 30G | 0 | |
| HYPOLANCE KIT LANCING | 0 | |
| IN TOUCH LAN MIS 30G | 0 | |
| IN TOUCH LAN MIS DEVICE | 0 | |
| IN TOUCH SOL GLUCOSE | 0 | |
| INCONTROL MIS LANC 28G | 0 | |
| INCONTROL MIS LANC 30G | 0 | |
| INCONTROL MIS LANC 33G | 0 | |
| INCONTROL MIS LANC DEV | 0 | |
| INFINITY SOL NORM CON | 0 | |
| INFNTY VOICE LIQ LEVEL 2 | 0 | |
| KINNEY MIS LANCETS | 0 | |
| KINNEY THIN MIS LANCETS | 0 | |
| KROGER LANCE MIS | 0 | |
| KROGER LANCE MIS 26G | 0 | |
| KROGER LANCE MIS THIN | 0 | |
| KROGER LANCE MIS THIN 30G | 0 | |
| LANCET AUTO MIS INJECTOR | 0 | |
| LANCET CARRY MIS CASE | 0 | |
| LANCET DEVIC MIS 30G | 0 | |
| LANCET DEVIC MIS ADJUST | 0 | |
| LANCET MICRO MIS THIN 33G | 0 | |
| LANCET STAND MIS 21G | 0 | |
| LANCET SUPER MIS THIN 30G | 0 | |
| LANCET ULTRA MIS 28G | 0 | |
| LANCET ULTRA MIS THIN 30G | 0 | |
| LANCET WITH MIS EJECTOR | 0 | |
| LANCETS MICR MIS THIN 33G | 0 | |
| LANCETS MIS | 0 | |
| LANCETS MIS 21G | 0 | |
| LANCETS MIS 21G COLR | 0 | |
| LANCETS MIS 28G | 0 | |
| LANCETS MIS 30G | 0 | |
| LANCETS MIS 33G | 0 | |
| LANCETS MIS ORANGE | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LANCETS MIS ORIGINAL | 0 | |
| LANCETS MIS THIN | 0 | |
| LANCETS MIS THIN 26G | 0 | |
| LANCETS MIS THIN 30G | 0 | |
| LANCETS SUPR MIS THIN 28G | 0 | |
| LANCETS THIN MIS | 0 | |
| LANCETS THIN MIS 26G | 0 | |
| LANCETS ULTR MIS THIN | 0 | |
| LANCING DEVI MIS | 0 | |
| LANCING DEVI MIS 25G | 0 | |
| LANCING DEVI MIS 30G | 0 | |
| LANCING MIS DEVICE | 0 | |
| LANZO MIS LANCING | 0 | |
| LB LANCET MIS 28G | 0 | |
| LB LANCING MIS DEVICE | 0 | |
| LIFESCAN MIS UNISTIK2 | 0 | |
| LITE TOUCH MIS LANC PEN | 0 | |
| LITE TOUCH MIS LANCETS | 0 | |
| LITETOUCH MIS LANCETS | 0 | |
| LONGS LANCET MIS STANDARD | 0 | |
| LONGS LANCET MIS THIN | 0 | |
| LONGS LANCET MIS ULTRA TH | 0 | |
| MEDICHOICE MIS LANCET | 0 | |
| MEDISENSE LIQ GLUC-KET | 0 | |
| MEDISENSE LIQ GLUC/KET | 0 | |
| MEDLANCE MIS 30G PLUS | 0 | |
| MEDLANCE MIS EXTR 21G | 0 | |
| MEDLANCE MIS LITE 25G | 0 | |
| MEDLANCE MIS PLUS | 0 | |
| MEDLANCE MIS PLUS 30G | 0 | |
| MEDLANCE MIS UNV 21G | 0 | |
| MEDLANCE PLS MIS 0.8MM | 0 | |
| MEDLANCE PLS MIS EXTR 21G | 0 | |
| MEDLANCE PLS MIS LITE 25G | 0 | |
| MEDLANCE PLS MIS UNIV 21G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| MEIJER LANCE MIS COLOR | 0 | |
| MEIJER LANCE MIS UNIV 21G | 0 | |
| MEIJER LANCE MIS UNIV 30G | 0 | |
| MEIJER LANCE MIS UNIVERSA | 0 | |
| MEIJER MIS LANCETS | 0 | |
| MICRO THIN MIS LANC 33G | 0 | |
| MICRODOT CON SOL HIGH/LOW | 0 | |
| MICROLET MIS LANCETS | 0 | |
| MICROLET MIS NEXT | 0 | |
| MINI LANCING MIS DEVICE | 0 | |
| MM LANCING MIS DEVICE | 0 | |
| MM TWIST MIS LANCETS | 0 | |
| MOBILE LANCE MIS 30G | 0 | |
| MONOLET MIS LANCETS | 0 | |
| MONOLET OPD MIS LANCETS | 0 | |
| MONOLETTOR MIS LANCETS | 0 | |
| MPD SFTY LAN MIS 21G | 0 | |
| MPD SFTY LAN MIS 23G | 0 | |
| MPD SFTY LAN MIS 28G | 0 | |
| MPD SFTY LAN MIS 30G | 0 | |
| MULTI-LANCET KIT DEVICE | 0 | |
| MULTI-LANCET MIS DEVICE | 0 | |
| MYGLUCOHEALT MIS LANC 30G | 0 | |
| MYGLUCOHEALT SOL LO/NL/HI | 0 | |
| NEUTEK 2TEK SOL CONTROL | 0 | |
| NOVA MAX GLU LIQ /KET CON | 0 | |
| NOVA SAFETY MIS LANC 23G | 0 | |
| NOVA SAFETY MIS LANC 28G | 0 | |
| NOVA SURE MIS LANCETS | 0 | |
| NOVA SUREFLX MIS LANC DEV | 0 | |
| OMNIPOD 5 G6 KIT INTRO | 0 | PA, QL (1 kit per 999 days) |
| OMNIPOD 5 G6 MIS PODS | 0 | PA, QL (10 pods per month) |
| OMNIPOD MIS CLASSIC | 0 | PA, QL (10 pods per month) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIPOD PDM KIT CLASSIC | 0 | PA, QL (1 kit per 999 days) |
| ON-THE-GO MIS LANC 30G | 0 | |
| ONETOUCH DEL MIS LANC DEV | 0 | |
| ONETOUCH DEL MIS PLUS 30G | 0 | |
| ONETOUCH DEL MIS PLUS 33G | 0 | |
| ONETOUCH FP MIS LANCETS | 0 | |
| ONETOUCH KIT ULTRA 2 | 0 | |
| ONETOUCH KIT VERIO FL | 0 | |
| ONETOUCH KIT VERIO RE | 0 | |
| ONETOUCH LIQ ULT CONT | 0 | |
| ONETOUCH LIQ VERIO | 0 | |
| ONETOUCH LIQ VERIO 4 | 0 | |
| ONETOUCH MIS 30G | 0 | |
| ONETOUCH MIS LANC DEV | 0 | |
| ONETOUCH MIS LANCETS | 0 | |
| ONETOUCH SOL KIT COMPLETE | 0 | |
| ONETOUCH SOL KIT FIT | 0 | |
| ONETOUCH SOL KIT REFILL | 0 | |
| ONETOUCH US MIS LANCETS | 0 | |
| PC LANCETS MIS 30G | 0 | |
| PENLET II KIT BLOOD | 0 | |
| PENLET II MIS REPL CAP | 0 | |
| PERFECT 28G MIS LANCETS | 0 | |
| PERFECT 30G MIS LANCETS | 0 | |
| PHARMACY COU MIS LANCETS | 0 | |
| PIP LANCETS MIS 28G | 0 | |
| PIP LANCETS MIS 30G | 0 | |
| POCKETCHEM SOL EZ | 0 | |
| PRECISION LIQ CONTROL | 0 | |
| PRECISION LIQ GLUC/KET | 0 | |
| PRECISION LIQ NRML/MID | 0 | |
| PRESSURE ACT MIS LANCET | 0 | |
| PRESSURE ACT MIS LANCETS | 0 | |
| PRO COMFORT MIS 31G | 0 | |
| PRO COMFORT MIS LANCETS | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PRODIGY MIS 26G | 0 | |
| PRODIGY MIS 28G | 0 | |
| PRODIGY MIS LANC DEV | 0 | |
| PRODIGY SOL HIGH | 0 | |
| PRODIGY SOL LOW | 0 | |
| PSS SAFE LAN MIS | 0 | |
| PSS SEL LANC MIS | 0 | |
| PSS SEL PLAT MIS | 0 | |
| PX LANCETS MIS 28G | 0 | |
| PX LANCETS MIS ULT THIN | 0 | |
| QC LANCETS MIS 28G | 0 | |
| QC LANCETS MIS 30G | 0 | |
| QC LANCING MIS DEVICE | 0 | |
| QUICKTEK LIQ SOLUTION | 0 | |
| QUINTET CONT SOL HGH/NORM | 0 | |
| RA E-ZJECT MIS 28G | 0 | |
| RA E-ZJECT MIS THIN 26G | 0 | |
| RA E-ZJECT MIS THIN 28G | 0 | |
| RA E-ZJECT MIS ULT THIN | 0 | |
| RAPID-SAFE MIS LANCING | 0 | |
| READYLANCE MIS 21G | 0 | |
| READYLANCE MIS 23G | 0 | |
| READYLANCE MIS 26G | 0 | |
| READYLANCE MIS 28G | 0 | |
| READYLANCE MIS 30G | 0 | |
| REALITY MIS LANCETS | 0 | |
| REALITY TRIG MIS LANCETS | 0 | |
| REFUAH PLUS SOL CONTROL | 0 | |
| RELION KIT LANCING | 0 | |
| RELION LANCE MIS THIN 26G | 0 | |
| RELION LANCE MIS THIN 30G | 0 | |
| RELION LANCI MIS DEVICE | 0 | |
| RELION MICRO MIS THIN 33G | 0 | |
| RELION ULTRA MIS THIN 30G | 0 | |
| RELION ULTRA MIS THIN PLS | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RIGHTEST ALT MIS ADAPTOR | 0 | |
| RIGHTEST LIQ HIGH CON | 0 | |
| RIGHTEST LIQ NORM CON | 0 | |
| RIGHTEST MIS GD500 | 0 | |
| RIGHTEST MIS GL300 | 0 | |
| SAFE-T-LANCE MIS 21G | 0 | |
| SAFE-T-LANCE MIS 25G | 0 | |
| SAFE-T-LANCE MIS HI FLOW | 0 | |
| SAFE-T-LANCE MIS LOW FLOW | 0 | |
| SAFE-T-LANCE MIS NOR FLOW | 0 | |
| SAFE-T-PRO MIS LANCETS | 0 | |
| SAFE-T-PRO MIS PLUS | 0 | |
| SAFETY 21G MIS LANCETS | 0 | |
| SAFETY 23G MIS LANCETS | 0 | |
| SAFETY 28G MIS LANCETS | 0 | |
| SAFETY 30G MIS LANCETS | 0 | |
| SAFETY MIS LANCETS | 0 | |
| SAPS HEALTH MIS TWIST | 0 | |
| SAPS TWIST MIS 30G | 0 | |
| SAPSCARE MIS TWIST | 0 | |
| SB LANCETS MIS THIN | 0 | |
| SB LANCETS MIS ULTR THN | 0 | |
| SELECT-LITE KIT DEV/LANC | 0 | |
| SELECT-LITE MIS LANC DEV | 0 | |
| SHOPKO LANC MIS DEVICE | 0 | |
| SIDE BUTTON MIS SAFETY | 0 | |
| SIMPLE DIAG MIS LANCING | 0 | |
| SINGLE-LET MIS 23G | 0 | |
| SM LANCETS MIS 33G | 0 | |
| SM TRUEDRAW MIS LANC DEV | 0 | |
| SMART SENSE MIS LANC 21G | 0 | |
| SMART SENSE MIS LANC 26G | 0 | |
| SMART SENSE MIS LANC 30G | 0 | |
| SMART SENSE MIS LANC 33G | 0 | |
| SMARTEST MIS LANCETS | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SMARTEST SOL CONTROL | 0 | |
| SOFTCLIX MIS LANCETS | 0 | |
| SOLUS V2 MIS LANC 28G | 0 | |
| SOLUS V2 MIS LANC 30G | 0 | |
| SOLUS V2 MIS LANC DEV | 0 | |
| SOLUS V2 SOL HIGH | 0 | |
| SOLUS V2 SOL LOW | 0 | |
| STERILANCE MIS 1.8MM | 0 | |
| STERILANCE MIS TL 28G | 0 | |
| STERILANCE MIS TL 30G | 0 | |
| STERILANCE MIS TL 32G | 0 | |
| SUPER THIN MIS LANC 28G | 0 | |
| SUPER THIN MIS LANCETS | 0 | |
| SUPREME II LIQ HIGH/LOW | 0 | |
| SURE COMFORT MIS LANC 18G | 0 | |
| SURE COMFORT MIS LANC 21G | 0 | |
| SURE COMFORT MIS LANC 23G | 0 | |
| SURE COMFORT MIS LANC 30G | 0 | |
| SURE COMFORT MIS LANC PEN | 0 | |
| SURE COMFORT MIS LANCETS | 0 | |
| SURE-LANCE MIS 26G | 0 | |
| SURE-LANCE MIS LANCETS | 0 | |
| SURE-PEN MIS | 0 | |
| SURE-TOUCH MIS UNV LANC | 0 | |
| SUREFLEX MIS LANCETS | 0 | |
| SURELITE MIS LANCETS | 0 | |
| SURESTEP GLU SOL | 0 | |
| SURESTEP GLU SOL HIGH/LOW | 0 | |
| SURESTEP PRO TES HIGH CON | 0 | |
| SURESTEP PRO TES LOW CON | 0 | |
| SURESTEP PRO TES NORM CON | 0 | |
| SURESTEP SOL CONTROL | 0 | |
| TAI DOC SOL NORM CON | 0 | |
| TECHLITE AST MIS LANCETS | 0 | |
| TECHLITE MIS LANC 30G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TECHLITE MIS LANCETS | 0 | |
| TGT LANCET MIS 26G | 0 | |
| TGT LANCET MIS 30G | 0 | |
| TGT LANCET MIS 33G | 0 | |
| TGT LANCING MIS DEVICE | 0 | |
| THIN LANCETS MIS | 0 | |
| THIN LANCETS MIS 26G | 0 | |
| THIN LANCETS MIS 30G | 0 | |
| THINLETS GP MIS 26G | 0 | |
| TOPCARE MIS LANC 33G | 0 | |
| TRAVEL LANCE MIS 30G | 0 | |
| TRAVEL LANCE MIS ADV 28G | 0 | |
| TRUE METRIX SOL LEVEL 1 | 0 | |
| TRUE METRIX SOL LEVEL 2 | 0 | |
| TRUE METRIX SOL LEVEL 3 | 0 | |
| TRUECONTROL LIQ LEVEL 0 | 0 | |
| TRUECONTROL LIQ LEVEL 1 | 0 | |
| TRUEDRAW MIS LANC DEV | 0 | |
| TRUPLUS LANC MIS 26G | 0 | |
| TRUPLUS LANC MIS 28G | 0 | |
| TRUPLUS LANC MIS 30G | 0 | |
| TRUPLUS LANC MIS 33G | 0 | |
| TWIST LANCET MIS 30G MULT | 0 | |
| ULTI-LANCE MIS CLR TIP | 0 | |
| ULTILET MIS 26G | 0 | |
| ULTILET MIS 28G | 0 | |
| ULTILET MIS 30G | 0 | |
| ULTILET MIS 33G | 0 | |
| ULTILET MIS LANCETS | 0 | |
| ULTILET MIS SAFETY | 0 | |
| ULTILET SAFE MIS 21G | 0 | |
| ULTRA THIN MIS 28G | 0 | |
| ULTRA THIN MIS 30G | 0 | |
| ULTRA THIN MIS 31G | 0 | |
| ULTRA THIN MIS 33G | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ULTRA THIN MIS LAN 31G | 0 | |
| ULTRA THIN MIS LANC 28G | 0 | |
| ULTRA THIN MIS LANC 30G | 0 | |
| ULTRA THIN MIS LANCETS | 0 | |
| UNILET CMFR MIS TCH 28G | 0 | |
| UNILET CMFR MIS TCH 30G | 0 | |
| UNILET EX II MIS 28G | 0 | |
| UNILET EXCEL MIS 23G | 0 | |
| UNILET G.P MIS SUPR 23G | 0 | |
| UNILET G.P. MIS 21G | 0 | |
| UNILET GP 28 MIS ULT THIN | 0 | |
| UNILET LANC MIS 33G | 0 | |
| UNILET LANCE MIS 21G | 0 | |
| UNILET LANCE MIS 28G | 0 | |
| UNILET LANCE MIS 33G | 0 | |
| UNILET LANCT MIS 28G | 0 | |
| UNILET LANCT MIS 30G | 0 | |
| UNILET LANCT MIS 33G | 0 | |
| UNILET MICRO MIS 33G | 0 | |
| UNILET MIS 21G | 0 | |
| UNILET SUPER MIS 23G | 0 | |
| UNILET SUPER MIS G.P. 23G | 0 | |
| UNISTIK 1 MIS 2.4MM | 0 | |
| UNISTIK 1 MIS 3.0MM | 0 | |
| UNISTIK 2 MIS | 0 | |
| UNISTIK 2 MIS 1.8MM | 0 | |
| UNISTIK 2 MIS 2.4MM | 0 | |
| UNISTIK 2 MIS COMFORT | 0 | |
| UNISTIK 2 MIS EXTRA | 0 | |
| UNISTIK 2 MIS NEONATAL | 0 | |
| UNISTIK 2 MIS NORMAL | 0 | |
| UNISTIK 2 MIS SUPER | 0 | |
| UNISTIK 3 MIS 1.8MM | 0 | |
| UNISTIK 3 MIS COMFORT | 0 | |
| UNISTIK 3 MIS EXTRA | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UNISTIK 3 MIS GENT 30G | 0 | |
| UNISTIK 3 MIS NEONATAL | 0 | |
| UNISTIK 3 MIS NORMAL | 0 | |
| UNISTIK 3 MIS XTR 21G | 0 | |
| UNISTIK CZT MIS COMFORT | 0 | |
| UNISTIK CZT MIS NORMAL | 0 | |
| UNISTIK II MIS LANCETS | 0 | |
| UNISTIK PRO MIS LANC 21G | 0 | |
| UNISTIK PRO MIS LANC 28G | 0 | |
| UNISTIK SAFE MIS LANC 28G | 0 | |
| UNISTIK SAFE MIS LANC 30G | 0 | |
| UNISTIK TOUC MIS LANC 21G | 0 | |
| UNISTIK TOUC MIS LANC 23G | 0 | |
| UNISTIK TOUC MIS LANC 28G | 0 | |
| UNISTIK TOUC MIS LANC 30G | 0 | |
| UNITSTIK PRO MIS LANC 25G | 0 | |
| UNIVERSAL 1 MIS 33G | 0 | |
| UNIVERSAL 1 MIS LANC 26G | 0 | |
| UNIVERSAL 1 MIS LANC 30G | 0 | |
| V-GO 20 KIT | 0 | PA, QL (30 pumps per month) |
| V-GO 30 KIT | 0 | QL (30 pumps per month) |
| V-GO 40 KIT | 0 | QL (30 pumps per month) |
| VANTAGE LANC MIS DEVICE | 0 | |
| VERASENS LIQ LEVEL 1 | 0 | |
| VIVAGUARD LIQ CONTROL | 0 | |
| VIVAGUARD MIS 28G | 0 | |
| VIVAGUARD MIS 30G | 0 | |
| VIVAGUARD MIS LANCING | 0 | |
| ***MISC. DEVICES*** | | |
| ALCOH-GLOVE PAD CONTOURE | 0 | |
| ALCOH-WIPE MIS 12"X12" | 3 | |
| ALCOHOL PAD | 0 | |
| ALCOHOL PAD 70% | 0 | |
| ALCOHOL PAD PREP | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ALCOHOL PAD SWABSTIC | 0 | |
| ALCOHOL PREP PAD | 0 | |
| ALCOHOL PREP PAD 70% | 0 | |
| ALCOHOL PREP PAD MED 70% | 0 | |
| ALCOHOL PREP PAD PADS 70% | 0 | |
| ALCOHOL SWAB PAD | 0 | |
| ALCOHOL SWAB PAD 70% | 0 | |
| ALCOHOL SWAB PAD EX-THICK | 0 | |
| ALCOHOL WIPE PAD | 0 | |
| APLICARE ALC PAD SWABSTIC | 0 | |
| BD SWAB BFLY PAD SNGL USE | 0 | |
| CARETOUCH PAD ALCOHOL | 0 | |
| CURITY PREP PAD ALCOHOL | 0 | |
| CURITY SWABS PAD ALCOHOL | 0 | |
| EASY COMFORT PAD ALCOHOL | 0 | |
| FIFTY50 PREP PAD PADS | 0 | |
| GLOBAL PREP PAD PADS | 0 | |
| GNP ALCOHOL PAD SWABS | 0 | |
| HM STERILE PAD ALCHOL | 0 | |
| INCONTROL PAD ALCOHOL | 0 | |
| PREP PADS PAD | 0 | |
| PRO COMFORT PAD ALCOHOL | 0 | |
| PURE COMFORT PAD | 0 | |
| QC ALCOHOL PAD SWABS | 0 | |
| REALITY SWAB PAD | 0 | |
| SAPS CARE PAD ALCOHOL | 0 | |
| SAPS HEALTH PAD ALCOHOL | 0 | |
| SB ALCOHOL PAD PREP | 0 | |
| SM ALCOHOL PAD PREP | 0 | |
| ULTICARE PAD ALCOHOL | 0 | |
| ULTILET PAD ALCOHOL | 0 | |
| WEBCOL PREP PAD LARGE | 0 | |
| WEBCOL PREP PAD MEDIUM | 0 | |
| ***PARENTERAL THERAPY SUPPLIES*** | | |
| BD U-500 MIS 31GX6MM | 0 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BD ULTRAFINE INSULIN SYRINGES/NEEDLES | 0 | |
| BD ULTRAFINE PEN NEEDLES | 0 | |
| BD ULTRAFINE PEN NEEDLES | 0 | |
| CEQUR SIMPL KIT PATCH 2U | 0 | |
| INPEN 100EL MIS BLUE-HUM | 0 | |
| ***RESPIRATORY THERAPY SUPPLIES*** | | |
| AERCHMBR PLS MIS FLOW-VU | 3 | |
| AERCHMBR PLS MIS LRG MASK | 3 | |
| AERCHMBR PLS MIS MED MASK | 3 | |
| AERCHMBR PLS MIS SM MASK | 3 | |
| AERCHMBR Z- MIS STAT PLS | 3 | |
| AEROCHAMBER KIT ACTION | 3 | |
| AEROCHAMBER MIS CHAMBER | 3 | |
| AEROCHAMBER MIS FLOSIGNA | 3 | |
| AEROCHAMBER MIS MV | 3 | |
| AEROCHAMBER MIS PLUS | 3 | |
| AEROVENT MIS PLUS | 3 | |
| BREATHE EASE MIS LG MASK | 3 | |
| BREATHE EASE MIS MED MASK | 3 | |
| BREATHE EASE MIS SM MASK | 3 | |
| COMPACT SPAC MIS CHAMBER | 3 | |
| COMPACT SPAC MIS LG MASK | 3 | |
| COMPACT SPAC MIS MD MASK | 3 | |
| COMPACT SPAC MIS SM MASK | 3 | |
| EASIVENT MIS | 3 | |
| EASIVENT MIS MASK LG | 3 | |
| EASIVENT MIS MASK MED | 3 | |
| EASIVENT MIS MASK SM | 3 | |
| FLEXICHAMBER MIS | 3 | |
| FLEXICHAMBER MIS MASK LRG | 3 | |
| FLEXICHAMBER MIS MASK SM | 3 | |
| HOLD CHAMBER MIS ADLT LG | 3 | |
| HOLD CHAMBER MIS MEDIUM | 3 | |
| HOLD CHAMBER MIS SMALL | 3 | |
| INSPIRACHAMB MIS LARGE | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INSPIRACHAMB MIS MEDIUM | 3 | |
| INSPIRACHAMB MIS MOUTHPCE | 3 | |
| INSPIRACHAMB MIS SMALL | 3 | |
| INSPIREASE MIS DD SYST | 3 | |
| INSPIREASE MIS RES BAG | 3 | |
| MICROCHAMBER MIS | 3 | |
| OPTICHAMBER MIS DIA MD | 3 | |
| OPTICHAMBER MIS DIA SM | 3 | |
| OPTICHAMBER MIS DIAMOND | 3 | |
| POCKET CHAMB MIS | 3 | |
| POCKET SPACE MIS | 3 | |
| RITEFLO MIS | 3 | |
| TRUZONE PEAK MIS FLOW MTR | 3 | |

**MIGRAINE PRODUCTS**

***CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG***

| | | |
|---|---|---|
| AIMOVIG INJ 70MG/ML | 2 | ST, PA, QL (2 pens every 25 days) |
| AIMOVIG INJ 140MG/ML | 2 | ST, PA, QL (1 pen every 25 days) |
| AJOVY INJ 225/1.5 | 2 | ST, QL (3 auto-injectors every 75 days) |
| AJOVY INJ 225/1.5 | 2 | ST, QL (3 syringes every 75 days) |
| EMGALITY INJ 100MG/ML | 2 | ST, QL (3 syringes every 25 days) |
| EMGALITY INJ 120MG/ML | 2 | ST, QL (2 pens every 25 days); Loading Dose: 2 injectors per month; Maintenance Dose: 1 injector per month |
| EMGALITY INJ 120MG/ML | 2 | ST, QL (2 syringes every 25 days); Loading Dose: 2 syringes per month; Maintenance Dose: 1 syringe per month |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NURTEC TAB 75MG ODT | 2 | PA, QL (16 tabs every 25 days) |
| QULIPTA TAB 10MG | 2 | ST, QL (30 tabs every 25 days) |
| QULIPTA TAB 30MG | 2 | ST, QL (30 tabs every 25 days) |
| QULIPTA TAB 60MG | 2 | ST, QL (30 tabs every 25 days) |
| UBRELVY TAB 50MG | 2 | PA, QL (16 ea every 25 days) |
| UBRELVY TAB 100MG | 2 | PA, QL (16 ea every 25 days) |
| ***MIGRAINE PRODUCTS*** | | |
| ERGOMAR SUB 2MG | 3 | |
| MIGRANAL SPR 4MG/ML | 3 | QL (8.01 mL every 30 days) |
| TRUDHESA AER 0.725MG | 3 | |
| ***SEROTONIN AGONISTS*** | | |
| *almotriptan malate tab 6.25 mg* | 1 | QL (12 ea every 30 days) |
| *almotriptan malate tab 6.25 mg* | 1 | QL (12 tabs every 30 days) |
| *almotriptan malate tab 12.5 mg* | 1 | QL (12 ea every 30 days) |
| *almotriptan malate tab 12.5 mg* | 1 | QL (12 tabs every 30 days) |
| AMERGE TAB 1MG | 3 | QL (12 tabs every 30 days) |
| AMERGE TAB 2.5MG | 3 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tab 20 mg (base equivalent)* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide tab 40 mg (base equivalent)* | 1 | QL (12 tabs every 30 days) |
| FROVA TAB 2.5MG | 3 | QL (30 tabs every 30 days) |
| *frovatriptan succinate tab 2.5 mg (base equivalent)* | 1 | QL (30 ea every 30 days) |
| IMITREX INJ 4MG/0.5 | 3 | QL (12 injections every 30 days) |
| IMITREX INJ 4MG/0.5 | 3 | QL (36 injections every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| IMITREX INJ 6MG/0.5 | 3 | QL (12 injections every 30 days) |
| IMITREX INJ 6MG/0.5 | 3 | QL (24 injections every 30 days) |
| IMITREX SPR 5MG/ACT | 3 | QL (30 inhalers every 30 days) |
| IMITREX SPR 20MG/ACT | 3 | QL (12 inhalers every 30 days) |
| IMITREX TAB 25MG | 3 | QL (12 tabs every 30 days) |
| IMITREX TAB 50MG | 3 | QL (12 tabs every 30 days) |
| IMITREX TAB 100MG | 3 | QL (12 tabs every 30 days) |
| *naratriptan hcl tab 1 mg (base equiv)* | 1 | QL (12 tabs every 30 days) |
| *naratriptan hcl tab 2.5 mg (base equiv)* | 1 | QL (12 tabs every 30 days) |
| ONZETRA XSAI MIS 11MG | 2 | QL (16 nosepieces every 25 days) |
| RELPAX TAB 20MG | 3 | QL (12 tabs every 30 days) |
| RELPAX TAB 40MG | 3 | QL (12 tabs every 30 days) |
| REYVOW TAB 50MG | 3 | ST, QL (4 tabs every 30 days) |
| REYVOW TAB 100MG | 3 | ST, QL (8 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 5 mg (base eq)* | 1 | QL (30 tabs every 30 days) |
| *rizatriptan benzoate oral disintegrating tab 10 mg (base eq)* | 1 | QL (30 tabs every 30 days) |
| *rizatriptan benzoate tab 5 mg (base equivalent)* | 1 | QL (30 ea every 30 days) |
| *rizatriptan benzoate tab 10 mg (base equivalent)* | 1 | QL (30 ea every 30 days) |
| *sumatriptan nasal spray 5 mg/act* | 1 | QL (30 inhalers every 30 days) |
| *sumatriptan nasal spray 20 mg/act* | 1 | QL (12 inhalers every 30 days) |
| *sumatriptan succinate inj 6 mg/0.5ml* | 1 | QL (12 injections every 30 days) |
| *sumatriptan succinate solution auto-injector 4 mg/0.5ml* | 1 | QL (12 injections every 30 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sumatriptan succinate solution auto-injector 6 mg/0.5ml* | 1 | QL (12 injections every 30 days) |
| *sumatriptan succinate solution cartridge 4 mg/0.5ml* | 1 | QL (36 injections every 30 days) |
| *sumatriptan succinate solution cartridge 6 mg/0.5ml* | 1 | QL (24 injections every 30 days) |
| *sumatriptan succinate solution prefilled syringe 6 mg/0.5ml* | 1 | QL (24 injections every 30 days) |
| *sumatriptan succinate tab 25 mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan succinate tab 50 mg* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan succinate tab 100 mg* | 1 | QL (12 tabs every 30 days) |
| ZEMBRACE SYM INJ 3/0.5ML | 2 | QL (24 injections every 25 days) |
| *zolmitriptan nasal spray 2.5 mg/spray unit* | 1 | QL (12 inhalers every 30 days) |
| *zolmitriptan nasal spray 5 mg/spray unit* | 1 | QL (12 bottles every 30 days) |
| *zolmitriptan orally disintegrating tab 2.5 mg* | 1 | QL (12 tabs every 30 days) |
| *zolmitriptan orally disintegrating tab 5 mg* | 1 | QL (12 tabs every 30 days) |
| *zolmitriptan tab 2.5 mg* | 1 | QL (12 tabs every 30 days) |
| *zolmitriptan tab 5 mg* | 1 | QL (12 tabs every 30 days) |
| ZOMIG SPR 2.5MG | 3 | QL (12 inhalers every 30 days) |
| ZOMIG SPR 5MG | 3 | QL (12 bottles every 30 days) |
| ZOMIG TAB 2.5MG | 3 | QL (12 tabs every 30 days) |
| ZOMIG TAB 5MG | 3 | QL (12 tabs every 30 days) |
| ZOMIG ZMT TAB 2.5 MG | 3 | QL (12 tabs every 30 days) |
| ZOMIG ZMT TAB 5MG ODT | 3 | QL (12 tabs every 30 days) |
| **MINERALS & ELECTROLYTES** | | |
| ***POTASSIUM*** | | |
| K-TAB TAB 8MEQ CR | 3 | |
| K-TAB TAB 10MEQ CR | 2 | |
| K-TAB TAB 20MEQ | 3 | |
| *potassium chloride cap er 8 meq* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride cap er 10 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 10 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 15 meq* | 1 | |
| *potassium chloride microencapsulated crys er tab 20 meq* | 1 | |
| *potassium chloride oral soln 10% (20 meq/15ml)* | 1 | |
| *potassium chloride oral soln 20% (40 meq/15ml)* | 1 | |
| *potassium chloride powder packet 20 meq* | 1 | |
| *potassium chloride tab er 8 meq (600 mg)* | 1 | |
| *potassium chloride tab er 10 meq* | 1 | |
| *potassium chloride tab er 20 meq (1500 mg)* | 1 | |
| POTASSIUM POW CHLORIDE | 3 | |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| ***CHELATING AGENTS*** | | |
| DEPEN TITRA TAB 250MG | 3 | |
| *penicillamine cap 250 mg* | 1 | |
| *penicillamine tab 250 mg* | 1 | |
| *trientine hcl cap 250 mg* | 1 | |
| ***IMMUNOMODULATORS*** | | |
| *lenalidomide cap 5 mg* | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| *lenalidomide cap 10 mg* | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| *lenalidomide cap 15 mg* | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| *lenalidomide cap 25 mg* | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| REVLIMID CAP 2.5MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| REVLIMID CAP 5MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| REVLIMID CAP 10MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| REVLIMID CAP 15MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| REVLIMID CAP 20MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| REVLIMID CAP 25MG | 0 | PA, QL (21 CAPSULES PER 28 DAYS) |
| THALOMID CAP 50MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| THALOMID CAP 100MG | 0 | PA, QL (28 CAPSULES PER 28 DAYS) |
| THALOMID CAP 150MG | 0 | PA, QL (56 CAPSULES PER 28 DAYS) |
| THALOMID CAP 200MG | 0 | PA, QL (56 CAPSULES PER 28 DAYS) |
| ***IMMUNOSUPPRESSIVE AGENTS*** | | |
| ASTAGRAF XL CAP 0.5MG | 3 | PA |
| ASTAGRAF XL CAP 1MG | 3 | PA |
| ASTAGRAF XL CAP 5MG | 3 | PA |
| *azathioprine tab 50 mg* | 1 | |
| *azathioprine tab 75 mg* | 2 | |
| *azathioprine tab 100 mg* | 2 | |
| CELLCEPT CAP 250MG | 3 | PA |
| CELLCEPT IV INJ 500MG | 3 | PA |
| CELLCEPT SUS 200MG/ML | 3 | PA |
| CELLCEPT TAB 500MG | 3 | PA |
| *cyclosporine cap 25 mg* | 1 | |
| *cyclosporine cap 100 mg* | 1 | |
| *cyclosporine modified cap 25 mg* | 1 | |
| *cyclosporine modified cap 50 mg* | 1 | |
| *cyclosporine modified cap 100 mg* | 1 | |
| *cyclosporine modified oral soln 100 mg/ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENSPRYNG INJ | 2 | PA, QL (1 PFS PER 28 DAYS); LOADING DOSE: 3 PFS PER 29 DAYS |
| ENVARSUS XR TAB 0.75MG | 3 | PA |
| ENVARSUS XR TAB 1MG | 3 | PA |
| ENVARSUS XR TAB 4MG | 3 | PA |
| *everolimus tab 0.5 mg* | 1 | |
| *everolimus tab 0.25 mg* | 1 | |
| *everolimus tab 0.75 mg* | 1 | |
| IMURAN TAB 50MG | 2 | |
| *mycophenolate mofetil cap 250 mg* | 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | 1 | |
| *mycophenolate mofetil tab 500 mg* | 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | 1 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | 1 | |
| MYFORTIC TAB 180MG | 3 | PA |
| MYFORTIC TAB 360MG | 3 | PA |
| NEORAL CAP 25MG | 3 | |
| NEORAL CAP 100MG | 3 | |
| NEORAL SOL 100MG/ML | 3 | |
| PROGRAF CAP 0.5MG | 3 | PA |
| PROGRAF CAP 1MG | 3 | PA |
| PROGRAF CAP 5MG | 3 | PA |
| PROGRAF GRA 0.2MG | 3 | PA |
| PROGRAF GRA 1MG | 3 | PA |
| RAPAMUNE SOL 1MG/ML | 3 | PA |
| RAPAMUNE TAB 0.5MG | 3 | PA |
| RAPAMUNE TAB 1MG | 3 | PA |
| RAPAMUNE TAB 2MG | 3 | PA |
| SANDIMMUNE CAP 25MG | 3 | |
| SANDIMMUNE CAP 100MG | 3 | |
| SANDIMMUNE SOL 100MG/ML | 3 | |
| *sirolimus oral soln 1 mg/ml* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sirolimus tab 0.5 mg* | 1 | |
| *sirolimus tab 1 mg* | 1 | |
| *sirolimus tab 2 mg* | 1 | |
| *tacrolimus cap 0.5 mg* | 1 | |
| *tacrolimus cap 1 mg* | 1 | |
| *tacrolimus cap 5 mg* | 1 | |
| ZORTRESS TAB 0.5MG | 3 | PA |
| ZORTRESS TAB 0.25MG | 3 | PA |
| ZORTRESS TAB 0.75MG | 3 | PA |
| ZORTRESS TAB 1MG | 3 | PA |
| ***POTASSIUM REMOVING AGENTS*** | | |
| *sodium polystyrene sulfonate oral susp 15 gm/60ml* | 1 | |
| *sodium polystyrene sulfonate powder* | 1 | |
| VELTASSA POW 8.4GM | 2 | |
| VELTASSA POW 16.8GM | 2 | |
| VELTASSA POW 25.2GM | 2 | |
| ***PROGERIA TREATMENT AGENTS*** | | |
| ZOKINVY CAP 50MG | 3 | PA, QL (120 CAPSULES PER 30 DAYS) |
| ZOKINVY CAP 75MG | 3 | PA, QL (120 CAPSULES PER 30 DAYS) |
| ***SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS*** | | |
| BENLYSTA INJ 200MG/ML | 3 | PA, QL (4 INJ PER 28 DAYS); LOADING DOSE: 8 SYR PER 28 DAYS |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| ***ANESTHETICS TOPICAL ORAL*** | | |
| *lidocaine hcl laryngotracheal soln 4%* | 1 | |
| *lidocaine hcl viscous soln 2%* | 1 | |
| ***ANTI-INFECTIVES - THROAT*** | | |
| *clotrimazole troche 10 mg* | 1 | QL (90 ea every 25 days) |
| *nystatin susp 100000 unit/ml* | 1 | |
| ORAVIG TAB 50MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTISEPTICS - MOUTH/THROAT*** | | |
| *chlorhexidine gluconate soln 0.12%* | 1 | |
| PERIDEX SOL 0.12% | 3 | |
| ***DENTAL PRODUCTS*** | | |
| NAFRINSE DLY SOL /NEUTRAL | 3 | |
| NAFRINSE SOL DAILY | 3 | |
| NAFRINSE WK SOL 0.2% | 3 | |
| *sodium fluoride gel 1.1% (0.5% f)* | 1 | |
| ***STEROIDS - MOUTH/THROAT/DENTAL*** | | |
| *triamcinolone acetonide dental paste 0.1%* | 1 | |
| ***THROAT PRODUCTS - MISC.*** | | |
| *cevimeline hcl cap 30 mg* | 1 | |
| EVOXAC CAP 30MG | 2 | |
| ORAFATE PST 10% | 3 | |
| *pilocarpine hcl tab 5 mg* | 1 | |
| *pilocarpine hcl tab 7.5 mg* | 1 | |
| PROTHELIAL PST 10% | 3 | |
| SALAGEN TAB 5MG | 2 | |
| SALAGEN TAB 7.5MG | 2 | |
| **MULTIVITAMINS** | | |
| ***PRENATAL VITAMINS*** | | |
| *prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg* | 1 | |
| *prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg* | 1 | |
| *prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg* | 1 | |
| *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg* | 1 | |
| *prenatal vit w/ fe fumarate-fa tab 28-1 mg* | 1 | |
| *prenatal vit w/ iron carbonyl-fa tab 29-1 mg* | 1 | |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| ***CENTRAL MUSCLE RELAXANTS*** | | |
| *baclofen tab 5 mg* | 1 | |
| *baclofen tab 10 mg* | 1 | |
| *baclofen tab 20 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *carisoprodol tab 350 mg* | 1 | QL (84 tabs every 25 days) |
| *chlorzoxazone tab 500 mg* | 1 | |
| *cyclobenzaprine hcl tab 5 mg* | 1 | |
| *cyclobenzaprine hcl tab 10 mg* | 1 | |
| LYVISPAH GRA 5MG | 2 | |
| LYVISPAH GRA 10MG | 2 | |
| LYVISPAH GRA 20MG | 2 | |
| *metaxalone tab 800 mg* | 1 | |
| *methocarbamol tab 500 mg* | 1 | |
| *methocarbamol tab 750 mg* | 1 | |
| *orphenadrine citrate tab er 12hr 100 mg* | 1 | |
| SKELAXIN TAB 800MG | 2 | |
| SOMA TAB 250MG | 3 | QL (84 tabs every 25 days) |
| SOMA TAB 350MG | 3 | QL (84 tabs every 25 days) |
| *tizanidine hcl cap 2 mg (base equivalent)* | 1 | |
| *tizanidine hcl cap 4 mg (base equivalent)* | 1 | |
| *tizanidine hcl cap 6 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 2 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 4 mg (base equivalent)* | 1 | |
| ZANAFLEX CAP 2MG | 3 | |
| ZANAFLEX CAP 4MG | 3 | |
| ZANAFLEX CAP 6MG | 3 | |
| ZANAFLEX TAB 4MG | 3 | |
| ***DIRECT MUSCLE RELAXANTS*** | | |
| DANTRIUM CAP 25MG | 2 | |
| DANTRIUM CAP 50MG | 2 | |
| *dantrolene sodium cap 25 mg* | 1 | |
| *dantrolene sodium cap 50 mg* | 1 | |
| *dantrolene sodium cap 100 mg* | 1 | |
| ***MUSCLE RELAXANT COMBINATIONS*** | | |
| *carisoprodol w/ aspirin & codeine tab 200-325-16 mg* | 1 | QL (168 tabs every 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **NASAL AGENTS - SYSTEMIC AND TOPICAL** | | |
| ***NASAL AGENT COMBINATIONS*** | | |
| *azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act* | 1 | QL (1 package (23gm) per 25 days) |
| ***NASAL AGENTS - MISC.*** | | |
| NOZIN NASAL MIS SANITIZE | 0 | |
| ***NASAL ANTIALLERGY*** | | |
| *azelastine hcl nasal spray 0.1% (137 mcg/spray)* | 1 | |
| *azelastine hcl nasal spray 0.15% (205.5 mcg/spray)* | 1 | |
| *olopatadine hcl nasal soln 0.6%* | 1 | QL (1 package (30.5gm) per 25 days) |
| PATANASE SPR 0.6% | 3 | QL (1 package (30.5gm) per 25 days) |
| ***NASAL ANTICHOLINERGICS*** | | |
| *ipratropium bromide nasal soln 0.03% (21 mcg/spray)* | 1 | |
| *ipratropium bromide nasal soln 0.06% (42 mcg/spray)* | 1 | |
| ***NASAL STEROIDS*** | | |
| *flunisolide nasal soln 25 mcg/act (0.025%)* | 1 | QL (3 packages (25mL each) per 25 days) |
| *fluticasone propionate nasal susp 50 mcg/act* | 1 | QL (1 package (16gm) per 25 days) |
| *mometasone furoate nasal susp 50 mcg/act* | 1 | QL (2 packages (17gm each) per 25 days) |
| NASONEX SPR 50MCG/AC | 3 | QL (2 packages (17gm each) per 25 days) |
| XHANCE MIS 93MCG | 3 | PA, QL (2 packages (16mL each) per 25 days) |
| **NEUROMUSCULAR AGENTS** | | |
| ***ALS AGENTS*** | | |
| RADICAVA ORS SUS 105/5ML | 3 | PA, QL (50ML (1 BOTTLE) FOR 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| RADICAVA ORS SUS STARTER | 3 | PA, QL (50ML (1 BOTTLE) FOR 28 DAYS) |
| RILUTEK TAB 50MG | 3 | |
| *riluzole tab 50 mg* | 1 | |
| ***SPINAL MUSCULAR ATROPHY AGENTS (SMA)*** | | |
| EVRYSDI SOL | 3 | PA, QL (2 BOTTLES (120 MG) PER 24 DAYS) |
| **NUTRIENTS** | | |
| ***MISC. NUTRITIONAL SUBSTANCES*** | | |
| ALTEMIA EMU | 3 | |
| **OPHTHALMIC AGENTS** | | |
| ***BETA-BLOCKERS - OPHTHALMIC*** | | |
| *betaxolol hcl ophth soln 0.5%* | 1 | |
| BETOPTIC-S SUS 0.25% OP | 2 | |
| *brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%* | 1 | |
| *carteolol hcl ophth soln 1%* | 1 | |
| COSOPT PF SOL 2%-0.5% | 3 | |
| COSOPT SOL 2-0.5%OP | 3 | |
| *dorzolamide hcl-timolol maleate ophth soln 2-0.5%* | 1 | |
| *dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%* | 1 | |
| ISTALOL SOL 0.5% OP | 3 | |
| *levobunolol hcl ophth soln 0.5%* | 1 | |
| *timolol maleate ophth gel forming soln 0.5%* | 1 | |
| *timolol maleate ophth gel forming soln 0.25%* | 1 | |
| *timolol maleate ophth soln 0.5%* | 1 | |
| *timolol maleate ophth soln 0.5% (once-daily)* | 1 | |
| *timolol maleate ophth soln 0.25%* | 1 | |
| *timolol maleate preservative free ophth soln 0.5%* | 1 | |
| TIMOPTIC SOL 0.5% OP | 3 | |
| TIMOPTIC SOL 0.25% OP | 3 | |
| TIMOPTIC-XE SOL 0.5% OP | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIMOPTIC-XE SOL 0.25% OP | 3 | |
| ***CYCLOPLEGIC MYDRIATICS*** | | |
| ATROPINE SUL SOL 1% OP | 3 | |
| CYCLOGYL SOL 0.5% OP | 3 | |
| CYCLOGYL SOL 1% OP | 3 | |
| CYCLOGYL SOL 2% OP | 3 | |
| CYCLOMYDRIL SOL OP | 3 | |
| *cyclopentolate hcl ophth soln 0.5%* | 1 | |
| *cyclopentolate hcl ophth soln 1%* | 1 | |
| *cyclopentolate hcl ophth soln 2%* | 1 | |
| ISOPTO ATROP SOL 1% OP | 3 | |
| *phenylephrine hcl ophth soln 2.5%* | 1 | |
| *phenylephrine hcl ophth soln 10%* | 1 | |
| ***MIOTICS*** | | |
| ISOPTO CARP SOL 1% OP | 3 | |
| ISOPTO CARP SOL 2% OP | 3 | |
| ISOPTO CARP SOL 4% OP | 3 | |
| PHOSPHOLINE SOL 0.125%OP | 3 | |
| *pilocarpine hcl ophth soln 1%* | 1 | |
| *pilocarpine hcl ophth soln 2%* | 1 | |
| *pilocarpine hcl ophth soln 4%* | 1 | |
| ***OPHTHALMIC ADRENERGIC AGENTS*** | | |
| ALPHAGAN P SOL 0.1% | 2 | |
| ALPHAGAN P SOL 0.15% | 2 | |
| *apraclonidine hcl ophth soln 0.5% (base equivalent)* | 1 | |
| *brimonidine tartrate ophth soln 0.2%* | 1 | |
| *brimonidine tartrate ophth soln 0.15%* | 1 | |
| IOPIDINE SOL 1% OP | 3 | |
| SIMBRINZA SUS 1-0.2% | 2 | |
| ***OPHTHALMIC ANTI-INFECTIVES*** | | |
| *bacitracin ophth oint 500 unit/gm* | 1 | |
| *bacitracin-polymyxin b ophth oint* | 1 | |
| BESIVANCE SUS 0.6% | 2 | |
| BETADINE SOL 5% OP | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| BLEPH-10 SOL 10% OP | 3 | |
| *ciprofloxacin hcl ophth soln 0.3% (base equivalent)* | 1 | |
| *erythromycin ophth oint 5 mg/gm* | 1 | |
| *gatifloxacin ophth soln 0.5%* | 1 | |
| *gentamicin sulfate ophth oint 0.3%* | 1 | |
| *gentamicin sulfate ophth soln 0.3%* | 1 | QL (4 mL every 25 days) |
| *levofloxacin ophth soln 0.5%* | 1 | |
| MITOSOL KIT 0.2MG | 3 | |
| MOXEZA SOL 0.5% | 3 | |
| *moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)* | 1 | |
| *moxifloxacin hcl ophth soln 0.5% (base equiv)* | 1 | |
| NATACYN SUS 5% OP | 3 | |
| *neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin* | 1 | |
| *neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml* | 1 | |
| OCUFLOX DRO 0.3% OP | 3 | |
| *ofloxacin ophth soln 0.3%* | 1 | |
| *polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%* | 1 | |
| POLYTRIM SOL OP | 3 | |
| POVIDONE IOD SOL 5% | 3 | |
| *sulfacetamide sodium ophth oint 10%* | 1 | |
| *sulfacetamide sodium ophth soln 10%* | 1 | |
| *tobramycin ophth soln 0.3%* | 1 | |
| TOBREX OIN 0.3% OP | 3 | |
| TOBREX SOL 0.3% OP | 3 | |
| *trifluridine ophth soln 1%* | 1 | |
| VIGAMOX DRO 0.5% | 3 | |
| ZYMAXID SOL 0.5% | 3 | |
| ***OPHTHALMIC IMMUNOMODULATORS*** | | |
| RESTASIS EMU 0.05% OP | 1 | PA; Tier 1 with DAW9 |
| RESTASIS MUL EMU 0.05% OP | 2 | PA |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***OPHTHALMIC INTEGRIN ANTAGONISTS*** | | |
| XIIDRA DRO 5% | 2 | PA |
| ***OPHTHALMIC LOCAL ANESTHETICS*** | | |
| AKTEN GEL 3.5% | 3 | |
| ALCAINE SOL 0.5% OP | 3 | |
| *proparacaine hcl ophth soln 0.5%* | 1 | |
| *tetracaine hcl ophth soln 0.5%* | 1 | |
| ***OPHTHALMIC NERVE GROWTH FACTORS*** | | |
| OXERVATE SOL 20MCG/ML | 3 | PA, QL (16 CARTONS PER 56 DAYS - ONE TIME TREATMENT) |
| ***OPHTHALMIC STEROIDS*** | | |
| *bacitracin-polymyxin-neomycin-hc ophth oint 1%* | 1 | |
| BLEPHAMIDE OIN S.O.P. | 3 | |
| BLEPHAMIDE SUS OP | 3 | |
| *dexamethasone sodium phosphate ophth soln 0.1%* | 1 | |
| *difluprednate ophth emulsion 0.05%* | 1 | |
| DUREZOL EMU 0.05% | 3 | |
| EYSUVIS DRO 0.25% | 3 | PA |
| *fluorometholone ophth susp 0.1%* | 1 | |
| *loteprednol etabonate ophth gel 0.5%* | 1 | |
| *loteprednol etabonate ophth susp 0.5%* | 1 | |
| MAXITROL OIN 0.1% OP | 3 | |
| MAXITROL SUS 0.1% OP | 3 | |
| *neomycin-polymyxin-dexamethasone ophth oint 0.1%* | 1 | |
| *neomycin-polymyxin-dexamethasone ophth susp 0.1%* | 1 | |
| *neomycin-polymyxin-hc ophth susp* | 1 | |
| PRED SOD PHO SOL 1% OP | 3 | |
| PRED-G S.O.P OIN OP | 3 | |
| PRED-G SUS OP | 3 | |
| *prednisolone acetate ophth susp 1%* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PREDNISOLONE SUS 1% | 3 | |
| *sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%* | 1 | |
| TOBRADEX OIN 0.3-0.1% | 2 | |
| TOBRADEX SUS 0.3-0.1% | 3 | |
| *tobramycin-dexamethasone ophth susp 0.3-0.1%* | 1 | |
| ***OPHTHALMIC SURGICAL AIDS*** | | |
| GELFILM MIS OP | 3 | |
| MEMBRANEBLUE INJ 0.15% | 3 | |
| VISIONBLUE INJ 0.06% | 3 | |
| ***OPHTHALMICS - MISC.*** | | |
| ACULAR LS SOL 0.4% | 3 | |
| ACULAR SOL 0.5% OP | 3 | |
| ALOCRIL SOL 2% | 3 | |
| ALOMIDE SOL 0.1% OP | 3 | |
| *azelastine hcl ophth soln 0.05%* | 1 | |
| AZOPT SUS 1% OP | 3 | |
| *brinzolamide ophth susp 1%* | 1 | |
| *bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)* | 1 | |
| *cromolyn sodium ophth soln 4%* | 1 | |
| CYSTARAN SOL 0.44% | 3 | PA, QL (4 BOTTLES PER 28 DAYS) |
| *diclofenac sodium ophth soln 0.1%* | 1 | |
| *dorzolamide hcl ophth soln 2%* | 1 | |
| DORZOLAMIDE SOL 2% | 3 | |
| *epinastine hcl ophth soln 0.05%* | 1 | |
| *flurbiprofen sodium ophth soln 0.03%* | 1 | |
| ILEVRO DRO 0.3% OP | 2 | |
| *ketorolac tromethamine ophth soln 0.4%* | 1 | |
| *ketorolac tromethamine ophth soln 0.5%* | 1 | |
| PROLENSA SOL 0.07% | 2 | |
| TRUSOPT SOL 2% OP | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PROSTAGLANDINS - OPHTHALMIC*** | | |
| *bimatoprost ophth soln 0.03%* | 1 | |
| *latanoprost ophth soln 0.005%* | 1 | |
| *tafluprost preservative free (pf) ophth soln 0.0015%* | 1 | |
| *travoprost ophth soln 0.004% (benzalkonium free) (bak free)* | 1 | |
| XALATAN SOL 0.005% | 3 | |
| ZIOPTAN DRO 0.0015% | 2 | |
| **OTIC AGENTS** | | |
| ***OTIC AGENTS - MISCELLANEOUS*** | | |
| *acetic acid otic soln 2%* | 1 | |
| ***OTIC ANTI-INFECTIVES*** | | |
| CETRAXAL SOL 0.2% | 3 | |
| *ciprofloxacin hcl otic soln 0.2% (base equivalent)* | 1 | |
| *ofloxacin otic soln 0.3%* | 1 | |
| ***OTIC COMBINATIONS*** | | |
| *ciprofloxacin-dexamethasone otic susp 0.3-0.1%* | 1 | |
| CORTISPORIN SUS -TC OTIC | 3 | |
| *neomycin-polymyxin-hc otic soln 1%* | 1 | |
| *neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%* | 1 | |
| ***OTIC STEROIDS*** | | |
| DERMOTIC OIL 0.01% | 3 | |
| *fluocinolone acetonide (otic) oil 0.01%* | 1 | |
| *hydrocortisone w/ acetic acid otic soln 1-2%* | 1 | |
| **OXYTOCICS** | | |
| ***ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING*** | | |
| CERVIDIL VAG MIS 10MG INS | 3 | |
| PREPIDIL GEL 0.5MG/3G | 3 | |
| PROSTIN E2 SUP 20MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***OXYTOCICS*** | | |
| *methylergonovine maleate tab 0.2 mg* | 1 | PA, QL (120 tabs every 30 days) |
| **PENICILLINS** | | |
| ***AMINOPENICILLINS*** | | |
| *amoxicillin (trihydrate) cap 250 mg* | 1 | |
| *amoxicillin (trihydrate) cap 500 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 125 mg* | 1 | |
| *amoxicillin (trihydrate) chew tab 250 mg* | 1 | |
| *amoxicillin (trihydrate) for susp 125 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 200 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 250 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) for susp 400 mg/5ml* | 1 | |
| *amoxicillin (trihydrate) tab 500 mg* | 1 | |
| *amoxicillin (trihydrate) tab 875 mg* | 1 | |
| *ampicillin cap 500 mg* | 1 | |
| ***NATURAL PENICILLINS*** | | |
| *penicillin v potassium for soln 125 mg/5ml* | 1 | |
| *penicillin v potassium for soln 250 mg/5ml* | 1 | |
| *penicillin v potassium tab 250 mg* | 1 | |
| *penicillin v potassium tab 500 mg* | 1 | |
| ***PENICILLIN COMBINATIONS*** | | |
| *amoxicillin & k clavulanate chew tab 200-28.5 mg* | 1 | |
| *amoxicillin & k clavulanate chew tab 400-57 mg* | 1 | |
| *amoxicillin & k clavulanate for susp 200-28.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 250-62.5 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 400-57 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate for susp 600-42.9 mg/5ml* | 1 | |
| *amoxicillin & k clavulanate tab 250-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab 500-125 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amoxicillin & k clavulanate tab 875-125 mg* | 1 | |
| *amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg* | 1 | |
| AUGMENTIN SUS 125/5ML | 3 | |
| AUGMENTIN SUS 250/5ML | 3 | |
| AUGMENTIN SUS ES-600 | 3 | |
| AUGMENTIN TAB 500MG | 3 | |
| ***PENICILLINASE-RESISTANT PENICILLINS*** | | |
| *dicloxacillin sodium cap 250 mg* | 1 | |
| *dicloxacillin sodium cap 500 mg* | 1 | |
| **PROGESTINS** | | |
| ***PROGESTINS*** | | |
| AYGESTIN TAB 5MG | 3 | |
| *medroxyprogesterone acetate tab 2.5 mg* | 1 | |
| *medroxyprogesterone acetate tab 5 mg* | 1 | |
| *medroxyprogesterone acetate tab 10 mg* | 1 | |
| *megestrol acetate susp 625 mg/5ml* | 1 | |
| *norethindrone acetate tab 5 mg* | 1 | |
| *progesterone cap 100 mg* | 1 | |
| *progesterone cap 200 mg* | 1 | |
| *progesterone im in oil 50 mg/ml* | 1 | |
| PROVERA TAB 2.5MG | 3 | |
| PROVERA TAB 5MG | 3 | |
| PROVERA TAB 10MG | 3 | |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | |
| ***AGENTS FOR CHEMICAL DEPENDENCY*** | | |
| *acamprosate calcium tab delayed release 333 mg* | 1 | |
| *disulfiram tab 250 mg* | 1 | |
| *disulfiram tab 500 mg* | 1 | |
| ***ANTI-CATAPLECTIC AGENTS*** | | |
| LUMRYZ PAK 6GM | 3 | PA, QL (30 PACKETS PER 30 DAYS) |
| LUMRYZ PAK 7.5GM | 3 | PA, QL (30 PACKETS PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LUMRYZ PAK 9GM | 3 | PA, QL (30 PACKETS PER 30 DAYS) |
| LUMRYZ PKG 4.5GM | 3 | PA, QL (30 PACKETS PER 30 DAYS) |
| XYREM SOL 500MG/ML | 3 | PA, QL (540 ML PER 30 DAYS) |
| XYWAV SOL 0.5GM/ML | 2 | PA, QL (540 ML (270 GRAMS) PER 30 DAYS) |
| ***ANTIDEMENTIA AGENTS*** | | |
| ARICEPT TAB 5MG | 3 | |
| ARICEPT TAB 10MG | 3 | |
| ARICEPT TAB 23MG | 3 | |
| *donepezil hydrochloride orally disintegrating tab 5 mg* | 1 | |
| *donepezil hydrochloride orally disintegrating tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 5 mg* | 1 | |
| *donepezil hydrochloride tab 10 mg* | 1 | |
| *donepezil hydrochloride tab 23 mg* | 1 | |
| EXELON DIS 4.6MG/24 | 3 | |
| EXELON DIS 9.5MG/24 | 3 | |
| EXELON DIS 13.3/24 | 3 | |
| *galantamine hydrobromide cap er 24hr 8 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 16 mg* | 1 | |
| *galantamine hydrobromide cap er 24hr 24 mg* | 1 | |
| *galantamine hydrobromide oral soln 4 mg/ml* | 1 | |
| *galantamine hydrobromide tab 4 mg* | 1 | |
| *galantamine hydrobromide tab 8 mg* | 1 | |
| *galantamine hydrobromide tab 12 mg* | 1 | |
| *memantine hcl cap er 24hr 7 mg* | 1 | |
| *memantine hcl cap er 24hr 14 mg* | 1 | |
| *memantine hcl cap er 24hr 21 mg* | 1 | |
| *memantine hcl cap er 24hr 28 mg* | 1 | |
| *memantine hcl oral solution 2 mg/ml* | 1 | |
| *memantine hcl tab 5 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *memantine hcl tab 10 mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| NAMENDA TAB 5-10MG | 3 | |
| NAMENDA TAB 5MG | 3 | |
| NAMENDA TAB 10MG | 3 | |
| NAMENDA XR CAP 7MG | 3 | |
| NAMENDA XR CAP 14MG | 3 | |
| NAMENDA XR CAP 21MG | 3 | |
| NAMENDA XR CAP 28MG | 3 | |
| NAMENDA XR CAP TITRATIO | 3 | |
| NAMZARIC CAP | 2 | |
| NAMZARIC CAP 7-10MG | 2 | |
| NAMZARIC CAP 14-10MG | 2 | |
| NAMZARIC CAP 21-10MG | 2 | |
| NAMZARIC CAP 28-10MG | 2 | |
| RAZADYNE ER CAP 8MG | 3 | |
| RAZADYNE ER CAP 16MG | 3 | |
| RAZADYNE ER CAP 24MG | 3 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | 1 | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 1 | |
| ***COMBINATION PSYCHOTHERAPEUTICS*** | | |
| *chlordiazepoxide-amitriptyline tab 5-12.5 mg* | 1 | |
| *chlordiazepoxide-amitriptyline tab 10-25 mg* | 1 | |
| *olanzapine-fluoxetine hcl cap 3-25 mg* | 1 | |
| *olanzapine-fluoxetine hcl cap 6-25 mg* | 1 | |
| *olanzapine-fluoxetine hcl cap 6-50 mg* | 1 | |
| *olanzapine-fluoxetine hcl cap 12-25 mg* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *olanzapine-fluoxetine hcl cap 12-50 mg* | 1 | |
| *perphenazine-amitriptyline tab 2-10 mg* | 1 | |
| *perphenazine-amitriptyline tab 2-25 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-10 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-25 mg* | 1 | |
| *perphenazine-amitriptyline tab 4-50 mg* | 1 | |
| SYMBYAX CAP 3-25MG | 3 | |
| SYMBYAX CAP 6-25MG | 3 | |
| SYMBYAX CAP 6-50MG | 3 | |
| SYMBYAX CAP 12-50MG | 3 | |
| ***FIBROMYALGIA AGENTS*** | | |
| SAVELLA MIS TITR PAK | 3 | |
| SAVELLA TAB 12.5MG | 3 | |
| SAVELLA TAB 25MG | 3 | |
| SAVELLA TAB 50MG | 3 | |
| SAVELLA TAB 100MG | 3 | |
| ***MOVEMENT DISORDER DRUG THERAPY*** | | |
| AUSTEDO TAB 6MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| AUSTEDO TAB 9MG | 2 | PA, QL (120 TABLETS PER 30 DAYS) |
| AUSTEDO TAB 12MG | 2 | PA, QL (120 TABLETS PER 30 DAYS) |
| AUSTEDO XR TAB 6MG | 2 | PA, QL (90 TABLETS PER 30 DAYS) |
| AUSTEDO XR TAB 12MG | 2 | PA, QL (120 TABLETS PER 30 DAYS) |
| AUSTEDO XR TAB 24MG | 2 | PA, QL (60 TABLETS PER 30 DAYS) |
| AUSTEDO XR TAB TITR KIT | 2 | PA, QL (42 TABLETS PER 28 DAYS) |
| INGREZZA CAP 40-80MG | 2 | PA |
| INGREZZA CAP 40MG | 2 | PA, QL (30 CAPSULES PER 30 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| INGREZZA CAP 60MG | 2 | PA, QL (30 CAPSULES PER 30 DAYS) |
| INGREZZA CAP 80MG | 2 | PA, QL (30 CAPSULES PER 30 DAYS) |
| *tetrabenazine tab 12.5 mg* | 1 | PA, QL (120 TABLETS PER 30 DAYS) |
| *tetrabenazine tab 25 mg* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| AMPYRA TAB 10MG | 3 | PA, QL (60 TABLETS PER 30 DAYS) |
| AVONEX PEN KIT 30MCG | 2 | PA, QL (4 PENS PER 28 DAYS) |
| AVONEX PREFL KIT 30MCG | 2 | PA, QL (4 SYRINGES PER 28 DAYS) |
| BETASERON INJ 0.3MG | 2 | PA, QL (14 KITS PER 28 DAYS) |
| COPAXONE INJ 20MG/ML | 2 | PA, QL (30 SYRINGES PER 30 DAYS) |
| COPAXONE INJ 40MG/ML | 2 | PA, QL (12 SYRINGES PER 28 DAYS) |
| *dalfampridine tab er 12hr 10 mg* | 1 | PA, QL (60 TABLETS PER 30 DAYS) |
| *dimethyl fumarate capsule delayed release 120 mg* | 1 | PA, QL (14 CAPSULES PER 28 DAYS) |
| *dimethyl fumarate capsule delayed release 240 mg* | 1 | PA, QL (60 CAPSULES PER 30 DAYS) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | 1 | PA, QL (60 CAPSULES PER 30 DAYS) |
| *fingolimod hcl cap 0.5 mg (base equiv)* | 1 | PA, QL (30 CAPSULES PER 30 DAYS) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | 1 | PA, QL (30 SYRINGES PER 30 DAYS) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | 1 | PA, QL (12 SYRINGES PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KESIMPTA INJ 20/.4ML | 2 | PA, QL (1 PENS PER 28 DAYS); LOADING DOSE: 3 PENS PER 15 DAYS |
| MAVENCLAD PAK 10MG(4) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(5) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(6) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(7) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(8) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(9) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAVENCLAD PAK 10MG(10) | 3 | PA, QL (20 TABLETS PER 9 MONTHS) |
| MAYZENT PAK STARTER | 2 | PA, QL (7 TABLETS PER 4 DAYS) |
| MAYZENT TAB 0.25MG | 2 | PA, QL (12 TABLETS PER 5 DAYS) |
| MAYZENT TAB 1MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| MAYZENT TAB 2MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| PLEGRIDY INJ | 3 | PA, QL (1 CARTON PER 28 DAYS) |
| PLEGRIDY INJ | 3 | PA, QL (1 KIT PER 28 DAYS) |
| PLEGRIDY INJ PEN | 3 | PA, QL (2 PENS PER 28 DAYS) |
| PLEGRIDY INJ STARTER | 3 | PA, QL (1 PACK PER 28 DAYS) |
| PLEGRIDY PEN INJ STARTER | 3 | PA, QL (1 PACK PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| PONVORY TAB 20MG | 3 | PA, QL (30 TABLETS FOR 30 DAYS) |
| PONVORY TAB STARTER | 3 | PA, QL (1 PACK (14 TABS) FOR 14 DAYS) |
| REBIF INJ 22/0.5 | 2 | PA, QL (12 SYRINGES PER 28 DAYS) |
| REBIF INJ 44/0.5 | 2 | PA, QL (12 SYRINGES PER 28 DAYS) |
| REBIF REBIDO INJ 22/0.5 | 2 | PA, QL (12 SYR PER 28 DAYS) |
| REBIF REBIDO INJ 44/0.5 | 2 | PA, QL (12 SYR PER 28 DAYS) |
| REBIF REBIDO INJ TITRATN | 2 | PA, QL (12 INJ PER 28 DAYS) |
| REBIF TITRTN INJ PACK | 2 | PA, QL (12 SYRINGES PER 28 DAYS) |
| *teriflunomide tab 7 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *teriflunomide tab 14 mg* | 1 | PA, QL (30 tabs every 30 days) |
| VUMERITY CAP 231MG | 2 | PA, QL (120 CAPSULES PER 30 DAYS) |
| ZEPOSIA 7DAY CAP STR PACK | 2 | PA, QL (7 TABLETS PER 7 DAYS) |
| ZEPOSIA CAP .92MG | 2 | PA, QL (30 TABLETS PER 30 DAYS) |
| ZEPOSIA CAP STR KIT | 2 | PA, QL (1 Starter Kit per 28 days) |
| ZEPOSIA CAP STR KIT | 2 | PA, QL (37 TABLETS PER 37 DAYS) |
| ***POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** | | |
| GRALISE TAB 300MG | 2 | QL (150 tabs every 25 days) |
| GRALISE TAB 450MG | 2 | QL (90 tablets per 25 days) |
| GRALISE TAB 600MG | 2 | QL (90 tabs every 25 days) |
| GRALISE TAB 750MG | 2 | QL (60 tablets per 25 days) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| GRALISE TAB 900MG | 2 | QL (60 tablets per 25 days) |
| *pregabalin tab er 24hr 82.5 mg* | 1 | QL (60 tabs every 30 days) |
| *pregabalin tab er 24hr 165 mg* | 1 | QL (60 tabs every 30 days) |
| *pregabalin tab er 24hr 330 mg* | 1 | QL (60 tabs every 30 days) |
| ***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** | | |
| *ergoloid mesylates tab 1 mg* | 1 | |
| *pimozide tab 1 mg* | 1 | |
| *pimozide tab 2 mg* | 1 | |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent) tab er 12hr 150 mg* | 0 | $0 limited to 2 treatment cycles/year |
| CHANTIX PAK 1MG | 0 | |
| CHANTIX TAB 0.5& 1MG | 0 | |
| CHANTIX TAB 0.5MG | 0 | |
| CHANTIX TAB 1MG | 0 | |
| NICODERM CQ DIS 7MG/24HR | 0 | |
| NICODERM CQ DIS 14MG/24H | 0 | |
| NICODERM CQ DIS 21MG/24H | 0 | |
| NICORETTE GUM 2MG | 0 | |
| NICORETTE GUM 2MG CINN | 0 | |
| NICORETTE GUM 2MG MINT | 0 | |
| NICORETTE GUM 2MG ORIG | 0 | |
| NICORETTE GUM 2MGFRUIT | 0 | |
| NICORETTE GUM 4MG | 0 | |
| NICORETTE GUM 4MG CINN | 0 | |
| NICORETTE GUM 4MG MINT | 0 | |
| NICORETTE GUM 4MG ORIG | 0 | |
| NICORETTE GUM 4MGFRUIT | 0 | |
| NICORETTE LOZ 2MG MINT | 0 | |
| NICORETTE LOZ 4MG MINT | 0 | |
| NICORETTE ST GUM 2MG MINT | 0 | |
| NICORETTE ST GUM 2MG ORIG | 0 | |
| NICORETTE ST GUM 4MG ORIG | 0 | |
| *nicotine polacrilex gum 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nicotine polacrilex gum 4 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex lozenge 2 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex lozenge 4 mg* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 7 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 14 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine td patch 24hr 21 mg/24hr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INH | 0 | |
| NICOTROL NS SPR 10MG/ML | 0 | |
| ***TRANSTHYRETIN AMYLOIDOSIS AGENTS*** | | |
| TEGSEDI INJ 284/1.5 | 2 | PA, QL (4 PFS PER 28 DAYS) |
| ***VASOMOTOR SYMPTOM AGENTS*** | | |
| BRISDELLE CAP 7.5MG | 3 | |
| **RESPIRATORY AGENTS - MISC.** | | |
| ***CYSTIC FIBROSIS AGENTS*** | | |
| KALYDECO GRA 5.8MG | 3 | PA, QL (56 packets per 28 days) |
| KALYDECO GRA 13.4MG | 3 | PA, QL (56 packets per 28 days) |
| KALYDECO PAK 25MG | 3 | PA, QL (56 PACKETS PER 28 DAYS) |
| KALYDECO PAK 50MG | 3 | PA, QL (56 PACKETS PER 28 DAYS) |
| KALYDECO PAK 75MG | 3 | PA, QL (56 PACKETS PER 28 DAYS) |
| KALYDECO TAB 150MG | 3 | PA, QL (1 CARTON (56 TABS) PER 28 DAYS) |
| ORKAMBI GRA 75-94MG | 3 | PA, QL (56 PACKETS PER 28 DAYS) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ORKAMBI GRA 100-125 | 3 | PA, QL (56 PACKETS PER 28 DAYS) |
| ORKAMBI GRA 150-188 | 3 | PA, QL (56 PACKETS PER 28 DAYS) |
| ORKAMBI TAB 100-125 | 3 | PA, QL (112 TABLETS PER 28 DAYS) |
| ORKAMBI TAB 200-125 | 3 | PA, QL (112 TABLETS PER 28 DAYS) |
| PULMOZYME SOL 1MG/ML | 3 | PA, QL (60 AMPULES PER 30 DAYS) |
| SYMDEKO TAB 50-75MG | 3 | PA, QL (56 TABLETS PER 28 DAYS) |
| SYMDEKO TAB 100-150 | 3 | PA, QL (56 TABLETS PER 28 DAYS) |
| TRIKAFTA PAK 59.5MG | 3 | PA, QL (56 packets per 28 days) |
| TRIKAFTA PAK 75MG | 3 | PA, QL (56 packets per 28 days) |
| TRIKAFTA TAB | 3 | PA, QL (84 TABLETS PER 28 DAYS) |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| ESBRIET CAP 267MG | 2 | PA, QL (270 CAPSULES PER 30 DAYS) |
| OFEV CAP 100MG | 2 | PA, QL (60 CAPSULES PER 30 DAYS) |
| OFEV CAP 150MG | 2 | PA, QL (60 CAPSULES PER 30 DAYS) |
| *pirfenidone tab 267 mg* | 1 | QL (270 TABLETS PER 30 DAYS) |
| *pirfenidone tab 801 mg* | 1 | QL (90 TABLETS PER 30 DAYS) |
| **SULFONAMIDES** | | |
| ***SULFONAMIDES*** | | |
| *sulfadiazine tab 500 mg* | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **TETRACYCLINES** | | |
| ***AMINOMETHYLCYCLINES*** | | |
| NUZYRA TAB 150MG | 3 | |
| ***TETRACYCLINES*** | | |
| *demeclocycline hcl tab 150 mg* | 1 | |
| *demeclocycline hcl tab 300 mg* | 1 | |
| *doxycycline hyclate cap 50 mg* | 1 | |
| *doxycycline hyclate cap 100 mg* | 1 | |
| *doxycycline hyclate tab 20 mg* | 1 | |
| *doxycycline hyclate tab 100 mg* | 1 | |
| *doxycycline monohydrate cap 50 mg* | 1 | |
| *doxycycline monohydrate cap 100 mg* | 1 | |
| *doxycycline monohydrate for susp 25 mg/5ml* | 1 | |
| *doxycycline monohydrate tab 50 mg* | 1 | |
| *doxycycline monohydrate tab 75 mg* | 1 | |
| *doxycycline monohydrate tab 100 mg* | 1 | |
| *doxycycline monohydrate tab 150 mg* | 1 | |
| *minocycline hcl cap 50 mg* | 1 | |
| *minocycline hcl cap 75 mg* | 1 | |
| *minocycline hcl cap 100 mg* | 1 | |
| *minocycline hcl tab 50 mg* | 1 | |
| *minocycline hcl tab 75 mg* | 1 | |
| *minocycline hcl tab 100 mg* | 1 | |
| SOLODYN TAB 55MG | 3 | |
| SOLODYN TAB 65MG | 3 | |
| SOLODYN TAB 80MG | 3 | |
| SOLODYN TAB 105MG | 3 | |
| SOLODYN TAB 115MG | 3 | |
| *tetracycline hcl cap 250 mg* | 1 | QL (120 caps every 25 days) |
| *tetracycline hcl cap 500 mg* | 1 | QL (120 caps every 25 days) |
| VIBRAMYCIN CAP 100MG | 3 | |
| VIBRAMYCIN SUS 25MG/5ML | 2 | |
| VIBRAMYCIN SYP 50MG/5ML | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **THYROID AGENTS** | | |
| ***ANTITHYROID AGENTS*** | | |
| *methimazole tab 5 mg* | 1 | |
| *methimazole tab 10 mg* | 1 | |
| *propylthiouracil tab 50 mg* | 1 | |
| TAPAZOLE TAB 5MG | 2 | |
| TAPAZOLE TAB 10MG | 2 | |
| ***THYROID HORMONES*** | | |
| ARMOUR THYRO TAB 15MG | 3 | |
| ARMOUR THYRO TAB 30MG | 3 | |
| ARMOUR THYRO TAB 60MG | 3 | |
| ARMOUR THYRO TAB 90MG | 3 | |
| ARMOUR THYRO TAB 120MG | 3 | |
| ARMOUR THYRO TAB 180MG | 3 | |
| ARMOUR THYRO TAB 240MG | 3 | |
| ARMOUR THYRO TAB 300MG | 3 | |
| *levothyroxine sodium tab 25 mcg* | 1 | |
| *levothyroxine sodium tab 50 mcg* | 1 | |
| *levothyroxine sodium tab 75 mcg* | 1 | |
| *levothyroxine sodium tab 88 mcg* | 1 | |
| *levothyroxine sodium tab 100 mcg* | 1 | |
| *levothyroxine sodium tab 112 mcg* | 1 | |
| *levothyroxine sodium tab 125 mcg* | 1 | |
| *levothyroxine sodium tab 137 mcg* | 1 | |
| *levothyroxine sodium tab 150 mcg* | 1 | |
| *levothyroxine sodium tab 175 mcg* | 1 | |
| *levothyroxine sodium tab 200 mcg* | 1 | |
| *levothyroxine sodium tab 300 mcg* | 1 | |
| *liothyronine sodium tab 5 mcg* | 1 | |
| *liothyronine sodium tab 25 mcg* | 1 | |
| *liothyronine sodium tab 50 mcg* | 1 | |
| NP THYROID TAB 15MG | 3 | |
| NP THYROID TAB 30MG | 3 | |
| NP THYROID TAB 60MG | 3 | |
| NP THYROID TAB 90MG | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NP THYROID TAB 120MG | 3 | |
| SYNTHROID TAB 25MCG | 2 | |
| SYNTHROID TAB 50MCG | 2 | |
| SYNTHROID TAB 75MCG | 2 | |
| SYNTHROID TAB 88MCG | 2 | |
| SYNTHROID TAB 100MCG | 2 | |
| SYNTHROID TAB 112MCG | 2 | |
| SYNTHROID TAB 125MCG | 2 | |
| SYNTHROID TAB 137MCG | 2 | |
| SYNTHROID TAB 150MCG | 2 | |
| SYNTHROID TAB 175MCG | 2 | |
| SYNTHROID TAB 200MCG | 2 | |
| SYNTHROID TAB 300MCG | 2 | |
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| ***ANTISPASMODICS*** | | |
| ANASPAZ TAB 0.125MG | 2 | |
| BELLA/OPIUM SUP 16.2-30 | 3 | |
| BELLA/OPIUM SUP 16.2-60 | 3 | |
| *chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg* | 1 | |
| CUVPOSA SOL 1MG/5ML | 3 | |
| *dicyclomine hcl cap 10 mg* | 1 | |
| *dicyclomine hcl oral soln 10 mg/5ml* | 1 | |
| *dicyclomine hcl tab 20 mg* | 1 | |
| *glycopyrrolate oral soln 1 mg/5ml* | 1 | |
| *glycopyrrolate tab 1 mg* | 1 | |
| *glycopyrrolate tab 2 mg* | 1 | |
| *hyoscyamine sulfate elixir 0.125 mg/5ml* | 1 | |
| *hyoscyamine sulfate sl tab 0.125 mg* | 1 | |
| *hyoscyamine sulfate soln 0.125 mg/ml* | 1 | |
| *hyoscyamine sulfate tab 0.125 mg* | 1 | |
| *hyoscyamine sulfate tab disint 0.125 mg* | 1 | |
| LEVBID TAB 0.375 ER | 3 | |
| LEVSIN TAB 0.125MG | 2 | |
| LEVSIN/SL SUB 0.125MG | 2 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *methscopolamine bromide tab 2.5 mg* | 1 | |
| *methscopolamine bromide tab 5 mg* | 1 | |
| SYMAX DUOTAB TAB | 3 | |
| ***H-2 ANTAGONISTS*** | | |
| *cimetidine hcl soln 300 mg/5ml* | 1 | |
| *cimetidine tab 300 mg* | 1 | |
| *cimetidine tab 400 mg* | 1 | |
| *cimetidine tab 800 mg* | 1 | |
| *famotidine for susp 40 mg/5ml* | 1 | |
| *famotidine tab 40 mg* | 1 | |
| *nizatidine cap 150 mg* | 1 | |
| *nizatidine cap 300 mg* | 1 | |
| *nizatidine oral soln 15 mg/ml* | 1 | |
| PEPCID TAB 40MG | 3 | |
| ***MISC. ANTI-ULCER*** | | |
| *sucralfate tab 1 gm* | 1 | |
| ***PROTON PUMP INHIBITORS*** | | |
| *esomeprazole magnesium cap delayed release 20 mg (base eq)* | 1 | QL (90 caps every year) |
| *esomeprazole magnesium cap delayed release 40 mg (base eq)* | 1 | QL (90 caps every year) |
| *esomeprazole magnesium for delayed release susp packet 10 mg* | 1 | QL (90 packets every year) |
| *esomeprazole magnesium for delayed release susp packet 20 mg* | 1 | QL (90 packets every year) |
| *esomeprazole magnesium for delayed release susp packet 40 mg* | 1 | QL (90 packets every year) |
| *lansoprazole cap delayed release 15 mg* | 1 | QL (90 caps every year) |
| *lansoprazole cap delayed release 30 mg* | 1 | QL (90 caps every year) |
| *omeprazole cap delayed release 10 mg* | 1 | QL (90 caps every year) |
| *omeprazole cap delayed release 20 mg* | 1 | QL (90 caps every year) |
| *omeprazole cap delayed release 40 mg* | 1 | QL (90 caps every year) |
| *pantoprazole sodium ec tab 20 mg (base equiv)* | 1 | QL (90 tabs every year) |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | 1 | QL (90 ea every year) |
| *pantoprazole sodium ec tab 40 mg (base equiv)* | 1 | QL (90 tabs every year) |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *pantoprazole sodium for iv soln 40 mg (base equiv)* | 1 | QL (90 vials every year) |
| PROTONIX INJ 40MG | 3 | QL (90 vials every year) |
| RABEPRAZOLE CAP 10MG DR | 3 | QL (90 caps every year) |
| *rabeprazole sodium ec tab 20 mg* | 1 | QL (90 tabs every year) |
| ***ULCER DRUGS - PROSTAGLANDINS*** | | |
| CYTOTEC TAB 100MCG | 2 | |
| CYTOTEC TAB 200MCG | 2 | |
| *misoprostol tab 100 mcg* | 1 | $0 copay based on your plan/benefit |
| *misoprostol tab 200 mcg* | 1 | $0 copay based on your plan/benefit |
| ***ULCER THERAPY COMBINATIONS*** | | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| *bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg* | 1 | |
| OMECLAMOX- MIS PAK | 3 | |
| PYLERA CAP | 2 | |
| TALICIA CAP | 2 | |
| VOQUEZNA PAK DUAL PAK | 3 | |
| VOQUEZNA PAK TRIP PK | 3 | |
| **URINARY ANTISPASMODICS** | | |
| ***URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)*** | | |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* | 1 | |
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* | 1 | |
| DETROL TAB 1MG | 3 | |
| DETROL TAB 2MG | 3 | |
| DITROPAN XL TAB 5MG | 3 | |
| DITROPAN XL TAB 10MG | 3 | |
| *fesoterodine fumarate tab er 24hr 4 mg* | 1 | |
| *fesoterodine fumarate tab er 24hr 8 mg* | 1 | |
| GELNIQUE GEL 10% | 3 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxybutynin chloride solution 5 mg/5ml* | 1 | |
| *oxybutynin chloride tab 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 10 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 15 mg* | 1 | |
| *solifenacin succinate tab 5 mg* | 1 | |
| *solifenacin succinate tab 10 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 2 mg* | 1 | |
| *tolterodine tartrate cap er 24hr 4 mg* | 1 | |
| *tolterodine tartrate tab 1 mg* | 1 | |
| *tolterodine tartrate tab 2 mg* | 1 | |
| *trospium chloride cap er 24hr 60 mg* | 1 | |
| *trospium chloride tab 20 mg* | 1 | |
| VESICARE LS SUS 5MG/5ML | 3 | |
| VESICARE TAB 5MG | 3 | |
| VESICARE TAB 10MG | 3 | |
| ***URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** | | |
| GEMTESA TAB 75MG | 2 | |
| ***URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** | | |
| *bethanechol chloride tab 5 mg* | 1 | |
| *bethanechol chloride tab 10 mg* | 1 | |
| *bethanechol chloride tab 25 mg* | 1 | |
| *bethanechol chloride tab 50 mg* | 1 | |
| ***URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** | | |
| *flavoxate hcl tab 100 mg* | 1 | |
| **VAGINAL AND RELATED PRODUCTS** | | |
| ***SPERMICIDES*** | | |
| ENCARE SUP 100MG | 0 | OTC |
| GYNOL II GEL 3% | 0 | OTC |
| SHUR-SEAL GEL 2% | 0 | OTC |
| TODAY SPONGE MIS | 0 | OTC |
| VCF VAGINAL AER CONTRACP | 0 | OTC |
| VCF VAGINAL GEL CONTRACE | 0 | |
| VCF VAGINAL MIS CONTRACP | 0 | OTC |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN CRE 2% VAG | 2 | |
| CLEOCIN SUP 100MG | 3 | |
| *clindamycin phosphate vaginal cream 2%* | 1 | |
| CLINDESSE CRE 2% | 3 | |
| GYNAZOLE-1 CRE 2% | 3 | |
| *metronidazole vaginal gel 0.75%* | 1 | |
| *miconazole nitrate vaginal suppos 200 mg* | 1 | |
| *terconazole vaginal cream 0.4%* | 1 | |
| *terconazole vaginal cream 0.8%* | 1 | |
| *terconazole vaginal suppos 80 mg* | 1 | |
| VANDAZOLE GEL 0.75% | 1 | |
| XACIATO GEL 2% | 3 | |
| ***VAGINAL ESTROGENS*** | | |
| ESTRACE VAG CRE 0.01% | 3 | |
| *estradiol vaginal cream 0.1 mg/gm* | 1 | |
| IMVEXXY MAIN SUP 4MCG | 2 | |
| IMVEXXY MAIN SUP 10MCG | 2 | |
| IMVEXXY STRT SUP 4MCG | 2 | |
| IMVEXXY STRT SUP 10MCG | 2 | |
| VAGIFEM TAB 10MCG | 1 | Tier 1 with DAW9 |
| ***VAGINAL PROGESTINS*** | | |
| CRINONE GEL 4% VAG | 2 | |
| CRINONE GEL 8% VAG | 2 | |
| ENDOMETRIN SUP 100MG | 2 | |
| **VASOPRESSORS** | | |
| ***ANAPHYLAXIS THERAPY AGENTS*** | | |
| AUVI-Q INJ 0.1MG | 2 | QL (3 pens every 300 days) |
| AUVI-Q INJ 0.3MG | 2 | QL (6 pens every 300 days) |
| AUVI-Q INJ 0.15MG | 2 | QL (3 pens every 300 days) |
| *epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)* | 1 | |



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| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)* | 1 | QL (6 pens every 300 days) |
| *epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)* | 1 | QL (6 pens every 300 days) |
| *epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)* | 1 | QL (3 pens every 300 days) |
| EPIPEN 2-PAK INJ 0.3MG | 2 | QL (6 pens every 300 days) |
| EPIPEN-JR INJ 0.15MG | 2 | QL (6 pens every 300 days) |
| ***NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** | | |
| *droxidopa cap 100 mg* | 1 | PA, QL (90 CAPSULES PER 30 DAYS) |
| *droxidopa cap 200 mg* | 1 | PA, QL (180 CAPSULES PER 30 DAYS) |
| *droxidopa cap 300 mg* | 1 | PA, QL (180 CAPSULES PER 30 DAYS) |
| ***VASOPRESSORS*** | | |
| EPINEPHRINE INJ 0.2MG | 3 | |
| *midodrine hcl tab 2.5 mg* | 1 | |
| *midodrine hcl tab 5 mg* | 1 | |
| *midodrine hcl tab 10 mg* | 1 | |
| **VITAMINS** | | |
| ***OIL SOLUBLE VITAMINS*** | | |
| DRISDOL CAP 50000UNT | 3 | |
| *ergocalciferol cap 1.25 mg (50000 unit)* | 1 | |
| MEPHYTON TAB 5MG | 3 | |
| *phytonadione tab 5 mg* | 1 | |



*Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to My Account (www.carefirst.com/myaccount) and click on Drug & Pharmacy Resources under the Coverage tab.*

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For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rxgroup**.


10455 Mill Run Circle
Owings Mills, MD 21117

**carefirst.com/rxgroup**



SUM5467-1S (12/23) ■ For self-insured plans only

# Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 8/5/19)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

**If you need these services, please call 855-258-6518.**

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

**To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.**

## Civil Rights Coordinator, Corporate Office of Civil Rights

| | |
|---|---|
| Mailing Address | P.O. Box 8894<br>Baltimore, Maryland 21224 |
| Email Address | **civilrightscoordinator@carefirst.com** |
| Telephone Number | 410-528-7820 |
| Fax Number | 410-505-2011 |

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

## Foreign Language Assistance

*Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call* 855-258-6518 *and wait through the dialogue until prompted to push* 0. *When an agent answers, state the language you need and you will be connected to an interpreter.*

*አማርኛ(Amharic)* ማሳሰቢያ፦ ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀነ-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላል። ይኽን መረጃ የማግኘት እና ያለምንም ክፍያ በቋንቋዎ እገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

*Èdè Yorùbá (Yoruba)* Ìtẹ́tíléko: Àkíyèsí yìí ní ìwífún nípa iṣẹ́ adójútòfò rẹ. Ó le ní àwọn déètì pàtó o sì le ní láti gbé ìgbésẹ̀ ní àwọn ọjọ́ gbèdéke kan. O ni ẹ̀tọ́ láti gba ìwífún yìí àti ìrànlọ́wọ́ ní èdè rẹ lọ́fẹ̀ẹ́. Àwọn ọmọ-ẹgbẹ́ gbọ́dọ̀ pe nọ́mbà fóònù tó wà lẹ́yìn káàdì ìdánimọ̀ wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ìjíròrò tití a ó fi sọ fún ọ láti tẹ 0. Nígbàtí aṣojú kan bá dáhùn, sọ èdè tí o fẹ́ a ó sì so ọ́ pọ̀ mọ́ ògbufọ̀ kan.

*Tiếng Việt (Vietnamese)* Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

*Tagalog (Tagalog)* Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawan ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikokonekta ka sa isang interpreter.

*Español (Spanish)* Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

*Русский (Russian)* Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

*हिन्दी (Hindi)* ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

*Bǎsɔ́ɔ̀-wùdù (Bassa)* Tò Đùǔ Cáo! Bɔ̌ nìà kɛ ɓá nyɔ ɓě ké m̀ gbo kpá ɓó nì fǔà-fǘá-tìǐn nyɛɛ jè dyí. Bɔ̌ nìà kɛ ɓédɖé wé jɛ́ɛ́ ɓě ɓɛ́ m̀ ké dɛ wa mó m̀ ké nyuɛɛ nyu hwè ɓɛ́ wé ɓěa ké zi. Ɔ mò nì kpé ɓɛ́ m̀ ké bɔ̌ nìà kɛ kè gbo-kpá-kpá m̀ mɔ́ɛɛ dyé dɖé nì ɓídɖí-wùdù mú ɓɛ́ m̀ ké se wídɖí dɔ̀ pɛ́è. Kpooɔ̀ nyɔ ɓě mɛ dɖá fǔùn-nɔ̀ɓà nìà dɖé waà I.D. káàɔ̀ dɛín nyɛ. Nyɔ tɔ̀ɔ̀ séín mɛ dɖá nɔ̀ɓà nìà kɛ: 855-258-6518, ké m̀ mɛ fò tee ɓɛ́ wa kéɛ m̀ gbo cɛ̃ ɓɛ́ m̀ ké nɔ̀ɓà mɔà 0 kɛɛ dyi pàdɖàìn hwè. Ɔ jǔ ké nyɔ dɔ̀ dyi m̀ gɔ̌ jǔǐn, po wudu m̀ mɔ́ poɛ dyiɛ, ké nyɔ dɔ̀ mu ɓó nììn ɓé ɔ ké nì wuduɔ̀ mú zà.

*বাংলা (Bengali)* লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা 855-258-6518 নম্বরে কল করে 0 টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

*اردو (Urdu)* توجہ :یہ نوٹس آپ کے انشورینس کوریج سے متعلق معلومات پر مشتمل ہے۔ اس میں کلیدی تاریخیں ہو سکتی ہیں اور ممکن ہے کہ آپ کو مخصوص آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑے۔ آپ کے پاس یہ معلومات حاصل کرنے اور بغیر خرچہ کیے اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ ممبران کو اپنے شناختی کارڈ کی پشت پر موجود فون نمبر پر کال کرنی چاہیے۔ سبھی دیگر لوگ 855-258-6518پر کال کر سکتے ہیں اور 0 دبانے کو کہے جانے تک انتظار کریں۔ ایجنٹ کے جواب دینے پر اپنی مطلوبہ زبان بتائیں اور مترجم سے مربوط ہو جائیں گے۔

*فارسی (Farsi)* توجه: این اعلامیه حاوی اطلاعاتی درباره پوشش بیمه شما است. ممکن است حاوی تاریخ های مهمی باشد و لازم است تا تاریخ مقرر شده خاصی اقدام کنید. شما از این حق برخوردار هستید تا این اطلاعات و راهنمایی را به صورت رایگان به زبان خودتان دریافت کنید. اعضا باید با شماره درج شده در پشت کارت شناسایی‌شان تماس بگیرند. سایر افراد می توانند با شماره 855-258-6518تماس بگیرند و منتظر بمانند تا از آنها خواسته شود عدد 0 را فشار دهند. بعد از پاسخگویی توسط یکی از اپراتورها، زبان مورد نیاز را تنظیم کنید تا به مترجم مربوطه وصل شوید.

*اللغة العربية (Arabic)* تنبيه :يحتوي هذا الإخطار على معلومات بشأن تغطيتك التأمينية، وقد يحتوي على تواريخ مهمة، وقد تحتاج إلى اتخاذ إجراءات بحلول مواعيد نهائية محددة .يحق لك الحصول على هذه المساعدة والمعلومات بلغتك بدون تحمل أي تكلفة .ينبغي على الأعضاء الاتصال على رقم الهاتف المذكور في ظهر بطاقة تعريف الهوية الخاصة بهم .يمكن للآخرين الاتصال على الرقم 855-258-6518 والانتظار خلال المحادثة حتى يطلب منهم الضغط على رقم .0 عند إجابة أحد الوكلاء، اذكر اللغة التي تحتاج إلى التواصل بها وسيتم توصيلك بأحد المترجمين الفوريين.

*中文繁体 (Traditional Chinese)* 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

*Igbo (Igbo)* Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gị. Ọ nwere ike ịnwe ụbọchị ndị dị mkpa, ị nwere ike ịme ihe tupu ụfọdụ ụbọchị njedebe. Ị nwere ikike ịnweta ozi na enyemaka a n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ndị otu kwesịrị ịkpọ akara ekwentị dị n'azụ nke kaadị njirimara ha. Ndị ọzọ niile nwere ike ịkpọ 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ịpị 0. Mgbe onye nnọchite anya zara, kwuo asụsụ ị chọrọ, a ga-ejikọ gị na onye ọkọwa okwu.

*Deutsch (German)* Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

*Français (French)* Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

*한국어(Korean)* 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아니신 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad *(Navajo)* Ge': Díí bee ił hane'ígíí bii' dahólǫ bee éédahózin béeso ách'ą́ąh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ǫ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyíįlígíí da yókeedgo t'áá doo bee e'e'aahí ájiil'íįh. Bee ná ahóót'i' díí bee ił hane' dóó niká'ádoowoł t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béésh bee hane'é bee wółta'ígíí nitł'izgo bee nee hódolzinígíí bikéédęę' bikáá' bich'į' hodoonihjį'. Aadóó náánáła' éí kojį' dahódoolnih 855-258-6518 dóó yii diiłts'įįł yałtí'ígíí t'áá níléíjį ádóó éí bikéé'dóó naasbąąs bił adidiilchił. Áká'ánidaalwó'ígíí neidiitą́ągo, saad bee yániłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoolwoł.