

Oscar 2026 Formulary

List of Covered Drugs



oscar

What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription drug therapies believed to be a necessary part of a quality treatment program.

Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar In-network pharmacy, and other plan rules are followed.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., OTEZLA) and generic drugs are listed in lower-case italics (e.g., carvedilol). There are two ways to find your drug within the formulary:

1 Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list. Then look under the category name for your drug.

1 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Can't find your drug?
Utilize the online drug look-up tool to search for your drug.
<https://www.hioscar.com/care-options>

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is determined and approved by the Food and Drug Administration (FDA) to be therapeutically equivalent to the Brand drug and has the same active ingredient. Generally, generic drugs cost less than brand name drugs. You may be responsible for your member cost-share payment amount (copay or coinsurance) plus the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic equivalent.

What are specialty drugs?

Specialty drugs are usually prescribed by specialists and used to treat complex chronic diseases. These medications usually require special storage or handling, have a higher price and are not always available at retail pharmacies. Prescriptions for these medications must be filled at an in-network specialty pharmacy and may require additional counseling or education. Some specialty medications are only available at specific pharmacies (defined as limited distribution). The specialty drug list <https://www.hioscar.com/prescriptions> is available for your reference.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

- **Prior Authorization:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 30 pills in a 1-month timeframe or a maximum duration of therapy. These amounts will be listed in the formulary below if they are applicable to your medication.
- You can find out if your drug has any additional requirements or limits by looking in the formulary. Your coverage may have additional limitations and exclusions. To learn more, view your summary of benefits at [www.hioscar.com/forms/...](http://www.hioscar.com/forms/)

Some drugs are not available under your prescription drug coverage. Prescription drug coverage does not include prescription drugs that are billed under the medical benefit, such as physician administered medications. Prescription drugs administered in physician offices and/or outpatient facilities are commonly referred to as 'Physician-Administered Drugs' and are applied towards the Medical Benefit portion of Your Oscar plan, not the Pharmacy Benefit.

Physician-Administered Drugs require Prior Authorization. You can obtain information about

drugs covered under the Medical Benefit in Your Evidence of Coverage.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered. Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit and not included in this list.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask them to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan's formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Please note, the formulary is reviewed and updated on a monthly basis and may be subject to change. Most changes in drug coverage occur on January 1, but Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new utilization management restrictions. If you are impacted by a change to the formulary, Oscar will aim to notify you at least 60 days prior to the change becoming effective.

If we make such a change, you or your prescriber may request an exception for continued coverage. You can find information in the section above entitled “How do I request an exception to the Oscar Formulary?”

You can contact Concierge to find out if your drug is still covered, visit [hioscar.com](https://www.hioscar.com) and log in to your plan specific account, or use the Oscar app drug search feature.

How can I save on prescriptions?

Below are some tips to potentially help you pay less for your prescription drugs:

- Take less trips to the pharmacy by utilizing mail-order pharmacies or getting 90-day supplies of your maintenance medications.
- Ask your doctor to prescribe drugs that are on the formulary or prescribe generic drugs instead of brand-name drugs. You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.
- Ask your pharmacy about any copay assistance programs available if you are taking a brand or specialty medication
- Visit www.hioscar.com or call Concierge at 1 (855) OSCAR-88 to enroll with a care guide to determine if there are lower cost drug alternatives.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1 (855) OSCAR-88. You can also find your plan specific information on our Oscar app available through Apple App Store or Google Play.

Formulary Terminology

The formulary provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, look at the Index. The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
SP	Specialty	Specialty drugs are required to be filled at an in-network specialty pharmacy. Please note, select drugs are LDD (limited distribution) and may need to be filled at an out of network pharmacy. A complete list of specialty and LDD medications can be found here https://www.hioscar.com/prescriptions .
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
^	Insulin Co-Pay Cap	You will pay no more than \$35 per 30 day supply of Insulin (Applies to covered insulin products only)

¹To be covered at the pharmacy a prescription from your doctor is required.

What will you pay for Insulin?

You will pay no more than \$35 per 30 day supply of Insulin (Applies to covered insulin products only)

What will you pay for a prescription inhaler?

You will pay no more than \$25 per 30 day supply of a prescription inhaler

What will you pay for a 2 pack of epinephrine pens?

You will pay no more than \$60 per 2 pack of epinephrine pens

Cost Sharing

Your Doctor can ask Oscar to make an exception to our coverage rules. Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan’s formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Tier	Cost Share	Description
0	\$0	\$0 Cost share medications available at no cost to you, which includes preventive medications
1	\$	Low cost share medications that are low cost, non-preferred generic drugs
2	\$\$	Mid-range cost share medications that are brand drugs or are higher cost generic medications
3	\$\$	High cost share medications that are higher cost, non-preferred brand drugs
4	\$\$\$	Highest cost share specialty medications that are the highest cost drugs

IL 4T STND Effective 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANOREXIANTS		
AMPHETAMINES		
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	Tier 1	QL (30 caps every 30 days)
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>clonidine hcl (adhd) tb12 .1mg</i>	Tier 1	QL (120 tabs every 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75mg, 150mg (<i>solriamfetol hcl</i>)	Tier 3	PA, QL (30 tabs every 30 days)
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	Tier 1	
GOUT		
<i>allopurinol tabs 100mg, 300mg</i>	Tier 1	
<i>allopurinol sodium solr 500mg</i>	Tier 1	
<i>colchicine tabs .6mg</i>	Tier 1	QL (120 tablets every 25 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>febuxostat tabs 40mg, 80mg</i>	Tier 1	PA
<i>probenecid tabs 500mg</i>	Tier 1	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Tier 1	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	QL (48 caps every 25 days)
JOURNAVX TABS 50mg (<i>suzetrigine</i>)	Tier 2	QL (30 tabs per 14 days; max of 4 fills per year)
(Tencon) TENCON	Tier 1	QL (48 tabs every 25 days)
NSAIDS		
<i>diclofenac potassium tabs 50mg</i>	Tier 1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	Tier 1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	Tier 1	
<i>flurbiprofen tabs 50mg, 100mg</i>	Tier 1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	Tier 1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine tabs 10mg	Tier 1	QL (20 tabs every 25 days)
meclofenamate sodium caps 50mg, 100mg	Tier 1	
meloxicam tabs 7.5mg, 15mg	Tier 1	
nabumetone tabs 500mg, 750mg	Tier 1	
naproxen tabs 250mg, 375mg, 500mg	Tier 1	
oxaprozin tabs 600mg	Tier 1	
piroxicam caps 10mg, 20mg	Tier 1	
sulindac tabs 150mg, 200mg	Tier 1	
tolmetin sodium caps 400mg; tabs 600mg	Tier 1	

NSAIDS, COMBINATIONS

diclofenac w/ misoprostol tab delayed release 50-0.2 mg	Tier 2	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	Tier 2	

OPIOID AGONIST/ANTAGONIST

buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	Tier 1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	Tier 0	\$0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	Tier 0	\$0 copay
SUBOXONE MIS 2-0.5MG (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
SUBOXONE MIS 4-1MG (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
SUBOXONE MIS 8-2MG (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
SUBOXONE MIS 12-3MG (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
ZUBSOLV SUB 0.7-0.18 (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
ZUBSOLV SUB 1.4-0.36 (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
ZUBSOLV SUB 2.9-0.71 (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	
ZUBSOLV SUB 5.7-1.4 (buprenorphine hcl-naloxone hcl dihydrate)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 1	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 1	

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (390 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 1	QL (180 caps every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	Tier 1	
<i>butorphanol tartrate soln 10mg/ml</i>	Tier 1	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60mg	Tier 2	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Tier 1	QL (10 patches every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	Tier 1	PA, QL (120 lozenges every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	Tier 2	QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	Tier 2	QL (30 tablets every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (2700 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	QL (150 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	Tier 1	Injectable Only

Drug Name	Drug Tier	Requirements/Limits
hydromorphone hcl tabs 2mg, 4mg, 8mg	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl tb24 8mg, 12mg, 16mg	Tier 1	QL (30 tabs every 30 days)
hydromorphone hcl tb24 32mg	Tier 1	QL (30 tablets every 30 days)
levorphanol tartrate tabs 2mg, 3mg	Tier 3	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
methadone hcl conc 10mg/ml	Tier 1	QL (600 mL every 30 days); (indicated for opioid addiction)
methadone hcl soln 5mg/5ml	Tier 1	QL (450 ml every 30 days)
methadone hcl soln 10mg/5ml	Tier 1	QL (450 mL every 30 days)
methadone hcl soln 10mg/ml	Tier 1	QL (20 ml every 30 days)
methadone hcl tabs 5mg	Tier 1	QL (90 tabs every 30 days)
methadone hcl tabs 10mg	Tier 1	QL (90 tablets every 30 days)
methadone hcl tbso 40mg	Tier 1	QL (9 tabs every 30 days)
(Methadone Hydrochloride I Conc 10mg/ml) METHADONE HYDROCHLORIDE I	Tier 1	QL (600 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
(Methadose Tbso 40mg) METHADOSE	Tier 1	QL (9 tabs every 30 days)
morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	Tier 1	QL (60 caps every 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	Tier 3	
morphine sulfate soln 10mg/5ml	Tier 1	QL (900 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate soln 20mg/5ml	Tier 1	QL (900 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 100mg/5ml</i>	Tier 1	QL (180 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	Tier 1	
<i>morphine sulfate tabs 15mg, 30mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Tier 1	QL (30 caps every 30 days)
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	Tier 1	
<i>oxycodone hcl caps 5mg</i>	Tier 1	QL (180 caps every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl conc 100mg/5ml</i>	Tier 1	QL (180 mL every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	Tier 1	QL (900 ml every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 20mg, 40mg, 80mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone-aspirin tab 4.8355-325 mg	Tier 1	QL (360 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (120 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg (oxycodone hcl)	Tier 2	QL (60 tabs every 30 days)
oxymorphone hcl tabs 5mg, 10mg	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg	Tier 2	QL (60 tabs every 30 days)
oxymorphone hcl tb12 20mg, 30mg, 40mg	Tier 2	QL (60 tablets every 30 days)
tramadol hcl tabs 50mg	Tier 1	QL (180 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages
tramadol hcl tb24 100mg	Tier 1	QL (30 tabs every 30 days)
tramadol hcl tb24 200mg, 300mg	Tier 1	QL (30 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (240 tabs every 30 days); Subject to initial 5-day limit for 19 and younger; 7-day initial limit for all other ages

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg (buprenorphine hcl)	Tier 1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml (buprenorphine)	Tier 1	
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	Tier 1	
buprenorphine hcl soln .3mg/ml	Tier 1	
buprenorphine hcl subl 2mg, 8mg	Tier 0	\$0 copay
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr (buprenorphine)	Tier 2	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml (buprenorphine)	Tier 1	

SALICYLATES

(Aspirin Ec Adult Low Dose Tbec 81mg) ASPIRIN EC ADULT LOW DOSE	Tier 1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal tabs 500mg	Tier 1	
(Goodsense Aspirin Chew 81mg) GOODSENSE ASPIRIN	Tier 1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml (methotrexate (antirheumatic))	Tier 1	SP
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml (methotrexate (antirheumatic))	Tier 1	SP

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>indomethacin caps 25mg, 50mg</i>	Tier 1	
ANESTHETICS		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	Tier 3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	Tier 1	
ANTI-INFECTIVES		
ANTHELMINTICS		
BENZNIDAZOLE TABS 100mg	Tier 3	
EMVERM CHEW 100mg (<i>mebendazole</i>)	Tier 3	PA, QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	Tier 1	QL (12 tabs every 91 days)
<i>praziquantel tabs 600mg</i>	Tier 3	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>chloramphenicol sodium succinate solr 1gm</i>	Tier 1	
<i>fosfomycin tromethamine pack 3gm</i>	Tier 1	
<i>neomycin sulfate tabs 500mg</i>	Tier 1	
<i>streptomycin sulfate solr 1gm</i>	Tier 1	
SULFADIAZINE TABS 500mg	Tier 2	
<i>tinidazole tabs 250mg, 500mg</i>	Tier 1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUSR 100mg/5ml (<i>nitazoxanide</i>)	Tier 3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	Tier 1	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Tier 1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Tier 1	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Tier 1	
<i>dapsone tabs 25mg, 100mg</i>	Tier 1	
<i>daptomycin solr 500mg</i>	Tier 3	
<i>ertapenem sodium solr 1gm</i>	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
INVANZ SOLR 1gm (<i>ertapenem sodium</i>)	Tier 3	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
linezolid inj 2mg/ml	Tier 1	
meropenem solr 1gm	Tier 1	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
meropenem solr 500mg	Tier 1	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
methenamine hippurate tabs 1gm	Tier 1	
metronidazole soln 500mg/100ml; tabs 250mg, 500mg	Tier 1	
nitazoxanide tabs 500mg	Tier 3	QL (20 tabs every 25 days)
nitrofurantoin susp 25mg/5ml	Tier 3	
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	Tier 1	
nitrofurantoin monohyd macro caps 100mg	Tier 1	
pentamidine isethionate solr 300mg	Tier 1	
polymyxin b sulfate solr 500000unit	Tier 1	
PRIMSOL SOLN 50mg/5ml (trimethoprim hcl)	Tier 2	
SIVEXTRO SOLR 200mg (tedizolid phosphate)	Tier 3	
SIVEXTRO TABS 200mg (tedizolid phosphate)	Tier 3	QL (6 tabs every 180 days)
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
trimethoprim tabs 100mg	Tier 1	
vancomycin hcl caps 125mg, 250mg	Tier 1	QL (80 caps every 10 days)
vancomycin hcl solr 1gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 5gm, 10gm	Tier 1	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 500mg, 750mg	Tier 1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200mg (rifaximin)	Tier 3	QL (9 tabs every 25 days)
XIFAXAN TABS 550mg (rifaximin)	Tier 3	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
amphotericin b solr 50mg	Tier 1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	Tier 1	
fluconazole in nacl 0.9% inj 200 mg/100ml	Tier 1	
fluconazole in nacl 0.9% inj 400 mg/200ml	Tier 1	
FLUCONAZOLE SOL /NACL	Tier 3	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	Tier 1	
griseofulvin ultramicrosize tabs 125mg, 250mg	Tier 1	
itraconazole caps 100mg; soln 10mg/ml	Tier 1	PA
nystatin tabs 500000unit	Tier 1	
terbinafine hcl tabs 250mg	Tier 1	QL (180 tabs every 365 days)
voriconazole susr 40mg/ml	Tier 3	PA
voriconazole tabs 50mg, 200mg	Tier 1	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	
chloroquine phosphate tabs 250mg, 500mg	Tier 1	
COARTEM TAB 20-120MG (artemether-lumefantrine)	Tier 3	QL (24 tabs per fill); 1 fill max per 180 days
mefloquine hcl tabs 250mg	Tier 1	
primaquine phosphate tabs 26.3mg	Tier 1	
pyrimethamine tabs 25mg	Tier 2	PA
quinine sulfate caps 324mg	Tier 1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20mg/ml	Tier 1	QL (900 mL every 30 days)
abacavir sulfate tabs 300mg	Tier 1	QL (60 tabs every 30 days)
APRETUDE SUER 600mg/3ml (cabotegravir)	Tier 0	QL (6mL every 56 days)
APTIVUS CAPS 250mg (tipranavir)	Tier 2	QL (120 caps every 30 days)
APTIVUS SOLN 100mg/ml (tipranavir)	Tier 2	QL (285 mL every 28 days)
atazanavir sulfate caps 150mg, 300mg	Tier 1	QL (30 caps every 30 days)
atazanavir sulfate caps 200mg	Tier 1	QL (60 caps every 30 days)
CRIXIVAN CAPS 200mg (indinavir sulfate)	Tier 2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400mg (indinavir sulfate)	Tier 2	QL (180 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
darunavir tabs 600mg	Tier 1	QL (60 tabs every 30 days)
darunavir tabs 800mg	Tier 1	QL (30 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
didanosine cpdr 200mg, 250mg, 400mg	Tier 1	QL (30 caps every 30 days)
EDURANT TABS 25mg (rilpivirine hcl)	Tier 2	QL (60 tabs every 30 days)
efavirenz caps 50mg, 200mg	Tier 1	QL (90 caps every 30 days)
efavirenz tabs 600mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine caps 200mg	Tier 1	QL (30 caps every 30 days); \$0 if used for HIV post-exposure prophylaxis
EMTRIVA SOLN 10mg/ml (emtricitabine)	Tier 2	QL (680 ml every 28 days)
etravirine tabs 100mg	Tier 1	QL (120 tabs every 30 days)
etravirine tabs 200mg	Tier 1	QL (60 tabs every 30 days)
fosamprenavir calcium tabs 700mg	Tier 1	QL (120 tabs every 30 days)
INTELENCE TABS 25mg (etravirine)	Tier 2	QL (120 tabs every 30 days)
INVIRASE CAPS 200mg (saquinavir mesylate)	Tier 2	QL (300 caps every 30 days)
INVIRASE TABS 500mg (saquinavir mesylate)	Tier 2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25mg, 100mg (raltegravir potassium)	Tier 2	QL (180 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
ISENTRESS PACK 100mg (raltegravir potassium)	Tier 2	QL (60 packets every 30 days); \$0 if used for HIV post-exposure prophylaxis
ISENTRESS TABS 400mg (raltegravir potassium)	Tier 2	QL (120 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
ISENTRESS HD TABS 600mg (raltegravir potassium)	Tier 2	QL (60 tabs every 30 days)
lamivudine soln 10mg/ml	Tier 1	QL (960 ml every 30 days)
lamivudine tabs 150mg	Tier 1	QL (60 tabs every 30 days)
lamivudine tabs 300mg	Tier 1	QL (30 tabs every 30 days)
maraviroc tabs 150mg	Tier 1	QL (60 tabs every 30 days)
maraviroc tabs 300mg	Tier 1	QL (120 tabs every 30 days)
nevirapine susp 50mg/5ml	Tier 1	QL (1200 mL every 30 days)
nevirapine tabs 200mg	Tier 1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
nevirapine tb24 100mg	Tier 1	QL (90 tabs every 30 days)
nevirapine tb24 400mg	Tier 1	QL (30 tabs every 30 days)
NORVIR CAPS 100mg (ritonavir)	Tier 2	
NORVIR PACK 100mg (ritonavir)	Tier 2	QL (360 packets every 30 days)
NORVIR SOLN 80mg/ml (ritonavir)	Tier 2	QL (480 mL every 30 days)
PREZISTA SUSP 100mg/ml (darunavir)	Tier 2	QL (400 ml every 30 days)
PREZISTA TABS 800mg (darunavir)	Tier 3	QL (30 tabs every 30 days)
RESCRIPTOR TABS 100mg (delavirdine mesylate)	Tier 3	QL (900 tabs every 30 days)
RESCRIPTOR TABS 200mg (delavirdine mesylate)	Tier 3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml (zidovudine)	Tier 2	
REYATAZ PACK 50mg (atazanavir sulfate)	Tier 2	QL (180 packets every 30 days)
ritonavir tabs 100mg	Tier 1	QL (360 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
SELZENTRY SOLN 20mg/ml (maraviroc)	Tier 2	QL (1840 mL every 30 days)
stavudine caps 15mg, 20mg, 30mg, 40mg	Tier 1	QL (60 caps every 30 days)
SUNLENCA SOLN 463.5mg/1.5ml (lenacapavir sodium)	Tier 4	QL (6mL every 24 weeks)
SUNLENCA TABS 300mg; TBPK 300mg (lenacapavir sodium)	Tier 4	QL (1 pack every year)
tenofovir disoproxil fumarate tabs 300mg	Tier 1	QL (30 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
TIVICAY TABS 50mg (dolutegravir sodium)	Tier 2	QL (60 tabs every 30 days); \$0 if used for HIV post-exposure prophylaxis
TYBOST TABS 150mg (cobicistat)	Tier 2	QL (30 tabs every 30 days)
VIRACEPT TABS 250mg (nelfinavir mesylate)	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TABS 625mg (nelfinavir mesylate)	Tier 2	QL (120 tabs every 30 days)
VIREAD POWD 40mg/gm (tenofovir disoproxil fumarate)	Tier 2	QL (240 gm every 30 days)
VIREAD TABS 150mg, 200mg, 250mg (tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs every 30 days)
YEZTUGO SOLN 463.5mg/1.5ml; TABS 300mg (lenacapavir sodium)	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
ZERIT SOLR 1mg/ml (stavudine)	Tier 2	QL (2400 ml every 30 days)
zidovudine caps 100mg	Tier 1	QL (180 caps every 30 days)
zidovudine syrp 50mg/5ml	Tier 1	QL (1920 ml every 30 days)
zidovudine tabs 300mg	Tier 1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	QL (30 tabs every 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 1	QL (60 tabs every 30 days)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600 (cabotegravir & rilpivirine)	Tier 2	QL (1 box every 30 days)
CABENUVA SUS 600-900 (cabotegravir & rilpivirine)	Tier 2	QL (1 box every 30 days)
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)	Tier 0	QL (30 tabs every 30 days)
DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)	Tier 2	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 0	QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)	Tier 2	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (480 ml every 30 days)
lopinavir-ritonavir tab 100-25 mg	Tier 1	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	Tier 1	QL (120 tabs every 30 days)
ODEFSEY TAB (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150 (darunavir-cobicistat)	Tier 2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (180 tabs every 30 days)
TRIUMEQ TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (30 tabs every 30 days)
TRUVADA TAB 200-300 (emtricitabine-tenofovir disoproxil fumarate)	Tier 3	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 3 for all others

ANTITUBERCULAR AGENTS

cycloserine caps 250mg	Tier 1	
ethambutol hcl tabs 100mg, 400mg	Tier 1	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	Tier 1	
PASER PACK 4gm (aminosalicylic acid)	Tier 3	
PRIFTIN TABS 150mg (rifapentine)	Tier 2	
pyrazinamide tabs 500mg	Tier 1	
rifabutin caps 150mg	Tier 1	
rifampin caps 150mg, 300mg; solr 600mg	Tier 1	
SIRTURO TABS 100mg (bedaquiline fumarate)	Tier 4	PA
TRECTOR TABS 250mg (ethionamide)	Tier 2	

ANTIVIRALS

acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	Tier 1	
acyclovir sodium soln 50mg/ml	Tier 1	
adefovir dipivoxil tabs 10mg	Tier 4	PA
BARACLUDGE SOLN .05mg/ml (entecavir)	Tier 3	PA, QL (630 mL every 30 days)
cidofovir soln 75mg/ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
entecavir tabs .5mg, 1mg	Tier 3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5mg/ml (lamivudine (hbv))	Tier 2	
famciclovir tabs 125mg, 250mg, 500mg	Tier 1	
lamivudine (hbv) tabs 100mg	Tier 1	
oseltamivir phosphate caps 30mg	Tier 1	QL (40 caps every 90 days)
oseltamivir phosphate caps 45mg, 75mg	Tier 1	QL (20 caps every 90 days)
oseltamivir phosphate susr 6mg/ml	Tier 1	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5mg/blister (zanamivir)	Tier 2	QL (2 inhalers every 90 days)
ribavirin solr 6gm	Tier 1	
rimantadine hydrochloride tabs 100mg	Tier 1	
valacyclovir hcl tabs 500mg, 1000mg	Tier 1	
valganciclovir hcl solr 50mg/ml	Tier 4	QL (1000 mL every 30 days)
valganciclovir hcl tabs 450mg	Tier 4	QL (120 tabs every 30 days)
VEMLIDY TABS 25mg (tenofovir alafenamide fumarate)	Tier 4	PA, QL (30 tabs every 30 days)
CEPHALOSPORINS		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	Tier 1	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	Tier 1	
cefazolin sodium solr 1gm, 10gm, 500mg	Tier 1	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	Tier 1	
cefditoren pivoxil tabs 200mg, 400mg	Tier 1	
cefepime hcl solr 1gm, 2gm	Tier 1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	Tier 1	
cefotaxime sodium solr 1gm, 2gm	Tier 1	
cefotetan disodium solr 1gm, 2gm	Tier 1	
cefoxitin sodium solr 1gm, 2gm, 10gm	Tier 1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	Tier 1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Tier 1	
ceftazidime solr 2gm	Tier 1	
CEFTIN SUSR 125mg/5ml, 250mg/5ml (cefuroxime axetil)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg	Tier 1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium solr 10gm	Tier 1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
cefuroxime axetil tabs 250mg, 500mg	Tier 1	
cefuroxime sodium solr 1.5gm, 750mg	Tier 1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml	Tier 1	
(Tazicef Solr 1gm, 2gm) TAZICEF	Tier 1	
ERYTHROMYCINS/MACROLIDES		
azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	Tier 1	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	Tier 1	
DIFICID SUSR 40mg/ml (fidaxomicin)	Tier 2	QL (1 bottle per fill); 1 fill max per 180 days
DIFICID TABS 200mg (fidaxomicin)	Tier 2	QL (20 tabs per fill); 1 fill max per 180 days
(E.e.s. 400 Tabs 400mg) E.E.S. 400	Tier 1	
(Ery-Tab Tbec 250mg, 333mg, 500mg) ERY-TAB	Tier 1	
(Erythrocin Stearate Tabs 250mg) ERYTHROCIN STEARATE	Tier 1	
erythromycin base tabs 250mg, 500mg	Tier 1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	Tier 1	
ZITHROMAX PACK 1gm (azithromycin)	Tier 2	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	Tier 1	
ciprofloxacin 400 mg/200ml in d5w	Tier 1	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	Tier 1	
FACTIVE TABS 320mg (gemifloxacin mesylate)	Tier 3	
levofloxacin soln 25mg/ml	Tier 1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	Tier 1	
levofloxacin in d5w iv soln 250 mg/50ml	Tier 1	
levofloxacin in d5w iv soln 500 mg/100ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin in d5w iv soln 750 mg/150ml	Tier 1	
moxifloxacin hcl tabs 400mg	Tier 1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	Tier 1	
ofloxacin tabs 300mg, 400mg	Tier 1	

HEPATITIS C

EPCLUSA PAK 150-37.5 (sofosbuvir-velpatasvir)	Tier 3	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG (sofosbuvir-velpatasvir)	Tier 3	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG (sofosbuvir-velpatasvir)	Tier 3	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100 (sofosbuvir-velpatasvir)	Tier 3	PA, QL (28 tabs every 28 days)
HARVONI PAK (ledipasvir-sofosbuvir)	Tier 3	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG (ledipasvir-sofosbuvir)	Tier 3	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG (ledipasvir-sofosbuvir)	Tier 3	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG (ledipasvir-sofosbuvir)	Tier 3	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml (peginterferon alfa-2a)	Tier 4	SP, PA, QL (4 syringes every 30 days)
REBETOL SOLN 40mg/ml (ribavirin (hepatitis c))	Tier 4	PA
ribavirin (hepatitis c) caps 200mg; tabs 200mg	Tier 1	SP, PA
SOVALDI PACK 150mg (sofosbuvir)	Tier 4	PA, QL (28 pellets every 28 days)
SOVALDI PACK 200mg (sofosbuvir)	Tier 4	PA, QL (56 pellets every 28 days)
SOVALDI TABS 200mg, 400mg (sofosbuvir)	Tier 4	PA, QL (28 tabs every 28 days)
VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)	Tier 3	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)	Tier 4	PA, QL (28 tabs every 28 days)

PENICILLINS

amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	Tier 1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	Tier 1	
amoxicillin & k clavulanate tab 250-125 mg	Tier 1	
amoxicillin & k clavulanate tab 500-125 mg	Tier 1	
amoxicillin & k clavulanate tab 875-125 mg	Tier 1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	Tier 1	
ampicillin caps 500mg	Tier 1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	Tier 1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	Tier 1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	Tier 1	
ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 1	
dicloxacillin sodium caps 250mg, 500mg	Tier 1	
nafcillin sodium solr 1gm, 2gm, 10gm	Tier 1	
oxacillin sodium solr 1gm, 2gm, 10gm	Tier 1	
penicillin g potassium solr 5000000unit, 20000000unit	Tier 1	
penicillin g sodium solr 5000000unit	Tier 1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	Tier 1	
(Pfizerpen Solr 20000000unit) PFIZERPEN	Tier 1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	Tier 1	
TETRACYCLINES		
(Avidoxy Tabs 100mg) AVIDOXY	Tier 1	
demeclocycline hcl tabs 150mg, 300mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
(Doxy 100 Solr 100mg) DOXY 100	Tier 1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg	Tier 1	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg	Tier 1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	Tier 1	
(Morgidox 1x100mg Caps 100mg) MORGIDOX 1X100MG	Tier 1	
tetracycline hcl caps 250mg, 500mg	Tier 1	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50mg/5ml (doxycycline calcium)	Tier 3	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

chlordiazepoxide hcl caps 5mg, 10mg, 25mg	Tier 1	
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ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

STEROID INHALANTS

fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply

SYMPATHOMIMETICS

BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	QL (1 package every 30 days); \$25 max copay per 30 day supply
DUAKLIR AER 400/12 (aclidinium bromide-formoterol fumarate)	Tier 3	PA, QL (1 inhaler every 25 days); \$25 max copay per 30 day supply

ANTIDEPRESSANTS

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG (dextromethorphan hydrobromide-bupropion hydrochloride)	Tier 3	PA, QL (60 tabs every 30 days)
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ANTI-NEOPLASTIC AGENTS

ALKYLATING AGENTS

busulfan soln 6mg/ml	Tier 1	
CARMUSTINE SOLR 50mg, 300mg	Tier 2	
carmustine solr 100mg	Tier 1	
cyclophosphamide caps 25mg, 50mg	Tier 1	
cyclophosphamide solr 1gm, 2gm, 500mg	Tier 4	
dacarbazine solr 100mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
EMCYT CAPS 140mg (estramustine phosphate sodium)	Tier 4	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg (lomustine)	Tier 4	
GLIADEL WAF 7.7MG (carmustine in polifeprosan)	Tier 2	
HEXALEN CAPS 50mg (altretamine)	Tier 2	
ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm	Tier 1	
LEUKERAN TABS 2mg (chlorambucil)	Tier 2	
MATULANE CAPS 50mg (procarbazine hcl)	Tier 4	SP
melphalan tabs 2mg	Tier 1	
melphalan hcl solr 50mg	Tier 1	
TEMODAR SOLR 100mg (temozolomide)	Tier 4	PA
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	Tier 4	PA
ANTHRACYCLINES		
daunorubicin hcl soln 20mg/4ml	Tier 1	
doxorubicin hcl solr 10mg, 50mg	Tier 1	
doxorubicin hcl liposomal susp 2mg/ml	Tier 1	
doxorubicin hydrochloride soln 2mg/ml	Tier 1	
epirubicin hcl soln 50mg/25ml, 200mg/100ml	Tier 1	
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	Tier 1	
ANTIBIOTICS		
bleomycin sulfate solr 15unit, 30unit	Tier 1	
mitomycin solr 5mg, 20mg	Tier 1	
mitomycin solr 40mg	Tier 4	
mitoxantrone hcl conc 2mg/ml	Tier 4	SP, PA
ANTIMETABOLITES		
(Adrucil Soln 500mg/10ml) ADRUCIL	Tier 1	
azacitidine susr 100mg	Tier 4	SP, PA
capecitabine tabs 150mg, 500mg	Tier 4	PA
cladribine soln 10mg/10ml	Tier 4	
clofarabine soln 1mg/ml	Tier 1	
cytarabine soln 20mg/ml, 100mg/ml	Tier 1	
decitabine solr 50mg	Tier 4	SP, PA
floxuridine solr .5gm	Tier 1	
fludarabine phosphate soln 50mg/2ml; solr 50mg	Tier 1	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	Tier 4	
mercaptopurine tabs 50mg	Tier 1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	Tier 1	PA
nelarabine soln 5mg/ml	Tier 1	
NIPENT SOLR 10mg (pentostatin)	Tier 2	
pemetrexed disodium solr 100mg, 500mg	Tier 4	
TABLOID TABS 40mg (thioguanine)	Tier 4	PA

ANTIMITOTIC, TAXOIDS

DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	Tier 2	
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml	Tier 4	
docetaxel soln 20mg/2ml, 80mg/8ml, 160mg/16ml	Tier 1	SP
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	Tier 2	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	Tier 1	
paclitaxel protein-bound particles for iv susp 100 mg	Tier 1	SP

ANTIMITOTIC, VINCA ALKALOIDS

vinblastine sulfate soln 1mg/ml	Tier 1	
(Vincasar Pfs Soln 1mg/ml) VINCASAR PFS	Tier 1	
vincristine sulfate soln 1mg/ml	Tier 1	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	Tier 1	

BIOLOGIC RESPONSE MODIFIERS

ERBITUX SOLN 100mg/50ml, 200mg/100ml (cetuximab)	Tier 4	SP, PA
ERIVEDGE CAPS 150mg (vismodegib)	Tier 4	SP, PA, QL (30 caps every 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg (panobinostat lactate)	Tier 4	SP, PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000mg/40ml (obinutuzumab)	Tier 4	SP, PA
hydroxyurea caps 500mg	Tier 1	
IBRANCE CAPS 75mg, 100mg, 125mg (palbociclib)	Tier 4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75mg, 100mg, 125mg (palbociclib)	Tier 4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100mg, 160mg (ado-trastuzumab emtansine)	Tier 4	SP, PA
KEYTRUDA SOLN 100mg/4ml (pembrolizumab)	Tier 4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI TBPk 200mg (ribociclib succinate)	Tier 4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPk 200mg (ribociclib succinate)	Tier 4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPk 200mg (ribociclib succinate)	Tier 4	PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240mg/6ml (toripalimab-tpzi)	Tier 4	SP, PA
LYNPARZA TABS 100mg, 150mg (olaparib)	Tier 4	SP, PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200mg (sonidegib phosphate)	Tier 4	SP, PA, QL (30 caps every 30 days)
RUXIENCE SOLN 100mg/10ml, 500mg/50ml (rituximab-pvvr)	Tier 4	SP, PA
RYDAPT CAPS 25mg (midostaurin)	Tier 4	PA, QL (224 caps every 28 days)
TEVIMBRA SOLN 100mg/10ml (tislelizumab-jsgr)	Tier 4	SP, PA
VYLOY SOLR 100mg, 300mg (zolbetuximab-clzb)	Tier 4	SP, PA
ZEJULA TABS 100mg, 200mg, 300mg (niraparib tosylate)	Tier 4	SP, PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100mg (vorinostat)	Tier 4	SP, PA, QL (120 caps every 30 days)

IMMUNOMODULATORS

arsenic trioxide soln 10mg/10ml, 12mg/6ml	Tier 1	
TRAZIMERA SOLR 150mg, 420mg (trastuzumab-qyyp)	Tier 4	SP, PA

KINASE INHIBITORS

ALECENSA CAPS 150mg (alectinib hcl)	Tier 4	PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40mg (repotrectinib)	Tier 4	PA, QL (240 caps every 30 days)
AUGTYRO CAPS 160mg (repotrectinib)	Tier 4	PA, QL (60 caps every 30 days)
BRUKINSA CAPS 80mg (zanubrutinib)	Tier 4	PA, QL (120 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAPS 100mg (acalabrutinib)	Tier 4	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100mg (vandetanib)	Tier 4	SP, PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300mg (vandetanib)	Tier 4	SP, PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20mg (cabozantinib s-malate)	Tier 4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG (cabozantinib s-malate)	Tier 4	SP, PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG (cabozantinib s-malate)	Tier 4	SP, PA, QL (1 kit every 28 days)
COPIKTRA CAPS 15mg, 25mg (duvelisib)	Tier 4	SP, PA, QL (60 caps every 30 days)
dasatinib tabs 20mg	Tier 4	SP, PA, QL (90 tabs every 30 days)
dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg	Tier 4	SP, PA, QL (30 tabs every 30 days)
ENSACOVE CAPS 25mg (ensartinib hcl)	Tier 4	SP, PA, QL (30 caps every 30 days)
ENSACOVE CAPS 100mg (ensartinib hcl)	Tier 4	SP, PA, QL (60 caps every 30 days)
erlotinib hcl tabs 25mg	Tier 4	SP, PA, QL (60 tabs every 30 days)
erlotinib hcl tabs 100mg, 150mg	Tier 4	SP, PA, QL (30 tabs every 30 days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	Tier 4	PA, QL (30 tabs every 30 days)
everolimus tbso 2mg, 5mg	Tier 4	PA, QL (60 tabs every 30 days)
everolimus tbso 3mg	Tier 4	PA, QL (90 tabs every 30 days)
GOMEKLI CAPS 1mg, 2mg; TBSO 1mg (mirdametinib)	Tier 4	SP, PA
IBTROZI CAPS 200mg (taletrectinib adipate)	Tier 4	SP, PA, QL (90 caps every 30 days)
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg (ponatinib hcl)	Tier 4	SP, PA, QL (30 tabs every 30 days)
IDHIFA TABS 50mg, 100mg (enasidenib mesylate)	Tier 4	PA, QL (30 tabs every 30 days)
imatinib mesylate tabs 100mg	Tier 4	PA, QL (90 tabs every 30 days)
imatinib mesylate tabs 400mg	Tier 4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg (axitinib)	Tier 4	SP, PA, QL (240 tabs every 30 days)
INLYTA TABS 5mg (axitinib)	Tier 4	SP, PA, QL (120 tabs every 30 days)
ITOVEBI TABS 3mg (inavolisib)	Tier 4	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9mg (inavolisib)	Tier 4	PA, QL (30 tabs every 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg (ruxolitinib phosphate)	Tier 4	PA, QL (60 tabs every 30 days)
lapatinib ditosylate tabs 250mg	Tier 4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)	Tier 4	SP, PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)	Tier 4	SP, PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg (lenvatinib mesylate)	Tier 4	SP, PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg (lenvatinib mesylate)	Tier 4	SP, PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg (lenvatinib mesylate)	Tier 4	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG (lenvatinib mesylate)	Tier 4	SP, PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG (lenvatinib mesylate)	Tier 4	SP, PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG (lenvatinib mesylate)	Tier 4	SP, PA, QL (90 caps every 30 days)
LORBRENA TABS 25mg (lorlatinib)	Tier 4	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100mg (lorlatinib)	Tier 4	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2mg (trametinib dimethyl sulfoxide)	Tier 4	SP, PA, QL (30 tabs every 30 days)
MEKINIST TABS .5mg (trametinib dimethyl sulfoxide)	Tier 4	SP, PA, QL (90 tabs every 30 days)
OGSIVEO TABS 50mg, 100mg (nirogacestat hydrobromide)	Tier 4	PA, QL (180 tablets every 30 days)
OGSIVEO TABS 150mg (nirogacestat hydrobromide)	Tier 4	PA, QL (60 tablets every 30 days)
pazopanib hcl tabs 200mg	Tier 4	SP, PA, QL (120 tabs every 30 days)
ROMVIMZA CAPS 14mg, 20mg, 30mg (vimseltinib)	Tier 4	SP, PA, QL (1 carton every 28 days)

Drug Name	Drug Tier	Requirements/Limits
sorafenib tosylate tabs 200mg	Tier 4	SP, PA, QL (120 tabs every 30 days)
STIVARGA TABS 40mg (regorafenib)	Tier 4	SP, PA, QL (84 tabs every 28 days)
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	Tier 4	SP, PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50mg, 75mg (dabrafenib mesylate)	Tier 4	SP, PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25mg (larotrectinib sulfate)	Tier 4	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100mg (larotrectinib sulfate)	Tier 4	PA, QL (60 caps every 30 days)
VITRAKVI SOLN 20mg/ml (larotrectinib sulfate)	Tier 4	PA, QL (300 mL every 30 days)
XALKORI CAPS 200mg, 250mg (crizotinib)	Tier 4	SP, PA, QL (120 caps every 30 days)
XALKORI CPSP 20mg, 50mg (crizotinib)	Tier 4	SP, PA, QL (60 caps every 30 days)
XALKORI CPSP 150mg (crizotinib)	Tier 4	SP, PA, QL (90 caps every 30 days)
ZELBORAF TABS 240mg (vemurafenib)	Tier 4	SP, PA, QL (240 tabs every 30 days)
ZIRABEV SOLN 100mg/4ml, 400mg/16ml (bevacizumab-bvzr)	Tier 4	SP, PA
ZYDELIG TABS 100mg, 150mg (idelalisib)	Tier 4	SP, PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150mg (ceritinib)	Tier 4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150mg (ceritinib)	Tier 4	SP, PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
bexarotene caps 75mg	Tier 4	PA
DROXIA CAPS 200mg, 300mg, 400mg (hydroxyurea (sickle cell disease))	Tier 2	
ONCASPAR SOLN 750unit/ml (pegaspargase)	Tier 4	SP, PA
PADCEV SOLR 20mg (enfortumab vedotin-efv)	Tier 4	SP, PA, QL (21 vials every 28 days)
PADCEV SOLR 30mg (enfortumab vedotin-efv)	Tier 4	SP, PA, QL (15 vials every 28 days)
PHOTOFRIN SOLR 75mg (porfimer sodium)	Tier 2	
QUADRAMET SOLN 1850mbq/ml (samarium sm 153 lexidronam)	Tier 2	
tretinoin (chemotherapy) caps 10mg	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
UVADEX SOLN 20mcg/ml (methoxsalen (photopheresis))	Tier 2	
VISTOGARD PACK 10gm (uridine triacetate (emergency treatment))	Tier 2	SP, QL (20 packets every 5 days)
VORANIGO TABS 10mg (vorasidenib)	Tier 4	SP, PA, QL (60 tabs per 30 days)
VORANIGO TABS 40mg (vorasidenib)	Tier 4	SP, PA, QL (30 tabs per 30 days)

PLATINUM-BASED AGENTS

carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	Tier 1	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	Tier 1	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	Tier 4	

PROTECTIVE AGENTS

dexrazoxane hcl solr 250mg, 500mg	Tier 1	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	Tier 1	
mesna soln 100mg/ml	Tier 1	
mesna tabs 400mg	Tier 4	

TOPOISOMERASE INHIBITORS

etoposide caps 50mg; soln 100mg/5ml	Tier 1	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	Tier 4	
irinotecan hcl soln 300mg/15ml	Tier 1	
TENIPOSIDE SOLN 10mg/ml	Tier 2	
(Toposar Soln 1gm/50ml, 100mg/5ml, 500mg/25ml) TOPOSAR	Tier 1	
topotecan hcl solr 4mg	Tier 1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

(Paraplatin Soln 1000mg/100ml) PARAPLATIN	Tier 1	
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ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

abiraterone acetate tabs 250mg	Tier 4	PA, QL (120 tabs every 30 days)
abiraterone acetate tabs 500mg	Tier 4	PA, QL (60 tabs every 30 days)
anastrozole tabs 1mg	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	Tier 1	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
CAMCEVI PRSY 42mg (leuprolide mesylate (6 month))	Tier 4	SP, PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
DEPO-PROVERA SUSP 400mg/ml (medroxyprogesterone acetate (antineoplastic))	Tier 3	
ELIGARD KIT 7.5mg (leuprolide acetate)	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ELIGARD KIT 22.5mg (leuprolide acetate (3 month))	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ELIGARD KIT 30mg (leuprolide acetate (4 month))	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ELIGARD KIT 45mg (leuprolide acetate (6 month))	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ERLEADA TABS 60mg (apalutamide)	Tier 4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240mg (apalutamide)	Tier 4	PA, QL (30 tabs every 30 days)
exemestane tabs 25mg	Tier 1	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
FENSOLVI KIT 45mg (leuprolide acetate (cpp) (6 month))	Tier 4	SP, PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
flutamide caps 125mg	Tier 1	
fulvestrant soty 250mg/5ml	Tier 4	
letrozole tabs 2.5mg	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
LEUPR/BUPIV SOL 25-5MG	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj 22.5mg; kit 1mg/0.2ml</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT (1-MONTH) KIT 3.75mg <i>(leuprolide acetate)</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT (3-MONTH) KIT 22.5mg <i>(leuprolide acetate (3 month))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT (4-MONTH) KIT 30mg <i>(leuprolide acetate (4 month))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT (6-MONTH) KIT 45mg <i>(leuprolide acetate (6 month))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT-PED (1-MONTH) KIT 7.5mg, 11.25mg, 15mg <i>(leuprolide acetate (cpp))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT-PED (3-MONTH) KIT 11.25mg, 30mg <i>(leuprolide acetate (cpp) (3 month))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUPRON DEPOT-PED (6-MONTH) KIT 45mg <i>(leuprolide acetate (cpp) (6 month))</i>	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LUTRATE DEPOT INJ 22.5mg <i>(leuprolide acetate (3 month))</i>	Tier 4	SP, PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
LYSODREN TABS 500mg <i>(mitotane)</i>	Tier 4	SP
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	Tier 1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Tier 1	
<i>nilutamide tabs 150mg</i>	Tier 1	
NUBEQA TABS 300mg <i>(darolutamide)</i>	Tier 4	PA, QL (120 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tabs 10mg, 20mg	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tabs 60mg	Tier 2	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg (triptorelin pamoate)	Tier 4	SP, PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
XTANDI CAPS 40mg (enzalutamide)	Tier 4	SP, PA, QL (120 caps every 30 days)
XTANDI TABS 40mg (enzalutamide)	Tier 4	SP, PA, QL (120 tabs every 30 days)
XTANDI TABS 80mg (enzalutamide)	Tier 4	SP, PA, QL (60 tabs every 30 days)
ZOLADEX IMPL 3.6mg, 10.8mg (goserelin acetate)	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI PAK FAKZYNJA (avutometinib-defactinib)	Tier 4	SP, PA, QL (66 units (42 tabs, 24 caps) every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
CALQUENCE TABS 100mg (acalabrutinib maleate)	Tier 4	PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10mg (selumetinib sulfate)	Tier 4	PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25mg (selumetinib sulfate)	Tier 4	PA, QL (120 caps every 30 days)
TAGRISO TABS 40mg, 80mg (osimertinib mesylate)	Tier 4	PA, QL (30 tabs every 30 days)
VERZENIO TABS 50mg, 100mg, 150mg, 200mg (abemaciclib)	Tier 4	PA, QL (60 tabs every 30 days)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg (venetoclax)	Tier 4	PA, QL (60 tablets every 30 days)
VENCLEXTA TABS 50mg (venetoclax)	Tier 4	PA, QL (30 tabs every 30 days)
VENCLEXTA TABS 100mg (venetoclax)	Tier 4	PA, QL (120 tabs every 30 days)
VENCLEXTA TAB START PK (venetoclax)	Tier 4	PA, QL (1 pack per 365 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (22 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 150-100 (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (20 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 300-100 (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (30 tabs every 90 days); Limited to 12 years of age and older
HEPATITIS AGENTS		
VIEKIRA PAK TAB (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>)	Tier 4	PA, QL (112 tablets every 28 days)
MISC. ANTIVIRALS		
LAGEVRIO CAPS 200mg	Tier 2	QL (40 caps every 90 days); Limited to 18 years of age and older
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	
quinapril-hydrochlorothiazide tab 20-25 mg	Tier 1	
trandolapril-verapamil hcl tab er 1-240 mg	Tier 1	
trandolapril-verapamil hcl tab er 2-180 mg	Tier 1	
trandolapril-verapamil hcl tab er 2-240 mg	Tier 1	
trandolapril-verapamil hcl tab er 4-240 mg	Tier 1	
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	Tier 1	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	Tier 1	
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	Tier 1	
fosinopril sodium tabs 10mg, 20mg, 40mg	Tier 1	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
moexipril hcl tabs 7.5mg, 15mg	Tier 1	
perindopril erbumine tabs 2mg, 4mg, 8mg	Tier 1	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	Tier 1	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	Tier 1	
trandolapril tabs 1mg, 2mg, 4mg	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tabs 25mg, 50mg	Tier 1	
ALPHA BLOCKERS		
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	Tier 1	
prazosin hcl caps 1mg, 2mg, 5mg	Tier 1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	
BYVALSON TAB 5-80MG (nebivolol-valsartan)	Tier 3	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	Tier 1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	Tier 1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	Tier 1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	Tier 1	
telmisartan-amlodipine tab 40-5 mg	Tier 1	
telmisartan-amlodipine tab 40-10 mg	Tier 1	
telmisartan-amlodipine tab 80-5 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
telmisartan-amlodipine tab 80-10 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	
telmisartan-hydrochlorothiazide tab 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	Tier 1	
eprosartan mesylate tabs 600mg	Tier 1	
irbesartan tabs 75mg, 150mg, 300mg	Tier 1	
losartan potassium tabs 25mg, 50mg, 100mg	Tier 1	
olmesartan medoxomil tabs 5mg, 20mg, 40mg	Tier 1	
telmisartan tabs 20mg, 40mg, 80mg	Tier 1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg	Tier 1	
disopyramide phosphate caps 100mg, 150mg	Tier 1	
dofetilide caps 125mcg, 250mcg, 500mcg	Tier 1	SP
flecainide acetate tabs 50mg, 100mg, 150mg	Tier 1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	Tier 1	
lidocaine iv infusion in d5w inj 4 mg/ml	Tier 1	
lidocaine iv infusion in d5w inj 8 mg/ml	Tier 1	
mexiletine hcl caps 150mg, 200mg, 250mg	Tier 1	
MULTAQ TABS 400mg (dronedarone hcl)	Tier 3	QL (60 tablets every 30 days)
(Pacerone Tabs 100mg, 200mg) PACERONE	Tier 1	
procainamide hcl soln 100mg/ml	Tier 1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	Tier 1	
quinidine sulfate tabs 200mg, 300mg	Tier 1	
(Sorine Tabs 80mg, 120mg, 160mg, 240mg) SORINE	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	Tier 1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	Tier 1	
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	Tier 3	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine pack 4gm; powd 4gm/dose	Tier 1	
cholestyramine light pack 4gm; powd 4gm/dose	Tier 1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	Tier 1	
(Prevalite Powd 4gm/dose) PREVALITE	Tier 1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tabs 10mg	Tier 1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cpdr 45mg, 135mg	Tier 1	
fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 145mg, 160mg	Tier 1	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	Tier 1	
gemfibrozil tabs 600mg	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
lovastatin tabs 10mg, 20mg, 40mg	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	Tier 1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 80mg</i>	Tier 1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	Tier 1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	Tier 1	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml (<i>alirocumab</i>)	Tier 4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	
propranolol & hydrochlorothiazide tab 40-25 mg	Tier 1	
propranolol & hydrochlorothiazide tab 80-25 mg	Tier 1	

BETA-BLOCKERS

acebutolol hcl caps 200mg, 400mg	Tier 1	
atenolol tabs 25mg, 50mg, 100mg	Tier 1	
betaxolol hcl tabs 10mg, 20mg	Tier 1	
bisoprolol fumarate tabs 5mg, 10mg	Tier 1	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	Tier 1	
labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg	Tier 1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	Tier 1	
metoprolol tartrate soln 5mg/5ml; tabs 25mg, 50mg, 100mg	Tier 1	
nadolol tabs 20mg, 40mg, 80mg	Tier 1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	Tier 1	
pindolol tabs 5mg, 10mg	Tier 1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1	
timolol maleate tabs 5mg, 10mg, 20mg	Tier 1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 5-20 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	Tier 1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	Tier 1	
CALCIUM CHANNEL BLOCKERS		
(Afeditab Cr Tb24 30mg, 60mg) AFEDITAB CR	Tier 1	
amlodipine besylate tabs 2.5mg, 5mg, 10mg	Tier 1	
CARDENE IV SOL 20/200ML (nicardipine hcl in dextrose)	Tier 3	
(Cartia Xt Cp24 120mg, 180mg, 240mg, 300mg) CARTIA XT	Tier 1	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg	Tier 1	
DILTIAZEM HCL SOLR 100mg	Tier 3	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
felodipine tb24 2.5mg, 5mg, 10mg	Tier 1	
isradipine caps 2.5mg, 5mg	Tier 1	
(Matzim La Tb24 180mg, 240mg, 300mg, 360mg, 420mg) MATZIM LA	Tier 1	
nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml	Tier 1	
nifedipine tb24 30mg, 60mg, 90mg	Tier 1	
nimodipine caps 30mg	Tier 1	
(Taztia Xt Cp24 120mg, 180mg, 240mg, 300mg, 360mg) TAZTIA XT	Tier 1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	Tier 1	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
DIGITALIS GLYCOSIDES		
(Digox Tabs 125mcg, 250mcg) DIGOX	Tier 1	
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	Tier 1	
LANOXIN TABS 187.5mcg (digoxin)	Tier 2	
LANOXIN PEDIATRIC SOLN .1mg/ml (digoxin)	Tier 3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	Tier 1	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	Tier 1	
acetazolamide sodium solr 500mg	Tier 1	
ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)	Tier 2	
ALDACTONE TABS 25mg, 50mg, 100mg (spironolactone)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
amiloride & hydrochlorothiazide tab 5-50 mg	Tier 1	
amiloride hcl tabs 5mg	Tier 1	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	Tier 1	
CAROSPIR SUSP 25mg/5ml (spironolactone)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
chlorothiazide sodium solr 500mg	Tier 1	
chlorthalidone tabs 25mg, 50mg	Tier 1	
DIURIL SUSP 250mg/5ml (chlorothiazide)	Tier 3	
ethacrynate sodium solr 50mg	Tier 1	
ethacrynic acid tabs 25mg	Tier 1	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	Tier 1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Tier 1	
indapamide tabs 1.25mg, 2.5mg	Tier 1	
mannitol soln 20%, 25%	Tier 1	
methazolamide tabs 25mg, 50mg	Tier 1	
metolazone tabs 2.5mg, 5mg, 10mg	Tier 1	
(Osmitrol Viaflex Soln 5%, 10%, 15%) OSMITROL VIAFLEX	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone susp 25mg/5ml</i>	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Tier 1	Exception process available for \$0 copay when medically necessary for gender dysphoria
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Tier 1	
<i>triamterene caps 50mg, 100mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	

HEART FAILURE

ATTRUBY TBPK 356mg (<i>acoramidis hcl</i>)	Tier 4	SP, PA, QL (120 tabs every 30 days)
CORLANOR SOLN 5mg/5ml (<i>ivabradine hcl</i>)	Tier 2	
ENTRESTO CAP 6-6MG (<i>sacubitril-valsartan</i>)	Tier 2	QL (240 caps every 30 days)
ENTRESTO CAP 15-16MG (<i>sacubitril-valsartan</i>)	Tier 2	QL (240 caps every 30 days)
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	QL (60 tablets every 30 days)
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	QL (60 tablets every 30 days)
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	QL (60 tablets every 30 days)
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	Tier 1	

MISCELLANEOUS

<i>clonidine ptwk .1mg/24hr</i>	Tier 1	QL (4 patches every 28 days)
<i>clonidine ptwk .2mg/24hr, .3mg/24hr</i>	Tier 1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Tier 1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	Tier 1	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>methyldopa tabs 250mg, 500mg</i>	Tier 1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>minoxidil tabs 2.5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hcl caps 10mg</i>	Tier 3	PA
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	Tier 1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	Tier 1	
(Minitran Pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr) MINITRAN	Tier 1	
NITRO-BID OINT 2% (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Tier 1	
NITROGLYCERIN SOLN 5mg/ml	Tier 3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg (<i>riociguat</i>)	Tier 4	SP, PA, QL (90 tabs every 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	Tier 4	SP, PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	Tier 4	SP, PA, QL (60 tabs every 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	Tier 4	SP, PA
OPSUMIT TABS 10mg (<i>macitentan</i>)	Tier 4	SP, PA, QL (30 tabs every 30 days)
OPSYNVI TAB 10-20MG (<i>macitentan-tadalafil</i>)	Tier 4	PA, QL (30 tablets every 30 days)
OPSYNVI TAB 10-40MG (<i>macitentan-tadalafil</i>)	Tier 4	PA, QL (30 tablets every 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (300 tabs every 30 days)
ORENITRAM TAB MONTH 1 (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2 (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3 (<i>treprostinil diolamine</i>)	Tier 4	PA, QL (1 kit every 365 days)
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	Tier 4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Tier 4	PA, QL (360 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tadalafil (pulmonary hypertension) tabs 20mg	Tier 4	PA, QL (60 tabs every 30 days)
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	Tier 4	SP, PA
TYVASO SOLN .6mg/ml (treprostinil)	Tier 4	SP, PA, QL (28 ampules every 28 days); \$25 max copay per 30 day supply
TYVASO REFILL KIT SOLN .6mg/ml (treprostinil)	Tier 4	SP, PA, QL (28 ampules every 28 days); \$25 max copay per 30 day supply
TYVASO STARTER KIT SOLN .6mg/ml (treprostinil)	Tier 4	SP, PA, QL (28 ampules every 28 days); \$25 max copay per 30 day supply
UPTRAVI SOLR 1800mcg (selexipag)	Tier 4	PA
UPTRAVI TABS 200mcg (selexipag)	Tier 4	PA, QL (140 tabs every 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg (selexipag)	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800 (selexipag)	Tier 4	PA, QL (1 pack per 180 days)
VENTAVIS SOLN 10mcg/ml, 20mcg/ml (iloprost)	Tier 4	SP, PA, QL (270 ampules every 30 days)
WINREVAIR KIT 45mg, 60mg (sotatercept-csrk)	Tier 4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 45MG (sotatercept-csrk)	Tier 4	SP, PA, QL (2 vials every 21 days)
WINREVAIR INJ 60MG (sotatercept-csrk)	Tier 4	SP, PA, QL (2 vials every 21 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

acamprosate calcium tbec 333mg	Tier 1	
disulfiram tabs 250mg, 500mg	Tier 1	

ANTI-ANXIETY

alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	Tier 1	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml (alprazolam)	Tier 2	QL (300 mL every 25 days)
bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
lorazepam conc 2mg/ml	Tier 1	QL (150 mL every 25 days)
lorazepam tabs .5mg, 1mg, 2mg	Tier 1	QL (150 tabs every 25 days)
meprobamate tabs 200mg, 400mg	Tier 1	

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^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
oxazepam caps 10mg, 15mg, 30mg	Tier 1	QL (120 caps every 25 days)

ANTICONVULSANTS

BRIVIACT SOLN 10mg/ml (brivaracetam)	Tier 3	PA, QL (600 mL every 30 days)
BRIVIACT SOLN 50mg/5ml (brivaracetam)	Tier 3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg (brivaracetam)	Tier 3	PA, QL (60 tablets every 30 days)
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	Tier 1	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	Tier 1	PA
clonazepam tabs .5mg, 1mg, 2mg	Tier 1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	Tier 1	QL (180 tabs every 25 days)
diazepam soln 5mg/5ml	Tier 1	QL (1200 mL every 25 days)
diazepam soln 5mg/ml	Tier 1	
diazepam tabs 2mg, 5mg, 10mg	Tier 1	QL (120 tabs every 25 days)
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	Tier 2	
(Diazepam Intensol Conc 5mg/ml) DIAZEPAM INTENSOL	Tier 1	QL (240 mL every 25 days)
DILANTIN CAPS 30mg (phenytoin sodium extended)	Tier 3	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml (cannabidiol)	Tier 4	SP, QL (800 mL every 30 days)
(Epitol Tabs 200mg) EPITOL	Tier 1	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	Tier 2	PA, QL (60 tablets every 30 days)
ethosuximide caps 250mg; soln 250mg/5ml	Tier 1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	Tier 1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	Tier 1	
FYCOMPA SUSP .5mg/ml (perampanel)	Tier 2	PA, QL (720 mL every 30 days)
FYCOMPA TABS 2mg, 4mg, 6mg (perampanel)	Tier 2	PA, QL (60 tablets every 30 days)
FYCOMPA TABS 8mg, 10mg, 12mg (perampanel)	Tier 2	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Tier 1	
<i>lacosamide soln 10mg/ml</i>	Tier 3	PA
<i>lacosamide soln 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Tier 1	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 100mg, 200mg</i>	Tier 1	PA
<i>lamotrigine tbdp 25mg, 50mg</i>	Tier 2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Tier 2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg (<i>diazepam (anticonvulsant)</i>)	Tier 2	PA, QL (10 films every 30 days)
<i>methsuximide caps 300mg</i>	Tier 1	
NAYZILAM SOLN 5mg/0.1ml (<i>midazolam (anticonvulsant)</i>)	Tier 2	PA, QL (10 nasal spray units every 30 days)
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Tier 1	
PEGANONE TABS 250mg (<i>ethotoin</i>)	Tier 3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Tier 1	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	Tier 1	
<i>phenytoin sodium soln 50mg/ml</i>	Tier 1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Tier 1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	Tier 1	QL (90 caps every 30 days)
<i>pregabalin soln 20mg/ml</i>	Tier 1	
<i>primidone tabs 50mg, 250mg</i>	Tier 1	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Tier 1	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
valproate sodium soln 100mg/ml, 250mg/5ml	Tier 1	
valproic acid caps 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml (diazepam (anticonvulsant))	Tier 2	PA, QL (10 devices every 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml (diazepam (anticonvulsant))	Tier 2	PA, QL (10 devices every 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml (diazepam (anticonvulsant))	Tier 2	PA, QL (10 devices every 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml (diazepam (anticonvulsant))	Tier 2	PA, QL (10 devices every 30 days)
vigabatrin pack 500mg	Tier 4	SP, PA, QL (180 packets every 30 days)
vigabatrin tabs 500mg	Tier 4	SP, PA, QL (180 tabs every 30 days)
zonisamide caps 25mg, 50mg, 100mg	Tier 1	
ANTIDEMENTIA		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	Tier 1	
ergoloid mesylates tabs 1mg	Tier 3	QL (90 tabs every 30 days)
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	Tier 1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg	Tier 1	PA; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	Tier 1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO (memantine hcl)	Tier 2	PA; PA applies for members less than 30 years of age
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Tier 1	PA
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	Tier 1	PA
ANTIDEPRESSANTS		
amitriptyline hcl tabs 10mg	Tier 1	QL (150 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 25mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tabs 50mg	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 75mg, 100mg, 150mg	Tier 1	
amoxapine tabs 25mg, 50mg, 100mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tabs 150mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	Tier 1	
citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg	Tier 1	
clomipramine hcl caps 25mg, 50mg	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl caps 75mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
desipramine hcl tabs 10mg, 25mg, 50mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tabs 75mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tabs 100mg, 150mg	Tier 1	QL (30 tabs every 30 days); QL applies to members age 65 and older
desvenlafaxine succinate tb24 25mg, 50mg	Tier 1	QL (30 tabs every 25 days); (generic of Pristiq)
desvenlafaxine succinate tb24 100mg	Tier 1	QL (120 tabs every 25 days); (generic of Pristiq)
doxepin hcl caps 10mg, 25mg, 50mg	Tier 1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl caps 75mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
doxepin hcl caps 100mg, 150mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl conc 10mg/ml	Tier 1	QL (450 mL every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl cpep 20mg, 30mg, 60mg	Tier 1	
EMSAM PT24 6mg/24hr, 12mg/24hr (selegiline)	Tier 3	PA, QL (30 patches every 30 days)
EMSAM PT24 9mg/24hr (selegiline)	Tier 3	PA
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	Tier 1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg (levomilnacipran hcl)	Tier 3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO (levomilnacipran hcl)	Tier 3	PA, QL (30 caps every 25 days)
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml	Tier 1	
fluoxetine hcl tabs 10mg, 20mg	Tier 1	(generic Sarafem not covered)
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	Tier 1	
imipramine hcl tabs 10mg, 25mg	Tier 1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tabs 50mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
imipramine pamoate caps 75mg, 100mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate caps 125mg, 150mg	Tier 1	
maprotiline hcl tabs 25mg, 50mg, 75mg	Tier 1	
MARPLAN TABS 10mg (isocarboxazid)	Tier 3	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	Tier 1	
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	Tier 1	
nortriptyline hcl caps 10mg	Tier 1	QL (150 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 25mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 50mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 75mg	Tier 1	
nortriptyline hcl soln 10mg/5ml	Tier 1	QL (750 mL every 30 days); QL applies to members age 65 and older

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

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^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	Tier 1	
phenelzine sulfate tabs 15mg	Tier 1	
protriptyline hcl tabs 5mg	Tier 1	QL (90 tabs every 30 days); QL applies to members age 65 and older
protriptyline hcl tabs 10mg	Tier 1	QL (60 tabs every 30 days); QL applies to members age 65 and older
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	Tier 1	
tranylcypromine sulfate tabs 10mg	Tier 1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	Tier 1	
trimipramine maleate caps 25mg, 50mg	Tier 1	QL (60 caps every 30 days); QL applies to members age 65 and older
trimipramine maleate caps 100mg	Tier 1	QL (30 caps every 30 days); QL applies to members age 65 and older
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl tb24 225mg	Tier 1	QL (30 caps every 30 days)
vilazodone hcl tabs 10mg, 20mg, 40mg	Tier 1	QL (30 tabs every 30 days)
ZURZUVAE CAPS 20mg, 25mg (zuranolone)	Tier 2	SP, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30mg (zuranolone)	Tier 2	SP, QL (14 capsules for 14 days)
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	Tier 1	
apomorphine hydrochloride soct 30mg/3ml	Tier 4	SP, PA, QL (20 cartridges every 25 days)
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	Tier 1	
bromocriptine mesylate caps 5mg; tabs 2.5mg	Tier 1	
carbidopa tabs 25mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	
carbidopa & levodopa tab 10-100 mg	Tier 1	
carbidopa & levodopa tab 25-100 mg	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	
carbidopa & levodopa tab er 25-100 mg	Tier 1	
carbidopa & levodopa tab er 50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 1	
entacapone tabs 200mg	Tier 1	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr (rotigotine)	Tier 2	
ONAPGO SOCT 98mg/20ml (apomorphine hydrochloride)	Tier 4	SP, PA, QL (30 cartridges per 30 days)
ONGENTYS CAPS 25mg, 50mg (opicapone)	Tier 2	QL (30 caps every 30 days)
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate tabs 1mg	Tier 1	PA
rasagiline mesylate tabs .5mg	Tier 1	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl caps 5mg; tabs 5mg	Tier 1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml (aripiprazole)	Tier 2	QL (1 Injection every 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg (aripiprazole)	Tier 2	QL (1 injection every 25 days)
aripiprazole soln 1mg/ml	Tier 2	PA, QL (450 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Tier 1	
aripiprazole tbdp 10mg, 15mg	Tier 1	PA, QL (30 tablets every 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml (aripiprazole lauroxil)	Tier 2	QL (1 syringe every 28 days)
ARISTADA PRSY 1064mg/3.9ml (aripiprazole lauroxil)	Tier 2	QL (1 syringe every 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml (aripiprazole lauroxil)	Tier 2	QL (1 kit every 365 days)
asenapine maleate subl 2.5mg, 5mg, 10mg	Tier 1	PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg (lumateperone tosylate)	Tier 3	PA, QL (30 caps every 30 days)
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	Tier 1	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	Tier 1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	Tier 1	
COBENFY CAP 50-20MG (xanomeline tartrate-trospium chloride)	Tier 3	PA, QL (60 caps every 30 days)
COBENFY CAP 100-20MG (xanomeline tartrate-trospium chloride)	Tier 3	PA, QL (60 caps every 30 days)
COBENFY CAP 125-30MG (xanomeline tartrate-trospium chloride)	Tier 3	PA, QL (60 caps every 30 days)
COBENFY STRT CAP PACK (xanomeline tartrate-trospium chloride)	Tier 3	PA, QL (60 caps every 30 days)
fluphenazine decanoate soln 25mg/ml	Tier 1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	Tier 1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	Tier 1	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	Tier 1	
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml (paliperidone palmitate)	Tier 2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml (paliperidone palmitate)	Tier 2	QL (1 injection every 84 days)
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	Tier 1	PA, QL (30 tabs every 30 days)
<i>lurasidone hcl tabs 80mg</i>	Tier 1	PA, QL (60 tabs every 30 days)
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Tier 1	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Tier 1	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Tier 1	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	Tier 1	
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg (<i>brexpiprazole</i>)	Tier 3	PA, QL (30 tabs every 30 days)
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Tier 1	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	Tier 1	QL (2 injections every 25 days)
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Tier 1	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Tier 1	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Tier 1	
ZYPREXA RELPREVV SUSR 210mg, 300mg (<i>olanzapine pamoate</i>)	Tier 2	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405mg (<i>olanzapine pamoate</i>)	Tier 2	QL (1 injection every 25 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine sulfate tabs 10mg</i>	Tier 1	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	Tier 1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	Tier 1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	Tier 1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	Tier 1	QL (60 tabs every 30 days)
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 100mg	Tier 1	
atomoxetine hcl caps 60mg, 80mg	Tier 1	QL (30 caps every 30 days)
dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg	Tier 1	QL (60 caps every 30 days)
dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg	Tier 1	QL (30 caps every 30 days)
dexmethylphenidate hcl tabs 2.5mg, 5mg	Tier 1	QL (120 tabs every 30 days)
dexmethylphenidate hcl tabs 10mg	Tier 1	QL (60 tabs every 30 days)
dextroamphetamine sulfate cp24 5mg, 10mg, 15mg	Tier 1	QL (120 caps every 30 days)
dextroamphetamine sulfate soln 5mg/5ml	Tier 1	QL (2,160 mL every 30 days)
dextroamphetamine sulfate tabs 5mg, 10mg	Tier 1	QL (120 tabs every 30 days)
guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg	Tier 1	
methamphetamine hcl tabs 5mg	Tier 3	QL (150 tabs every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg; tabs 5mg, 10mg	Tier 1	QL (180 tabs every 30 days)
methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg	Tier 1	QL (60 caps every 30 days)
methylphenidate hcl cp24 40mg, 60mg; cpcr 40mg, 50mg, 60mg	Tier 1	QL (30 caps every 30 days)
methylphenidate hcl soln 5mg/5ml	Tier 1	QL (2,160 mL every 30 days)
methylphenidate hcl soln 10mg/5ml	Tier 1	QL (1080 mL every 30 days)
methylphenidate hcl tabs 20mg; tbcr 10mg, 20mg	Tier 1	QL (90 tabs every 30 days)
methylphenidate hcl tb24 18mg, 27mg, 36mg; tbcr 18mg, 27mg, 36mg	Tier 1	QL (60 tabs every 30 days)
methylphenidate hcl tb24 54mg; tbcr 54mg	Tier 1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA		
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg (milnacipran hcl)	Tier 3	PA, QL (60 tablets every 30 days)
SAVELLA MIS TITR PAK (milnacipran hcl)	Tier 3	PA, QL (60 tablets every 30 days)
HYPNOTICS		
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg (suvorexant)	Tier 2	PA, QL (30 tabs every 30 days)
doxepin hcl (sleep) tabs 3mg, 6mg	Tier 2	QL (30 tabs every 30 days)
doxylamine succinate (sleep) tabs 25mg	Tier 1	OTC
eszopiclone tabs 1mg, 2mg, 3mg	Tier 1	QL (30 tablets every 30 days)
ramelteon tabs 8mg	Tier 1	QL (30 tabs every 25 days)
tasimelteon caps 20mg	Tier 4	PA, QL (30 caps every 30 days)
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	Tier 1	QL (15 caps every 25 days)
zaleplon caps 5mg	Tier 1	QL (30 caps every 30 days)
zaleplon caps 10mg	Tier 1	QL (60 caps every 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg	Tier 1	QL (30 tablets every 30 days)
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml (erenumab-aooe)	Tier 2	PA, QL (1 injection every 25 days)
almotriptan malate tabs 6.25mg	Tier 1	QL (18 tabs every 25 days)
almotriptan malate tabs 12.5mg	Tier 1	QL (12 tabs every 25 days)
eletriptan hydrobromide tabs 20mg	Tier 1	QL (18 tabs every 25 days)
eletriptan hydrobromide tabs 40mg	Tier 1	QL (12 tabs every 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml (galcanezumab-gnlm)	Tier 2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100mg/ml (galcanezumab-gnlm)	Tier 2	PA, QL (3 injections every 25 days)
ERGOMAR SUBL 2mg (ergotamine tartrate)	Tier 3	QL (20 tabs every 28 days)
ergotamine w/ caffeine tab 1-100 mg	Tier 3	
frovatriptan succinate tabs 2.5mg	Tier 1	PA, QL (12 tabs every 30 days)
naratriptan hcl tabs 1mg	Tier 1	QL (18 tabs every 25 days)
naratriptan hcl tabs 2.5mg	Tier 1	QL (12 tabs every 25 days)
QULIPTA TABS 10mg, 30mg, 60mg (atogepant)	Tier 2	PA, QL (30 tabs every 30 days)
rizatriptan benzoate tabs 5mg; tbdp 5mg	Tier 1	QL (27 tabs every 25 days)
rizatriptan benzoate tabs 10mg; tbdp 10mg	Tier 1	QL (18 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan soln 5mg/act	Tier 2	QL (36 sprays every 25 days)
sumatriptan soln 20mg/act	Tier 2	QL (12 sprays every 25 days)
sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml	Tier 2	QL (18 syringes every 25 days)
sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosy 6mg/0.5ml	Tier 2	QL (12 units every 25 days)
sumatriptan succinate soln 6mg/0.5ml	Tier 2	QL (12 vials every 25 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	Tier 1	QL (18 tabs every 25 days)
UBRELVY TABS 50mg, 100mg (ubrogepant)	Tier 2	PA, QL (16 tabs every 30 days)
zolmitriptan soln 2.5mg	Tier 1	QL (18 sprays every 25 days)
zolmitriptan soln 5mg	Tier 1	QL (12 sprays every 25 days)
zolmitriptan tabs 2.5mg; tbdp 2.5mg	Tier 1	QL (18 tabs every 25 days)
zolmitriptan tabs 5mg; tbdp 5mg	Tier 1	QL (12 tabs every 25 days)
MISCELLANEOUS		
GUANIDINE HCL TABS 125mg	Tier 3	
lithium soln 8meq/5ml	Tier 1	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	Tier 1	
NUDEXTA CAP 20-10MG (dextromethorphan hbr-quinidine sulfate)	Tier 2	PA, QL (60 caps every 30 days)
pimozide tabs 1mg, 2mg	Tier 1	
pyridostigmine bromide soln 60mg/5ml; tbcr 180mg	Tier 2	
pyridostigmine bromide tabs 60mg	Tier 1	
riluzole tabs 50mg	Tier 1	
MOVEMENT DISORDERS		
AUSTEDO TABS 6mg, 9mg, 12mg (deutetrabenazine)	Tier 4	PA, QL (60 tablets every 30 days)
AUSTEDO XR TB24 6mg, 12mg, 18mg, 24mg, 30mg, 36mg, 42mg, 48mg (deutetrabenazine)	Tier 4	PA, QL (30 tablets every 30 days)
AUSTEDO XR TAB TITR KIT (deutetrabenazine)	Tier 4	SP, PA, QL (28 tablets per year)
tetrabenazine tabs 12.5mg	Tier 4	PA, QL (120 tabs every 30 days)
tetrabenazine tabs 25mg	Tier 4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml (interferon beta-1a)	Tier 4	PA, QL (4 injections every 28 days)
AVONEX PEN AJKT 30mcg/0.5ml (interferon beta-1a)	Tier 4	PA, QL (4 injections every 28 days)
BETASERON KIT .3mg (interferon beta-1b)	Tier 4	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20mg/ml (glatiramer acetate)	Tier 4	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40mg/ml (glatiramer acetate)	Tier 4	PA, QL (12 syringes every 28 days)
dalfampridine tb12 10mg	Tier 4	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	Tier 3	PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	Tier 3	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Tier 3	PA, QL (1 kit every 30 days)
fingolimod hcl caps .5mg	Tier 4	PA, QL (30 caps every 30 days)
PLEGRIDY SOAJ 125mcg/0.5ml; SOSY 125mcg/0.5ml (peginterferon beta-1a)	Tier 4	SP, PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER (peginterferon beta-1a)	Tier 4	SP, PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	Tier 4	SP, PA, QL (1 pack every 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	Tier 4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN (interferon beta-1a)	Tier 4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml (interferon beta-1a)	Tier 4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK (interferon beta-1a)	Tier 4	PA, QL (1 box every 28 days)
teriflunomide tabs 7mg, 14mg	Tier 4	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300mg/15ml (natalizumab)	Tier 4	SP, PA, QL (1 vial every 28 days)
ZEPOSIA CAPS .92mg (ozanimod hcl)	Tier 4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK (ozanimod hcl)	Tier 4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT (ozanimod hcl)	Tier 4	PA, QL (1 kit every 365 days)

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs 5mg, 10mg, 20mg	Tier 1	
carisoprodol tabs 350mg	Tier 1	
chlorzoxazone tabs 500mg	Tier 1	
cyclobenzaprine hcl tabs 5mg, 10mg	Tier 1	
dantrolene sodium caps 25mg, 50mg, 100mg	Tier 1	
metaxalone tabs 800mg	Tier 2	
methocarbamol tabs 500mg, 750mg	Tier 1	
orphenadrine citrate soln 30mg/ml; tb12 100mg	Tier 1	
tizanidine hcl tabs 2mg, 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
armodafinil tabs 50mg, 150mg, 200mg, 250mg	Tier 1	PA, QL (30 tabs every 30 days)
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm (sodium oxybate)	Tier 4	SP, PA, QL (30 packets every 30 days)
LUMRYZ PAK STARTER (sodium oxybate)	Tier 4	SP, PA, QL (1 pack per 365 days)
modafinil tabs 100mg, 200mg	Tier 1	QL (30 tabs every 30 days)
WAKIX TABS 4.45mg, 17.8mg (pitolisant hcl)	Tier 4	PA, QL (60 tablets every 30 days)
OPIOID ANTAGONIST		
KLOXXADO LIQD 8mg/0.1ml (naloxone hcl)	Tier 1	
naloxone hcl liqd 4mg/0.1ml	Tier 0	
naloxone hcl soct .4mg/ml	Tier 2	
naloxone hcl soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml	Tier 1	
naltrexone hcl tabs 50mg	Tier 0	\$0 copay
NARCAN LIQD 4mg/0.1ml (naloxone hcl)	Tier 1	
OPVEE SOLN 2.7mg/0.1ml (nalmefene hcl (antidote))	Tier 1	
REXTOVY LIQD 4mg/0.25ml (naloxone hcl)	Tier 1	
RIVIVE SPR 3/0.1ML (naloxone hcl)	Tier 1	OTC
VIVITROL SUSR 380mg (naltrexone)	Tier 1	
ZIMHI SOSY 5mg/0.5ml (naloxone hcl)	Tier 1	
PSYCHOTHERAPEUTIC-MISC		
flumazenil soln .5mg/5ml, 1mg/10ml	Tier 1	
lofexidine hcl tabs .18mg	Tier 1	
LUCEMYRA TABS .18mg (lofexidine hcl)	Tier 2	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	Tier 0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS 1mg (varenicline tartrate)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
(Goodsense Nicotine Lozg 2mg) GOODSENSE NICOTINE	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
(Goodsense Nicotine Polacr Lozg 4mg) GOODSENSE NICOTINE POLACR	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICODERM CQ PT24 7mg/24hr, 14mg/24hr, 21mg/24hr (nicotine)	Tier 2	OTC
NICORETTE GUM 2mg, 4mg; LOZG 2mg, 4mg (nicotine polacrilex)	Tier 2	OTC
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2mg, 4mg	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
(Nicotine Step 3 Pt24 7mg/24hr) NICOTINE STEP 3	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTINE SYS KIT TRANSDER	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg (nicotine)	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10mg/ml (nicotine)	Tier 0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
(Sm Nicotine Transdermal S Pt24 7mg/24hr, 14mg/24hr, 21mg/24hr) SM NICOTINE TRANSDERMAL S	Tier 0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5mg, 1mg	Tier 0	\$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	Tier 0	\$0 limited to 2 treatment cycles/year
WELLBUTRIN SR TB12 100mg, 150mg, 200mg (bupropion hcl)	Tier 2	

CEPHALOSPORINS

CEPHALOSPORINS - 3RD GENERATION

ceftazidime solr 6gm	Tier 1
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DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

ALTABAX OINT 1% (retapamulin)	Tier 2
XEPI CREA 1% (ozenoxacin)	Tier 2

ANTIFUNGALS - TOPICAL

luliconazole crea 1%	Tier 1
oxiconazole nitrate crea 1%	Tier 2 PA

ANTIVIRALS - TOPICAL

acyclovir topical oint 5%	Tier 1
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Drug Name	Drug Tier	Requirements/Limits
ECZEMA AGENTS		
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 200mg/1.14ml, 300mg/2ml (dupilumab)	Tier 4	SP, PA, QL (2 syringes every 28 days)
MISC. TOPICAL		
DRYSOL SOLN 20% (aluminum chloride)	Tier 2	
XERAC AC SOLN 6.25% (aluminum chloride in alcohol)	Tier 2	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
PREGNANCY TES	Tier 3	QL (2 tests every 30 days), OTC
DIURETICS		
LOOP DIURETICS		
FUROSCIX CTKT 80mg/10ml (furosemide)	Tier 4	PA, QL (5 kits every 3 months)
ENDOCRINE AND METABOLIC		
ACROMEGALY		
lanreotide acetate soln 120mg/0.5ml	Tier 4	PA, QL (1 injection every 28 days)
octreotide acetate kit 10mg, 20mg, 30mg	Tier 4	SP, PA
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml	Tier 4	PA, QL (90 ml every 30 days)
octreotide acetate soln 200mcg/ml	Tier 4	PA, QL (225 ml every 30 days)
octreotide acetate soln 1000mcg/ml	Tier 4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	Tier 4	PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml (lanreotide acetate)	Tier 4	SP, PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg (pegvisomant)	Tier 4	SP, PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50mg (oxymetholone)	Tier 3	PA
ANDROGEL PUMP GEL 1.62% (testosterone)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
(Depo-Testosterone Soln 200mg/ml) DEPO-TESTOSTERONE	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria

Drug Name	Drug Tier	Requirements/Limits
<i>finasteride (alopecia) tabs 1mg</i>	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
FORTESTA GEL 10mg/act (<i>testosterone</i>)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
INTRAROSA INST 6.5mg (<i>prasterone vaginal</i>)	Tier 3	
<i>methyltestosterone caps 10mg</i>	Tier 3	PA
NATESTO GEL 5.5mg/act (<i>testosterone</i>)	Tier 2	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
<i>oxandrolone tabs 2.5mg, 10mg</i>	Tier 1	
PROPECIA TABS 1mg (<i>finasteride (alopecia)</i>)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
TESTIM GEL 1% (<i>testosterone</i>)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
TESTONE CIK KIT 200mg/ml (<i>testosterone cypionate</i>)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
TESTOPEL PLLT 75mg (<i>testosterone</i>)	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
TESTOSTERONE PLLT 25mg, 50mg, 100mg, 200mg	Tier 4	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE CYPIONATE SOLN 200mg/ml	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
testosterone enanthate soln 200mg/ml	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
VOGELXO GEL 50mg/5gm (testosterone)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
VOGELXO PUMP GEL 1% (testosterone)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml (testosterone enanthate)	Tier 2	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	Tier 1	
miglitol tabs 25mg, 50mg, 100mg	Tier 1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500mcg/1.5ml (pramlintide acetate)	Tier 3	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml (pramlintide acetate)	Tier 3	PA
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	Tier 1	
metformin hcl tabs 850mg	Tier 1	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	
glipizide-metformin hcl tab 5-500 mg	Tier 1	
glyburide-metformin tab 1.25-250 mg	Tier 1	
glyburide-metformin tab 2.5-500 mg	Tier 1	
glyburide-metformin tab 5-500 mg	Tier 1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ZITUVIO TABS 25mg, 50mg, 100mg (sitagliptin)	Tier 2	QL (30 tabs every 30 days)
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
ZITUVIMET TAB 50-500MG (sitagliptin free base-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
ZITUVIMET TAB 50-1000 (sitagliptin free base-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-500MG (sitagliptin free base-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 50-1000 (sitagliptin free base-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
ZITUVIMET XR TAB 100-1000 (sitagliptin free base-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide sopn 18mg/3ml	Tier 1	PA, QL (3 pens every 30 days)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml (tirzepatide)	Tier 2	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml (semaglutide)	Tier 2	PA, QL (1 pen every 28 days)
OZEMPIC SOPN 8mg/3ml (semaglutide)	Tier 2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 1.5mg, 3mg, 4mg, 7mg, 9mg, 14mg (semaglutide)	Tier 2	PA, QL (30 tablets every 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml (dulaglutide)	Tier 2	PA, QL (4 pens every 28 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)	Tier 2	PA, QL (6 pens every 30 days)
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	PA, QL (5 pens every 30 days)
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	Tier 1	
pioglitazone hcl-glimepiride tab 30-4 mg	Tier 1	
ANTIDIABETICS, INSULIN[^]		
APIDRA SOLN 100unit/ml (insulin glulisine)	Tier 3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml (insulin glargine)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
BASAGLAR TEMPO PEN SOPN 100unit/ml (insulin glargine)	Tier 2	
FIASP SOLN 100unit/ml (insulin aspart (with niacinamide))	Tier 2	QL (60mL every 30 days)
FIASP FLEXTOUCH SOPN 100unit/ml (insulin aspart (with niacinamide))	Tier 2	QL (60mL every 30 days)
FIASP PENFILL SOCT 100unit/ml (insulin aspart (with niacinamide))	Tier 2	QL (60mL every 30 days)
FIASP PUMPCART SOCT 100unit/ml (insulin aspart (with niacinamide))	Tier 2	QL (60mL every 30 days)
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml (insulin regular (human))	Tier 2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml (insulin regular (human))	Tier 2	
INSULIN LISPRO SOLN 100unit/ml	Tier 2	
LEVEMIR SOLN 100unit/ml (insulin detemir)	Tier 2	
LEVEMIR FLEXPEN SOPN 100unit/ml (insulin detemir)	Tier 2	
NOVOLIN INJ 70/30 (insulin nph isophane & reg (human))	Tier 1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN INJ 70/30 FP (insulin nph isophane & reg (human))	Tier 2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml (insulin nph (human) (isophane))	Tier 1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100unit/ml (insulin nph (human) (isophane))	Tier 2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml (insulin regular (human))	Tier 1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100unit/ml (insulin regular (human))	Tier 2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLOG SOLN 100unit/ml (insulin aspart)	Tier 2	QL (60mL every 30 days)
NOVOLOG FLEXPEN SOPN 100unit/ml (insulin aspart)	Tier 2	QL (60mL every 30 days)
NOVOLOG MIX INJ 70/30 (insulin aspart protamine & aspart (human))	Tier 2	QL (60mL every 30 days)
NOVOLOG MIX INJ FLEXPEN (insulin aspart protamine & aspart (human))	Tier 2	QL (60mL every 30 days)
NOVOLOG PENFILL SOCT 100unit/ml (insulin aspart)	Tier 2	QL (60mL every 30 days)
TRESIBA SOLN 100unit/ml (insulin degludec)	Tier 2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml (insulin degludec)	Tier 2	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
repaglinide tabs .5mg, 1mg, 2mg	Tier 1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	QL (30 tabs every 30 days)
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	QL (30 tabs every 30 days)
XIGDUO XR TAB 2.5-1000 (dapagliflozin propanediol-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
XIGDUO XR TAB 5-500MG (dapagliflozin propanediol-metformin hcl)	Tier 2	QL (30 tabs every 30 days)
XIGDUO XR TAB 5-1000MG (dapagliflozin propanediol-metformin hcl)	Tier 2	QL (60 tabs every 30 days)
XIGDUO XR TAB 10-500MG (dapagliflozin propanediol-metformin hcl)	Tier 2	QL (30 tabs every 30 days)
XIGDUO XR TAB 10-1000 (dapagliflozin propanediol-metformin hcl)	Tier 2	QL (30 tabs every 30 days)
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)	Tier 2	QL (30 tabs every 30 days)
GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)	Tier 2	QL (30 tabs every 30 days)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5mg, 10mg (dapagliflozin propanediol)	Tier 2	QL (30 tabs every 30 days)
JARDIANCE TABS 10mg, 25mg (empagliflozin)	Tier 2	QL (30 tabs every 30 days)
ANTIDIABETICS, SULFONYLUREA		
glimepiride tabs 1mg, 2mg, 4mg	Tier 1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	Tier 1	
glyburide tabs 1.25mg, 2.5mg, 5mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized tabs 1.5mg, 3mg, 6mg	Tier 1	
BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg	Tier 1	
ibandronate sodium soln 3mg/3ml; tabs 150mg	Tier 1	
pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg	Tier 1	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	Tier 1	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	Tier 4	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	Tier 4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	Tier 4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg (succimer)	Tier 3	
deferiprone tabs 500mg, 1000mg	Tier 4	SP, PA
FERRIPROX SOLN 100mg/ml (deferiprone)	Tier 4	SP, PA
FERRIPROX TWICE-A-DAY TABS 1000mg (deferiprone)	Tier 4	SP, PA
(Kionex Susp 15gm/60ml) KIONEX	Tier 1	
LOKELMA PACK 5gm, 10gm (sodium zirconium cyclosilicate)	Tier 3	PA, QL (900g every 30 days)
penicillamine tabs 250mg	Tier 3	SP
sodium polystyrene sulfonate susp 15gm/60ml	Tier 1	
CONTRACEPTIVES		
(Altavera) ALTAVERA	Tier 0	
(Alyacen 1/35) ALYACEN 1/35	Tier 0	
(Alyacen 7/7/7) ALYACEN 7/7/7	Tier 0	
(Amethia) AMETHIA	Tier 0	
(Amethyst) AMETHYST	Tier 0	
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	Tier 0	QL (1 every 300 days)
(Apri) APRI	Tier 0	
(Aranelle) ARANELLE	Tier 0	
(Ashlyna) ASHLYNA	Tier 0	
AVERI TAB (desogestrel-ethinyl estradiol & iron)	Tier 0	
(Aviane) AVIANE	Tier 0	
(Azurette) AZURETTE	Tier 0	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
(Camila Tabs .35mg) CAMILA	Tier 0	
CAYA DPR (diaphragm arc-spring)	Tier 0	QL (1 every 300 days)
(Caziant) CAZIAN	Tier 0	
(Chateal) CHATEAL	Tier 0	
CONDOMS MIS	Tier 0	QL (12 condoms every 30 days), OTC
(Cryselle-28) CRYSELLE-28	Tier 0	
(Cyclafem 1/35) CYCLAFEM 1/35	Tier 0	
(Cyclafem 7/7/7) CYCLAFEM 7/7/7	Tier 0	
(Dasetta 1/35) DASETTA 1/35	Tier 0	
(Dasetta 7/7/7) DASETTA 7/7/7	Tier 0	
(Delyla) DELYLA	Tier 0	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml (medroxyprogesterone acetate (contraceptive))	Tier 3	QL (1 injection every 84 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml (medroxyprogesterone acetate (contraceptive))	Tier 0	QL (4 injections every 300 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 0	
(Elinest) ELINEST	Tier 0	
ELLA TABS 30mg (ulipristal acetate)	Tier 0	
(Emoquette) EMOQUETTE	Tier 0	
ENCARE SUPP 100mg (nonoxynol-9)	Tier 0	OTC
(Enilloring) ENILLORING	Tier 0	QL (13 every 300 days)
(Enpresse-28) ENPRESSE-28	Tier 0	
(Enskyce) ENSKYCE	Tier 0	
(Errin Tabs .35mg) ERRIN	Tier 0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	Tier 0	
etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr	Tier 0	QL (13 every 300 days)
(Falmina) FALMINA	Tier 0	
FC2 FEMALE MIS CONDOM (condoms - female)	Tier 0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM (cervical caps)	Tier 0	QL (1 every 300 days)
FEMCAP MIS 26MM (cervical caps)	Tier 0	QL (1 every 300 days)

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 30MM (cervical caps)	Tier 0	QL (1 every 300 days)
FEMLYV TAB 1/0.02MG (norethindrone acet & eth estra)	Tier 0	
(Gianvi) GIANVI	Tier 0	
(Heather Tabs .35mg) HEATHER	Tier 0	
(Introvale) INTROVALE	Tier 0	
(Jolessa) JOLESSA	Tier 0	
(Jolivette Tabs .35mg) JOLIVETTE	Tier 0	
(Joyeaux) JOYEUX	Tier 0	
(Junel 1.5/30) JUNEL 1.5/30	Tier 0	
(Junel 1/20) JUNEL 1/20	Tier 0	
(Junel Fe 1.5/30) JUNEL FE 1.5/30	Tier 0	
(Junel Fe 1/20) JUNEL FE 1/20	Tier 0	
(Kariva) KARIVA	Tier 0	
(Kelnor 1/35) KELNOR 1/35	Tier 0	
(Kurvelo) KURVELO	Tier 0	
KYLEENA IUD 19.5mg (levonorgestrel (iud))	Tier 0	QL (1 every 300 days)
(Larin 1.5/30) LARIN 1.5/30	Tier 0	
(Leena) LEENA	Tier 0	
(Lessina) LESSINA	Tier 0	
(Levonest) LEVONEST	Tier 0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 0	
levonorgestrel (emergency oc) tabs 1.5mg	Tier 0	OTC
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Tier 0	
(Levora 0.15/30-28) LEVORA 0.15/30-28	Tier 0	
LILETTA IUD 20.1mcg/day (levonorgestrel (iud))	Tier 0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 0	
(Loryna) LORYNA	Tier 0	
(Low-Ogestrel) LOW-OGESTREL	Tier 0	
(Lutera) LUTERA	Tier 0	
(Marlissa) MARLISSA	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	Tier 0	QL (1 injection every 84 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
(Microgestin 1.5/30) MICROGESTIN 1.5/30	Tier 0	
(Minzoya) MINZOYA	Tier 0	
MIRENA IUD 20mcg/day (levonorgestrel (iud))	Tier 0	QL (1 every 300 days)
MIUDELLA IUD COPPER (copper (iud))	Tier 0	QL (1 every 300 days)
(Mono-Linyah) MONO-LINYAH	Tier 0	
(Myzilra) MYZILRA	Tier 0	
NATAZIA TAB (estradiol valerate-dienogest)	Tier 0	
(Necon 0.5/35-28) NECON 0.5/35-28	Tier 0	
NEXPLANON IMPL 68mg (etonogestrel)	Tier 0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol)	Tier 0	PA
(Nikki) NIKKI	Tier 0	
(Nora-Be Tabs .35mg) NORA-BE	Tier 0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 0	
norethindrone (contraceptive) tabs .35mg	Tier 0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	Tier 0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 0	
(Nortrel 0.5/35 (28)) NORTREL 0.5/35 (28)	Tier 0	
(Nortrel 1/35) NORTREL 1/35	Tier 0	
(Nortrel 7/7/7) NORTREL 7/7/7	Tier 0	
(Nylia 1/35) NYLIA 1/35	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
(Ocella) OCELLA	Tier 0	
(Ogestrel) OGESTREL	Tier 0	
OMNIFLEX DPR (diaphragms)	Tier 0	QL (1 every 300 days)
OPILL TABS .075mg (norgestrel)	Tier 0	QL (28 tablets every 28 days), OTC
OPTIONS GYNOL II VAGINAL GEL 3% (nonoxynol-9)	Tier 0	OTC
(Orsythia) ORSYTHIA	Tier 0	
PARAGARD IUD T380A (copper (iud))	Tier 0	QL (1 every 300 days)
PHEXXI GEL (lactic acid-citric acid-potassium bitartrate)	Tier 0	QL (60g every 30 days)
(Portia-28) PORTIA-28	Tier 0	
(Previfem) PREVIFEM	Tier 0	
(Quasense) QUASENSE	Tier 0	
(Reclipsen) RECLIPSEN	Tier 0	
(Rivelsa) RIVELSA	Tier 0	
SKYLA IUD 13.5mg (levonorgestrel (iud))	Tier 0	QL (1 every 300 days)
SLYND TABS 4mg (drospirenone)	Tier 0	
(Sprintec 28) SPRINTEC 28	Tier 0	
(Sronyx) SRONYX	Tier 0	
(Syeda) SYEDA	Tier 0	
TODAY SPONGE MISC 1000mg (nonoxynol-9)	Tier 0	OTC
(Tri-Linyah) TRI-LINYAH	Tier 0	
(Tri-Sprintec) TRI-SPRINTEC	Tier 0	
(Trinessa) TRINESSA	Tier 0	
(Trivora-28) TRIVORA-28	Tier 0	
(Turqoz) TURQOZ	Tier 0	
TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol)	Tier 0	
TYBLUME CHW 0.1-0.02 (levonorgestrel & eth estradiol)	Tier 0	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4% (nonoxynol-9)	Tier 0	OTC
(Velivet) VELIVET	Tier 0	
(Viorele) VIORELE	Tier 0	
(Wera) WERA	Tier 0	
WIDE-SEAL SILICONE DIAPHR DPRH 2% (diaphragm wide seal)	Tier 0	QL (1 every 300 days)
(Xulane) XULANE	Tier 0	
(Zenchent) ZENCHENT	Tier 0	
(Zovia 1/35) ZOVIA 1/35	Tier 0	
CUSHING'S DISEASE		
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml (pasireotide diaspertate)	Tier 4	SP, PA, QL (60 ampules every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	Tier 1	
ORILISSA TABS 150mg (elagolix sodium)	Tier 3	PA, QL (30 tablets every 30 days)
ORILISSA TABS 200mg (elagolix sodium)	Tier 3	PA, QL (60 tablets every 30 days)
SYNAREL SOLN 2mg/ml (nafarelin acetate)	Tier 4	PA
ENZYME REPLACEMENTS		
betaine powder for oral solution	Tier 4	PA
carglumic acid tbs 200mg	Tier 4	SP, PA
CERDELGA CAPS 84mg (eliglustat tartrate)	Tier 4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50mg, 150mg (cysteamine bitartrate)	Tier 4	PA
MYALEPT SOLR 11.3mg (metreleptin)	Tier 4	SP, PA, QL (30 vials every 30 days)
nitisinone caps 2mg, 5mg, 10mg, 20mg	Tier 4	SP, PA
ORFADIN SUSP 4mg/ml (nitisinone)	Tier 4	SP, PA
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	Tier 4	SP, PA
sodium phenylbutyrate powd 3gm/tsp	Tier 4	PA, QL (600g every 30 days)
sodium phenylbutyrate tabs 500mg	Tier 4	SP, PA, QL (1200 tabs every 30 days)
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml (asfotase alfa)	Tier 4	SP, PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml (palopegteriparatide)	Tier 4	SP, PA, QL (2 pens every 28 days)
ESTROGENS		
ALORA PTTW .025mg/24hr, .075mg/24hr, .1mg/24hr (estradiol)	Tier 3	QL (8 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr (estradiol)	Tier 3	QL (4 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
CLIMARA PRO DIS WEEKLY (estradiol-levonorgestrel)	Tier 2	QL (4 patches every 28 days)

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN OIL 10mg/ml (estradiol valerate)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
DELESTROGEN OIL 20mg/ml (estradiol valerate)	Tier 3	QL (1 vial every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
DELESTROGEN OIL 40mg/ml (estradiol valerate)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
DEPO-ESTRADIOL OIL 5mg/ml (estradiol cypionate)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm (estradiol)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
DUAVEE TAB 0.45-20 (conjugated estrogens-bazedoxifene)	Tier 2	
ELESTRIN GEL .06% (estradiol)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
ESTRACE TABS .5mg, 1mg, 2mg (estradiol)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol gel .06%	Tier 1	QL (50 g every 30 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; tabs .5mg, 1mg, 2mg	Tier 1	Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	QL (8 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria

Drug Name	Drug Tier	Requirements/Limits
estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 1	QL (4 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 1	
estradiol vaginal crea .1mg/gm	Tier 1	
estradiol valerate oil 10mg/ml	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol valerate oil 20mg/ml	Tier 1	QL (1 vial every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
estradiol valerate oil 40mg/ml	Tier 1	Exception process available for \$0 copay when medically necessary for gender dysphoria
ESTROGEL GEL .06% (estradiol)	Tier 3	QL (50 g every 30 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
EVAMIST SOLN 1.53mg/spray (estradiol)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg (estradiol vaginal)	Tier 3	QL (18 supps every 28 days)
IMVEXXY STARTER PACK INST 4mcg, 10mcg (estradiol vaginal)	Tier 3	QL (1 starter pack per year)
(Jinteli) JINTELI	Tier 1	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg (esterified estrogens)	Tier 3	
MENOSTAR PTWK 14mcg/24hr (estradiol)	Tier 3	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
(Mimvey) MIMVEY	Tier 1	
(Mimvey Lo) MIMVEY LO	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr (estradiol)	Tier 3	QL (8 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	
PREMARIN CREA .625mg/gm (estrogens, conjugated vaginal)	Tier 2	QL (30 g every 30 days)
PREMARIN SOLR 25mg (estrogens, conjugated)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg (estrogens, conjugated)	Tier 3	QL (30 tablets every 30 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr (estradiol)	Tier 3	QL (8 patches every 28 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
(Yuvaferm Tabs 10mcg) YUVAFEM	Tier 1	
GLUCOCORTICOIDS		
cortisone acetate tabs 25mg	Tier 1	
DEPO-MEDROL SUSP 20mg/ml (methylprednisolone acetate)	Tier 3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
DEXAMETHASONE INTENSOL CONC 1mg/ml (dexamethasone)	Tier 2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	Tier 1	
fludrocortisone acetate tabs .1mg	Tier 1	
hydrocortisone tabs 5mg, 10mg, 20mg	Tier 1	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	Tier 1	
methylprednisolone acetate susp 40mg/ml, 80mg/ml	Tier 1	
methylprednisolone sod succ solr 40mg, 125mg, 1000mg	Tier 1	
prednisolone soln 15mg/5ml	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	Tier 1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	Tier 1	
PREDNISONE INTENSOL CONC 5mg/ml (prednisone)	Tier 2	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna) kit 1mg	Tier 1	
INSTA-GLUCOSE GEL 77.4% (dextrose (diabetic use))	Tier 2	OTC
HUMAN GROWTH HORMONE SUPPLIES		
HUMATROPEN MIS FOR 6MG (injection device)	Tier 2	OTC
HUMATROPEN MIS FOR 12MG (injection device)	Tier 2	OTC
HUMATROPEN MIS FOR 24MG (injection device)	Tier 2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE CART 6mg, 12mg, 24mg (somatropin)	Tier 4	SP, PA
HUMATROPE COMBO PACK SOLR 5mg (somatropin)	Tier 4	PA
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml (somatropin)	Tier 4	SP, PA
ZORBTIVE SOLR 8.8mg (somatropin (non- refrigerated))	Tier 4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SUPPRELIN LA KIT 50mg (histrelin acetate (cpp))	Tier 4	SP, PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
TRIPTODUR SRER 22.5mg (triptorelin pamoate (cpp))	Tier 4	SP, PA, QL (1 injection every 168 days); Exception process available for \$0 copay when medically necessary for gender dysphoria
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10mg, 20mg (finerenone)	Tier 3	PA, QL (30 tabs every 30 days)
MISCELLANEOUS		
cabergoline tabs .5mg	Tier 1	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty
 ^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) soln 200unit/act	Tier 1	
carboprost tromethamine soln 250mcg/ml	Tier 0	
CARBOPROST TROMETHAMINE SOSY 250mcg/ml	Tier 0	
INCRELEX SOLN 40mg/4ml (mecasermin)	Tier 4	SP, PA
JYNARQUE TABS 15mg (tolvaptan)	Tier 4	SP, PA
mifepristone tabs 200mg	Tier 0	
misoprostol tabs 100mcg, 200mcg	Tier 0	
OSPHENA TABS 60mg (ospemifene)	Tier 3	PA, QL (30 tabs every 30 days)
PREGNYL W/DILUENT BENZYL SOLR 10000unit (chorionic gonadotropin)	Tier 4	PA
raloxifene hcl tabs 60mg	Tier 1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
tolvaptan tabs 15mg, 30mg; tbpk 15mg	Tier 4	SP, PA
tolvaptan tab therapy pack 30 & 15 mg	Tier 4	SP, PA
tolvaptan tab therapy pack 45 & 15 mg	Tier 4	SP, PA
tolvaptan tab therapy pack 60 & 30 mg	Tier 4	SP, PA
tolvaptan tab therapy pack 90 & 30 mg	Tier 4	SP, PA
OSTEOPOROSIS		
JUBBONTI SOSY 60mg/ml (denosumab-bbdz)	Tier 4	SP, QL (60mg every 24 weeks)
STOBOCLO SOSY 60mg/ml (denosumab-bmwo)	Tier 4	SP, QL (60mg every 24 weeks)
TYMLOS SOPN 3120mcg/1.56ml (abaloparatide)	Tier 4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	Tier 1	
lanthanum carbonate chew 500mg, 750mg, 1000mg	Tier 1	PA
sevelamer carbonate tabs 800mg	Tier 1	
VELPHORO CHEW 500mg (sucroferric oxyhydroxide)	Tier 3	PA
PROGESTINS		
CRINONE GEL 4%, 8% (progesterone (vaginal))	Tier 2	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	Tier 1	Exception process available for \$0 copay when medically necessary for gender dysphoria
norethindrone acetate tabs 5mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
progesterone caps 100mg, 200mg	Tier 1	
PROVERA TABS 2.5mg, 5mg, 10mg (medroxyprogesterone acetate)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria

THYROID AGENTS

ADTHYZA TABS 15mg, 30mg, 60mg, 90mg, 120mg (thyroid)	Tier 1	
ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg (thyroid)	Tier 1	
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
(Levoxyl Tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg) LEVOXYL	Tier 1	
liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg	Tier 1	
methimazole tabs 5mg, 10mg	Tier 1	
NIVA THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg (thyroid)	Tier 1	
NP THYROID 15 TABS 15mg (thyroid)	Tier 1	
NP THYROID 30 TABS 30mg (thyroid)	Tier 1	
NP THYROID 60 TABS 60mg (thyroid)	Tier 1	
NP THYROID 90 TABS 90mg (thyroid)	Tier 1	
NP THYROID 120 TABS 120mg (thyroid)	Tier 1	
propylthiouracil tabs 50mg	Tier 1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg (levothyroxine sodium)	Tier 2	
THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg	Tier 1	
(Unithroid Tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg) UNITHROID	Tier 1	

VASOPRESSINS

desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	Tier 1	
desmopressin acetate spray soln .01%	Tier 1	
desmopressin acetate spray refrigerated soln .01%	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	Tier 1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	Tier 1	
(Ed-Spaz Tbdp .125mg) ED-SPAZ	Tier 1	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	Tier 1	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Tier 1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	Tier 1	
(Nulev Tbdp .125mg) NULEV	Tier 1	
(Oscimin Subl .125mg; Tabs .125mg) OSCIMIN	Tier 1	
(Oscimin Sr Tb12 .375mg) OSCIMIN SR	Tier 1	
(Symax-Sl Subl .125mg) SYMAX-SL	Tier 1	
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl caps 2mg</i>	Tier 1	
MOTOFEN TAB 1-0.025 (<i>difenoxin w/ atropine</i>)	Tier 3	
ANTIEMETICS		
<i>aprepitant caps 40mg</i>	Tier 1	QL (3 caps every 180 days)
<i>aprepitant caps 80mg</i>	Tier 1	QL (4 caps every 21 days)
<i>aprepitant caps 125mg</i>	Tier 1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	QL (2 packs every 21 days)
(Compro Supp 25mg) COMPRO	Tier 1	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Tier 1	QL (60 caps every 25 days)
<i>granisetron hcl soln 1mg/ml, 4mg/4ml</i>	Tier 1	QL (2 mL every 21 days)
<i>granisetron hcl tabs 1mg</i>	Tier 1	QL (12 tabs every 21 days)
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Tier 1	
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Tier 1	
<i>ondansetron tbdp 4mg, 8mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml</i>	Tier 1	QL (20 mL every 21 days)
<i>ondansetron hcl soln 4mg/5ml</i>	Tier 1	QL (200 mL every 21 days)
<i>ondansetron hcl tabs 4mg, 8mg</i>	Tier 1	QL (60 tabs every 30 days)
<i>ondansetron hcl tabs 24mg</i>	Tier 1	QL (2 tabs every 21 days)
<i>prochlorperazine supp 25mg</i>	Tier 1	
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	Tier 1	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; tabs 12.5mg, 25mg, 50mg	Tier 1	
SANCUSO PTCH 3.1mg/24hr (granisetron)	Tier 2	PA, QL (3 patches every 30 days)
scopolamine pt72 1mg/3days	Tier 1	
trimethobenzamide hcl caps 300mg	Tier 1	
VARUBI EMUL 166.5mg/92.5ml (rolapitant hcl)	Tier 2	
VARUBI TBPk 90mg (rolapitant hcl)	Tier 2	PA

H2-RECEPTOR ANTAGONISTS

cimetidine tabs 200mg, 300mg, 400mg, 800mg	Tier 1	
cimetidine hcl soln 300mg/5ml	Tier 1	
famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg	Tier 1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 1	
nizatidine caps 150mg, 300mg; soln 15mg/ml	Tier 1	

INFLAMMATORY BOWEL DISEASE

balsalazide disodium caps 750mg	Tier 1	
budesonide cpep 3mg	Tier 1	PA
(Colocort Enem 100mg/60ml) COLOCORT	Tier 1	
DIPENTUM CAPS 250mg (olsalazine sodium)	Tier 3	PA
mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm	Tier 2	
mesalamine tbec 800mg	Tier 2	PA
sulfasalazine tabs 500mg; tbec 500mg	Tier 1	

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAPS 72mcg, 145mcg, 290mcg (linaclotide)	Tier 2	QL (30 caps every 30 days)
lubiprostone caps 8mcg, 24mcg	Tier 1	

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

alosetron hcl tabs .5mg, 1mg	Tier 3	PA
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LAXATIVES

CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
(Enulose Soln 10gm/15ml) ENULOSE	Tier 1	
(Generlac Soln 10gm/15ml) GENERLAC	Tier 1	
lactulose soln 10gm/15ml	Tier 1	
PEG-PREP KIT (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride)	Tier 1	\$0 copay for members age 45 through 75

Drug Name	Drug Tier	Requirements/Limits
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUFLAVE SOL (peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate)	Tier 2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
SUTAB TAB (sodium sulfate-magnesium sulfate-potassium chloride)	Tier 2	QL (Limited to 1 every year); \$0 copay for members age 45 through 75
MISCELLANEOUS		
ACIDOPHILUS CAP PROBIOTI (probiotic product)	Tier 1	QL (30 caps every 30 days), OTC
cromolyn sodium (mastocytosis) conc 100mg/5ml	Tier 1	PA
MOVANTIK TABS 12.5mg, 25mg (naloxegol oxalate)	Tier 2	QL (30 tabs every 30 days)
REBYOTA SUSP 150ml (fecal microbiota, live-jslm)	Tier 2	SP, PA, QL (150 mL every 30 days)
sucralfate tabs 1gm	Tier 1	
ursodiol caps 300mg; tabs 250mg, 500mg	Tier 1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
CREON CAP 6000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
CREON CAP 12000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
CREON CAP 24000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
CREON CAP 36000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
VIOKACE TAB 10440 (pancrelipase (lipase-protease-amylase))	Tier 2	PA
VIOKACE TAB 20880 (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 5000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 10000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 15000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 20000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 25000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 40000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA
ZENPEP CAP 60000UNT (pancrelipase (lipase-protease-amylase))	Tier 2	PA

PROTON PUMP INHIBITORS

dexlansoprazole cpdr 30mg, 60mg	Tier 1	PA, QL (30 caps every 30 days)
esomeprazole magnesium cpdr 20mg, 40mg	Tier 1	QL (30 caps every 30 days)
esomeprazole sodium solr 40mg	Tier 1	
lansoprazole cpdr 15mg, 30mg	Tier 1	QL (30 caps every 30 days)
omeprazole cpdr 10mg, 20mg, 40mg	Tier 1	QL (30 caps every 30 days)
pantoprazole sodium tbec 20mg, 40mg	Tier 1	QL (30 tabs every 30 days)
rabeprazole sodium tbec 20mg	Tier 1	QL (30 tabs every 30 days)

RECTAL, CORTICOSTEROIDS

hydrocortisone (rectal) crea 1%	Tier 1	
(Proctosol Hc Crea 2.5%) PROCTOSOL HC	Tier 1	
(Proctozone-Hc Crea 2.5%) PROCTOZONE-HC	Tier 1	

GASTROINTESTINAL AGENTS - MISC.

PERIPHERAL OPIOID RECEPTOR ANTAGONISTS

RELISTOR SOLN 12mg/0.6ml (methylnaltrexone bromide)	Tier 3	PA, QL (28 injections every 28 days)
RELISTOR TABS 150mg (methylnaltrexone bromide)	Tier 2	PA, QL (90 tabs every 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl tb24 10mg	Tier 1	
AVODART CAPS .5mg (dutasteride)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
dutasteride caps .5mg	Tier 1	Exception process available for \$0 copay when medically necessary for gender dysphoria
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
finasteride tabs 5mg	Tier 1	PA; Exception process available for \$0 copay when medically necessary for gender dysphoria
PROSCAR TABS 5mg (finasteride)	Tier 3	Exception process available for \$0 copay when medically necessary for gender dysphoria
silodosin caps 4mg, 8mg	Tier 1	
tadalafil tabs 2.5mg, 5mg	Tier 1	PA, QL (30 tablets every 30 days)
tamsulosin hcl caps .4mg	Tier 1	
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	Tier 1	
ELMIRON CAPS 100mg (pentosan polysulfate sodium)	Tier 3	QL (90 caps every 30 days)
flavoxate hcl tabs 100mg	Tier 1	
(Phenazopyridine Tab 95mg Tabs 95mg) URINARY PAIN RELIEF	Tier 1	OTC
potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg	Tier 1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	Tier 1	
fesoterodine fumarate tb24 4mg, 8mg	Tier 3	PA, QL (30 tabs every 30 days)
mirabegron tb24 25mg, 50mg	Tier 2	PA, QL (30 tablets every 30 days)
MYRBETRIQ SRER 8mg/ml (mirabegron)	Tier 2	PA, QL (300 mL every 30 days)
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	Tier 1	
solifenacin succinate tabs 5mg, 10mg	Tier 1	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	Tier 1	
tropium chloride cp24 60mg; tabs 20mg	Tier 1	
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal crea 2%	Tier 1	
GYNAZOLE-1 CREA 2% (butoconazole nitrate (one dose))	Tier 3	
metronidazole vaginal gel .75%	Tier 1	
(Miconazole 3 Supp 200mg) MICONAZOLE 3	Tier 1	
terconazole vaginal crea .4%, .8%; supp 80mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATRB/NACL INJ 50MG/50	Tier 3	
argatroban soln 250mg/2.5ml	Tier 1	
ARGATROBAN INJ 125/125	Tier 3	
ARGATROBAN INJ 250/250	Tier 3	
ELIQUIS TABS 2.5mg (apixaban)	Tier 2	QL (60 tablets every 30 days)
ELIQUIS TABS 5mg (apixaban)	Tier 2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPK 5mg (apixaban)	Tier 2	QL (1 starter pack every 365 days)
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 2	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 3	
FRAGMIN SOLN 10000unit/4ml, 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml (dalteparin sodium)	Tier 3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 1	
(Jantoven Tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg) JANTOVEN	Tier 1	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO SUSR 1mg/ml (rivaroxaban)	Tier 2	PA, QL (20mL per day)
XARELTO TABS 2.5mg, 15mg (rivaroxaban)	Tier 2	QL (60 tablets every 30 days)
XARELTO TABS 10mg, 20mg (rivaroxaban)	Tier 2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	QL (51 tablets every 365 days)
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9mg, 18mg, 36mg, 54mg (eltrombopag choline)	Tier 4	PA, QL (60 tablets every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml (darbepoetin alfa)	Tier 4	PA
eltrombopag olamine tabs 12.5mg, 25mg	Tier 4	SP, PA, QL (30 tabs every 30 days)
eltrombopag olamine tabs 50mg, 75mg	Tier 4	SP, PA, QL (60 tabs every 30 days)
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml (methoxy polyethylene glycol-epoetin beta)	Tier 4	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml (filgrastim-aafi)	Tier 4	PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml (epoetin alfa-epbx)	Tier 4	PA
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12mg/0.4ml, 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml, 300mg/2ml (emicizumab-kxwh)	Tier 4	SP, PA
MISCELLANEOUS		
anagrelide hcl caps .5mg, 1mg	Tier 2	
cilostazol tabs 50mg, 100mg	Tier 1	
pentoxifylline tbc 400mg	Tier 1	
tranexamic acid soln 1000mg/10ml; tabs 650mg	Tier 1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 1	
BRILINTA TABS 60mg, 90mg (ticagrelor)	Tier 2	QL (60 tablets every 30 days)
clopidogrel bisulfate tabs 75mg, 300mg	Tier 1	
dipyridamole tabs 25mg, 50mg, 75mg	Tier 1	
prasugrel hcl tabs 5mg, 10mg	Tier 1	
ticagrelor tabs 90mg	Tier 1	QL (60 tablets every 30 days)
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6mg/0.6ml (pegfilgrastim-apgf)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
IRON		
FERROUS FUMARATE TABS 29mg	Tier 1	OTC
ferrous fumarate tabs 324mg	Tier 1	OTC
ferrous gluconate tabs 240mg	Tier 1	OTC
FERROUS GLUCONATE TABS 324mg	Tier 1	OTC
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	Tier 1	OTC
ferrous sulfate soln 220mg/5ml; tbec 325mg	Tier 1	OTC

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ENTYVIO PEN SOAJ 108mg/0.68ml (vedolizumab)	Tier 4	PA, QL (2 pens every 28 days)
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BIOLOGIC DISEASE-MODIFYING AGENTS

ADBRY SOAJ 300mg/2ml (tralokinumab-ldrm)	Tier 4	PA, QL (4 injections every 28 days)
ADBRY SOSY 150mg/ml (tralokinumab-ldrm)	Tier 4	PA, QL (4 syringes every 28 days)
AVSOLA SOLR 100mg (infliximab-axxq)	Tier 4	SP, PA
ENBREL SOLN 25mg/0.5ml (etanercept)	Tier 4	PA, QL (8 vials every 28 days)
ENBREL SOLR 25mg; SOSY 50mg/ml (etanercept)	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25mg/0.5ml (etanercept)	Tier 4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml (etanercept)	Tier 4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml (etanercept)	Tier 4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml (adalimumab)	Tier 4	SP, PA, QL (2 injections every 28 days)
HUMIRA PSKT 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml (adalimumab)	Tier 4	SP, PA, QL (4 injections every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	SP, PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml (adalimumab)	Tier 4	SP, PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN AJKT 40mg/0.4ml (adalimumab)	Tier 4	SP, PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	SP, PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START AJKT 40mg/0.8ml (adalimumab)	Tier 4	SP, PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml (adalimumab)	Tier 4	SP, PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER AJKT 40mg/0.8ml (adalimumab)	Tier 4	SP, PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml (sarilumab)	Tier 4	SP, PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml (sarilumab)	Tier 4	SP, PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
RINVOQ TB24 15mg (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 30mg (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45mg (upadacitinib)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1mg/ml (upadacitinib)	Tier 4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml (golimumab)	Tier 4	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50mg/4ml (golimumab)	Tier 4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75mg/0.83ml (risankizumab-rzaa)	Tier 4	SP, PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml (risankizumab-rzaa (crohn's))	Tier 4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOLN 600mg/10ml (risankizumab-rzaa (crohn's))	Tier 4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
SKYRIZI SOSY 150mg/ml (risankizumab-rzaa)	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150mg/ml (risankizumab-rzaa)	Tier 4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45mg/0.5ml (ustekinumab)	Tier 4	SP, PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130mg/26ml (ustekinumab (iv))	Tier 4	SP, PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45mg/0.5ml (ustekinumab)	Tier 4	SP, PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOSY 90mg/ml (ustekinumab)	Tier 4	SP, PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80mg/ml; SOSY 20mg/0.25ml, 40mg/0.5ml, 80mg/ml (ixekizumab)	Tier 4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 100mg/ml; SOSY 100mg/ml (guselkumab)	Tier 4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis, and Crohn's Disease
TREMFYA SOAJ 200mg/2ml (guselkumab (gastrointestinal))	Tier 4	PA, QL (1 pen every 28 days); Preferred for Crohn's Disease
TREMFYA SOLN 200mg/20ml (guselkumab (gastrointestinal))	Tier 4	PA, QL (1 vial every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TREMFYA SOSY 200mg/2ml (guselkumab (gastrointestinal))	Tier 4	PA, QL (1 syringe every 28 days); Preferred for Ulcerative Colitis and Crohn's Disease
TYENNE SOAJ 162mg/0.9ml; SOSY 162mg/0.9ml (tocilizumab-aazg)	Tier 4	PA, QL (4 syringes every 28 days)
XELJANZ TABS 5mg (tofacitinib citrate)	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10mg (tofacitinib citrate)	Tier 4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg (tofacitinib citrate)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22mg (tofacitinib citrate)	Tier 4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

hydroxychloroquine sulfate tabs 200mg	Tier 1	
leflunomide tabs 10mg, 20mg	Tier 1	
methotrexate sodium tabs 2.5mg	Tier 1	
OTEZLA TABS 20mg (apremilast)	Tier 4	SP, PA, QL (30 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TABS 30mg (apremilast)	Tier 4	SP, PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20 (apremilast)	Tier 4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30 (apremilast)	Tier 4	SP, PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

HEREDITARY ANGIOEDEMA

icatibant acetate sosy 30mg/3ml	Tier 4	SP, PA, QL (45 syringes every 90 days)
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IMMUNOGLOBULIN

HYQVIA INJ 2.5-200 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	SP, PA
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	SP, PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	SP, PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	SP, PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml (interferon gamma-1b)	Tier 4	SP, PA
ALFERON N SOLN 5000000unit/ml (interferon alfa-n3)	Tier 4	
ARCALYST SOLR 220mg (rilonacept)	Tier 4	SP, PA, QL (8 vials every 28 days)
lenalidomide caps 2.5mg, 5mg, 10mg, 15mg	Tier 4	SP, PA, QL (28 caps every 28 days)
lenalidomide caps 20mg, 25mg	Tier 4	SP, PA, QL (21 caps every 28 days)
POMALYST CAPS 1mg, 2mg, 3mg, 4mg (pomalidomide)	Tier 4	SP, PA, QL (21 caps every 28 days)
THALOMID CAPS 50mg (thalidomide)	Tier 4	SP, PA, QL (28 caps every 28 days)
THALOMID CAPS 100mg (thalidomide)	Tier 4	SP, PA, QL (112 caps every 28 days)
TICE BCG SUSR 50mg (bcg live intravesical)	Tier 2	
VYVGART INJ HYTRULO (efgartigimod alfa and hyaluronidase-qvfc)	Tier 4	SP, PA, QL (4 syringes every 28 days)
IMMUNOSUPPRESSANTS		
azathioprine tabs 50mg, 75mg, 100mg	Tier 1	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	Tier 1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	Tier 1	
(Gengraf Caps 25mg, 100mg; Soln 100mg/ml) GENGRAF	Tier 1	
mycophenolate mofetil caps 250mg; tabs 500mg	Tier 1	
mycophenolate mofetil susr 200mg/ml	Tier 3	
mycophenolate mofetil hcl solr 500mg	Tier 1	
mycophenolate sodium tbec 180mg, 360mg	Tier 1	
PROGRAF SOLN 5mg/ml (tacrolimus)	Tier 3	
SANDIMMUNE SOLN 100mg/ml (cyclosporine)	Tier 3	
sirolimus soln 1mg/ml	Tier 3	
sirolimus tabs .5mg, 1mg, 2mg	Tier 1	
tacrolimus caps .5mg, 1mg, 5mg	Tier 1	
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml (rsv pre-fusion f a&b protein vaccine recombinant)	Tier 0	QL (1 injection every 365 days)

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ (<i>haemophilus b polysac conj vac</i>)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 0	
AFLURIA INJ 2025-26 (<i>influenza virus vaccine split preservative free</i>)	Tier 0	QL (1 injection every 180 days)
AREXVY SUSR 120mcg/0.5ml (<i>rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted</i>)	Tier 0	QL (1 injection every 365 days); \$0 copay for members age 50 and older, otherwise not covered
BEXSERO SUSY .5ml (<i>meningococcal vac group b (recombinant omv adjuvanted)</i>)	Tier 0	
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 0	
CAPVAXIVE SOSY .5ml (<i>pneumococcal 21-valent conjugate vaccine</i>)	Tier 0	
COMIRNATY 2023-24 SUSP 30mcg/0.3ml; SUSY 30mcg/0.3ml (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 0	
DAPTACEL INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS (<i>dengue virus vaccine live tetravalent</i>)	Tier 0	
DIP/TET PED INJ 25-5LFU	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml (<i>hepatitis b vaccine (recomb)</i>)	Tier 0	
ENGERIX-B SUSY 20mcg/ml (<i>hepatitis b vaccine (recomb)</i>)	Tier 0	QL (3 injections per 365 days)
FLUAD INJ 2025-26 (<i>influenza virus vaccine types a & b surface antigen adjuvant</i>)	Tier 0	QL (1 injection every 180 days)
FLUARIX INJ 2025-26 (<i>influenza virus vaccine split preservative free</i>)	Tier 0	QL (1 injection every 180 days)
FLUBLOK INJ 2025-26 (<i>influenza virus vaccine recombinant hemagglutinin (ha)</i>)	Tier 0	QL (1 injection every 180 days)
FLUCELVAX INJ 2025-26 (<i>influenza virus vaccine tissue-cultured subunit</i>)	Tier 0	QL (1 injection every 180 days)
FLULAVAL INJ 2025-26 (<i>influenza virus vaccine split preservative free</i>)	Tier 0	QL (1 injection every 180 days)
FLUMIST NASAL VACCINE 2025-2026 (<i>influenza virus vaccine live</i>)	Tier 0	QL (1 application every 180 days)

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

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^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
FLUZONE INJ 2025-26 (<i>influenza virus vaccine split preservative free</i>)	Tier 0	QL (1 injection every 180 days)
GARDASIL 9 SUSP .5ml; SUSY .5ml (<i>human papillomavirus (hvp) 9-valent recombinant vaccine</i>)	Tier 0	QL (3 injections per 365 days)
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml (<i>hepatitis a vaccine</i>)	Tier 0	QL (2 injections every 365 days)
HEPLISAV-B SOSY 20mcg/0.5ml (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 0	QL (2 injections every 365 days)
HIBERIX SOLR 10mcg (<i>haemophilus b polysac conj vac</i>)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
IPOLE INJ INACTIVE (<i>poliovirus vaccine, ipv</i>)	Tier 0	
JYNNEOS SUSP .5ml (<i>smallpox & monkeypox vaccine, live, non-replicating</i>)	Tier 0	
KINRIX INJ (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ (<i>measles, mumps & rubella virus vaccines</i>)	Tier 0	QL (2 injections every 365 days)
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>)	Tier 0	
MENQUADFI SOLN .5ml (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>)	Tier 0	
MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	Tier 0	
MENVEO SOL (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	Tier 0	
MODERNA COVID-19 VACCINE SUSY 25mcg/0.25ml (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 0	
MRESVIA SUSY 50mcg/0.5ml (<i>rsv mrna pre-fusion virus vaccine</i>)	Tier 0	QL (1 injection every 365 days); \$0 copay for members age 50 and older, otherwise not covered
NOVAVAX COVID-19 VACCINE/ SUSY 5mcg/0.5ml (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>)	Tier 0	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 0.5ML (diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml (haemophilus b polysac conj vac)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ (mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc)	Tier 0	
PENTACEL INJ (diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3mcg/0.3ml, 10mcg/0.3ml (covid-19 (sars-cov-2) mrna virus vaccine)	Tier 0	
PNEUMOVAX 23/1 DOSE SOLN 25mcg/0.5ml (pneumococcal vac polyvalent)	Tier 0	
PREHEVBRIO SUSP 10mcg/ml (hepatitis b vaccine 3-antigen recombinant)	Tier 0	
PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine)	Tier 0	
PREVNAR 20 INJ (pneumococcal 20-valent conjugate vaccine)	Tier 0	QL (1 injection per lifetime)
PRIORIX INJ (measles, mumps & rubella virus vaccines)	Tier 0	
PROQUAD INJ (measles-mumps-rubella-varicella virus vaccines)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML (diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml (hepatitis b vaccine (recomb))	Tier 0	
ROTARIX SUS (rotavirus vaccine, live oral)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL (rotavirus vaccine, live oral pentavalent)	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml (zoster vaccine recombinant adjuvanted)	Tier 0	QL (2 injections per lifetime); \$0 copay for members age 19 and older, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
SPIKEVAX COVID-19 VACCINE SUSP 50mcg/0.5ml; SUSY 50mcg/0.5ml (covid-19 (sars-cov-2) mrna virus vaccine)	Tier 0	
TDVAX INJ 2-2 LF (tetanus-diphtheria toxoids (td))	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF (tetanus-diphtheria toxoids (td))	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA SUSY .5ml (meningococcal group b vaccine (recombinant))	Tier 0	
TWINRIX INJ (hepatitis a (inactivated)- hepatitis b (recombinant) vaccines)	Tier 0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml (hepatitis a vaccine)	Tier 0	
VAQTA SUSP 50unit/ml (hepatitis a vaccine)	Tier 0	QL (1 injection every 365 days)
VARIVAX SUSR 1350pfu/0.5ml (varicella virus vaccine live)	Tier 0	QL (2 injections every 365 days)
VAXNEUVANCE INJ (pneumococcal 15-valent conjugate vaccine)	Tier 0	
ZOSTAVAX SUSR 19400unt/0.65ml (zoster vaccine live)	Tier 0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

BLOOD PRESSURE MONITORS

BLOOD PRESS MIS MONITOR	Tier 0	QL (1 monitor per year), OTC
BLOOD PRESSURE MONITORING KIT W/ DEVICE & DIGITAL APP (blood pressure monitoring)	Tier 0	QL (1 monitor per year), OTC
BLOOD PRSSRE KIT MONITOR (blood pressure monitoring)	Tier 0	QL (1 monitor per year), OTC

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS (blood glucose monitoring supplies)	Tier 2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS (glucose blood)	Tier 2	QL (150 test strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12" (alcohol sheets)	Tier 2	
ALCOHOL SWABS PADS 70%	Tier 2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION (blood glucose calibration)	Tier 2	OTC

Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPL KIT PATCH 2U (<i>injection device for insulin</i>)	Tier 2	PA, QL (10 patches every 30 days)
CEQUR SIMPL KIT PATCH 2U (<i>injection device for insulin</i>)	Tier 2	PA, QL (8 patches every 32 days)
CEQUR SIMPL MIS INSERTER (<i>injection device for insulin</i>)	Tier 2	PA, QL (1 inserter every 365 days)
GLUCOSE URINE TEST STRIPS (<i>glucose urine test-(glucose oxidase)</i>)	Tier 2	OTC
KETONE URINE TEST STRIPS (<i>urine glucose-ketones test</i>)	Tier 2	OTC
LANCETS (<i>lancets</i>)	Tier 2	OTC
LANCING DEVICE	Tier 2	OTC
MISC LANCETS (<i>lancets misc.</i>)	Tier 2	OTC
NOVOPEN ECHO MIS (<i>injection device for insulin</i>)	Tier 2	QL (1 pen per 365 days)
SHARPS CONTAINER (<i>sharps container</i>)	Tier 2	OTC
TECHLITE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	OTC
TECHLITE PLUS PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	OTC
TEMPO SMART MIS BUTTON (<i>blood glucose monitoring supplies</i>)	Tier 2	QL (1 pen per 365 days)
URINE GLUCOSE MONITORING SUPPLIES (<i>urine glucose monitoring supplies</i>)	Tier 2	OTC
URINE TEST STRIPS (<i>multiple urine tests</i>)	Tier 2	OTC

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER (<i>continuous glucose system receiver</i>)	Tier 0	QL (1 device every 3 years)
DEXCOM G6 MIS SENSOR (<i>continuous glucose system sensor</i>)	Tier 0	QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous glucose system transmitter</i>)	Tier 0	QL (1 every 90 days)
DEXCOM G7 MIS 15 DAY (<i>continuous glucose system sensor</i>)	Tier 0	QL (2 sensors every 30 days)
DEXCOM G7 MIS RECEIVER (<i>continuous glucose system receiver</i>)	Tier 0	QL (1 device every 3 years)
DEXCOM G7 MIS SENSOR (<i>continuous glucose system sensor</i>)	Tier 0	QL (3 every 30 days)
ENLITE GLUCO MIS SENSOR (<i>continuous glucose system sensor</i>)	Tier 0	QL (5 sensors every 30 days)
EVERSENSE365 MIS SENSOR (<i>continuous glucose system sensor</i>)	Tier 0	QL (1 sensor every 365 days)

Drug Name	Drug Tier	Requirements/Limits
EVERSENSE365 MIS TRANSMTR (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
EVERSENSE E3 MIS SENSOR (continuous glucose system sensor)	Tier 0	QL (1 sensor every 90 days)
EVERSENSE E3 MIS TRANSMTR (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
EVERSENSE MIS SENSOR (continuous glucose system sensor)	Tier 0	QL (1 sensor every 90 days)
EVERSENSE MIS TRANSMTR (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
FREE LIBRE2 KIT PLUS/SEN (continuous glucose system sensor)	Tier 0	QL (1 sensor every 14 days)
FREE LIBRE3 KIT PLUS/SEN (continuous glucose system sensor)	Tier 0	QL (1 sensor every 14 days)
FREESTY LIBR KIT 2 SENSOR (continuous glucose system sensor)	Tier 0	QL (1 sensor every 14 days)
FREESTY LIBR KIT 3 SENSOR (continuous glucose system sensor)	Tier 0	QL (1 sensor every 14 days)
FREESTY LIBR KIT SENSOR (continuous glucose system sensor)	Tier 0	QL (1 sensor every 14 days)
FREESTY LIBR MIS 2 READER (continuous glucose system receiver)	Tier 0	QL (1 device every 3 years)
FREESTY LIBR MIS 3 READER (continuous glucose system receiver)	Tier 0	QL (1 device every 3 years)
FREESTY LIBR MIS READER (continuous glucose system receiver)	Tier 0	QL (1 device every 3 years)
FREESTYLE MIS READER (continuous glucose system receiver)	Tier 0	QL (1 device every 3 years)
GUARDIAN 4 MIS SENSOR (continuous glucose system sensor)	Tier 0	QL (5 sensors every 30 days)
GUARDIAN 4 MIS TRANSMIT (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
GUARDIAN CON MIS TRANSMIT (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
GUARDIAN MIS LINK 3 (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
GUARDIAN MIS SENSOR 3 (continuous glucose system sensor)	Tier 0	QL (5 sensors every 30 days)
GUARDIAN RT MIS REPL PED (continuous glucose system receiver)	Tier 0	QL (1 device every 3 years)
MINILINK RT MIS TRANSMIT (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)
MINIMED 630G MIS TRANSMIT (continuous glucose system transmitter)	Tier 0	QL (1 device every 365 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX KIT INT G7G6 (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (1 kit every 365 days)
OMNIPOD 5 DX MIS POD G7G6 (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD 5 G7 KIT INTRO (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G7 MIS PODS (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD 5 L2 KIT INTRO G6 (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (1 kit every 365 days)
OMNIPOD 5 L2 MIS PODS G6 (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD DASH KIT INTRO (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (1 kit every 365 days)
OMNIPOD DASH MIS PODS (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC (<i>insulin infusion disposable pump</i>)	Tier 2	PA, QL (10 pods every 30 days)
PARADIGM REA MIS TRANSMIT (<i>continuous glucose system transmitter</i>)	Tier 0	QL (1 device every 365 days)
SIMPLERA MIS SENSOR (<i>continuous glucose system sensor</i>)	Tier 0	QL (5 sensors every 30 days)
SIMPLERA MIS SYNC SEN (<i>continuous glucose system sensor</i>)	Tier 0	QL (5 sensors every 30 days)
SIMPLERA MIS SYSTEM (<i>continuous glucose system sensor</i>)	Tier 0	QL (5 sensors every 30 days)

MISCELLANEOUS THERAPEUTIC CLASSES

MENOPAUSAL

<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	Tier 1	QL (30 caps every 30 days)
VEOZAH TABS 45mg (<i>fezolinetant</i>)	Tier 3	PA, QL (30 tabs every 30 days)

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

BENLYSTA SOAJ 200mg/ml (<i>belimumab</i>)	Tier 4	PA, QL (4 pens every 28 days)
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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOSY 200mg/ml (belimumab)	Tier 4	PA, QL (4 syringes every 28 days)

MUSCULOSKELETAL THERAPY AGENTS

MUSCLE RELAXANT COMBINATIONS

carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Tier 1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
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VISCOSUPPLEMENTS

EUFLEXXA SOSY 20mg/2ml (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (12 ml per year)
MONOVISC SOSY 88mg/4ml (hyaluronan)	Tier 4	PA, QL (8 ml per year)
ORTHOVISC SOSY 30mg/2ml (hyaluronan)	Tier 4	PA, QL (12 ml per year)

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

(Fluoritab Soln .125mg/drop) FLUORITAB	Tier 1	\$0 applies for ages 5 and under
(Flura-Drops Soln .25mg/drop) FLURA-DROPS	Tier 1	\$0 applies for ages 5 and under
(K-Effervescent Tbef 25meq) K-EFFERVESCENT	Tier 1	
(Klor-Con 8 Tbc 8meq) KLOR-CON 8	Tier 1	
(Klor-Con 10 Tbc 10meq) KLOR-CON 10	Tier 1	
(Klor-Con M15 Tbc 15meq) KLOR-CON M15	Tier 1	
(Klor-Con M20 Tbc 20meq) KLOR-CON M20	Tier 1	
(Ludent Chew 1mg) LUDENT	Tier 1	
(Ludent Chew .25mg, .5mg) LUDENT	Tier 1	\$0 applies for ages 5 and under
magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	Tier 1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 1	
(Nafrinse Chew 2.2mg) NAFRINSE	Tier 1	
(Nafrinse Drops Soln .125mg/drop) NAFRINSE DROPS	Tier 1	\$0 applies for ages 5 and under
potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq	Tier 1	
potassium chloride soln 10%, 20%	Tier 1	PA
potassium chloride microencapsulated crystals er tbc 10meq, 20meq	Tier 1	
sodium chloride soln 2.5meq/ml	Tier 1	
sodium chloride flush soln .9%	Tier 1	
sodium fluoride chew 1mg; tabs 1mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	Tier 1	\$0 applies for ages 5 and under
IV REPLACEMENT SOLUTIONS		
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 1	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	Tier 1	
potassium chloride soln 2meq/ml	Tier 1	
sodium chloride soln .45%, .9%, 3%, 5%	Tier 1	
VITAMINS		
(Av-Vite Fb Forte) AV-VITE FB FORTE	Tier 1	
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	Tier 1	
cholecalciferol caps 50000unit	Tier 1	OTC
CITRANATAL CAP HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)	Tier 2	
CITRANATAL CAP MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)	Tier 2	
CITRANATAL MIS 90 DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	Tier 2	
CITRANATAL MIS B-CALM (prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6)	Tier 2	
CITRANATAL PAK ASSURE (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	Tier 2	
CITRANATAL PAK DHA (prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)	Tier 2	
CITRANATAL TAB BLOOM (prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid)	Tier 2	
CITRANATAL TAB RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)	Tier 2	
cyanocobalamin soln 1000mcg/ml	Tier 1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml	Tier 1	
(Elite-Ob) ELITE-OB	Tier 1	
ergocalciferol caps 50000unit	Tier 1	
folic acid caps 800mcg	Tier 0	QL (100 caps every 30 days), OTC
folic acid tabs 1mg	Tier 1	
folic acid tabs 400mcg, 800mcg	Tier 0	QL (100 tabs every 30 days), OTC
(Inatal Gt) INATAL GT	Tier 1	
(Multi-Vit/iron/fluoride) MULTI-VIT/IRON/FLUORIDE	Tier 1	OTC
(Multi-Vitamin/fluoride Dr) MULTI-VITAMIN/FLUORIDE DR	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
(Multi-Vitamin/fluoride/ir) MULTI-VITAMIN/FLUORIDE/IR	Tier 1	
(Multivitamin/fluoride) MULTIVITAMIN/FLUORIDE	Tier 1	
(Multivitamin/fluoride) MULTIVITAMIN/FLUORIDE	Tier 1	OTC
(Mvc-Fluoride) MVC-FLUORIDE	Tier 1	
NIVA-FOL TAB (folic acid-pyridoxine-cyanocobalamin)	Tier 1	OTC
paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml	Tier 1	
phytonadione tabs 5mg	Tier 3	
(Prenatabs Rx) PRENATABS RX	Tier 1	OTC
(Prenatal 19) PRENATAL 19	Tier 1	
pyridoxine hcl tabs 25mg, 50mg	Tier 1	OTC
(Tri-Vitamin/fluoride) TRI-VITAMIN/FLUORIDE	Tier 1	
(Tri-Vite/fluoride) TRI-VITE/FLUORIDE	Tier 1	
(Trinate) TRINATE	Tier 1	
VIT A/C/D/FL DRO 0.25MG (pediatric vitamins acd w/ fluoride)	Tier 1	OTC

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
BLEPHAMIDE OIN S.O.P. (sulfacetamide sod-prednisolone)	Tier 2	
BLEPHAMIDE SUS OP (sulfacetamide sod-prednisolone)	Tier 2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	Tier 2	
TOBRADEX ST SUS 0.3-0.05 (tobramycin-dexamethasone)	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	

ANTI-INFECTIVES

AZASITE SOLN 1% (azithromycin (ophth))	Tier 2	
bacitracin (ophthalmic) oint 500unit/gm	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
bacitracin-polymyxin b ophth oint	Tier 1	
BESIVANCE SUSP .6% (besifloxacin hcl)	Tier 3	
ciprofloxacin hcl (ophth) soln .3%	Tier 1	
erythromycin (ophth) oint 5mg/gm	Tier 1	
gatifloxacin (ophth) soln .5%	Tier 1	
(Gentak Oint .3%) GENTAK	Tier 1	
gentamicin sulfate (ophth) soln .3%	Tier 1	QL (20 mL every 30 days)
levofloxacin (ophth) soln .5%	Tier 1	
moxifloxacin hcl (ophth) soln .5%	Tier 1	
NATACYN SUSP 5% (natamycin)	Tier 2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	
ofloxacin (ophth) soln .3%	Tier 1	
(Polycin) POLYICIN	Tier 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1	
sulfacetamide sodium (ophth) oint 10%; soln 10%	Tier 1	
tobramycin (ophth) soln .3%	Tier 1	
trifluridine soln 1%	Tier 1	
ZIRGAN GEL .15% (ganciclovir ophthalmic)	Tier 3	

ANTI-INFLAMMATORIES

ACUVAIL SOLN .45% (ketorolac tromethamine (ophth))	Tier 2	
bromfenac sodium (ophth) soln .09%	Tier 1	
dexamethasone sodium phosphate (ophth) soln .1%	Tier 1	
diclofenac sodium (ophth) soln .1%	Tier 1	
flurbiprofen sodium soln .03%	Tier 1	
FML OINT .1% (fluorometholone (ophth))	Tier 2	
FML FORTE SUSP .25% (fluorometholone (ophth))	Tier 2	
ketorolac tromethamine (ophth) soln .4%, .5%	Tier 1	
loteprednol etabonate susp .5%	Tier 2	
MAXIDEX SUSP .1% (dexamethasone (ophth))	Tier 2	
PRED MILD SUSP .12% (prednisolone acetate (ophth))	Tier 2	
prednisolone acetate (ophth) susp 1%	Tier 1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Tier 2	

ANTIALLERGICS

ALOCRIIL SOLN 2% (nedocromil sodium (ophth))	Tier 3	
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Drug Name	Drug Tier	Requirements/Limits
ALOMIDE SOLN .1% (lodoxamide tromethamine)	Tier 3	
azelastine hcl (ophth) soln .05%	Tier 1	
bepotastine besilate soln 1.5%	Tier 1	
cromolyn sodium (ophth) soln 4%	Tier 1	
EMADINE SOLN .05% (emedastine difumarate)	Tier 3	
epinastine hcl (ophth) soln .05%	Tier 1	
(Gnp Olopatadine Hydrochlo Soln .1%) GNP OLOPATADINE HYDROCHLO	Tier 1	OTC
LASTACAPT SOLN .25% (alcaftadine)	Tier 2	OTC
olopatadine hcl soln .2%	Tier 1	OTC
PATADAY EXTRA STRENGTH SOLN .7% (olopatadine hcl)	Tier 2	OTC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1% (brimonidine tartrate)	Tier 3	
apraclonidine hcl soln .5%	Tier 1	
betaxolol hcl (ophth) soln .5%	Tier 1	
BETIMOL SOLN .25%, .5% (timolol)	Tier 3	
BETOPTIC-S SUSP .25% (betaxolol hcl (ophth))	Tier 2	
bimatoprost soln .03%	Tier 1	Generic Lumigan
brimonidine tartrate soln .15%, .2%	Tier 1	
brinzolamide susp 1%	Tier 1	
carteolol hcl (ophth) soln 1%	Tier 1	
dorzolamide hcl soln 2%	Tier 1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	Tier 1	
IOPIDINE SOLN 1% (apraclonidine hcl)	Tier 3	
latanoprost soln .005%	Tier 1	
levobunolol hcl soln .5%	Tier 1	
PHOSPHOLINE IODIDE SOLR .125% (echothiophate iodide)	Tier 3	
pilocarpine hcl soln 1%	Tier 1	
SIMBRINZA SUS 1-0.2% (brinzolamide-brimonidine tartrate)	Tier 2	QL (8mL every 20 days)
tafluprost soln .015mg/ml	Tier 1	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	Tier 1	
travoprost soln .004%	Tier 1	
DRY EYE DISEASE		
MIEBO SOLN 1.338gm/ml (perfluorohexyloctane)	Tier 2	PA, QL (3 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RESTASIS EMUL .05% (cyclosporine (ophth))	Tier 1	PA, QL (60 vials every 30 days); Single-Dose
RESTASIS MULTIDOSE EMUL .05% (cyclosporine (ophth))	Tier 2	PA, QL (1 bottle every 30 days); Multi-Dose
XIIDRA SOLN 5% (lifitegrast)	Tier 2	PA, QL (60 ampules every 30 days)

MISCELLANEOUS

atropine sulfate (ophthalmic) soln 1%	Tier 1	
CYSTARAN SOLN .44% (cysteamine hcl)	Tier 4	SP, PA, QL (4 bottles every 28 days)
LACRISERT INST 5mg (artificial tear insert)	Tier 3	
phenylephrine hcl (mydriatic) soln 2.5%, 10%	Tier 1	
proparacaine hcl soln .5%	Tier 1	
tropicamide soln .5%, 1%	Tier 1	

OPHTHALMIC AGENTS

OPHTHALMIC ANTI-INFECTIVES

XDEMVI SOLN .25% (lotilaner)	Tier 3	PA, QL (1 bottle every 6 weeks)
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OTHER

IRRIGATION SOLUTIONS

(Physiolyte) PHYSIOLYTE	Tier 1	
(Physiosol Irrigation) PHYSIOSOL IRRIGATION	Tier 1	
(Tis-U-Sol) TIS-U-SOL	Tier 1	

OTIC AGENTS

OTIC ANTI-INFECTIVES

ciprofloxacin hcl (otic) soln .2%	Tier 1	
OTIPRIO SUSP 6% (ciprofloxacin (otic))	Tier 2	

PASSIVE IMMUNIZING AND TREATMENT AGENTS

IMMUNE SERUMS

FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml (immune globulin (human) iv)	Tier 4	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml (immune globulin (human) iv or subcutaneous)	Tier 4	SP, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml (immune globulin (human) iv or subcutaneous)	Tier 4	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml (immune globulin (human) iv or subcutaneous)	Tier 4	SP, PA

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty

^ - Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
MICRHOGAM ULTRA-FILTERED SOSY 250unit (rho d immune globulin (human))	Tier 3	
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml (immune globulin (human) iv)	Tier 4	SP, PA
RHOGAM ULTRA-FILTERED PLU SOSY 1500unit (rho d immune globulin (human))	Tier 3	

MONOCLONAL ANTIBODIES

BEYFORTUS SOSY 50mg/0.5ml, 100mg/ml (nirsevimab-alip)	Tier 0	PA, QL (1 injection per RSV season); \$0 copay for members age 18 and younger, otherwise not covered
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PENICILLINS

NATURAL PENICILLINS

BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml (penicillin g benzathine)	Tier 2	QL (3 syringes per 365 days)
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

COMBINATION PSYCHOTHERAPEUTICS

chlordiazepoxide-amitriptyline tab 5-12.5 mg	Tier 1	QL (120 tabs every 30 days)
chlordiazepoxide-amitriptyline tab 10-25 mg	Tier 1	QL (180 tabs every 30 days)

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C SOLN 1000mg/20ml (alpha1-proteinase inhibitor (human))	Tier 4	SP, PA
PROLASTIN-C SOLR 1000mg (alpha1-proteinase inhibitor (human))	Tier 4	PA

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	Tier 1	QL (4 auto-injectors every 25 days); \$60 max copay for twin pack
NEFFY SOLN 1mg/0.1ml (epinephrine (anaphylaxis))	Tier 2	PA, QL (4 devices per 28 days)
NEFFY SOLN 2mg/0.1ml (epinephrine (anaphylaxis))	Tier 2	PA, QL (4 devices per 28 days); \$60 max copay for twin pack

ANTI-HISTAMINES

azelastine hcl soln .1%, .15%	Tier 1	QL (2 bottles every 25 days)
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Drug Name	Drug Tier	Requirements/Limits
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	Tier 1	
clemastine fumarate tabs 2.68mg	Tier 1	
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	Tier 1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	Tier 1	
diphenhydramine hcl soln 50mg/ml	Tier 1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	Tier 1	
hydroxyzine pamoate caps 25mg, 50mg, 100mg	Tier 1	
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	Tier 1	
olopatadine hcl (nasal) soln .6%	Tier 1	QL (1 container every 25 days)

COLD/COUGH

benzonatate caps 100mg, 200mg	Tier 1	
guaifenesin-codeine soln 100-10 mg/5ml	Tier 1	OTC; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	Tier 1	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	Tier 1	
(Hydromet) HYDROMET	Tier 1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	
(Promethazine Vc/codeine) PROMETHAZINE VC/CODEINE	Tier 1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	
(Tussigon) TUSSIGON	Tier 1	

CYSTIC FIBROSIS

ALYFTREK TAB 4-20-50 (vanzacaftor-tezacaftor-deutivacaftor)	Tier 4	PA, QL (90 tabs every 30 days)
ALYFTREK TAB 10-50-125 (vanzacaftor-tezacaftor-deutivacaftor)	Tier 4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
amikacin sulfate soln 1gm/4ml, 500mg/2ml	Tier 1	
AZACTAM/DEX INJ 1GM (aztreonam-dextrose)	Tier 3	
AZACTAM/DEX INJ 2GM (aztreonam-dextrose)	Tier 3	
CAYSTON SOLR 75mg (aztreonam lysine)	Tier 4	SP, PA, QL (84 vials every 28 days); \$25 max copay per 30 day supply
gentamicin in saline inj 0.8 mg/ml	Tier 1	
gentamicin in saline inj 1 mg/ml	Tier 1	
gentamicin in saline inj 1.2 mg/ml	Tier 1	
gentamicin in saline inj 1.6 mg/ml	Tier 1	
gentamicin in saline inj 2 mg/ml	Tier 1	
gentamicin sulfate soln 10mg/ml, 40mg/ml	Tier 1	
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg (ivacaftor)	Tier 4	SP, PA, QL (56 packets every 28 days)
KALYDECO TABS 150mg (ivacaftor)	Tier 4	SP, PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125 (lumacaftor-ivacaftor)	Tier 4	SP, PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188 (lumacaftor-ivacaftor)	Tier 4	SP, PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125 (lumacaftor-ivacaftor)	Tier 4	SP, PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125 (lumacaftor-ivacaftor)	Tier 4	SP, PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG (tezacaftor-ivacaftor)	Tier 4	SP, PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150 (tezacaftor-ivacaftor)	Tier 4	SP, PA, QL (56 tabs every 28 days)
tobramycin nebu 300mg/4ml	Tier 4	PA, QL (224 ml every 28 days); \$25 max copay per 30 day supply
tobramycin nebu 300mg/5ml	Tier 4	PA, QL (280 mL every 28 days); \$25 max copay per 30 day supply
tobramycin sulfate soln 1.2gm/30ml, 10mg/ml	Tier 1	
tobramycin sulfate soln 40mg/ml, 80mg/2ml	Tier 1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
tobramycin sulfate solr 1.2gm	Tier 1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG (elexacaftor-tezacaftor-ivacaftor)	Tier 4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG (elexacaftor-tezacaftor-ivacaftor)	Tier 4	SP, PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB (elexacaftor-tezacaftor-ivacaftor)	Tier 4	SP, PA, QL (84 tabs every 28 days)

NASAL STEROIDS

flunisolide (nasal) soln .025%	Tier 1	QL (3 containers every 25 days)
fluticasone propionate (nasal) susp 50mcg/act	Tier 1	QL (1 container every 25 days), OTC
triamcinolone acetonide (nasal) aero 55mcg/act	Tier 1	QL (1 bottle every 25 days), OTC

PULMONARY AGENTS

acetylcysteine soln 10%, 20%	Tier 1	
albuterol sulfate aers 108mcg/act	Tier 1	QL (2 inhalers every 25 days); \$25 max copay per 30 day supply
albuterol sulfate nebu 2.5mg/0.5ml	Tier 1	QL (120 vials every 30 days); \$25 max copay per 30 day supply
albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml	Tier 1	QL (5 boxes every 25 days); \$25 max copay per 30 day supply
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg	Tier 1	\$25 max copay per 30 day supply
aminophylline soln 25mg/ml	Tier 1	
ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act (fluticasone furoate (inhalation))	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
BREO ELLIPTA INH 50-25MCG (fluticasone furoate-vilanterol)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide (inhalation) susp .5mg/2ml, 1mg/2ml</i>	Tier 1	QL (2 boxes every 25 days); \$25 max copay per 30 day supply
<i>budesonide (inhalation) susp .25mg/2ml</i>	Tier 1	QL (3 boxes every 25 days); \$25 max copay per 30 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>cromolyn sodium nebu 20mg/2ml</i>	Tier 1	QL (2 boxes every 25 days); \$25 max copay per 30 day supply
DULERA AER 50-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 2	QL (1 package every 30 days); \$25 max copay per 30 day supply
DULERA AER 100-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 2	QL (1 package every 30 days); \$25 max copay per 30 day supply
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 2	QL (1 inhaler every 30 days); \$25 max copay per 30 day supply
FASENRA SOSY 10mg/0.5ml, 30mg/ml (<i>benralizumab</i>)	Tier 4	PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30mg/ml (<i>benralizumab</i>)	Tier 4	PA, QL (1 autoinjector every 56 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply

Drug Name	Drug Tier	Requirements/Limits
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	Tier 1	QL (1 package every 25 days); \$25 max copay per 30 day supply
formoterol fumarate nebu 20mcg/2ml	Tier 2	QL (60 vials every 25 days); \$25 max copay per 30 day supply
INCRUSE ELLIPTA AEPB 62.5mcg/inh (umeclidinium bromide)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
ipratropium bromide soln .02%	Tier 1	QL (5 boxes every 25 days); \$25 max copay per 30 day supply
ipratropium bromide (nasal) soln .03%, .06%	Tier 1	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (6 boxes every 25 days); \$25 max copay per 30 day supply
levalbuterol hcl nebu 1.25mg/0.5ml	Tier 1	QL (45 mL every 30 days); \$25 max copay per 30 day supply
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml	Tier 1	QL (300 mL every 30 days); \$25 max copay per 30 day supply
levalbuterol tartrate aero 45mcg/act	Tier 1	QL (2 inhalers every 30 days); \$25 max copay per 30 day supply
metaproterenol sulfate syrpf 10mg/5ml	Tier 1	\$25 max copay per 30 day supply
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	Tier 1	
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml (mepolizumab)	Tier 4	SP, PA, QL (3 injections every 28 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act (beclomethasone dipropionate hfa)	Tier 2	QL (2 packages every 25 days); \$25 max copay per 30 day supply
roflumilast tabs 250mcg, 500mcg	Tier 3	PA
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	Tier 1	\$25 max copay per 30 day supply
SPIRIVA HANDIHALER CAPS 18mcg (tiotropium bromide monohydrate)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act (tiotropium bromide monohydrate)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT AERS 2.5mcg/act (olodaterol hcl)	Tier 2	QL (1 package every 25 days); \$25 max copay per 30 day supply
terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg	Tier 1	\$25 max copay per 30 day supply
TEZSPIRE SOAJ 210mg/1.91ml (tezepelumab-ekko)	Tier 4	SP, PA, QL (1 pen every 4 weeks)
TEZSPIRE SOSY 210mg/1.91ml (tezepelumab-ekko)	Tier 4	SP, PA, QL (1 syringe every 4 weeks)
theophylline soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	Tier 1	
TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 package every 30 days); \$25 max copay per 30 day supply
TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 package every 30 days); \$25 max copay per 30 day supply
XOLAIR SOAJ 75mg/0.5ml (omalizumab)	Tier 4	SP, PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150mg/ml (omalizumab)	Tier 4	SP, PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300mg/2ml (omalizumab)	Tier 4	SP, PA, QL (4 pens every 28 days)
XOLAIR SOLR 150mg (omalizumab)	Tier 4	SP, PA, QL (8 vials every 28 days)
XOLAIR SOSY 75mg/0.5ml (omalizumab)	Tier 4	SP, PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150mg/ml (omalizumab)	Tier 4	SP, PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300mg/2ml (omalizumab)	Tier 4	SP, PA, QL (4 syringes every 28 days)
zafirlukast tabs 10mg, 20mg	Tier 1	
zileuton tb12 600mg	Tier 3	PA, QL (120 tabs every 30 days)
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100mg, 150mg (nintedanib esylate)	Tier 4	PA, QL (60 caps every 30 days)
pirfenidone caps 267mg	Tier 4	PA, QL (270 caps every 30 days)
pirfenidone tabs 267mg	Tier 4	PA, QL (270 tabs every 30 days)
pirfenidone tabs 534mg	Tier 4	SP, PA, QL (90 tabs every 30 days)
pirfenidone tabs 801mg	Tier 4	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
MICROCHAMBER MIS (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (2 every 365 days)
PEDIATRIC RESPIRATORY MASK (<i>spacer/aerosol-holding chamber supplies - masks</i>)	Tier 2	OTC

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene gel .1%, .3%</i>	Tier 1	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	QL (45g every 30 days)
(Avita Crea .025%; Gel .025%) AVITA	Tier 1	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	QL (46.6 g every 30 days)
(Clindacin Etz Pledgets Swab 1%) CLINDACIN ETZ PLEDGETS	Tier 1	QL (60 every 30 days)
(Clindacin-P Swab 1%) CLINDACIN-P	Tier 1	QL (69 every 30 days)
<i>clindamycin phosphate (topical) foam 1%</i>	Tier 1	
<i>clindamycin phosphate (topical) gel 1%</i>	Tier 1	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	Tier 1	QL (60mL every 25 days)
<i>dapsone (topical) gel 7.5%</i>	Tier 1	PA
(Ery Pads 2%) ERY	Tier 1	
<i>erythromycin (acne aid) gel 2%</i>	Tier 1	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	Tier 1	
<i>erythromycin (acne aid) soln 2%</i>	Tier 1	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Tier 1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	Tier 1	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>tretinoin gel .05%</i>	Tier 1	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	Tier 1	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%</i>	Tier 1	QL (80 g every 28 days)
<i>fluorouracil (topical) crea .5%; soln 2%</i>	Tier 1	
<i>imiquimod crea 5%</i>	Tier 1	

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Tier 1	QL (120g every 30 days)
IV PREP WIPE PAD	Tier 2	OTC

Drug Name	Drug Tier	Requirements/Limits
mupirocin oint 2%	Tier 1	QL (30g every 25 days)
silver sulfadiazine crea 1%	Tier 1	
(Ssd Crea 1%) SSD	Tier 1	
SULFAMYLON CREA 85mg/gm (mafenide acetate)	Tier 3	

DERMATOLOGY, ANTIFUNGALS

butenafine hcl crea 1%	Tier 1	QL (60g every 25 days), OTC
ciclopirox gel .77%	Tier 1	QL (120g every 25 days)
ciclopirox sham 1%	Tier 1	QL (120mL every 25 days)
ciclopirox soln 8%	Tier 1	
ciclopirox olamine crea .77%	Tier 1	QL (120g every 25 days)
ciclopirox olamine susp .77%	Tier 1	QL (120mL every 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (60g every 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	QL (60mL every 25 days)
econazole nitrate crea 1%	Tier 1	QL (60g every 25 days)
ketoconazole (topical) crea 2%	Tier 1	QL (120g every 25 days)
naftifine hcl crea 1%, 2%	Tier 1	QL (60g every 25 days)
(Nyamyc Powd 100000unit/gm) NYAMYC	Tier 1	QL (120g every 25 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	Tier 1	QL (120g every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 1	QL (60g every 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 1	QL (60g every 25 days)
(Nystop Powd 100000unit/gm) NYSTOP	Tier 1	QL (120g every 25 days)

DERMATOLOGY, ANTIPSORIATICS

acitretin caps 10mg, 17.5mg, 25mg	Tier 2	
calcipotriene soln .005%	Tier 1	QL (60mL every 30 days)
calcitriol (topical) oint 3mcg/gm	Tier 2	
COSENTYX SOSY 75mg/0.5ml, 150mg/ml (secukinumab)	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SOSY 150mg/ml (secukinumab)	Tier 4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150mg/ml (secukinumab)	Tier 4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX SENSOREADY PEN SOAJ 150mg/ml (secukinumab)	Tier 4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
COSENTYX UNOREADY SOAJ 300mg/2ml (secukinumab)	Tier 4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Hidradenitis Suppurativa
methoxsalen rapid caps 10mg	Tier 1	
tazarotene crea .1%; gel .05%, .1%	Tier 1	PA
TAZORAC CREA .05% (tazarotene)	Tier 2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	Tier 1	
selenium sulfide lotn 2.5%	Tier 1	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OINT 2% (crisaborole)	Tier 2	PA, QL (60 grams every 25 days)
tacrolimus (topical) oint .03%, .1%	Tier 1	
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate crea .05%; oint .05%	Tier 1	QL (300g every 25 days)
amcinonide lotn .1%	Tier 1	QL (240mL every 25 days)
betamethasone dipropionate (topical) crea .05%; oint .05%	Tier 1	QL (240g every 25 days)
betamethasone dipropionate (topical) lotn .05%	Tier 1	QL (240mL every 25 days)
betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%	Tier 1	QL (240g every 25 days)
betamethasone dipropionate augmented lotn .05%	Tier 1	QL (240mL every 25 days)
betamethasone valerate crea .1%; oint .1%	Tier 1	QL (240g every 25 days)
betamethasone valerate lotn .1%	Tier 1	QL (240mL every 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Tier 2	
clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%	Tier 1	QL (240g every 25 days)
clobetasol propionate liqd .05%; sham .05%	Tier 1	QL (300mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate lotn .05%; soln .05%	Tier 1	QL (240mL every 25 days)
desonide crea .05%; oint .05%	Tier 1	QL (300g every 25 days)
desonide lotn .05%	Tier 1	QL (300mL every 25 days)
desoximetasone crea .25%; oint .25%	Tier 1	QL (240g every 25 days)
diflorasone diacetate oint .05%	Tier 1	QL (1 tube every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	Tier 1	QL (300g every 25 days)
fluocinolone acetonide oil .01%; soln .01%	Tier 1	QL (300mL every 25 days)
fluocinonide crea .05%; gel .05%; oint .05%	Tier 1	QL (240g every 25 days)
fluocinonide soln .05%	Tier 1	QL (240mL every 25 days)
fluticasone propionate crea .05%; oint .005%	Tier 1	QL (240g every 25 days)
fluticasone propionate lotn .05%	Tier 2	QL (300mL every 25 days)
halcinonide crea .1%	Tier 3	QL (60g every 30 days)
halobetasol propionate crea .05%; oint .05%	Tier 1	QL (240g every 25 days)
hydrocortisone (topical) crea 2.5%; oint 2.5%	Tier 1	QL (300g every 25 days)
hydrocortisone (topical) lotn 2.5%	Tier 1	QL (300mL every 25 days)
hydrocortisone butyrate crea .1%; oint .1%	Tier 1	QL (240g every 25 days)
hydrocortisone butyrate soln .1%	Tier 1	QL (240mL every 25 days)
hydrocortisone valerate crea .2%; oint .2%	Tier 1	QL (240g every 25 days)
mometasone furoate crea .1%; oint .1%	Tier 1	QL (240g every 25 days)
mometasone furoate soln .1%	Tier 1	QL (240mL every 25 days)
prednicarbate crea .1%; oint .1%	Tier 1	QL (240g every 25 days)
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%	Tier 1	QL (240g every 25 days)
triamcinolone acetonide (topical) lotn .025%, .1%	Tier 1	QL (240mL every 25 days)
(Triderm Crea .1%) TRIDERM	Tier 1	QL (240g every 25 days)

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine ptch 5%	Tier 1	PA, QL (90 patches every 25 days)
lidocaine hcl gel 2%; prsy 2%	Tier 1	QL (60mL every 25 days)
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (30gm every 25 days)
lidocaine-prilocaine cream kit 2.5-2.5%	Tier 1	
PRAMOX GEL GEL 1% (pramoxine hcl)	Tier 1	
SYNERA DIS 70-70MG (lidocaine-tetracaine)	Tier 3	QL (2 patches every 25 days)

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

bexarotene (topical) gel 1%	Tier 4	PA
diclofenac sodium (topical) gel 1%	Tier 1	QL (300g every 25 days)
lactic acid (ammonium lactate) crea 12%; lotn 12%	Tier 1	
nitroglycerin (intra-anal) oint .4%	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox soln .5%</i>	Tier 1	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	Tier 1	PA, QL (50 g every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	Tier 3	
FINACEA FOAM 15% (<i>azelaic acid</i>)	Tier 2	QL (50 g every 30 days)
<i>ivermectin (rosacea) crea 1%</i>	Tier 1	PA, QL (1 tube every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	Tier 1	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	Tier 1	QL (60 mL every 30 days)
(Rosadan Crea .75%) ROSADAN	Tier 1	QL (60g every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion lotn .5%</i>	Tier 1	
<i>permethrin crea 5%</i>	Tier 1	
<i>spinosad susp .9%</i>	Tier 2	
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL .01% (<i>becaplermin</i>)	Tier 3	PA, QL (30g every 25 days)
SANTYL OINT 250unit/gm (<i>collagenase</i>)	Tier 3	PA, QL (180g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	Tier 1	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	Tier 1	
<i>clotrimazole troc 10mg</i>	Tier 1	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%</i>	Tier 1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Tier 1	
(Oralene Dental Paste Pste .1%) ORALONE DENTAL PASTE	Tier 1	
(Periogard Soln .12%) PERIOGARD	Tier 1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	Tier 1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	Tier 1	
OTIC		
<i>acetic acid (otic) soln 2%</i>	Tier 1	
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
CORTISPORIN SUS -TC OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide (otic) oil .01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin (otic) soln .3%</i>	Tier 1	

TOXOIDS

TOXOID COMBINATIONS

<i>VAXELIS INJ (diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb)</i>	Tier 0	\$0 copay for members age 18 and younger, otherwise not covered
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VASOPRESSORS

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<i>droxidopa caps 100mg</i>	Tier 4	PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	Tier 4	PA, QL (180 capsules every 30 days)

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