oscar

2020 Formulary

(List of Covered Drugs)

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 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 network pharmacy, and other plan rules are followed. This Formulary was updated as of 10/01/2020.

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

01 Medical Condition

The formulary begins on page 1. 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 that begins page 1. Then look under the category name for your drug.

02 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 158. 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.

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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 48 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

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.

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 him or her 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, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but during the year Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

Changes that can affect you this year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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 iTunes or Google Play.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page **158**.

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
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with[1] or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy

[1] to be covered at the pharmacy a prescription from your doctor is required

EXCH_OSCAR 4T CA STND eff 10/01/2020

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
celecoxib cap 50 mg	2	
celecoxib cap 100 mg	2	
celecoxib cap 200 mg	2	
GOUT - DRUGS TO TREAT GOUT		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	QL (120 tablets / 25 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tab 40 mg	1	ST; PA**
febuxostat tab 80 mg	1	ST; PA**
probenecid tab 500 mg	1	
NON-OPIOID ANALGESICS§		
butalbital-acetaminophen tab 50-325 mg (Tencon)	1	QL (48 tabs / 25 days)
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL (48 tabs / 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps / 25 days)
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
NSAIDS§		
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
etodolac cap 200 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium tab 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs / 25 days)
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
OPIOID AGONIST/ANTAGONIST§		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 units / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 units / 25 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 units / 25 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay
ZUBSOLV SUB 0.7-0.18 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 1.4-0.36 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 2.9-0.71 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 5.7-1.4 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (90 units / 25 days)
ZUBSOLV SUB 8.6-2.1 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (60 units / 25 days)
ZUBSOLV SUB 11.4-2.9 ***(buprenorphine hcl-naloxone hcl dihydrate)***	2	QL (30 units / 25 days)
OPIOID ANALGESICS§		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps / 25 days)
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2 bottles / 25 days)
codeine sulf tab 60mg	1	QL (42 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
codeine sulfate tab 30 mg	1	QL (42 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
EMBEDA CAP 20-0.8MG ***(morphine-naltrexone)***	2	QL (60 caps / 25 days), ST
EMBEDA CAP 30-1.2MG ***(morphine-naltrexone)***	2	QL (60 caps / 25 days), ST
EMBEDA CAP 50-2MG ***(morphine-naltrexone)***	2	QL (30 caps / 25 days), ST
EMBEDA CAP 60-2.4MG ***(morphine-naltrexone)***	2	QL (30 caps / 25 days), ST
EMBEDA CAP 80-3.2MG ***(morphine-naltrexone)***	2	QL (30 caps / 25 days), ST
EMBEDA CAP 100-4MG ***(morphine-naltrexone)***	2	PA, ST; High Strength Requires PA
fentanyl citrate lozenge on a handle 200 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 400 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 600 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 800 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	1	QL (120 lozenges / 25 days), PA
fentanyl td patch 72hr 12 mcg/hr	1	QL (10 patches / 25 days), ST
fentanyl td patch 72hr 25 mcg/hr	1	QL (10 patches / 25 days), ST
fentanyl td patch 72hr 50 mcg/hr	1	PA, ST; High Strength Requires PA
fentanyl td patch 72hr 75 mcg/hr	1	PA, ST; High Strength Requires PA
fentanyl td patch 72hr 100 mcg/hr	1	PA, ST; High Strength Requires PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-ibuprofen tab 10-200 mg	1	QL (50 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydrocodone-ibuprofen tab 10-200 mg (Xylon)	1	QL (50 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
HYDROMORPHON SUP 3MG	3	QL (120 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl inj 4 mg/ml	1	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydromorphone hcl tab 4 mg	1	QL (150 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl tab 8 mg	1	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
hydromorphone hcl tab er 24hr deter 8 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 12 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 16 mg	1	QL (30 tabs / 25 days), ST
hydromorphone hcl tab er 24hr deter 32 mg	1	PA, ST; High Strength Requires PA
methadone hcl conc 10 mg/ml	1	QL (30 ml / 25 days); (indicated for opioid addiction)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	1	QL (60 mL / 25 days), ST; (generic of Methadone Intensol, indicated for pain)
methadone hcl inj 10 mg/ml	1	QL (20 ml / 25 days), ST
methadone hcl soln 5 mg/5ml	1	QL (450 ml / 25 days), ST
methadone hcl soln 10 mg/5ml	1	QL (300 mL / 25 days), ST
methadone hcl tab 5 mg	1	QL (90 tabs / 25 days), ST
methadone hcl tab 10 mg	1	QL (60 tabs / 25 days), ST
methadone hcl tab for oral susp 40 mg	1	QL (9 tabs / 25 days)
methadone hcl tab for oral susp 40 mg (Methadose)	1	QL (9 tabs / 25 days)
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 5MG/ML	3	
MORPHINE SUL INJ 150/30ML	3	
morphine sulfate beads cap er 24hr 30 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 45 mg	1	QL (30 caps / 25 days), ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
morphine sulfate beads cap er 24hr 60 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 75 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 90 mg	1	QL (30 caps / 25 days), ST
morphine sulfate beads cap er 24hr 120 mg	1	PA, ST; High Strength Requires PA
morphine sulfate cap er 24hr 10 mg	1	QL (60 caps / 25 days), ST
morphine sulfate cap er 24hr 20 mg	1	QL (60 caps / 25 days), ST
morphine sulfate cap er 24hr 30 mg	1	QL (60 caps / 25 days), ST
morphine sulfate cap er 24hr 50 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 60 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 80 mg	1	QL (30 caps / 25 days), ST
morphine sulfate cap er 24hr 100 mg	1	PA, ST; High Strength Requires PA
morphine sulfate inj 8 mg/ml	1	
morphine sulfate inj 10 mg/ml	1	
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 1 mg/ml	1	
morphine sulfate iv soln pf 4 mg/ml	1	
morphine sulfate iv soln pf 8 mg/ml	1	
morphine sulfate iv soln pf 10 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	QL (900 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate oral soln 20 mg/5ml	1	QL (675 mL / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL (135 mL / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
morphine sulfate suppos 5 mg	1	QL (180 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate suppos 10 mg	1	QL (180 suppositories / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate suppos 20 mg	1	QL (120 supp / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate suppos 30 mg	1	QL (90 supp / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab 15 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab 30 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
morphine sulfate tab er 15 mg	1	QL (90 tabs / 25 days), ST
morphine sulfate tab er 30 mg	1	QL (90 tabs / 25 days), ST
morphine sulfate tab er 60 mg	1	PA, ST; High Strength Requires PA
morphine sulfate tab er 100 mg	1	PA, ST; High Strength Requires PA
morphine sulfate tab er 200 mg	1	PA, ST; High Strength Requires PA
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUCYNTA ER TAB 50MG ***(tapentadol hcl)***	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 100MG ***(tapentadol hcl)***	2	QL (60 tabs / 25 days), ST
NUCYNTA ER TAB 150MG ***(tapentadol hcl)***	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 200MG ***(tapentadol hcl)***	2	PA, ST; High Strength Requires PA
NUCYNTA ER TAB 250MG ***(tapentadol hcl)***	2	PA, ST; High Strength Requires PA
NUCYNTA TAB 50MG ***(tapentadol hcl)***	2	QL (120 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 75MG ***(tapentadol hcl)***	2	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
NUCYNTA TAB 100MG ***(tapentadol hcl)***	2	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl cap 5 mg	1	QL (180 caps / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	QL (90 mL / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl soln 5 mg/5ml	1	QL (900 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 5 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone hcl tab 10 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 15 mg	1	QL (120 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 20 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab 30 mg	1	QL (60 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone hcl tab er 12hr deter 10 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 15 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 20 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 30 mg	1	QL (60 tabs / 25 days), ST
oxycodone hcl tab er 12hr deter 40 mg	1	PA, ST; High Strength Requires PA
oxycodone hcl tab er 12hr deter 60 mg	1	PA, ST; High Strength Requires PA
oxycodone hcl tab er 12hr deter 80 mg	1	PA, ST; High Strength Requires PA
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL (1800 ml / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	1	QL (240 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone-aspirin tab 4.8355-325 mg	1	QL (360 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxycodone-ibuprofen tab 5-400 mg	1	QL (28 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxymorphone hcl tab 5 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab 10 mg	1	QL (90 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
oxymorphone hcl tab er 12hr 5 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 7.5 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 10 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 15 mg	1	QL (60 tabs / 25 days), ST
oxymorphone hcl tab er 12hr 20 mg	1	PA, ST; High Strength Requires PA
oxymorphone hcl tab er 12hr 30 mg	1	PA, ST; High Strength Requires PA
oxymorphone hcl tab er 12hr 40 mg	1	PA, ST; High Strength Requires PA
tramadol hcl tab 50 mg	1	QL (180 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
tramadol hcl tab er 24hr 100 mg	1	QL (30 tabs / 25 days), ST
tramadol hcl tab er 24hr 200 mg	1	PA, ST; High Strength Requires PA
tramadol hcl tab er 24hr 300 mg	1	PA, ST; High Strength Requires PA
tramadol-acetaminophen tab 37.5-325 mg	1	QL (40 tabs / 25 days), ST; Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
XARTEMIS XR TAB 7.5-325 ***(oxycodone w/ acetaminophen)***	3	QL (120 tabs / 25 days)
OPIOID PARTIAL AGONISTS§		
BELBUCA MIS 75MCG ***(buprenorphine hcl)***	2	QL (60 films / 25 days), ST

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BELBUCA MIS 150MCG ***(buprenorphine hcl)***	2	QL (60 films / 25 days), ST
BELBUCA MIS 300MCG ***(buprenorphine hcl)***	2	QL (60 films / 25 days), ST
BELBUCA MIS 450MCG ***(buprenorphine hcl)***	2	QL (60 films / 25 days), ST
BELBUCA MIS 600MCG ***(buprenorphine hcl)***	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 750MCG ***(buprenorphine hcl)***	2	PA, ST; High Strength Requires Prior Auth
BELBUCA MIS 900MCG ***(buprenorphine hcl)***	2	PA, ST; High Strength Requires Prior Auth
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	
buprenorphine hcl sl tab 2 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply
buprenorphine hcl sl tab 8 mg (base equiv)	0	QL (90 tabs / 25 days); $0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE INJ 100/0.5 ***(buprenorphine)***	4	
SUBLOCADE INJ 300/1.5 ***(buprenorphine)***	4	
SALICYLATES		
aspirin chew tab 81 mg (Goodsense Aspirin)	0	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
aspirin tab delayed release 81 mg (Aspirin Enteric Coated Ad)	0	OTC, QL (100 tabs / 30 days); $0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
diflunisal tab 500 mg	1	
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
LIDO/DEXTROS INJ 5-7.5%	3	
lidocaine hcl local inj 0.5%	1	
lidocaine hcl local inj 1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 0.5%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 1.5%	1	
lidocaine hcl local preservative free (pf) inj 2%	1	
lidocaine hcl local preservative free (pf) inj 4%	1	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	
chloramphenicol sodium succinate for iv inj 1 gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
MONUROL PAK GRANULES ***(fosfomycin tromethamine)***	3	
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
streptomycin sulfate for inj 1 gm	1	
SULFADIAZINE TAB 500MG	3	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
tobramycin nebu soln 300 mg/5ml	4	QL (280 mL / 28 days), PA
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ANTI-INFECTIVES - MISCELLANEOUS		
ALINIA SUS 100/5ML ***(nitazoxanide)***	3	QL (540mL / 25 days)
ALINIA TAB 500MG ***(nitazoxanide)***	3	QL (20 tabs / 25 days)
atovaquone susp 750 mg/5ml	1	
AZACTAM/DEX INJ 1GM ***(aztreonam-dextrose)***	3	
AZACTAM/DEX INJ 2GM ***(aztreonam-dextrose)***	3	
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
CAYSTON INH 75MG ***(aztreonam lysine)***	4	QL (84 vials / 28 days), PA
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
daptomycin for iv soln 500 mg	1	
DARAPRIM TAB 25MG ***(pyrimethamine)***	3	PA
doripenem for iv infusion 250 mg	1	
doripenem for iv infusion 500 mg	1	
EMVERM CHW 100MG ***(mebendazole)***	3	QL (12 tabs / 365 days)
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
INVANZ INJ 1GM ***(ertapenem sodium)***	3	
ivermectin tab 3 mg	1	
linezolid for susp 100 mg/5ml	1	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
linezolid iv soln 600 mg/300ml (2 mg/ml)	1	
linezolid tab 600 mg	1	
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
methenamine hippurate tab 1 gm	1	
metronidazole cap 375 mg	1	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
nitrofurantoin macrocrystalline cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin susp 25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate for nebulization soln 300 mg	1	
pentamidine isethionate for soln 300 mg	1	
polymyxin b sulfate for inj 500000 unit	1	
praziquantel tab 600 mg	1	QL (24 tabs / 365 days)
PRIMSOL SOL 50MG/5ML ***(trimethoprim hcl)***	2	
SIVEXTRO INJ 200MG ***(tedizolid phosphate)***	3	
SIVEXTRO TAB 200MG ***(tedizolid phosphate)***	3	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
trimethoprim tab 100 mg	1	
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps / 10 days)
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
XIFAXAN TAB 200MG ***(rifaximin)***	2	QL (9 tabs / 25 days)
XIFAXAN TAB 550MG ***(rifaximin)***	2	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
amphotericin b for iv soln 50 mg	1	
BIO-STATIN CAP 500000 ***(nystatin)***	2	
BIO-STATIN CAP 1000000 ***(nystatin)***	2	
CRESEMBA CAP 186 MG ***(isavuconazonium sulfate)***	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
FLUCONAZOLE/ INJ NACL 100	3	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
griseofulvin ultramicrosize tab 250 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
NOXAFIL SUS 40MG/ML ***(posaconazole)***	2	PA
nystatin oral powder (Bio-statin)	1	
nystatin tab 500000 unit	1	
posaconazole tab delayed release 100 mg	3	PA
terbinafine hcl tab 250 mg	1	PA
voriconazole for susp 40 mg/ml	2	PA
voriconazole tab 50 mg	2	PA
voriconazole tab 200 mg	2	PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
COARTEM TAB 20-120MG ***(artemether-lumefantrine)***	3	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
quinine sulfate cap 324 mg	1	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (900 mL / 30 days)
abacavir sulfate tab 300 mg (base equiv)	1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG ***(tipranavir)***	2	QL (120 caps / 30 days)
APTIVUS SOL ***(tipranavir)***	2	QL (285 mL / 28 days)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (30 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (30 caps / 30 days)
CRIXIVAN CAP 200MG ***(indinavir sulfate)***	2	QL (450 caps / 30 days)
CRIXIVAN CAP 400MG ***(indinavir sulfate)***	2	QL (180 caps / 30 days)
didanosine delayed release capsule 200 mg	1	QL (30 caps / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
didanosine delayed release capsule 250 mg	1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	1	QL (30 caps / 30 days)
EDURANT TAB 25MG ***(rilpivirine hcl)***	2	QL (60 tabs / 30 days)
efavirenz cap 50 mg	1	QL (90 caps / 30 days)
efavirenz cap 200 mg	1	QL (90 caps / 30 days)
efavirenz tab 600 mg	1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG ***(emtricitabine)***	2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ***(emtricitabine)***	2	QL (680 ml / 28 days)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (120 tabs / 30 days)
FUZEON INJ 90MG ***(enfuvirtide)***	4	QL (60 vials / 30 days)
INTELENCE TAB 25MG ***(etravirine)***	2	QL (120 tabs / 30 days)
INTELENCE TAB 100MG ***(etravirine)***	2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG ***(etravirine)***	2	QL (60 tabs / 30 days)
INVIRASE CAP 200MG ***(saquinavir mesylate)***	2	QL (300 caps / 30 days)
INVIRASE TAB 500MG ***(saquinavir mesylate)***	2	QL (120 tabs / 30 days)
ISENTRESS CHW 25MG ***(raltegravir potassium)***	2	QL (180 tabs / 30 days)
ISENTRESS CHW 100MG ***(raltegravir potassium)***	2	QL (180 tabs / 30 days)
ISENTRESS HD TAB 600MG ***(raltegravir potassium)***	2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ***(raltegravir potassium)***	2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ***(raltegravir potassium)***	2	QL (120 tabs / 30 days)
lamivudine oral soln 10 mg/ml	1	QL (900 ml / 30 days)
lamivudine tab 150 mg	1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	1	QL (30 tabs / 30 days)
LEXIVA SUS 50MG/ML ***(fosamprenavir calcium)***	2	QL (1575 mL / 28 days)
nevirapine susp 50 mg/5ml	1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	1	QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	1	QL (90 tabs / 30 days)
nevirapine tab er 24hr 400 mg	1	QL (30 tabs / 30 days)
NORVIR POW 100MG ***(ritonavir)***	2	QL (360 packets / 30 days)
NORVIR SOL 80MG/ML ***(ritonavir)***	2	QL (480 mL / 30 days)
PREZISTA SUS 100MG/ML ***(darunavir ethanolate)***	2	QL (400 ml / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREZISTA TAB 75MG ***(darunavir ethanolate)***	2	QL (300 tabs / 30 days)
PREZISTA TAB 150MG ***(darunavir ethanolate)***	2	QL (180 tabs / 30 days)
PREZISTA TAB 600MG ***(darunavir ethanolate)***	2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG ***(darunavir ethanolate)***	2	QL (30 tabs / 30 days)
RETROVIR INJ 10MG/ML ***(zidovudine)***	2	
REYATAZ POW 50MG ***(atazanavir sulfate)***	2	QL (180 packets / 30 days)
ritonavir tab 100 mg	1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ***(maraviroc)***	2	QL (1840 mL / 30 days)
SELZENTRY TAB 25MG ***(maraviroc)***	2	QL (240 tabs / 30 days)
SELZENTRY TAB 75MG ***(maraviroc)***	2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ***(maraviroc)***	2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ***(maraviroc)***	2	QL (120 tabs / 30 days)
stavudine cap 15 mg	1	QL (60 caps / 30 days)
stavudine cap 20 mg	1	QL (60 caps / 30 days)
stavudine cap 30 mg	1	QL (60 caps / 30 days)
stavudine cap 40 mg	1	QL (60 caps / 30 days)
tenofovir disoproxil fumarate tab 300 mg	1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ***(dolutegravir sodium)***	2	QL (360 tabs / 30 days)
TIVICAY TAB 10MG ***(dolutegravir sodium)***	2	QL (240 tabs / 30 days)
TIVICAY TAB 25MG ***(dolutegravir sodium)***	2	QL (60 tabs / 30 days)
TIVICAY TAB 50MG ***(dolutegravir sodium)***	2	QL (60 tabs / 30 days)
TROGARZO INJ 150MG/ML ***(ibalizumab-uiyk)***	4	
TYBOST TAB 150MG ***(cobicistat)***	2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ***(didanosine)***	2	QL (30 caps / 30 days)
VIDEX SOL 2GM ***(didanosine)***	2	QL (1200 ml / 30 days)
VIDEX SOL 4GM ***(didanosine)***	2	QL (1200 ml / 30 days)
VIRACEPT TAB 250MG ***(nelfinavir mesylate)***	2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ***(nelfinavir mesylate)***	2	QL (120 tabs / 30 days)
VIREAD POW 40MG/GM ***(tenofovir disoproxil fumarate)***	2	QL (240 gm / 30 days)
VIREAD TAB 150MG ***(tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIREAD TAB 200MG ***(tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
VIREAD TAB 250MG ***(tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
ZERIT SOL 1MG/ML ***(stavudine)***	2	QL (2400 ml / 30 days)
zidovudine cap 100 mg	1	QL (180 caps / 30 days)
zidovudine syrup 10 mg/ml	1	QL (1800 ml / 30 days)
zidovudine tab 300 mg	1	QL (60 tabs / 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	1	QL (60 tabs / 30 days)
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir alafenamide fumarate)***	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
COMPLERA TAB ***(emtricitabine-rilpivirine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 ***(emtricitabine-tenofovir alafenamide fumarate)***	2	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG ***(dolutegravir sodium-lamivudine)***	2	QL (30 tabs / 30 days)
EVOTAZ TAB 300-150 ***(atazanavir sulfate-cobicistat)***	2	QL (30 tabs / 30 days)
GENVOYA TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)***	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ***(lopinavir-ritonavir)***	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG ***(lopinavir-ritonavir)***	2	QL (120 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (390 mL / 30 days)
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir alafenamide fumarate)***	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ***(darunavir-cobicistat)***	2	QL (30 tabs / 30 days)
STRIBILD TAB ***(elvitegravir-cobicistat-emtricitabine-tenofovir df)***	2	QL (30 tabs / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMFI LO TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
SYMFI TAB ***(efavirenz-lamivudine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 ***(lamivudine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
TRIUMEQ TAB ***(abacavir-dolutegravir-lamivudine)***	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 ***(emtricitabine-tenofovir disoproxil fumarate)***	2	QL (30 tabs / 30 days), ST; PA**; coverage for pre and post-exposure prophylaxis only
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PASER GRA 4GM ***(aminosalicylic acid)***	3	
PRIFTIN TAB 150MG ***(rifapentine)***	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
RIFAMATE CAP ***(isoniazid & rifampin)***	2	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	1	
RIFATER TAB ***(isoniazid-rifampin w/ pyrazinamide)***	2	
SIRTURO TAB 20MG ***(bedaquiline fumarate)***	3	
SIRTURO TAB 100MG ***(bedaquiline fumarate)***	3	
TRECATOR TAB 250MG ***(ethionamide)***	2	
ANTIVIRALS§		
acyclovir cap 200 mg	1	
acyclovir sodium for inj 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
acyclovir sodium iv soln 50 mg/ml	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
adefovir dipivoxil tab 10 mg	4	PA
BARACLUDE SOL ***(entecavir)***	3	
cidofovir iv inj 75 mg/ml	1	
entecavir tab 0.5 mg	4	PA
entecavir tab 1 mg	4	PA
EPIVIR HBV SOL 5MG/ML ***(lamivudine (hbv))***	2	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
lamivudine tab 100 mg (hbv)	1	
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps / 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps / 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL / 90 days)
RELENZA MIS DISKHALE ***(zanamivir)***	2	QL (2 inhalers / 90 days)
ribavirin for inhal soln 6 gm	1	
rimantadine hydrochloride tab 100 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	4	QL (1000 mL / 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	4	QL (102 tabs / 30 days), PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefazolin sodium for inj 1 gm	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cefazolin sodium for inj 10 gm	1	
cefazolin sodium for inj 20 gm	1	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefditoren pivoxil tab 200 mg (base equivalent)	1	
cefditoren pivoxil tab 400 mg (base equivalent)	1	
cefepime hcl for inj 1 gm	1	
cefepime hcl for inj 2 gm	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefotaxime sodium for inj 1 gm	1	
cefotaxime sodium for inj 2 gm	1	
cefotaxime sodium for inj 10 gm	1	
cefotaxime sodium for inj 500 mg	1	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
cefotetan disodium for inj 10 gm	1	
cefoxitin sodium for inj 10 gm	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
ceftazidime for inj 1 gm (Tazicef)	1	
ceftazidime for inj 2 gm	1	
ceftazidime for inj 6 gm (Tazicef)	1	
ceftazidime for iv soln 1 gm (Tazicef)	1	
ceftazidime for iv soln 2 gm (Tazicef)	1	
ceftibuten cap 400 mg	1	
ceftibuten for susp 180 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEFTIN SUS 125/5ML ***(cefuroxime axetil)***	2	
CEFTIN SUS 250/5ML ***(cefuroxime axetil)***	2	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	1	
ceftriaxone sodium for inj 10 gm	1	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	
ceftriaxone sodium for iv soln 2 gm	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 7.5 gm	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
SUPRAX CHW 100MG ***(cefixime)***	2	
SUPRAX CHW 200MG ***(cefixime)***	2	
SUPRAX SUS 500/5ML ***(cefixime)***	2	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	2	
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
DIFICID TAB 200MG ***(fidaxomicin)***	2	PA
ERYTHROCIN INJ 500MG ***(erythromycin lactobionate)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)	1	
erythromycin stearate tab 250 mg (Erythrocin Stearate)	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg (Ery-tab)	1	
erythromycin tab delayed release 333 mg (Ery-tab)	1	
erythromycin tab delayed release 500 mg (Ery-tab)	1	
erythromycin w/ delayed release particles cap 250 mg	1	
PCE TAB 333MG EC ***(erythromycin base (coated))***	3	
PCE TAB 500MG EC ***(erythromycin base (coated))***	3	
ZMAX SUS 2GM ***(azithromycin)***	3	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (10%) SUS 500MG/5 ***(ciprofloxacin)***	3	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin iv soln 200 mg/20ml (1%)	1	
ciprofloxacin iv soln 400 mg/40ml (1%)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1	
FACTIVE TAB 320MG ***(gemifloxacin mesylate)***	3	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
levofloxacin iv soln 25 mg/ml	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
HEPATITIS C		
EPCLUSA TAB 400-100 ***(sofosbuvir-velpatasvir)***	4	QL (28 tabs / 28 days), PA
HARVONI PAK ***(ledipasvir-sofosbuvir)***	4	QL (28 pellets / 28 days), PA
HARVONI PAK 45-200MG ***(ledipasvir-sofosbuvir)***	4	QL (28 pellets / 28 days), PA
HARVONI TAB 45-200MG ***(ledipasvir-sofosbuvir)***	4	QL (28 tabs / 28 days), PA
HARVONI TAB 90-400MG ***(ledipasvir-sofosbuvir)***	4	QL (28 tabs / 28 days), PA
PEGASYS INJ ***(peginterferon alfa-2a)***	4	PA
PEGASYS INJ 180MCG/M ***(peginterferon alfa-2a)***	4	PA
PEGASYS INJ PROCLICK ***(peginterferon alfa-2a)***	4	PA
REBETOL SOL 40MG/ML ***(ribavirin (hepatitis c))***	4	PA
RIBASPHERE TAB 400MG ***(ribavirin (hepatitis c))***	1	PA
ribavirin cap 200 mg	1	PA
ribavirin cap 200 mg (Ribasphere)	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ribavirin tab 200 mg	1	PA
ribavirin tab 200 mg (Ribasphere)	1	PA
ribavirin tab 600 mg (Ribasphere)	1	PA
SOVALDI PAK 150MG ***(sofosbuvir)***	4	QL (28 pellets / 28 days), PA, ST
SOVALDI PAK 200MG ***(sofosbuvir)***	4	QL (28 pellets / 28 days), PA, ST
SOVALDI TAB 200MG ***(sofosbuvir)***	4	QL (28 tabs / 28 days), PA, ST
SOVALDI TAB 400MG ***(sofosbuvir)***	4	QL (28 tabs / 28 days), PA, ST
VOSEVI TAB ***(sofosbuvir-velpatasvir-voxilaprevir)***	4	QL (28 tabs / 28 days), PA
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	1	
ampicillin sodium for inj 2 gm	1	
ampicillin sodium for inj 125 mg	1	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
AUGMENTIN SUS 125/5ML ***(amoxicillin & pot clavulanate)***	2	
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 1 gm	1	
nafcillin sodium for iv soln 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for iv soln 10 gm (base equivalent)	1	
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g potassium for inj 20000000 unit (Pfizerpen)	1	
penicillin g sodium for inj 5000000 unit	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate cap 100 mg (Morgidox 1x100mg)	1	
doxycycline hyclate for inj 100 mg	1	
doxycycline hyclate for inj 100 mg (Doxy 100)	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab delayed release 75 mg	1	
doxycycline hyclate tab delayed release 100 mg	1	
doxycycline hyclate tab delayed release 150 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg (Avidoxy)	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN SYP 50MG/5ML ***(doxycycline calcium)***	3	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
busulfan inj 6 mg/ml	1	
carmustine for inj 100 mg	1	
cyclophosphamide cap 25 mg	1	OAC
cyclophosphamide cap 50 mg	1	OAC
cyclophosphamide for inj 1 gm	4	
cyclophosphamide for inj 2 gm	4	
cyclophosphamide for inj 500 mg	4	
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
EMCYT CAP 140MG ***(estramustine phosphate sodium)***	4	OAC
GLEOSTINE CAP 5MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 10MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 40MG ***(lomustine)***	4	OAC
GLEOSTINE CAP 100MG ***(lomustine)***	4	OAC
GLIADEL WAF 7.7MG ***(carmustine in polifeprosan)***	2	
HEXALEN CAP 50MG ***(altretamine)***	2	OAC
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
LEUKERAN TAB 2MG ***(chlorambucil)***	2	OAC
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	1	OAC
TEMODAR INJ 100MG ***(temozolomide)***	4	PA
temozolomide cap 5 mg	4	PA; OAC
temozolomide cap 20 mg	4	PA; OAC
temozolomide cap 100 mg	4	PA; OAC
temozolomide cap 140 mg	4	PA; OAC
temozolomide cap 180 mg	4	PA; OAC
temozolomide cap 250 mg	4	PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTHRACYCLINES		
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl for inj 50 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	1	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	1	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	1	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	
mitomycin for iv soln 40 mg	1	
ANTIMETABOLITES		
ALIMTA INJ 100MG ***(pemetrexed disodium)***	4	
ALIMTA INJ 500MG ***(pemetrexed disodium)***	4	
ARRANON INJ 5MG/ML ***(nelarabine)***	2	
azacitidine for inj 100 mg	4	PA
capecitabine tab 150 mg	4	QL (120 tabs / 30 days), PA; OAC
capecitabine tab 500 mg	4	QL (300 tabs / 30 days), PA; OAC
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	
decitabine for inj 50 mg	4	PA
floxuridine for inj 0.5 gm	1	
fludarabine phosphate for inj 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml) (Adrucil)	1	
gemcitabine hcl for inj 1 gm	4	
gemcitabine hcl for inj 2 gm	4	
gemcitabine hcl for inj 200 mg	4	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	4	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	4	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	4	
mercaptopurine tab 50 mg	1	OAC
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
NIPENT INJ 10MG ***(pentostatin)***	2	
TABLOID TAB 40MG ***(thioguanine)***	2	OAC
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG ***(paclitaxel protein-bound particles)***	2	
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1	
DOCETAXEL INJ 20/0.5ML	2	
DOCETAXEL INJ 80MG/2ML	2	
DOCETAXEL INJ NON-ALCO	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
docetaxel soln for iv infusion 20 mg/2ml	1	
docetaxel soln for iv infusion 80 mg/8ml	1	
docetaxel soln for iv infusion 160 mg/16ml	1	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vincristine sulfate iv soln 1 mg/ml (Vincasar Pfs)	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX INJ 100MG ***(cetuximab)***	4	PA
ERBITUX INJ 200MG ***(cetuximab)***	4	PA
ERIVEDGE CAP 150MG ***(vismodegib)***	4	QL (30 caps / 30 days), PA; OAC
FARYDAK CAP 10MG ***(panobinostat lactate)***	4	QL (6 caps / 21 days), PA; OAC
FARYDAK CAP 15MG ***(panobinostat lactate)***	4	QL (6 caps / 21 days), PA; OAC
FARYDAK CAP 20MG ***(panobinostat lactate)***	4	QL (6 caps / 21 days), PA; OAC
GAZYVA INJ 25MG/ML ***(obinutuzumab)***	4	PA
IBRANCE CAP 75MG ***(palbociclib)***	4	QL (21 caps / 28 days), PA; OAC
IBRANCE CAP 100MG ***(palbociclib)***	4	QL (21 caps / 28 days), PA; OAC
IBRANCE CAP 125MG ***(palbociclib)***	4	QL (21 caps / 28 days), PA; OAC
IBRANCE TAB 75MG ***(palbociclib)***	4	QL (21 tabs / 28 days), PA; OAC
IBRANCE TAB 100MG ***(palbociclib)***	4	QL (21 tabs / 28 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBRANCE TAB 125MG ***(palbociclib)***	4	QL (21 tabs / 28 days), PA; OAC
KADCYLA INJ 100MG ***(ado-trastuzumab emtansine)***	4	PA
KADCYLA INJ 160MG ***(ado-trastuzumab emtansine)***	4	PA
KEYTRUDA INJ 100MG/4M ***(pembrolizumab)***	4	PA
KISQALI TAB 200DOSE ***(ribociclib succinate)***	4	QL (21 tabs / 28 days), PA; 200 mg dose; OAC
KISQALI TAB 400DOSE ***(ribociclib succinate)***	4	QL (42 tabs / 28 days), PA; 400 mg dose; OAC
KISQALI TAB 600DOSE ***(ribociclib succinate)***	4	QL (63 tabs / 28 days), PA; 600 mg dose; OAC
LYNPARZA CAP 50MG ***(olaparib)***	4	QL (480 caps / 30 days), PA; OAC
LYNPARZA TAB 100MG ***(olaparib)***	4	QL (120 tabs / 30 days), PA; OAC
LYNPARZA TAB 150MG ***(olaparib)***	4	QL (120 tabs / 30 days), PA; OAC
RYDAPT CAP 25MG ***(midostaurin)***	4	QL (224 caps / 28 days), PA; OAC
ZEJULA CAP 100MG ***(niraparib tosylate)***	4	QL (90 caps / 30 days), PA; OAC
ZOLINZA CAP 100MG ***(vorinostat)***	4	QL (120 caps / 30 days), PA; OAC
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	4	QL (120 tabs / 30 days), PA; OAC
anastrozole tab 1 mg	1	OAC; $0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tab 50 mg	1	OAC
DEPO-PROVERA INJ 400/ML ***(medroxyprogesterone acetate (antineoplastic))***	3	
ELIGARD INJ 7.5MG ***(leuprolide acetate)***	4	PA
ELIGARD INJ 22.5MG ***(leuprolide acetate (3 month))***	4	PA
ELIGARD INJ 30MG ***(leuprolide acetate (4 month))***	4	PA
ELIGARD INJ 45MG ***(leuprolide acetate (6 month))***	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ERLEADA TAB 60MG ***(apalutamide)***	4	QL (120 tabs / 30 days), PA; OAC
exemestane tab 25 mg	1	PA; OAC; $0 copay for women ages 35 and older for the primary prevention of breast cancer
flutamide cap 125 mg	1	OAC
fulvestrant inj 250 mg/5ml	1	
letrozole tab 2.5 mg	1	OAC
leuprolide acetate inj kit 5 mg/ml	4	PA
LUPR DEP-PED INJ 3M 30MG ***(leuprolide acetate (cpp) (3 month))***	4	PA
LUPR DEP-PED INJ 7.5MG ***(leuprolide acetate (cpp))***	4	PA
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp))***	4	PA
LUPR DEP-PED INJ 11.25MG ***(leuprolide acetate (cpp) (3 month))***	4	PA
LUPR DEP-PED INJ 15MG ***(leuprolide acetate (cpp))***	4	PA
LYSODREN TAB 500MG ***(mitotane)***	2	OAC
megestrol acetate susp 40 mg/ml	1	OAC
megestrol acetate susp 625 mg/5ml	1	OAC
megestrol acetate tab 20 mg	1	OAC
megestrol acetate tab 40 mg	1	OAC
nilutamide tab 150 mg	1	OAC
NUBEQA TAB 300MG ***(darolutamide)***	4	QL (120 tabs / 30 days), PA; OAC
tamoxifen citrate tab 10 mg (base equivalent)	1	OAC; $0 copay for women ages 35 and older for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	1	OAC; $0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	1	OAC
XTANDI CAP 40MG ***(enzalutamide)***	4	QL (120 caps / 30 days), PA; OAC
YONSA TAB 125MG ***(abiraterone acetate)***	4	QL (120 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZYTIGA TAB 500MG ***(abiraterone acetate)***	4	QL (60 tabs / 30 days), PA; OAC
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG ***(everolimus)***	4	QL (60 tabs / 30 days), PA; OAC
AFINITOR DIS TAB 3MG ***(everolimus)***	4	QL (90 tabs / 30 days), PA; OAC
AFINITOR DIS TAB 5MG ***(everolimus)***	4	QL (60 tabs / 30 days), PA; OAC
AFINITOR TAB 10MG ***(everolimus)***	4	QL (30 tabs / 30 days), PA; OAC
ALECENSA CAP 150MG ***(alectinib hcl)***	4	QL (240 caps / 30 days), PA; OAC
BOSULIF TAB 100MG ***(bosutinib)***	4	QL (90 tabs / 30 days), PA; OAC
BOSULIF TAB 400MG ***(bosutinib)***	4	QL (30 tabs / 30 days), PA; OAC
BOSULIF TAB 500MG ***(bosutinib)***	4	QL (30 tabs / 30 days), PA; OAC
CALQUENCE CAP 100MG ***(acalabrutinib)***	4	QL (60 caps / 30 days), PA; OAC
CAPRELSA TAB 100MG ***(vandetanib)***	4	QL (60 tabs / 30 days), PA; OAC
CAPRELSA TAB 300MG ***(vandetanib)***	4	QL (30 tabs / 30 days), PA; OAC
COMETRIQ KIT 60MG ***(cabozantinib s-malate)***	4	QL (1 kit / 28 days), PA; OAC
COMETRIQ KIT 100MG ***(cabozantinib s-malate)***	4	QL (1 kit / 28 days), PA; OAC
COMETRIQ KIT 140MG ***(cabozantinib s-malate)***	4	QL (1 kit / 28 days), PA; OAC
erlotinib hcl tab 25 mg (base equivalent)	4	QL (60 tabs / 30 days), PA; OAC
erlotinib hcl tab 100 mg (base equivalent)	4	QL (30 tabs / 30 days), PA; OAC
erlotinib hcl tab 150 mg (base equivalent)	4	QL (30 tabs / 30 days), PA; OAC
everolimus tab 2.5 mg	4	QL (30 tabs / 30 days), PA; OAC
everolimus tab 5 mg	4	QL (30 tabs / 30 days), PA; OAC
everolimus tab 7.5 mg	4	QL (30 tabs / 30 days), PA; OAC
ICLUSIG TAB 15MG ***(ponatinib hcl)***	4	QL (60 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ICLUSIG TAB 45MG ***(ponatinib hcl)***	4	QL (30 tabs / 30 days), PA; OAC
IDHIFA TAB 50MG ***(enasidenib mesylate)***	4	QL (30 tabs / 30 days), PA; OAC
IDHIFA TAB 100MG ***(enasidenib mesylate)***	4	QL (30 tabs / 30 days), PA; OAC
imatinib mesylate tab 100 mg (base equivalent)	4	QL (90 tabs / 30 days), PA; OAC
imatinib mesylate tab 400 mg (base equivalent)	4	QL (60 tabs / 30 days), PA; OAC
IMBRUVICA CAP 70MG ***(ibrutinib)***	4	QL (30 caps / 30 days), PA; OAC
IMBRUVICA CAP 140MG ***(ibrutinib)***	4	QL (90 caps / 30 days), PA; OAC
IMBRUVICA TAB 140MG ***(ibrutinib)***	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 280MG ***(ibrutinib)***	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 420MG ***(ibrutinib)***	4	QL (30 tabs / 30 days), PA; OAC
IMBRUVICA TAB 560MG ***(ibrutinib)***	4	QL (30 tabs / 30 days), PA; OAC
INLYTA TAB 1MG ***(axitinib)***	4	QL (240 tabs / 30 days), PA; OAC
INLYTA TAB 5MG ***(axitinib)***	4	QL (120 tabs / 30 days), PA; OAC
JAKAFI TAB 5MG ***(ruxolitinib phosphate)***	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 10MG ***(ruxolitinib phosphate)***	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 15MG ***(ruxolitinib phosphate)***	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 20MG ***(ruxolitinib phosphate)***	4	QL (60 tabs / 30 days), PA; OAC
JAKAFI TAB 25MG ***(ruxolitinib phosphate)***	4	QL (60 tabs / 30 days), PA; OAC
LENVIMA CAP 4MG ***(lenvatinib mesylate)***	4	QL (30 caps / 30 days), PA; OAC
LENVIMA CAP 8 MG ***(lenvatinib mesylate)***	4	QL (60 caps / 30 days), PA; OAC
LENVIMA CAP 10 MG ***(lenvatinib mesylate)***	4	QL (30 caps / 30 days), PA; OAC
LENVIMA CAP 12MG ***(lenvatinib mesylate)***	4	QL (90 caps / 30 days), PA; OAC
LENVIMA CAP 14 MG ***(lenvatinib mesylate)***	4	QL (60 caps / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA CAP 18 MG ***(lenvatinib mesylate)***	4	QL (90 caps / 30 days), PA; OAC
LENVIMA CAP 20 MG ***(lenvatinib mesylate)***	4	QL (60 caps / 30 days), PA; OAC
LENVIMA CAP 24 MG ***(lenvatinib mesylate)***	4	QL (90 caps / 30 days), PA; OAC
LORBRENA TAB 25MG ***(lorlatinib)***	4	QL (90 tabs / 30 days), PA; OAC
LORBRENA TAB 100MG ***(lorlatinib)***	4	QL (30 tabs / 30 days), PA; OAC
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide)***	4	QL (90 tabs / 30 days), PA; OAC
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide)***	4	QL (30 tabs / 30 days), PA; OAC
NEXAVAR TAB 200MG ***(sorafenib tosylate)***	4	QL (120 tabs / 30 days), PA; OAC
SPRYCEL TAB 20MG ***(dasatinib)***	4	QL (90 tabs / 30 days), PA; OAC
SPRYCEL TAB 50MG ***(dasatinib)***	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 70MG ***(dasatinib)***	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 80MG ***(dasatinib)***	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 100MG ***(dasatinib)***	4	QL (30 tabs / 30 days), PA; OAC
SPRYCEL TAB 140MG ***(dasatinib)***	4	QL (30 tabs / 30 days), PA; OAC
STIVARGA TAB 40MG ***(regorafenib)***	4	QL (84 tabs / 28 days), PA; OAC
SUTENT CAP 12.5MG ***(sunitinib malate)***	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 25MG ***(sunitinib malate)***	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 37.5MG ***(sunitinib malate)***	4	QL (30 caps / 30 days), PA; OAC
SUTENT CAP 50MG ***(sunitinib malate)***	4	QL (30 caps / 30 days), PA; OAC
TAFINLAR CAP 50MG ***(dabrafenib mesylate)***	4	QL (120 caps / 30 days), PA; OAC
TAFINLAR CAP 75MG ***(dabrafenib mesylate)***	4	QL (120 caps / 30 days), PA; OAC
TUKYSA TAB 50MG ***(tucatinib)***	4	QL (120 tabs / 30 days), PA; OAC
TUKYSA TAB 150MG ***(tucatinib)***	4	QL (120 tabs / 30 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYKERB TAB 250MG ***(lapatinib ditosylate)***	4	QL (180 tabs / 30 days), PA; OAC
VITRAKVI CAP 25MG ***(larotrectinib sulfate)***	4	QL (180 caps / 30 days), PA; OAC
VITRAKVI CAP 100MG ***(larotrectinib sulfate)***	4	QL (60 caps / 30 days), PA; OAC
VITRAKVI SOL 20MG/ML ***(larotrectinib sulfate)***	4	QL (300 mL / 30 days), PA; OAC
VOTRIENT TAB 200MG ***(pazopanib hcl)***	4	QL (120 tabs / 30 days), PA; OAC
XALKORI CAP 200MG ***(crizotinib)***	4	QL (60 caps / 30 days), PA; OAC
XALKORI CAP 250MG ***(crizotinib)***	4	QL (60 caps / 30 days), PA; OAC
ZELBORAF TAB 240MG ***(vemurafenib)***	4	QL (240 tabs / 30 days), PA; OAC
ZYDELIG TAB 100MG ***(idelalisib)***	4	QL (60 tabs / 30 days), PA; OAC
ZYDELIG TAB 150MG ***(idelalisib)***	4	QL (60 tabs / 30 days), PA; OAC
ZYKADIA CAP 150MG ***(ceritinib)***	4	QL (90 caps / 30 days), PA; OAC
ZYKADIA TAB 150MG ***(ceritinib)***	4	QL (90 tabs / 30 days), PA; OAC
MISCELLANEOUS		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	1	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	1	
bexarotene cap 75 mg	4	PA; OAC
DROXIA CAP 200MG ***(hydroxyurea (sickle cell anemia))***	2	
DROXIA CAP 300MG ***(hydroxyurea (sickle cell anemia))***	2	
DROXIA CAP 400MG ***(hydroxyurea (sickle cell anemia))***	2	
hydroxyurea cap 500 mg	1	OAC
MATULANE CAP 50MG ***(procarbazine hcl)***	2	OAC
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	PA
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	PA
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ODOMZO CAP 200MG ***(sonidegib phosphate)***	4	QL (30 caps / 30 days), PA; OAC
ONCASPAR INJ 750/ML ***(pegaspargase)***	4	PA
PHOTOFRIN INJ 75MG ***(porfimer sodium)***	2	
QUADRAMET INJ 1850MBQ ***(samarium sm 153 lexidronam)***	2	
TICE BCG INJ ***(bcg live intravesical)***	2	
tretinoin cap 10 mg	1	OAC
UVADEX INJ 20MCG/ML ***(methoxsalen (photopheresis))***	2	
VISTOGARD PAK 10GM ***(uridine triacetate (emergency treatment))***	2	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
oxaliplatin for iv inj 50 mg	4	
oxaliplatin for iv inj 100 mg	4	
oxaliplatin iv soln 50 mg/10ml	4	
oxaliplatin iv soln 100 mg/20ml	4	
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium tab 5 mg	1	OAC
leucovorin calcium tab 10 mg	1	OAC
leucovorin calcium tab 15 mg	1	OAC
leucovorin calcium tab 25 mg	1	OAC
mesna inj 100 mg/ml	1	
MESNEX TAB 400MG ***(mesna)***	4	OAC
TOPOISOMERASE INHIBITORS		
CAMPTOSAR INJ 300/15ML ***(irinotecan hcl)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etoposide cap 50 mg	1	OAC
etoposide inj 1 gm/50ml (20 mg/ml) (Toposar)	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
etoposide inj 100 mg/5ml (20 mg/ml) (Toposar)	1	
etoposide inj 500 mg/25ml (20 mg/ml) (Toposar)	1	
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	4	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	4	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
TENIPOSIDE INJ 50MG/5ML	2	
topotecan hcl for inj 4 mg (base equiv)	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG ***(venetoclax)***	4	QL (120 tabs / 30 days), PA; OAC
VENCLEXTA TAB 50MG ***(venetoclax)***	4	QL (120 tabs / 30 days), PA; OAC
VENCLEXTA TAB 100MG ***(venetoclax)***	4	QL (180 tabs / 30 days), PA; OAC
VENCLEXTA TAB START PK ***(venetoclax)***	4	QL (1 pack / 28 days), PA; OAC
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	
moexipril-hydrochlorothiazide tab 15-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
trandolapril-verapamil hcl tab er 4-240 mg	1	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
eplerenone tab 25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
eplerenone tab 50 mg	1	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
eprosartan mesylate tab 600 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 100 mg (Pacerone)	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 200 mg (Pacerone)	1	
amiodarone hcl tab 400 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	PA
dofetilide cap 250 mcg (0.25 mg)	1	PA
dofetilide cap 500 mcg (0.5 mg)	1	PA
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
MULTAQ TAB 400MG ***(dronedarone hcl)***	3	PA
NEXTERONE INJ ***(amiodarone hcl in dextrose)***	3	
NORPACE CAP 100MG CR ***(disopyramide phosphate)***	2	
NORPACE CAP 150MG CR ***(disopyramide phosphate)***	2	
procainamide hcl inj 100 mg/ml	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
SOTALOL HCL INJ 150/10ML	3	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 80 mg (Sorine)	1	
sotalol hcl tab 120 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sotalol hcl tab 120 mg (Sorine)	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 160 mg (Sorine)	1	
sotalol hcl tab 240 mg	1	
sotalol hcl tab 240 mg (Sorine)	1	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder 4 gm/dose (Prevalite)	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tab 10 mg	1	ST; PA**
ANTILIPEMICS, FIBRATES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 50 mg	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 130 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	2	
fenofibrate tab 160 mg	1	
gemfibrozil tab 600 mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	2	
ezetimibe-simvastatin tab 10-20 mg	2	
ezetimibe-simvastatin tab 10-40 mg	2	
ezetimibe-simvastatin tab 10-80 mg	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	1	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	1	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	2	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	2	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	2	$0 copay for members age 40 through 75
lovastatin tab 10 mg	1	$0 copay for members age 40 through 75
lovastatin tab 20 mg	1	$0 copay for members age 40 through 75
lovastatin tab 40 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 10 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	1	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	1	ST; PA**; $0 copay and no ST for members age 40 through 75
rosuvastatin calcium tab 10 mg	1	ST; PA**; $0 copay and no ST for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	1	$0 copay for members age 40 through 75
simvastatin tab 10 mg	1	$0 copay for members age 40 through 75
simvastatin tab 20 mg	1	$0 copay for members age 40 through 75

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
simvastatin tab 40 mg	1	$0 copay for members age 40 through 75
simvastatin tab 80 mg	1	ST; PA**
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM ***(icosapent ethyl)***	2	
VASCEPA CAP 1GM ***(icosapent ethyl)***	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA INJ 140MG/ML ***(evolocumab)***	4	QL (2 syringes / 28 days), PA
REPATHA PUSH INJ 420/3.5 ***(evolocumab)***	4	QL (1 cartridge / 28 days), PA
REPATHA SURE INJ 140MG/ML ***(evolocumab)***	4	QL (2 pens / 28 days), PA
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
nadolol & bendroflumethiazide tab 40-5 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
propranolol & hydrochlorothiazide tab 80-25 mg	1	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
BYSTOLIC TAB 2.5MG ***(nebivolol hcl)***	3	
BYSTOLIC TAB 5MG ***(nebivolol hcl)***	3	
BYSTOLIC TAB 10MG ***(nebivolol hcl)***	3	
BYSTOLIC TAB 20MG ***(nebivolol hcl)***	3	
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate iv soln 5 mg/5ml	1	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 100 mg	1	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl inj 1 mg/ml	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CARDENE IV SOL 20/200ML ***(nicardipine hcl in dextrose)***	3	
CARDIZEM LA TAB 120MG ***(diltiazem hcl coated beads)***	2	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	1	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl coated beads tab er 24hr 180 mg (Matzim La)	1	
diltiazem hcl coated beads tab er 24hr 240 mg (Matzim La)	1	
diltiazem hcl coated beads tab er 24hr 300 mg (Matzim La)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads tab er 24hr 360 mg (Matzim La)	1	
diltiazem hcl coated beads tab er 24hr 420 mg (Matzim La)	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
DILTIAZEM INJ 100MG	3	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 30 mg (Afeditab Cr)	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 60 mg (Afeditab Cr)	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digoxin inj 0.25 mg/ml	1	
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 125 mcg (0.125 mg) (Digox)	1	
digoxin tab 250 mcg (0.25 mg)	1	
digoxin tab 250 mcg (0.25 mg) (Digox)	1	
LANOXIN PED INJ 0.1MG/ML ***(digoxin)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LANOXIN TAB 0.0625MG ***(digoxin)***	2	
LANOXIN TAB 0.1875MG ***(digoxin)***	2	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
ALDACTAZIDE TAB 50/50 ***(spironolactone & hydrochlorothiazide)***	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tab 5 mg	1	
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
chlorothiazide sodium for inj 500 mg	1	
chlorothiazide tab 250 mg	1	
chlorothiazide tab 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML ***(chlorothiazide)***	3	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
methyclothiazide tab 5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
ENTRESTO TAB 24-26MG ***(sacubitril-valsartan)***	2	
ENTRESTO TAB 49-51MG ***(sacubitril-valsartan)***	2	
ENTRESTO TAB 97-103MG ***(sacubitril-valsartan)***	2	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
methyldopa tab 250 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methyldopa tab 500 mg	1	
methyldopate hcl inj 250 mg/5ml	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
phenoxybenzamine hcl cap 10 mg	4	PA
ranolazine tab er 12hr 500 mg	1	ST; PA**
ranolazine tab er 12hr 1000 mg	1	ST; PA**
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
DILATRATE SR CAP 40MG ***(isosorbide dinitrate)***	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide dinitrate tab 40 mg	1	
isosorbide dinitrate tab er 40 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2% ***(nitroglycerin)***	3	
NITRO-DUR DIS 0.3MG/HR ***(nitroglycerin)***	2	
NITRO-DUR DIS 0.8MG/HR ***(nitroglycerin)***	2	
NITROGLYCER INJ 5MG/ML	3	
nitroglycerin iv soln 100 mcg/ml in d5w	1	
nitroglycerin iv soln 200 mcg/ml in d5w	1	
nitroglycerin iv soln 400 mcg/ml in d5w	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG ***(riociguat)***	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG ***(riociguat)***	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG ***(riociguat)***	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG ***(riociguat)***	4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG ***(riociguat)***	4	QL (90 tabs / 30 days), PA
ambrisentan tab 5 mg	4	QL (30 tabs / 30 days), PA
ambrisentan tab 10 mg	4	QL (30 tabs / 30 days), PA
bosentan tab 62.5 mg	4	QL (60 tabs / 30 days), PA
bosentan tab 125 mg	4	QL (60 tabs / 30 days), PA
epoprostenol sodium for inj 0.5 mg	4	PA
epoprostenol sodium for inj 1.5 mg	4	PA
OPSUMIT TAB 10MG ***(macitentan)***	4	QL (30 tabs / 30 days), PA
ORENITRAM TAB 0.25MG ***(treprostinil diolamine)***	4	PA
ORENITRAM TAB 0.125MG ***(treprostinil diolamine)***	4	PA
ORENITRAM TAB 1MG ***(treprostinil diolamine)***	4	PA
ORENITRAM TAB 2.5MG ***(treprostinil diolamine)***	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM TAB 5MG ***(treprostinil diolamine)***	4	PA
REMODULIN INJ 1MG/ML ***(treprostinil)***	4	PA
REMODULIN INJ 2.5MG/ML ***(treprostinil)***	4	PA
REMODULIN INJ 5MG/ML ***(treprostinil)***	4	PA
REMODULIN INJ 10MG/ML ***(treprostinil)***	4	PA
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	PA
sildenafil citrate tab 20 mg	4	QL (90 tabs / 30 days), PA
tadalafil tab 20 mg (pah)	4	QL (60 tabs / 30 days), PA
TRACLEER TAB 32MG ***(bosentan)***	4	QL (112 tabs / 28 days), PA
TYVASO START SOL 0.6MG/ML ***(treprostinil)***	4	QL (28 ampules / 28 days), PA
UPTRAVI TAB 200/800 ***(selexipag)***	4	QL (1 pack / 28 days), PA
UPTRAVI TAB 200MCG ***(selexipag)***	4	QL (140 tabs / 28 days), PA
UPTRAVI TAB 400MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ***(selexipag)***	4	QL (60 tabs / 30 days), PA
VENTAVIS SOL 10MCG/ML ***(iloprost)***	4	QL (270 ampules / 30 days), PA
VENTAVIS SOL 20MCG/ML ***(iloprost)***	4	QL (270 ampules / 30 days), PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY§

ALPRAZOLAM CON 1 MG/ML ***(alprazolam)***	2	QL (300 mL / 25 days)
alprazolam orally disintegrating tab 0.5 mg	1	QL (150 tabs / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
alprazolam orally disintegrating tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam orally disintegrating tab 2 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.5 mg	1	QL (150 tabs / 25 days)
alprazolam tab 0.25 mg	1	QL (150 tabs / 25 days)
alprazolam tab 1 mg	1	QL (150 tabs / 25 days)
alprazolam tab 2 mg	1	QL (150 tabs / 25 days)
lorazepam conc 2 mg/ml	1	QL (150 mL / 25 days)
lorazepam tab 0.5 mg	1	QL (150 tabs / 25 days)
lorazepam tab 1 mg	1	QL (150 tabs / 25 days)
lorazepam tab 2 mg	1	QL (150 tabs / 25 days)
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
oxazepam cap 10 mg	1	QL (120 caps / 25 days)
oxazepam cap 15 mg	1	QL (120 caps / 25 days)
oxazepam cap 30 mg	1	QL (120 caps / 25 days)
ANTICONVULSANTS§		
APTIOM TAB 200MG ***(eslicarbazepine acetate)***	3	PA
APTIOM TAB 400MG ***(eslicarbazepine acetate)***	3	PA
APTIOM TAB 600MG ***(eslicarbazepine acetate)***	3	PA
APTIOM TAB 800MG ***(eslicarbazepine acetate)***	3	PA
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab 200 mg (Epitol)	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CELONTIN CAP 300MG ***(methsuximide)***	3	
clobazam suspension 2.5 mg/ml	1	PA
clobazam tab 10 mg	1	PA
clobazam tab 20 mg	1	PA
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clonazepam tab 2 mg	1	
clorazepate dipotassium tab 3.75 mg	2	QL (180 tabs / 25 days)
clorazepate dipotassium tab 7.5 mg	2	QL (180 tabs / 25 days)
clorazepate dipotassium tab 15 mg	2	QL (180 tabs / 25 days)
diazepam conc 5 mg/ml (Diazepam Intensol)	1	QL (240 mL / 25 days)
diazepam inj 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	QL (1200 mL / 25 days)
diazepam tab 2 mg	1	QL (120 tabs / 25 days)
diazepam tab 5 mg	1	QL (120 tabs / 25 days)
diazepam tab 10 mg	1	QL (120 tabs / 25 days)
DILANTIN CAP 30MG ***(phenytoin sodium extended)***	3	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
FYCOMPA SUS 0.5MG/ML ***(perampanel)***	2	
FYCOMPA TAB 2MG ***(perampanel)***	2	
FYCOMPA TAB 4MG ***(perampanel)***	2	
FYCOMPA TAB 6MG ***(perampanel)***	2	
FYCOMPA TAB 8MG ***(perampanel)***	2	
FYCOMPA TAB 10MG ***(perampanel)***	2	
FYCOMPA TAB 12MG ***(perampanel)***	2	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
gabapentin tab 800 mg	1	
lamotrigine orally disintegrating tab 25 mg	2	PA
lamotrigine orally disintegrating tab 50 mg	2	PA
lamotrigine orally disintegrating tab 100 mg	2	PA
lamotrigine orally disintegrating tab 200 mg	2	PA
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab er 24hr 25 mg	1	ST; PA**
lamotrigine tab er 24hr 50 mg	1	ST; PA**
lamotrigine tab er 24hr 100 mg	1	ST; PA**
lamotrigine tab er 24hr 200 mg	1	ST; PA**
lamotrigine tab er 24hr 250 mg	1	ST; PA**
lamotrigine tab er 24hr 300 mg	1	ST; PA**
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
PEGANONE TAB 250MG ***(ethotoin)***	3	
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin sodium inj 50 mg/ml	1	
phenytoin susp 125 mg/5ml	1	
pregabalin cap 25 mg	1	ST; PA**
pregabalin cap 50 mg	1	ST; PA**
pregabalin cap 75 mg	1	ST; PA**
pregabalin cap 100 mg	1	ST; PA**
pregabalin cap 150 mg	1	ST; PA**
pregabalin cap 200 mg	1	ST; PA**
pregabalin cap 225 mg	1	ST; PA**
pregabalin cap 300 mg	1	ST; PA**
pregabalin soln 20 mg/ml	1	ST; PA**
primidone tab 50 mg	1	
primidone tab 250 mg	1	
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
vigabatrin powd pack 500 mg	4	QL (180 packets / 30 days), PA
vigabatrin tab 500 mg	4	QL (180 tabs / 30 days), PA
VIMPAT INJ 200MG/20 ***(lacosamide)***	3	ST; PA**
VIMPAT SOL 10MG/ML ***(lacosamide)***	3	ST; PA**
VIMPAT TAB 50MG ***(lacosamide)***	3	ST; PA**
VIMPAT TAB 100MG ***(lacosamide)***	3	ST; PA**
VIMPAT TAB 150MG ***(lacosamide)***	3	ST; PA**
VIMPAT TAB 200MG ***(lacosamide)***	3	ST; PA**
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
ergoloid mesylates tab 1 mg	1	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	PA; PA applies for members less than 30 years of age

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
memantine hcl cap er 24hr 14 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 21 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl cap er 24hr 28 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl oral solution 2 mg/ml	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 5 mg	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 10 mg	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	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO ***(memantine hcl)***	2	PA; PA applies for members less than 30 years of age
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 3 mg (base equivalent)	1	PA
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	PA
rivastigmine tartrate cap 6 mg (base equivalent)	1	PA
rivastigmine td patch 24hr 4.6 mg/24hr	1	PA
rivastigmine td patch 24hr 9.5 mg/24hr	1	PA
rivastigmine td patch 24hr 13.3 mg/24hr	1	PA
ANTIDEPRESSANTS§		
amitriptyline hcl tab 10 mg	1	QL (150 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl tab 25 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amitriptyline hcl tab 50 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
amitriptyline hcl tab 75 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 100 mg	1	PA; Members 70 and older subject to PA
amitriptyline hcl tab 150 mg	1	PA; Members 70 and older subject to PA
amoxapine tab 25 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 50 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 100 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
amoxapine tab 150 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
desipramine hcl tab 10 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 25 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 50 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desipramine hcl tab 75 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 100 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
desipramine hcl tab 150 mg	1	QL (30 tabs / 25 days); QL applies to members age 65 and older
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	ST; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	ST; (generic of Pristiq) PA**
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	ST; (generic of Pristiq) PA**
doxepin hcl cap 10 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 25 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 50 mg	1	QL (90 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 75 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
doxepin hcl cap 150 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
doxepin hcl conc 10 mg/ml	1	QL (450 mL / 25 days); QL applies to members age 65 and older
duloxetine hcl cap 20 mg	1	
duloxetine hcl cap 30 mg	1	
duloxetine hcl cap 60 mg	1	
EMSAM DIS 6MG/24HR ***(selegiline)***	3	PA
EMSAM DIS 9MG/24HR ***(selegiline)***	3	PA
EMSAM DIS 12MG/24H ***(selegiline)***	3	PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
FETZIMA CAP 20MG ***(levomilnacipran hcl)***	3	ST; PA**
FETZIMA CAP 40MG ***(levomilnacipran hcl)***	3	ST; PA**
FETZIMA CAP 80MG ***(levomilnacipran hcl)***	3	ST; PA**
FETZIMA CAP 120MG ***(levomilnacipran hcl)***	3	ST; PA**
FETZIMA CAP TITRATIO ***(levomilnacipran hcl)***	3	ST; PA**
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	(generic Sarafem not covered)
fluoxetine hcl tab 20 mg	1	(generic Sarafem not covered)
imipramine hcl tab 10 mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
imipramine hcl tab 25 mg	1	QL (120 tabs / 25 days); QL applies to members age 65 and older
imipramine hcl tab 50 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
imipramine pamoate cap 75 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
imipramine pamoate cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
imipramine pamoate cap 125 mg	1	PA; Members 70 and older subject to PA
imipramine pamoate cap 150 mg	1	PA; Members 70 and older subject to PA
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
maprotiline hcl tab 75 mg	1	
MARPLAN TAB 10MG ***(isocarboxazid)***	3	
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
nortriptyline hcl cap 10 mg	1	QL (150 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 25 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 50 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
nortriptyline hcl cap 75 mg	1	PA; Members 70 and older subject to PA
nortriptyline hcl soln 10 mg/5ml	1	QL (750 mL / 25 days); QL applies to members age 65 and older
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
phenelzine sulfate tab 15 mg	1	
protriptyline hcl tab 5 mg	1	QL (90 tabs / 25 days); QL applies to members age 65 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
protriptyline hcl tab 10 mg	1	QL (60 tabs / 25 days); QL applies to members age 65 and older
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
tranylcypromine sulfate tab 10 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
trimipramine maleate cap 25 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
trimipramine maleate cap 50 mg	1	QL (60 caps / 25 days); QL applies to members age 65 and older
trimipramine maleate cap 100 mg	1	QL (30 caps / 25 days); QL applies to members age 65 and older
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	1	
VIIBRYD KIT STARTER ***(vilazodone hcl)***	3	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIIBRYD TAB 10MG ***(vilazodone hcl)***	3	ST; PA**
VIIBRYD TAB 20MG ***(vilazodone hcl)***	3	ST; PA**
VIIBRYD TAB 40MG ***(vilazodone hcl)***	3	ST; PA**
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	1	
amantadine hcl syrup 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML ***(apomorphine hydrochloride)***	4	PA
benztropine mesylate inj 1 mg/ml	1	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa tab 25 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
entacapone tab 200 mg	1	
NEUPRO DIS 1MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 2MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 3MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 4MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 6MG/24HR ***(rotigotine)***	2	
NEUPRO DIS 8MG/24HR ***(rotigotine)***	2	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	ST; PA**
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tolcapone tab 100 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1. ***(aripiprazole lauroxil)***	2	
ARISTADA INJ 662MG/2 ***(aripiprazole lauroxil)***	2	
ARISTADA INJ 882MG/3 ***(aripiprazole lauroxil)***	2	
ARISTADA INJ 1064MG ***(aripiprazole lauroxil)***	2	
ARISTADA INJ INITIO ***(aripiprazole lauroxil)***	2	
CHLORPROMAZ INJ 25MG/ML	3	
CHLORPROMAZ INJ 50MG/2ML	3	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
LATUDA TAB 20MG ***(lurasidone hcl)***	2	ST; PA**
LATUDA TAB 40MG ***(lurasidone hcl)***	2	ST; PA**
LATUDA TAB 60MG ***(lurasidone hcl)***	2	ST; PA**
LATUDA TAB 80MG ***(lurasidone hcl)***	2	ST; PA**
LATUDA TAB 120MG ***(lurasidone hcl)***	2	ST; PA**
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
NUPLAZID TAB 17MG ***(pimavanserin tartrate)***	4	PA
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
REXULTI TAB 0.5MG ***(brexpiprazole)***	3	ST; PA**
REXULTI TAB 0.25MG ***(brexpiprazole)***	3	ST; PA**
REXULTI TAB 1MG ***(brexpiprazole)***	3	ST; PA**
REXULTI TAB 2MG ***(brexpiprazole)***	3	ST; PA**
REXULTI TAB 3MG ***(brexpiprazole)***	3	ST; PA**
REXULTI TAB 4MG ***(brexpiprazole)***	3	ST; PA**
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
SAPHRIS SUB 2.5MG ***(asenapine maleate)***	3	ST; PA**
SAPHRIS SUB 5MG ***(asenapine maleate)***	3	ST; PA**
SAPHRIS SUB 10MG ***(asenapine maleate)***	3	ST; PA**
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDER§		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 25 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 25 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs / 25 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs / 25 days)
atomoxetine hcl cap 10 mg (base equiv)	1	
atomoxetine hcl cap 18 mg (base equiv)	1	
atomoxetine hcl cap 25 mg (base equiv)	1	
atomoxetine hcl cap 40 mg (base equiv)	1	
atomoxetine hcl cap 60 mg (base equiv)	1	
atomoxetine hcl cap 80 mg (base equiv)	1	
atomoxetine hcl cap 100 mg (base equiv)	1	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (60 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (30 caps / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (30 caps / 25 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 5 mg	1	QL (120 tabs / 25 days)
dexmethylphenidate hcl tab 10 mg	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 25 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (60 caps / 25 days)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (1,200 mL / 25 days)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 25 days)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	1	QL (60 tabs / 25 days)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	1	QL (30 tabs / 25 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	ST; PA**
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	ST; PA**
methamphetamine hcl tab 5 mg	1	QL (150 tabs / 25 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (30 caps / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 25 days)
methylphenidate hcl cap er 40 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 50 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl cap er 60 mg (cd)	1	QL (30 caps / 25 days)
methylphenidate hcl chew tab 2.5 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl chew tab 5 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl chew tab 10 mg	1	QL (180 chew tabs / 25 days)
methylphenidate hcl soln 5 mg/5ml	1	QL (1800 mL / 25 days)
methylphenidate hcl soln 10 mg/5ml	1	QL (900 mL / 25 days)
methylphenidate hcl tab 5 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 10 mg	1	QL (180 tabs / 25 days)
methylphenidate hcl tab 20 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 10 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 20 mg	1	QL (90 tabs / 25 days)
methylphenidate hcl tab er 24hr 18 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 27 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 36 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er 24hr 54 mg	1	QL (30 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs / 25 days)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (30 tabs / 25 days)
VYVANSE CAP 10MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days)
VYVANSE CAP 20MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days)
VYVANSE CAP 30MG ***(lisdexamfetamine dimesylate)***	2	QL (60 caps / 25 days)
VYVANSE CAP 40MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days)
VYVANSE CAP 50MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVANSE CAP 60MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days)
VYVANSE CAP 70MG ***(lisdexamfetamine dimesylate)***	2	QL (30 caps / 25 days)
VYVANSE CHW 10MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days)
VYVANSE CHW 20MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days)
VYVANSE CHW 30MG ***(lisdexamfetamine dimesylate)***	2	QL (60 tabs / 25 days)
VYVANSE CHW 40MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days)
VYVANSE CHW 50MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days)
VYVANSE CHW 60MG ***(lisdexamfetamine dimesylate)***	2	QL (30 tabs / 25 days)
HYPNOTICS§		
BELSOMRA TAB 5MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 10MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 15MG ***(suvorexant)***	2	ST; PA**
BELSOMRA TAB 20MG ***(suvorexant)***	2	ST; PA**
doxylamine succinate (sleep) tab 25 mg (Cvs Sleep-aid Nighttime)	1	OTC
eszopiclone tab 1 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 2 mg	1	QL (15 tabs / 25 days)
eszopiclone tab 3 mg	1	QL (15 tabs / 25 days)
HETLIOZ CAP 20MG ***(tasimelteon)***	4	QL (30 caps / 30 days), PA
ramelteon tab 8 mg	1	QL (15 tabs / 25 days)
temazepam cap 7.5 mg	1	QL (15 caps / 25 days)
temazepam cap 15 mg	1	QL (15 caps / 25 days)
temazepam cap 22.5 mg	1	QL (15 caps / 25 days)
temazepam cap 30 mg	1	QL (15 caps / 25 days)
zaleplon cap 5 mg	1	QL (15 caps / 25 days)
zaleplon cap 10 mg	1	QL (15 caps / 25 days)
zolpidem tartrate tab 5 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab 10 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 6.25 mg	1	QL (15 tabs / 25 days)
zolpidem tartrate tab er 12.5 mg	1	QL (15 tabs / 25 days)
MIGRAINE§		
almotriptan malate tab 6.25 mg	2	QL (12 tabs / 25 days)
almotriptan malate tab 12.5 mg	2	QL (12 tabs / 25 days)
dihydroergotamine mesylate inj 1 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
eletriptan hydrobromide tab 20 mg (base equivalent)	2	QL (12 tabs / 25 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	2	QL (12 tabs / 25 days)
ergotamine w/ caffeine tab 1-100 mg	3	
frovatriptan succinate tab 2.5 mg (base equivalent)	2	QL (18 tabs / 25 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs / 25 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (18 tabs / 25 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (18 tabs / 25 days)
sumatriptan nasal spray 5 mg/act	1	QL (24 sprays / 25 days)
sumatriptan nasal spray 20 mg/act	1	QL (12 sprays / 25 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 vials / 25 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (18 syringes / 25 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (12 units / 25 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs / 25 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 2.5 mg	2	QL (12 tabs / 25 days)
zolmitriptan orally disintegrating tab 5 mg	2	QL (12 tabs / 25 days)
zolmitriptan tab 2.5 mg	2	QL (12 tabs / 25 days)
zolmitriptan tab 5 mg	1	QL (12 tabs / 25 days)
ZOMIG SPR 2.5MG ***(zolmitriptan)***	3	QL (12 sprays / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOMIG SPR 5MG ***(zolmitriptan)***	3	QL (12 sprays / 25 days)
MISCELLANEOUS		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	2	
clomipramine hcl cap 25 mg	1	QL (150 caps / 25 days), ST; PA**; QL applies to members age 65 and older
clomipramine hcl cap 50 mg	1	QL (150 caps / 25 days), ST; PA**; QL applies to members age 65 and older
clomipramine hcl cap 75 mg	1	QL (90 caps / 25 days), ST; PA**; QL applies to members age 65 and older
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
GUANIDINE TAB 125MG	3	
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	3	
NUEDEXTA CAP 20-10MG ***(dextromethorphan hbr-quinidine sulfate)***	2	PA
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REGONOL INJ 5MG/ML ***(pyridostigmine bromide)***	3	
riluzole tab 50 mg	1	
tetrabenazine tab 12.5 mg	4	QL (120 tabs / 30 days), PA
tetrabenazine tab 25 mg	4	QL (60 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AUBAGIO TAB 7MG ***(teriflunomide)***	4	QL (30 tabs / 30 days), PA
AUBAGIO TAB 14MG ***(teriflunomide)***	4	QL (30 tabs / 30 days), PA
AVONEX KIT 30MCG ***(interferon beta-1a)***	4	QL (4 injections / 28 days), PA, ST
AVONEX PEN KIT 30MCG ***(interferon beta-1a)***	4	QL (4 injections / 28 days), PA, ST
AVONEX PREFL KIT 30MCG ***(interferon beta-1a)***	4	QL (4 injections / 28 days), PA, ST
BETASERON INJ 0.3MG ***(interferon beta-1b)***	4	QL (14 injections / 28 days), PA
COPAXONE INJ 20MG/ML ***(glatiramer acetate)***	4	QL (30 injections / 30 days), PA
COPAXONE INJ 40MG/ML ***(glatiramer acetate)***	4	QL (12 syringes / 28 days), PA
dalfampridine tab er 12hr 10 mg	4	QL (60 tabs / 30 days), PA
GILENYA CAP 0.5MG ***(fingolimod hcl)***	4	QL (30 caps / 30 days), PA
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	2	QL (30 injections / 30 days), PA
glatiramer acetate soln prefilled syringe 40 mg/ml	2	QL (12 syringes / 28 days), PA
PLEGRIDY INJ ***(peginterferon beta-1a)***	4	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ PEN ***(peginterferon beta-1a)***	4	QL (1 carton / 28 days), PA, ST
PLEGRIDY INJ STARTER ***(peginterferon beta-1a)***	4	QL (1 kit / 28 days), PA, ST
PLEGRIDY PEN INJ STARTER ***(peginterferon beta-1a)***	4	QL (1 pack / 28 days), PA, ST
REBIF INJ 22/0.5 ***(interferon beta-1a)***	4	QL (12 syringes / 28 days), PA
REBIF INJ 44/0.5 ***(interferon beta-1a)***	4	QL (12 syringes / 28 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBIF REBIDO INJ 22/0.5 ***(interferon beta-1a)***	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ 44/0.5 ***(interferon beta-1a)***	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN ***(interferon beta-1a)***	4	QL (1 box / 28 days), PA
REBIF TITRTN INJ PACK ***(interferon beta-1a)***	4	QL (1 box / 28 days), PA
TECFIDERA CAP 120MG ***(dimethyl fumarate)***	4	QL (14 caps / 28 days), PA
TECFIDERA CAP 240MG ***(dimethyl fumarate)***	4	QL (60 caps / 30 days), PA
TECFIDERA MIS STARTER ***(dimethyl fumarate)***	4	QL (1 kit / 30 days), PA
TYSABRI INJ 300/15ML ***(natalizumab)***	4	QL (1 vial / 28 days), PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	1	PA; High Risk Medications require PA for members age 70 and older
carisoprodol tab 350 mg	1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
metaxalone tab 400 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metaxalone tab 800 mg	2	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 500 mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tab 750 mg	1	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate inj 30 mg/ml	1	
orphenadrine citrate tab er 12hr 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	1	PA
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG ***(varenicline tartrate)***	0	$0 limited to 2 treatment cycles/year
CHANTIX PAK 1MG ***(varenicline tartrate)***	0	$0 limited to 2 treatment cycles/year
CHANTIX TAB 0.5MG ***(varenicline tartrate)***	0	$0 limited to 2 treatment cycles/year
CHANTIX TAB 1MG ***(varenicline tartrate)***	0	$0 limited to 2 treatment cycles/year
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	$0 copay
NARCAN SPR ***(naloxone hcl)***	2	
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg (Nicorelief)	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 4 mg (Goodsense Nicotine Polacr)	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr (Nicotine Step 3)	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr (Sm Nicotine Transdermal S)	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr (Sm Nicotine Transdermal S)	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr (Sm Nicotine Transdermal S)	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INH ***(nicotine)***	0	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML ***(nicotine)***	0	QL (max 168 days / year); $0 limited to 2 treatment cycles/year
VIVITROL INJ 380MG ***(naltrexone)***	4	QL (1 vial / 28 days), PA

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

INTRAROSA SUP 6.5MG ***(prasterone vaginal)***	3	
methyltestosterone cap 10 mg	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG ***(pramlintide acetate)***	3	ST; PA**
SYMLNPEN 120 INJ 1000MCG ***(pramlintide acetate)***	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 2.5-500 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide-metformin tab 5-500 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	1	
alogliptin benzoate tab 12.5 mg (base equiv)	1	
alogliptin benzoate tab 25 mg (base equiv)	1	
JANUVIA TAB 25MG ***(sitagliptin phosphate)***	2	ST; PA**
JANUVIA TAB 50MG ***(sitagliptin phosphate)***	2	ST; PA**
JANUVIA TAB 100MG ***(sitagliptin phosphate)***	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TAB 0.8MG ***(bromocriptine mesylate (diabetes))***	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG ***(sitagliptin-metformin hcl)***	2	ST; PA**
JANUMET TAB 50-1000 ***(sitagliptin-metformin hcl)***	2	ST; PA**
JANUMET XR TAB 50-500MG ***(sitagliptin-metformin hcl)***	2	ST; PA**
JANUMET XR TAB 50-1000 ***(sitagliptin-metformin hcl)***	2	ST; PA**
JANUMET XR TAB 100-1000 ***(sitagliptin-metformin hcl)***	2	ST; PA**
JENTADUETO XR TAB 2.5-1000 MG ***(linagliptin-metformin hcl)***	3	ST; PA**
JENTADUETO XR TAB 5-1000 MG ***(linagliptin-metformin hcl)***	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML ***(semaglutide)***	2	ST; PA**
TRULICITY INJ 0.75/0.5 ***(dulaglutide)***	2	ST; PA**
TRULICITY INJ 1.5/0.5 ***(dulaglutide)***	2	ST; PA**
VICTOZA INJ 18MG/3ML ***(liraglutide)***	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33 ***(insulin glargine-lixisenatide)***	2	ST; PA**
XULTOPHY INJ 100/3.6 ***(insulin degludec-liraglutide)***	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN ***(insulin glargine)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIASP FLEX INJ TOUCH ***(insulin aspart (with niacinamide))***	2	
FIASP INJ 100/ML ***(insulin aspart (with niacinamide))***	2	
FIASP PENFIL INJ U-100 ***(insulin aspart (with niacinamide))***	2	
HUMULIN INJ 70/30 ***(insulin nph isophane & reg (human))***	3	OTC
HUMULIN INJ 70/30KWP ***(insulin nph isophane & reg (human))***	3	OTC
HUMULIN N INJ U-100 ***(insulin nph (human) (isophane))***	3	OTC
HUMULIN N INJ U-100KWP ***(insulin nph (human) (isophane))***	3	OTC
HUMULIN R INJ U-100 ***(insulin regular (human))***	3	OTC
HUMULIN R INJ U-500 ***(insulin regular (human))***	2	
LEVEMIR INJ ***(insulin detemir)***	2	
LEVEMIR INJ FLEXTOUC ***(insulin detemir)***	2	
NOVOLIN INJ 70/30 ***(insulin nph isophane & reg (human))***	1	OTC; RELION not covered
NOVOLIN INJ 70/30 FP ***(insulin nph isophane & reg (human))***	2	OTC; RELION not covered
NOVOLIN N INJ 100 UNIT ***(insulin nph (human) (isophane))***	2	OTC; RELION not covered
NOVOLIN N INJ U-100 ***(insulin nph (human) (isophane))***	1	OTC; RELION not covered
NOVOLIN R INJ 100 UNIT ***(insulin regular (human))***	2	OTC; RELION not covered
NOVOLIN R INJ U-100 ***(insulin regular (human))***	1	OTC; RELION not covered
NOVOLOG INJ 100/ML ***(insulin aspart)***	2	
NOVOLOG INJ FLEXPEN ***(insulin aspart)***	2	
NOVOLOG INJ PENFILL ***(insulin aspart)***	2	
NOVOLOG MIX INJ 70/30 ***(insulin aspart protamine & aspart (human))***	2	
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart protamine & aspart (human))***	2	
TRESIBA FLEX INJ 100UNIT ***(insulin degludec)***	2	
TRESIBA FLEX INJ 200UNIT ***(insulin degludec)***	2	
TRESIBA INJ 100UNIT ***(insulin degludec)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
repaglinide-metformin hcl tab 1-500 mg	1	
repaglinide-metformin hcl tab 2-500 mg	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB 12.5-1000 MG ***(empagliflozin-metformin***	2	ST; PA**
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl)***	2	ST; PA**
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	ST; PA**
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl)***	2	ST; PA**
SYNJARDY XR TAB 12.5-1000 MG ***(empagliflozin-metformin hcl)***	2	ST; PA**
SYNJARDY XR TAB 5-1000MG ***(empagliflozin-metformin hcl)***	2	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY XR TAB 10-1000 ***(empagliflozin-metformin hcl)***	2	ST; PA**
SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl)***	2	ST; PA**
XIGDUO XR TAB 2.5-1000 ***(dapagliflozin-metformin hcl)***	2	ST; PA**
XIGDUO XR TAB 5-500MG ***(dapagliflozin-metformin hcl)***	2	ST; PA**
XIGDUO XR TAB 5-1000MG ***(dapagliflozin-metformin hcl)***	2	ST; PA**
XIGDUO XR TAB 10-500MG ***(dapagliflozin-metformin hcl)***	2	ST; PA**
XIGDUO XR TAB 10-1000 ***(dapagliflozin-metformin hcl)***	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG ***(empagliflozin-linagliptin)***	2	ST; PA**
GLYXAMBI TAB 25-5 MG ***(empagliflozin-linagliptin)***	2	ST; PA**
QTERN TAB 5-5MG ***(dapagliflozin-saxagliptin)***	2	ST; PA**
QTERN TAB 10MG/5MG ***(dapagliflozin-saxagliptin)***	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TAB 5MG ***(dapagliflozin propanediol)***	2	ST; PA**
FARXIGA TAB 10MG ***(dapagliflozin propanediol)***	2	ST; PA**
JARDIANCE TAB 10MG ***(empagliflozin)***	2	ST; PA**
JARDIANCE TAB 25MG ***(empagliflozin)***	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glyburide micronized tab 1.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 3 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide micronized tab 6 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 1.25 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 2.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
glyburide tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 40 mg	1	
alendronate sodium tab 70 mg	1	
FOSAMAX + D TAB 70-2800 ***(alendronate sodium-cholecalciferol)***	3	ST; PA**
FOSAMAX + D TAB 70-5600 ***(alendronate sodium-cholecalciferol)***	3	ST; PA**
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
pamidronate disodium for inj 30 mg	1	
pamidronate disodium for inj 90 mg	1	
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
risedronate sodium tab 5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	PA
zoledronic acid iv soln 5 mg/100ml	4	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	4	QL (60 tabs / 30 days), PA
cinacalcet hcl tab 60 mg (base equiv)	4	QL (60 tabs / 30 days), PA
cinacalcet hcl tab 90 mg (base equiv)	4	QL (120 tabs / 30 days), PA
CHELATING AGENTS		
CHEMET CAP 100MG ***(succimer)***	3	
FERPRX 2-DAY TAB 1000MG ***(deferiprone)***	4	PA
FERRIPROX SOL 100MG/ML ***(deferiprone)***	4	PA
FERRIPROX TAB 500MG ***(deferiprone)***	4	PA
FERRIPROX TAB 1000MG ***(deferiprone)***	4	PA
penicillamine tab 250 mg	1	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
ANNOVERA MIS ***(segesterone acetate-ethinyl estradiol)***	0	QL (1 / 300 days)
BALCOLTRA TAB 0.1-20 ***(levonorgestrel-ethinyl estradiol-ferrous bisglycinate)***	0	
DEPO-SQ PROV INJ 104 ***(medroxyprogesterone acetate (contraceptive))***	0	QL (4 inj / 300 days)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	0	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	0	
ELLA TAB 30MG ***(ulipristal acetate)***	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e)	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 / 300 days)
KYLEENA IUD 19.5MG ***(levonorgestrel (iud))***	0	QL (1 / 300 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Fayosim)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (Rivelsa)	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Quasense)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	0	
levonorgestrel tab 1.5 mg (Take Action)	0	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Myzilra)	0	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	0	
LILETTA IUD 52MG ***(levonorgestrel (iud))***	0	QL (1 / 300 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 inj / 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 inj / 300 days)
MIRENA IUD SYSTEM ***(levonorgestrel (iud))***	0	QL (1 / 300 days)
NATAZIA TAB ***(estradiol valerate-dienogest)***	0	
NEXPLANON IMP 68MG ***(etonogestrel)***	0	QL (1 / 300 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Zenchent)	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone tab 0.35 mg	0	
norethindrone tab 0.35 mg (Camila)	0	
norethindrone tab 0.35 mg (Errin)	0	
norethindrone tab 0.35 mg (Heather)	0	
norethindrone tab 0.35 mg (Jolivette)	0	
norethindrone tab 0.35 mg (Nora-be)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-linyah)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mononessa)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-linyah)	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-sprintec)	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Trinessa)	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	0	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	0	
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	0	
PARAGARD IUD T380A ***(copper (iud))***	0	QL (1 unit / 300 days)
SKYLA IUD 13.5MG ***(levonorgestrel (iud))***	0	QL (1 / 300 days)
SLYND TAB 4MG ***(drospirenone)***	0	
ENDOMETRIOSIS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
SYNAREL SOL 2MG/ML ***(nafarelin acetate)***	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
CARBAGLU TAB 200MG ***(carglumic acid)***	4	PA
CERDELGA CAP 84MG ***(eliglustat tartrate)***	4	QL (60 caps / 30 days), PA
CYSTADANE POW ***(betaine)***	4	PA
CYSTAGON CAP 50MG ***(cysteamine bitartrate)***	4	PA
CYSTAGON CAP 150MG ***(cysteamine bitartrate)***	4	PA
KUVAN POW 100MG ***(sapropterin dihydrochloride)***	4	PA
KUVAN POW 500MG ***(sapropterin dihydrochloride)***	4	PA
KUVAN TAB 100MG ***(sapropterin dihydrochloride)***	4	PA
nitisinone cap 2 mg	4	PA
nitisinone cap 5 mg	4	PA
nitisinone cap 10 mg	4	PA
ORFADIN CAP 20MG ***(nitisinone)***	4	PA
ORFADIN SUS 4MG/ML ***(nitisinone)***	4	PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	QL (600g / 30 days), PA
sodium phenylbutyrate tab 500 mg	4	QL (1200 tabs / 30 days), PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
CLIMARA PRO DIS WEEKLY ***(estradiol-levonorgestrel)***	2	
DEPO-ESTRADI INJ 5MG/ML ***(estradiol cypionate)***	3	
DIVIGEL GEL 0.5MG ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.25MG ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 0.75MG ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
DIVIGEL GEL 1.25MG ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIVIGEL GEL 1MG/GM ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20 ***(conjugated estrogens-bazedoxifene)***	2	
ELESTRIN GEL 0.06% ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg (Mimvey Lo)	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	
estradiol tab 0.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 1 mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol tab 2 mg	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.1 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.05 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.025 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch twice weekly 0.075 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch twice weekly 0.0375 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.1 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.05 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.06 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.025 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.075 mg/24hr	1	PA; High Risk Medications require PA for members age 70 and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	PA; High Risk Medications require PA for members age 70 and older
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg (Yuvafem)	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
ESTROGEL GEL ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
estropipate tab 0.75 mg	1	PA; High Risk Medications require PA for members age 70 and older
estropipate tab 1.5 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estropipate tab 3 mg	1	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SPR 1.53MG ***(estradiol)***	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.3MG ***(esterified estrogens)***	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 0.625MG ***(esterified estrogens)***	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 1.25MG ***(esterified estrogens)***	3	PA; High Risk Medications require PA for members age 70 and older
MENEST TAB 2.5MG ***(esterified estrogens)***	3	PA; High Risk Medications require PA for members age 70 and older
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	
PREMARIN INJ 25MG ***(estrogens, conjugated)***	3	
PREMARIN TAB 0.3MG ***(estrogens, conjugated)***	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.9MG ***(estrogens, conjugated)***	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.45MG ***(estrogens, conjugated)***	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN TAB 0.625MG ***(estrogens, conjugated)***	3	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREMARIN TAB 1.25MG ***(estrogens, conjugated)***	3	PA; High Risk Medications require PA for members age 70 and older
PREMARIN VAG CRE 0.625MG ***(estrogens, conjugated vaginal)***	3	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	1	
DEPO-MEDROL INJ 20MG/ML ***(methylprednisolone acetate)***	3	
DEXAMETHASON CON 1MG/ML ***(dexamethasone)***	2	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG ***(methylprednisolone)***	2	
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML ***(prednisone)***	2	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLU-CORTEF INJ 100MG ***(hydrocortisone sod succinate)***	3	
SOLU-CORTEF INJ 250MG ***(hydrocortisone sod succinate)***	3	
SOLU-CORTEF INJ 500MG ***(hydrocortisone sod succinate)***	3	
SOLU-CORTEF INJ 1000MG ***(hydrocortisone sod succinate)***	3	
SOLU-MEDROL INJ 2GM ***(methylprednisolone sod succ)***	3	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGON KIT 1MG ***(glucagon (rdna))***	2	
ORAL GLUCOSE REPLACEMENT ***(dextrose (diabetic use))***	2	OTC
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
HUMATROPE INJ 5MG ***(somatropin)***	4	PA
HUMATROPE INJ 6MG ***(somatropin)***	4	PA
HUMATROPE INJ 12MG ***(somatropin)***	4	PA
HUMATROPE INJ 24MG ***(somatropin)***	4	PA
MISCELLANEOUS		
cabergoline tab 0.5 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
INCRELEX INJ 40MG/4ML ***(mecasermin)***	4	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	QL (225 ml / 30 days), PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	QL (90 ml / 30 days), PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	QL (45 ml / 30 days), PA
OSPHENA TAB 60MG ***(ospemifene)***	2	
PROLIA SOL 60MG/ML ***(denosumab)***	4	QL (60mg / 24 weeks), PA
raloxifene hcl tab 60 mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
SAMSCA TAB 15MG ***(tolvaptan)***	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAMSCA TAB 30MG ***(tolvaptan)***	4	PA
SIGNIFOR INJ 0.3MG/ML ***(pasireotide diaspartate)***	4	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.6MG/ML ***(pasireotide diaspartate)***	4	QL (60 ampules / 30 days), PA
SIGNIFOR INJ 0.9MG/ML ***(pasireotide diaspartate)***	4	QL (60 ampules / 30 days), PA
SOMATULINE INJ 60/0.2ML ***(lanreotide acetate)***	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 90/0.3ML ***(lanreotide acetate)***	4	QL (1 injection / 28 days), PA
SOMATULINE INJ 120/.5ML ***(lanreotide acetate)***	4	QL (1 injection / 28 days), PA
SOMAVERT INJ 10MG ***(pegvisomant)***	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 15MG ***(pegvisomant)***	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 20MG ***(pegvisomant)***	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 25MG ***(pegvisomant)***	4	QL (30 vials / 30 days), PA
SOMAVERT INJ 30MG ***(pegvisomant)***	4	QL (30 vials / 30 days), PA
tolvaptan tab 30 mg	4	PA
TYMLOS INJ ***(abaloparatide)***	4	QL (1 pen / 30 days), PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
FOSRENOL POW 750MG ***(lanthanum carbonate)***	3	
FOSRENOL POW 1000MG ***(lanthanum carbonate)***	3	
PHOSLYRA SOL ***(calcium acetate (phosphate binder))***	2	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
VELPHORO CHW 500MG ***(sucroferric oxyhydroxide)***	3	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE GEL 4% VAG ***(progesterone (vaginal))***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRINONE GEL 8% VAG ***(progesterone (vaginal))***	2	
LUPANETA KIT 3.75-5 ***(leuprolide acetate & norethindrone acetate)***	4	PA
LUPANETA KIT 11.25-5 ***(leuprolide acetate & norethindrone acetate)***	4	PA
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	1	
progesterone micronized cap 100 mg	1	
progesterone micronized cap 200 mg	1	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 25 mcg (Levoxyl)	1	
levothyroxine sodium tab 25 mcg (Unithroid)	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 50 mcg (Levoxyl)	1	
levothyroxine sodium tab 50 mcg (Unithroid)	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 75 mcg (Levoxyl)	1	
levothyroxine sodium tab 75 mcg (Unithroid)	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 88 mcg (Levoxyl)	1	
levothyroxine sodium tab 88 mcg (Unithroid)	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 100 mcg (Levoxyl)	1	
levothyroxine sodium tab 100 mcg (Unithroid)	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 112 mcg (Levoxyl)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 112 mcg (Unithroid)	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 125 mcg (Levoxyl)	1	
levothyroxine sodium tab 125 mcg (Unithroid)	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 137 mcg (Levoxyl)	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 150 mcg (Levoxyl)	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 175 mcg (Levoxyl)	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 200 mcg (Levoxyl)	1	
levothyroxine sodium tab 200 mcg (Unithroid)	1	
levothyroxine sodium tab 300 mcg	1	
levothyroxine sodium tab 300 mcg (Unithroid)	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
SYNTHROID TAB 25MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 50MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 75MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 88MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 100MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 112MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 125MCG ***(levothyroxine sodium)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 137MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 150MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 175MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 200MCG ***(levothyroxine sodium)***	2	
SYNTHROID TAB 300MCG ***(levothyroxine sodium)***	2	
THYROLAR-1 TAB 60MG ***(liotrix (t3-t4))***	3	
THYROLAR-1/2 TAB 30MG ***(liotrix (t3-t4))***	3	
THYROLAR-1/4 TAB 15MG ***(liotrix (t3-t4))***	3	
THYROLAR-2 TAB 120MG ***(liotrix (t3-t4))***	3	
THYROLAR-3 TAB 180MG ***(liotrix (t3-t4))***	3	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	1	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1	
CUVPOSA SOL 1MG/5ML ***(glycopyrrolate)***	2	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate inj 0.2 mg/ml	1	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	1	
hyoscyamine sulfate sl tab 0.125 mg (Symax-sl)	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-spaz)	1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	1	
methscopolamine bromide tab 2.5 mg	1	PA; High Risk Medications require PA for members age 70 and older
methscopolamine bromide tab 5 mg	1	PA; High Risk Medications require PA for members age 70 and older
ANTIEMETICS§		
AKYNZEO CAP 300-0.5 ***(netupitant-palonosetron)***	3	QL (2 caps / 21 days)
aprepitant capsule 40 mg	1	QL (3 caps / 180 days)
aprepitant capsule 80 mg	1	QL (4 caps / 21 days)
aprepitant capsule 125 mg	1	QL (2 caps / 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (2 packs / 21 days)
CESAMET CAP 1MG ***(nabilone)***	3	QL (18 caps / 21 days)
dronabinol cap 2.5 mg	1	QL (60 caps / 25 days)
dronabinol cap 5 mg	1	QL (60 caps / 25 days)
dronabinol cap 10 mg	1	QL (60 caps / 25 days)
granisetron hcl inj 0.1 mg/ml	1	QL (2 mL / 21 days)
granisetron hcl inj 1 mg/ml	1	QL (2 mL / 21 days)
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	QL (2 mL / 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs / 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
metoclopramide hcl inj 5 mg/ml (base equivalent)	1	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	QL (20 mL / 21 days)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	QL (20 mL / 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL / 21 days)
ondansetron hcl tab 4 mg	1	QL (60 tabs / 30 days)
ondansetron hcl tab 8 mg	1	QL (60 tabs / 30 days)
ondansetron hcl tab 24 mg	1	QL (2 tabs / 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (60 tabs / 30 days)
ondansetron orally disintegrating tab 8 mg	1	QL (60 tabs / 30 days)
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
prochlorperazine suppos 25 mg (Compro)	1	
promethazine hcl inj 25 mg/ml	1	
promethazine hcl inj 50 mg/ml	1	
promethazine hcl syrup 6.25 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 12.5 mg	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
promethazine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
SANCUSO DIS 3.1MG ***(granisetron)***	2	QL (2 patches / 21 days)
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
VARUBI INJ ***(rolapitant hcl)***	2	
VARUBI TAB 90MG ***(rolapitant hcl)***	2	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 20 mg/2ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	1	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium cap 750 mg	1	
budesonide delayed release particles cap 3 mg	2	PA
DIPENTUM CAP 250MG ***(olsalazine sodium)***	3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone enema 100 mg/60ml (Colocort)	1	
mesalamine cap dr 400 mg	1	
mesalamine enema 4 gm	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAP 8MCG ***(lubiprostone)***	2	
AMITIZA CAP 24MCG ***(lubiprostone)***	2	
LINZESS CAP 72MCG ***(linaclotide)***	2	
LINZESS CAP 145MCG ***(linaclotide)***	2	
LINZESS CAP 290MCG ***(linaclotide)***	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LAXATIVES		
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (Gavilyte-h)	0	$0 copay for members age 50 through 74, otherwise not covered
CLENPIQ SOL ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	0	$0 copay for members age 50 through 74, otherwise not covered
GOLYTELY SOL ***(peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)***	2	
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	1	
lactulose solution 10 gm/15ml	1	
MOVIPREP SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	0	$0 copay for members age 50 through 74; Tier 2 for all others
OSMOPREP TAB 1.5GM ***(sodium phosphate monobasic-sodium phosphate dibasic)***	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-g)	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Gavilyte-c)	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-n/flavor Pack)	1	
PLENVU SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)***	0	$0 copay for members age 50 through 74, otherwise not covered
polyethylene glycol 3350 oral powder 17 gm/scoop	1	OTC
PREPOPIK PAK ***(sodium picosulfate-magnesium oxide-anhydrous citric acid)***	0	$0 copay for members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT ***(sodium sulfate-potassium sulfate-magnesium sulfate)***	0	$0 copay for members age 50 through 74; Tier 2 for all others
MISCELLANEOUS		
cromolyn sodium oral conc 100 mg/5ml	1	PA
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
MOTOFEN TAB 1-0.025 ***(difenoxin w/ atropine)***	3	
MOVANTIK TAB 12.5MG ***(naloxegol oxalate)***	2	
MOVANTIK TAB 25MG ***(naloxegol oxalate)***	2	
SUCRAID SOL 8500/ML ***(sacrosidase)***	3	QL (354 ml / 25 days), PA
sucralfate tab 1 gm	1	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PANCREATIC ENZYMES		
CREON CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA
CREON CAP 6000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA
CREON CAP 12000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
CREON CAP 24000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
CREON CAP 36000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
VIOKACE TAB 10440 ***(pancrelipase (lipase-protease-amylase))***	2	PA
VIOKACE TAB 20880 ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 3000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 5000UNIT ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 10000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 15000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 20000UNT ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 25000 ***(pancrelipase (lipase-protease-amylase))***	2	PA
ZENPEP CAP 40000 ***(pancrelipase (lipase-protease-amylase))***	2	PA
PROTON PUMP INHIBITORS§		
DEXILANT CAP 30MG DR ***(dexlansoprazole)***	3	QL (30 caps / 30 days), ST; PA**
DEXILANT CAP 60MG DR ***(dexlansoprazole)***	3	QL (30 caps / 30 days), ST; PA**
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (30 caps / 30 days), ST; PA**
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (30 caps / 30 days), ST; PA**
esomeprazole sodium for intravenous soln 20 mg (base equiv)	1	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	QL (30 caps / 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lansoprazole cap delayed release 30 mg	1	QL (30 caps / 30 days)
omeprazole cap delayed release 10 mg	1	QL (30 caps / 30 days)
omeprazole cap delayed release 20 mg	1	QL (30 caps / 30 days)
omeprazole cap delayed release 40 mg	1	QL (30 caps / 30 days)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (30 tabs / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (30 tabs / 30 days)
rabeprazole sodium ec tab 20 mg	1	QL (30 tabs / 30 days)
RECTAL,CORTICOSTEROIDS		
hydrocortisone perianal cream 1% (Procto-pak)	1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	1	
hydrocortisone perianal cream 2.5% (Proctozone-hc)	1	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	1	
CARDURA XL TAB 4MG ***(doxazosin mesylate (bph))***	3	ST; PA**
CARDURA XL TAB 8MG ***(doxazosin mesylate (bph))***	3	ST; PA**
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tadalafil tab 2.5 mg	1	QL (30 tabs / 25 days), PA
tadalafil tab 5 mg	1	QL (30 tabs / 25 days), PA
tamsulosin hcl cap 0.4 mg	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CONCEPTROL GEL 4% ***(nonoxynol-9)***	0	OTC
ENCARE SUP 100MG ***(nonoxynol-9)***	0	OTC
GYNOL II GEL 3% ***(nonoxynol-9)***	0	OTC
SHUR-SEAL GEL 2% ***(nonoxynol-9)***	0	OTC
TODAY SPONGE MIS ***(nonoxynol-9)***	0	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VCF VAGINAL AER CONTRACP ***(nonoxynol-9)***	0	OTC
VCF VAGINAL MIS CONTRACP ***(nonoxynol-9)***	0	OTC
MISCELLANEOUS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
ELMIRON CAP 100MG ***(pentosan polysulfate sodium)***	3	
flavoxate hcl tab 100 mg	1	
phenazopyridine hcl tab 95 mg (Urinary Pain Relief)	1	OTC
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG ***(fesoterodine fumarate)***	2	
TOVIAZ TAB 8MG ***(fesoterodine fumarate)***	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG ***(clindamycin phosphate vaginal)***	2	
clindamycin phosphate vaginal cream 2%	1	
GYNAZOLE-1 CRE 2% ***(butoconazole nitrate (one dose))***	3	
metronidazole vaginal gel 0.75%	2	
metronidazole vaginal gel 0.75% (Vandazole)	2	
miconazole nitrate vaginal suppos 200 mg (Miconazole 3)	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARGATRB/NACL INJ 50MG/50	3	
ARGATROBAN INJ 125/125	3	
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1	
ARGATROBAN INJ 250/250	3	
ELIQUIS ST P TAB 5MG ***(apixaban)***	2	
ELIQUIS TAB 2.5MG ***(apixaban)***	2	
ELIQUIS TAB 5MG ***(apixaban)***	2	
enoxaparin sodium inj 30 mg/0.3ml	1	
enoxaparin sodium inj 40 mg/0.4ml	1	
enoxaparin sodium inj 60 mg/0.6ml	1	
enoxaparin sodium inj 80 mg/0.8ml	1	
enoxaparin sodium inj 100 mg/ml	1	
enoxaparin sodium inj 120 mg/0.8ml	1	
enoxaparin sodium inj 150 mg/ml	1	
enoxaparin sodium inj 300 mg/3ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2 ***(dalteparin sodium)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FRAGMIN INJ 5000/0.2 ***(dalteparin sodium)***	3	
FRAGMIN INJ 7500/0.3 ***(dalteparin sodium)***	3	
FRAGMIN INJ 10000/ML ***(dalteparin sodium)***	3	
FRAGMIN INJ 12500UNT ***(dalteparin sodium)***	3	
FRAGMIN INJ 15000UNT ***(dalteparin sodium)***	3	
FRAGMIN INJ 18000UNT ***(dalteparin sodium)***	3	
FRAGMIN INJ 95000UNT ***(dalteparin sodium)***	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
PRADAXA CAP 75MG ***(dabigatran etexilate mesylate)***	3	
PRADAXA CAP 110MG ***(dabigatran etexilate mesylate)***	3	
PRADAXA CAP 150MG ***(dabigatran etexilate mesylate)***	3	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 1 mg (Jantoven)	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2 mg (Jantoven)	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 2.5 mg (Jantoven)	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 3 mg (Jantoven)	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 4 mg (Jantoven)	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 5 mg (Jantoven)	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 6 mg (Jantoven)	1	
warfarin sodium tab 7.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
warfarin sodium tab 7.5 mg (Jantoven)	1	
warfarin sodium tab 10 mg	1	
warfarin sodium tab 10 mg (Jantoven)	1	
XARELTO STAR TAB 15/20MG ***(rivaroxaban)***	2	
XARELTO TAB 2.5MG ***(rivaroxaban)***	2	
XARELTO TAB 10MG ***(rivaroxaban)***	2	
XARELTO TAB 15MG ***(rivaroxaban)***	2	
XARELTO TAB 20MG ***(rivaroxaban)***	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 25MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 40MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 60MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 100MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 150MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 200MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 300MCG ***(darbepoetin alfa)***	4	PA
ARANESP INJ 500MCG ***(darbepoetin alfa)***	4	PA
MIRCERA INJ 50MCG ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
MIRCERA INJ 75MCG ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
MIRCERA INJ 100MCG ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
MIRCERA INJ 200MCG ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
MIRCERA SOL 30/0.3ML ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
MIRCERA SOL 150/0.3 ***(methoxy polyethylene glycol-epoetin beta)***	4	PA
NEULASTA INJ 6MG/0.6M ***(pegfilgrastim)***	4	QL (2 injections / 28 days), PA
NEULASTA KIT 6MG/0.6M ***(pegfilgrastim)***	4	QL (2 injections / 28 days), PA
NIVESTYM INJ 300/0.5 ***(filgrastim-aafi)***	4	PA
NIVESTYM INJ 300MCG ***(filgrastim-aafi)***	4	PA
NIVESTYM INJ 480/0.8 ***(filgrastim-aafi)***	4	PA
NIVESTYM INJ 480MCG ***(filgrastim-aafi)***	4	PA
PROMACTA TAB 12.5MG ***(eltrombopag olamine)***	4	QL (30 tabs / 30 days), PA
PROMACTA TAB 25MG ***(eltrombopag olamine)***	4	QL (30 tabs / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA TAB 50MG ***(eltrombopag olamine)***	4	QL (60 tabs / 30 days), PA
PROMACTA TAB 75MG ***(eltrombopag olamine)***	4	QL (60 tabs / 30 days), PA
RETACRIT INJ 2000UNIT ***(epoetin alfa-epbx)***	4	PA
RETACRIT INJ 3000UNIT ***(epoetin alfa-epbx)***	4	PA
RETACRIT INJ 4000UNIT ***(epoetin alfa-epbx)***	4	PA
RETACRIT INJ 10000UNT ***(epoetin alfa-epbx)***	4	PA
RETACRIT INJ 40000UNT ***(epoetin alfa-epbx)***	4	PA
UDENYCA INJ 6MG/.6ML ***(pegfilgrastim-cbqv)***	4	QL (2 injections / 28 days), PA
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
HEMLIBRA INJ 30MG/ML ***(emicizumab-kxwh)***	4	PA
HEMLIBRA INJ 60/0.4 ***(emicizumab-kxwh)***	4	PA
HEMLIBRA INJ 105/0.7 ***(emicizumab-kxwh)***	4	PA
HEMLIBRA INJ 150/ML ***(emicizumab-kxwh)***	4	PA
icatibant acetate inj 30 mg/3ml (base equivalent)	4	QL (45 syringes / 90 days), PA
pentoxifylline tab er 400 mg	1	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG ***(ticagrelor)***	2	
BRILINTA TAB 90MG ***(ticagrelor)***	2	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dipyridamole tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
dipyridamole tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
dipyridamole tab 75 mg	1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ZONTIVITY TAB 2.08MG ***(vorapaxar sulfate)***	2	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA INJ 80MG/4ML ***(tocilizumab)***	4	QL (5 vials / 28 days), PA, ST
ACTEMRA INJ 162/0.9 ***(tocilizumab)***	4	QL (4 syringes / 28 days), PA, ST
ACTEMRA INJ 200/10ML ***(tocilizumab)***	4	QL (4 vials / 14 days), PA, ST
ACTEMRA INJ 400/20ML ***(tocilizumab)***	4	QL (2 vials / 14 days), PA, ST
ENBREL INJ 25/0.5ML ***(etanercept)***	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG ***(etanercept)***	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL INJ 25MG ***(etanercept)***	4	QL (8 vials / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL INJ 50MG/ML ***(etanercept)***	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI INJ 50MG/ML ***(etanercept)***	4	QL (8 cartridges / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SRCLK INJ 50MG/ML ***(etanercept)***	4	QL (8 syringes / 28 days), PA; Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA INJ 10/0.1ML ***(adalimumab)***	4	QL (2 injections / 28 days), PA
HUMIRA INJ 10MG/0.2 ***(adalimumab)***	4	QL (2 injections / 28 days), PA
HUMIRA INJ 20/0.2ML ***(adalimumab)***	4	QL (2 injections / 28 days), PA
HUMIRA INJ 40/0.4ML ***(adalimumab)***	4	QL (4 injections / 28 days), PA
HUMIRA KIT 20MG/0.4 ***(adalimumab)***	4	QL (2 injections / 28 days), PA
HUMIRA KIT 40MG/0.8 ***(adalimumab)***	4	QL (4 injections / 28 days), PA
HUMIRA PEDIA INJ CROHNS ***(adalimumab)***	4	QL (2 injections / 28 days), PA; (80mg and 40mg dual strength kit)
HUMIRA PEDIA INJ CROHNS ***(adalimumab)***	4	QL (3 injections / 28 days), PA; (80mg single strength kit)
HUMIRA PEN INJ 40/0.4ML ***(adalimumab)***	4	QL (4 injections / 28 days), PA
HUMIRA PEN INJ CD/UC/HS ***(adalimumab)***	4	QL (6 pens / 28 days), PA
HUMIRA PEN INJ PS/UV ***(adalimumab)***	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT CD/UC/HS ***(adalimumab)***	4	QL (1 kit / 28 days), PA
HUMIRA PEN KIT PS/UV ***(adalimumab)***	4	QL (1 kit / 28 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KEVZARA INJ 150/1.14 ***(sarilumab)***	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 150/1.14 ***(sarilumab)***	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14 ***(sarilumab)***	4	QL (2 pens / 28 days), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA INJ 200/1.14 ***(sarilumab)***	4	QL (2 syringes / 4 weeks), PA; Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TAB 15MG ER ***(upadacitinib)***	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
SIMPONI ARIA SOL 50MG/4ML ***(golimumab)***	4	QL (200 mg / 8 weeks), PA
SIMPONI INJ 50/0.5ML ***(golimumab)***	4	QL (1 injection / 28 days), PA
SIMPONI INJ 100MG/ML ***(golimumab)***	4	QL (1 injection / 28 days), PA
SKYRIZI INJ 150DOSE ***(risankizumab-rzaa)***	4	QL (2 syringes / 12 weeks), PA; Preferred agent for Psoriasis
STELARA INJ 45MG/0.5 ***(ustekinumab)***	4	QL (1 syringe / 84 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA INJ 90MG/ML ***(ustekinumab)***	4	QL (1 syringe / 56 days), PA; Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TALTZ INJ 80MG/ML ***(ixekizumab)***	4	QL (1 injection / 28 days), PA; Preferred agent for Psoriasis
TREMFYA INJ 100MG/ML ***(guselkumab)***	4	QL (1 injection / 56 days), PA; Preferred agent for Psoriasis
XELJANZ TAB 5MG ***(tofacitinib citrate)***	4	QL (60 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ TAB 10MG ***(tofacitinib citrate)***	4	QL (60 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TAB 11MG ***(tofacitinib citrate)***	4	QL (30 tabs / 30 days), PA; Preferred agent for Rheumatoid Arthritis
XELJANZ XR TAB 22MG ***(tofacitinib citrate)***	4	QL (30 tabs / 30 days), PA; Preferred agent for Ulcerative Colitis (after failure of Humira)
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
hydroxychloroquine sulfate tab 200 mg	1	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	OAC
OTEZLA TAB 10/20/30 ***(apremilast)***	4	QL (55 tabs / 28 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 30MG ***(apremilast)***	4	QL (60 tabs / 30 days), PA; Preferred agent for Psoriasis and Psoriatic Arthritis
IMMUNOGLOBULIN		
HYQVIA INJ 2.5-200 ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	PA
HYQVIA INJ 5-400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYQVIA INJ 10-800 ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	PA
HYQVIA INJ 20-1600 ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	PA
HYQVIA INJ 30-2400 ***(immune globulin (human)-hyaluronidase (human recombinant))***	4	PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5 ***(interferon gamma-1b)***	4	PA
ALFERON N INJ 5MU/ML ***(interferon alfa-n3)***	4	
ARCALYST INJ 220MG ***(rilonacept)***	4	QL (4 vials / 28 days), PA
INTRON A INJ 10MU ***(interferon alfa-2b)***	4	PA
INTRON A INJ 18MU ***(interferon alfa-2b)***	4	PA
INTRON A INJ 25MU ***(interferon alfa-2b)***	4	PA
INTRON A INJ 50MU ***(interferon alfa-2b)***	4	PA
POMALYST CAP 1MG ***(pomalidomide)***	4	QL (21 caps / 28 days), PA; OAC
POMALYST CAP 2MG ***(pomalidomide)***	4	QL (21 caps / 28 days), PA; OAC
POMALYST CAP 3MG ***(pomalidomide)***	4	QL (21 caps / 28 days), PA; OAC
POMALYST CAP 4MG ***(pomalidomide)***	4	QL (21 caps / 28 days), PA; OAC
REVLIMID CAP 2.5MG ***(lenalidomide)***	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 5MG ***(lenalidomide)***	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 10MG ***(lenalidomide)***	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 15MG ***(lenalidomide)***	4	QL (28 caps / 28 days), PA; OAC
REVLIMID CAP 20MG ***(lenalidomide)***	4	QL (21 caps / 28 days), PA; OAC
REVLIMID CAP 25MG ***(lenalidomide)***	4	QL (21 caps / 28 days), PA; OAC
THALOMID CAP 50MG ***(thalidomide)***	4	QL (28 caps / 28 days), PA; OAC
THALOMID CAP 100MG ***(thalidomide)***	4	QL (28 caps / 28 days), PA; OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THALOMID CAP 150MG ***(thalidomide)***	4	QL (56 caps / 28 days), PA; OAC
THALOMID CAP 200MG ***(thalidomide)***	4	QL (56 caps / 28 days), PA; OAC
IMMUNOSUPPRESSANTS		
AZASAN TAB 75 MG ***(azathioprine)***	3	
AZASAN TAB 100MG ***(azathioprine)***	3	
azathioprine tab 50 mg	1	
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine iv soln 50 mg/ml	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 25 mg (Gengraf)	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified cap 100 mg (Gengraf)	1	
cyclosporine modified oral soln 100 mg/ml	1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	1	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
PROGRAF INJ 5MG/ML ***(tacrolimus)***	3	
SANDIMMUNE SOL 100MG/ML ***(cyclosporine)***	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	2	
sirolimus tab 1 mg	2	
sirolimus tab 2 mg	2	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VACCINES		
ACTHIB INJ ***(haemophilus b polysac conj vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	0	
AFLURIA QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	0	
BEXSERO INJ ***(meningococcal vac group b (recombant omv adjuvanted))***	0	
BOOSTRIX INJ ***(tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))***	0	
DAPTACEL INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	0	$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10/0.5ML ***(hepatitis b vaccine (recomb))***	0	
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recomb))***	0	
FLUAD INJ 2020-21 ***(influenza virus vaccine types a & b surface antigen adjuvant)***	0	
FLUAD QUADRI INJ 0.5ML ***(influenza virus vacc types a & b surf antigen adjuvant quad)***	0	
FLUARIX QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	0	
FLUBLOK QUAD INJ 2020-21 ***(influenza virus vac recomb hemagglutinin (ha) quadrivalent)***	0	
FLUCLVX QUAD INJ 2020-21 ***(influenza virus vaccine tissue-cultured subunit quadrivalent)***	0	
FLULAVAL QUA INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	0	
FLUMIST QUAD SUS 2020-21 ***(influenza virus vaccine live quadrivalent)***	0	
FLUZONE HD INJ PF 20-21 ***(influenza virus vac split high-dose quad preservative free)***	0	
FLUZONE QUAD INJ 2020-21 ***(influenza virus vaccine split quadrivalent)***	0	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GARDASIL 9 INJ ***(human papillomavirus (hpv) 9-valent recombinant vaccine)***	0	
HAVRIX INJ 720UNIT ***(hepatitis a vaccine)***	0	
HAVRIX INJ 1440UNIT ***(hepatitis a vaccine)***	0	
HEPLISAV-B INJ 20/0.5ML ***(hepatitis b vaccine recombinant adjuvanted)***	0	
HEPLISAV-B INJ 20MCG ***(hepatitis b vaccine recombinant adjuvanted)***	0	
HIBERIX SOL 10MCG ***(haemophilus b polysac conj vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ ***(diphtheria, acellular pertussis & tetanus toxoids)***	0	$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE ***(poliovirus vaccine, ipv)***	0	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ ***(diph-tetanus tox ad-acell pertussis & polio virus, ipv vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ ***(measles, mumps & rubella virus vaccines)***	0	
MENACTRA INJ ***(meningococcal (a,c,y&w-135) polysaccharide conjugate vaccine)***	0	
MENVEO INJ ***(meningococcal (a,c,y&w-135) oligosaccharide conjugate vac)***	0	
PEDIARIX INJ 0.5ML ***(diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB INJ ***(haemophilus b polysac conj vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ ***(diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac)***	0	$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vac polyvalent)***	0	
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine)***	0	
PROQUAD INJ ***(measles-mumps-rubella-varicella virus vaccines)***	0	$0 copay for members age 18 and younger, otherwise not covered

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recomb))***	0	
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recomb))***	0	
RECOMBIVA-HB INJ 40MCG/ML ***(hepatitis b vaccine (recomb))***	0	
ROTARIX SUS ***(rotavirus vaccine, live oral)***	0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL ***(rotavirus vaccine, live oral pentavalent)***	0	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX INJ 50/0.5ML ***(zoster vaccine recombinant adjuvanted)***	0	$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF ***(tetanus-diphtheria toxoids (td))***	0	$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF ***(tetanus-diphtheria toxoids (td))***	0	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ ***(meningococcal group b vaccine (recombinant))***	0	
TWINRIX INJ ***(hepatitis a (inactivated)-hepatitis b (recombinant) vaccines)***	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA INJ 25/0.5ML ***(hepatitis a vaccine)***	0	
VAQTA INJ 50UNT/ML ***(hepatitis a vaccine)***	0	
VARIVAX INJ ***(varicella virus vaccine live)***	0	
ZOSTAVAX INJ ***(zoster vaccine live)***	0	$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR ***(diaphragm arc-spring)***	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM ***(condoms - female)***	0	OTC
FEMCAP MIS 22MM ***(cervical caps)***	0	QL (1 / 300 days)
FEMCAP MIS 26MM ***(cervical caps)***	0	QL (1 / 300 days)
FEMCAP MIS 30MM ***(cervical caps)***	0	QL (1 / 300 days)
OMNIFLEX DPR ***(diaphragms)***	0	QL (1 / 300 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DPR KIT 60 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 65 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 70 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 75 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 80 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 85 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 90 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
WIDE-SEAL DPR KIT 95 ***(diaphragm wide seal)***	0	QL (1 / 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS ***(blood glucose monitoring supplies)***	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS ***(glucose blood)***	2	OTC, QL (204 Test Strips / 25 days)
ALCOH-WIPE MIS 12"X12" ***(alcohol sheets)***	2	
ALCOHOL PREP WIPES AND SWABS ***(alcohol swabs)***	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION ***(blood glucose calibration)***	2	OTC
GLUCOSE URINE TEST STRIPS ***(glucose urine test-(glucose oxidase))***	2	OTC
INSULIN PEN NEEDLES ***(insulin pen needle)***	2	OTC
INSULIN PEN NEEDLES/SYRINGES ***(insulin syringe/needle u-100)***	2	OTC
KETONE URINE TEST STRIPS ***(urine glucose-ketones test)***	2	OTC
LANCETS ***(lancets)***	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS ***(lancets misc.)***	2	OTC
SHARPS CONTAINER ***(sharps container)***	2	OTC
URINE GLUCOSE MONITORING SUPPLIES ***(urine glucose monitoring supplies)***	2	OTC
URINE TEST STRIPS ***(multiple urine tests)***	2	OTC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MISCELLANEOUS		
ADULT RESPIRATORY MASK ***(spacer/aerosol-holding chambers)***	2	
ADULT RESPIRATORY MASK ***(spacer/aerosol-holding chambers)***	2	OTC
HUMATROPEN MIS FOR 6MG ***(injection device)***	2	OTC
HUMATROPEN MIS FOR 12MG ***(injection device)***	2	OTC
HUMATROPEN MIS FOR 24MG ***(injection device)***	2	OTC
PEDIATRIC RESPIRATORY MASK ***(spacer/aerosol-holding chamber supplies - masks)***	2	
PEDIATRIC RESPIRATORY MASK ***(spacer/aerosol-holding chamber supplies - masks)***	2	OTC
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
FLUORABON DRO ***(sodium fluoride)***	0	$0 applies for ages 5 and under, otherwise not covered
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
magnesium sulfate inj 50%	1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	1	
potassium bicarbonate effer tab 25 meq (K-effervescent)	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-con M15)	1	
potassium chloride microencapsulated crys er tab 20 meq	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride microencapsulated crys er tab 20 meq (Klor-con M20)	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	PA
potassium chloride oral soln 20% (40 meq/15ml)	1	PA
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 8 meq (600 mg) (Klor-con 8)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 10 meq (Klor-con 10)	1	
potassium chloride tab er 20 meq (1500 mg)	1	
sodium chloride flush iv soln 0.9%	1	
sodium chloride inj 2.5 meq/ml (14.6%)	1	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Fluoritab)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) (Ludent)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Fluoritab)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) (Ludent)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Fluoritab)	1	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Ludent)	1	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (Nafrinse)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Nafrinse Drops)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	$0 applies for ages 5 and under, otherwise not covered
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
IV REPLACEMENT SOLUTIONS		
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
potassium chloride inj 2 meq/ml	1	
sodium chloride iv soln 0.9%	1	
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 5%	1	
sodium chloride preservative free (pf) inj 0.9%	1	
VITAMINS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	1	
cholecalciferol cap 1.25 mg (50000 unit)	1	OTC
CITRANATAL CAP HARMONY ***(prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)***	2	
CITRANATAL CAP MEDLEY ***(prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)***	2	
CITRANATAL MIS ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL MIS 90 DHA ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL MIS B-CALM ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6)***	2	
CITRANATAL PAK ASSURE ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL PAK DHA ***(prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha)***	2	
CITRANATAL TAB BLOOM ***(prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid)***	2	
CITRANATAL TAB RX ***(prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)***	2	
cyanocobalamin inj 1000 mcg/ml	1	
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
ergocalciferol cap 1.25 mg (50000 unit)	1	
folic acid cap 0.8 mg	0	OTC, QL (100 caps / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC, QL (100 tabs / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid tab 800 mcg	0	OTC, QL (100 tabs / 30 days); $0 copay for women ages 55 and under, otherwise not covered
folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg (Niva-fol)	1	
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
paricalcitol cap 4 mcg	1	
paricalcitol iv soln 2 mcg/ml	1	
paricalcitol iv soln 5 mcg/ml	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	1	
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vitamin/fluoride/ir)	1	
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin With Fluorid)	1	
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Mvc-fluoride)	1	
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multi-vit/fluoride)	1	
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multi-vit/fluoride)	1	
pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml (Tri-vit/fluoride/iron)	1	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vit/fluoride)	1	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Tri-vit/fluoride)	1	
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Vitamins A/c/d/fluoride)	1	
phytonadione tab 5 mg	1	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg (Prenatabs Rx)	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg (Elite-ob)	1	
pyridoxine hcl tab 25 mg	1	OTC
pyridoxine hcl tab 50 mg	1	OTC

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION

bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BLEPHAMIDE OIN S.O.P. ***(sulfacetamide sod-prednisolone)***	2	
BLEPHAMIDE SUS OP ***(sulfacetamide sod-prednisolone)***	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1% ***(tobramycin-dexamethasone)***	2	
TOBRADEX ST SUS 0.3-0.05 ***(tobramycin-dexamethasone)***	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE SOL 1% ***(azithromycin (ophth))***	2	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
bacitracin-polymyxin b ophth oint (Polycin)	1	
BESIVANCE SUS 0.6% ***(besifloxacin hcl)***	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth oint 0.3% (Gentak)	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP ***(natamycin)***	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tobramycin ophth soln 0.3%	1	
trifluridine ophth soln 1%	1	
ZIRGAN GEL 0.15% ***(ganciclovir ophthalmic)***	3	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL SOL 0.45% ***(ketorolac tromethamine (ophth))***	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
diclofenac sodium ophth soln 0.1%	1	
DUREZOL EMU 0.05% ***(difluprednate)***	2	ST; PA**
flurbiprofen sodium ophth soln 0.03%	1	
FML FORTE SUS 0.25% OP ***(fluorometholone (ophth))***	2	
FML OIN 0.1% OP ***(fluorometholone (ophth))***	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP ***(dexamethasone (ophth))***	2	
NEVANAC SUS 0.1% ***(nepafenac)***	2	ST; PA**
PRED MILD SUS 0.12% OP ***(prednisolone acetate (ophth))***	2	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
ALOCRIL SOL 2% ***(nedocromil sodium (ophth))***	3	
ALOMIDE SOL 0.1% OP ***(lodoxamide tromethamine)***	3	
azelastine hcl ophth soln 0.05%	1	
BEPREVE DRO 1.5% ***(bepotastine besilate)***	3	
cromolyn sodium ophth soln 4%	1	
EMADINE SOL 0.05% OP ***(emedastine difumarate)***	3	
epinastine hcl ophth soln 0.05%	1	
LASTACAFT SOL 0.25% ***(alcaftadine)***	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olopatadine hcl ophth soln 0.1% (base equivalent)	1	ST; PA**
olopatadine hcl ophth soln 0.2% (base equivalent)	1	ST; PA**
PAZEO DRO 0.7% ***(olopatadine hcl)***	2	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1% ***(brimonidine tartrate)***	3	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
AZOPT SUS 1% OP ***(brinzolamide)***	2	
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5% ***(timolol)***	3	
BETIMOL SOL 0.25% ***(timolol)***	3	
BETOPTIC-S SUS 0.25% OP ***(betaxolol hcl (ophth))***	2	
bimatoprost ophth soln 0.03%	3	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	2	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
IOPIDINE SOL 1% OP ***(apraclonidine hcl)***	3	
latanoprost ophth soln 0.005%	1	
levobunolol hcl ophth soln 0.5%	1	
LUMIGAN SOL 0.01% ***(bimatoprost)***	2	ST; PA**
metipranolol ophth soln 0.3%	1	
PHOSPHOLINE SOL 0.125%OP ***(echothiophate iodide)***	3	
pilocarpine hcl ophth soln 1%	1	
SIMBRINZA SUS 1-0.2% ***(brinzolamide-brimonidine tartrate)***	2	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZIOPTAN DRO 0.0015% ***(tafluprost)***	3	ST; PA**
MISCELLANEOUS		
atropine sul sol 1% op	3	
CYSTARAN SOL 0.44% ***(cysteamine hcl)***	4	QL (4 bottles / 28 days), PA
LACRISERT MIS 5MG OP ***(artificial tear insert)***	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
proparacaine hcl ophth soln 0.5%	1	
RESTASIS EMU 0.05% ***(cyclosporine (ophth))***	2	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
OTHER		
IRRIGATION SOLUTIONS		
irrigation solution, physiological (Physiolyte)	1	
irrigation solution, physiological (Physiosol Irrigation)	1	
ringer's solution for irrigation (Tis-u-sol)	1	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	(generic of Adrenaclick)
EPIPEN 2-PAK INJ 0.3MG ***(epinephrine (anaphylaxis))***	2	
EPIPEN-JR INJ 0.15MG ***(epinephrine (anaphylaxis))***	2	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
ANORO ELLIPT AER 62.5-25 ***(umeclidinium-vilanterol)***	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG ***(glycopyrrolate-formoterol fumarate)***	2	QL (1 package / 25 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes / 25 days)
ANTICHOLINERGICS§		
INCRUSE ELPT INH 62.5MCG ***(umeclidinium bromide)***	2	QL (1 package / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ipratropium bromide inhal soln 0.02%	1	QL (5 boxes / 25 days)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
SPIRIVA AER 1.25MCG ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days)
SPIRIVA CAP HANDIHLR ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days)
SPIRIVA SPR 2.5MCG ***(tiotropium bromide monohydrate)***	2	QL (1 package / 25 days)
ANTIHISTAMINES§		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles / 25 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (2 bottles / 25 days)
brompheniramine tannate chew tab 12 mg	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
CLARINEX SYP 0.5MG/ML ***(desloratadine)***	3	
clemastine fumarate tab 2.68 mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl im soln 50 mg/ml	1	PA; High Risk Medications require PA for members age 70 and older

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydroxyzine hcl syrup 10 mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 10 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine hcl tab 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 25 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 50 mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate cap 100 mg	1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
olopatadine hcl nasal soln 0.6%	1	QL (1 container / 25 days)
BETA AGONISTS§		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 inhalers / 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 mL / 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (5 boxes / 25 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (5 boxes / 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (5 boxes / 25 days)
albuterol sulfate syrup 2 mg/5ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (300 mL / 25 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (45 mL / 25 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers / 25 days)
metaproterenol sulfate syrup 10 mg/5ml	1	
metaproterenol sulfate tab 10 mg	1	
metaproterenol sulfate tab 20 mg	1	
PERFOROMIST NEB 20MCG ***(formoterol fumarate)***	2	QL (2 boxes / 25 days)
STRIVERDI AER 2.5MCG ***(olodaterol hcl)***	2	QL (1 package / 25 days)
terbutaline sulfate inj 1 mg/ml	1	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
BIOLOGIC RESPONSE MODIFIERS		
NUCALA INJ 100MG ***(mepolizumab)***	4	QL (3 injections / 28 days), PA
NUCALA INJ 100MG/ML ***(mepolizumab)***	4	QL (3 injections / 28 days), PA
XOLAIR INJ 75/0.5 ***(omalizumab)***	4	QL (2 syringes / 28 days), PA
XOLAIR INJ 150MG/ML ***(omalizumab)***	4	QL (4 syringes / 28 days), PA
XOLAIR SOL 150MG ***(omalizumab)***	4	QL (6 vials / 28 days), PA
COLD/COUGH		
benzonatate cap 100 mg	1	
benzonatate cap 200 mg	1	
guaifenesin-codeine soln 100-10 mg/5ml (Cheratussin Ac)	1	OTC
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	1	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (Hydromet)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone w/ homatropine tab 5-1.5 mg	1	
hydrocodone w/ homatropine tab 5-1.5 mg (Tussigon)	1	
NORTUSS-EX LIQ 200-20/5 ***(dextromethorphan-guaifenesin)***	2	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine Vc/codeine)	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUZISTRA XR SUS ***(codeine polistirex-chlorpheniramine polistirex)***	3	
LEUKOTRIENE MODIFIERS		
zileuton tab er 12hr 600 mg	2	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
MAST CELL STABILIZERS§		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (2 boxes / 25 days)
MISCELLANEOUS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DALIRESP TAB 250MCG ***(roflumilast)***	3	PA
DALIRESP TAB 500MCG ***(roflumilast)***	3	PA
ESBRIET CAP 267MG ***(pirfenidone)***	4	QL (270 caps / 30 days), PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESBRIET TAB 267MG ***(pirfenidone)***	4	QL (270 tabs / 30 days), PA
ESBRIET TAB 801MG ***(pirfenidone)***	4	QL (90 tabs / 30 days), PA
GLASSIA INJ ***(alpha1-proteinase inhibitor (human))***	4	PA
KALYDECO PAK 25MG ***(ivacaftor)***	4	QL (56 packets / 28 days), PA
KALYDECO PAK 50MG ***(ivacaftor)***	4	QL (56 packets / 28 days), PA
KALYDECO PAK 75MG ***(ivacaftor)***	4	QL (56 packets / 28 days), PA
KALYDECO TAB 150MG ***(ivacaftor)***	4	QL (56 tabs / 28 days), PA; carton consists of 56 tablets
KALYDECO TAB 150MG ***(ivacaftor)***	4	QL (60 tabs / 30 days), PA; packet consists of 60 tablets
ORKAMBI GRA 100-125 ***(lumacaftor-ivacaftor)***	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188 ***(lumacaftor-ivacaftor)***	4	QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125 ***(lumacaftor-ivacaftor)***	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125 ***(lumacaftor-ivacaftor)***	4	QL (112 tabs / 28 days), PA
PROLASTIN-C INJ 1000MG ***(alpha1-proteinase inhibitor (human))***	4	PA
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
SYMDEKO TAB 50-75MG ***(tezacaftor-ivacaftor)***	4	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150 ***(tezacaftor-ivacaftor)***	4	QL (56 tabs / 28 days), PA
TRIKAFTA TAB ***(elexacaftor-tezacaftor-ivacaftor)***	4	QL (84 tabs / 28 days), PA
NASAL STEROIDS§		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 containers / 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 container / 25 days)
OMNARIS SPR ***(ciclesonide (nasal))***	3	QL (1 package / 25 days), ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	1	OTC, QL (1 bottle / 25 days)
STEROID INHALANTS§		
ARNUITY ELPT INH 50MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days)
ARNUITY ELPT INH 100MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days)
ARNUITY ELPT INH 200MCG ***(fluticasone furoate (inhalation))***	2	QL (1 package / 25 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (2 boxes / 25 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (3 boxes / 25 days)
budesonide inhalation susp 1 mg/2ml	1	QL (1 box / 25 days)
QVAR REDIHA AER 80MCG ***(beclomethasone dipropionate hfa)***	2	QL (2 packages / 25 days)
QVAR REDIHAL AER 40MCG ***(beclomethasone dipropionate hfa)***	2	QL (2 packages / 25 days)
STEROID/BETA-AGONIST COMBINATIONS§		
ADVAIR DISKU AER 100/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days)
ADVAIR DISKU AER 250/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days)
ADVAIR DISKU AER 500/50 ***(fluticasone-salmeterol)***	1	QL (1 package / 25 days)
ADVAIR HFA AER 45/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days)
ADVAIR HFA AER 115/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21 ***(fluticasone-salmeterol)***	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25 ***(fluticasone furoate-vilanterol)***	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25 ***(fluticasone furoate-vilanterol)***	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5 ***(budesonide-formoterol fumarate dihydrate)***	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5 ***(budesonide-formoterol fumarate dihydrate)***	2	QL (1 package / 25 days)
XANTHINES - DRUGS TO TREAT COPD		
aminophylline inj 25 mg/ml	1	
ELIXOPHYLLIN ELX 80/15ML ***(theophylline)***	3	
THEO-24 CAP 100MG CR ***(theophylline)***	3	
THEO-24 CAP 200MG CR ***(theophylline)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THEO-24 CAP 300MG CR ***(theophylline)***	3	
THEO-24 CAP 400MG ER ***(theophylline)***	3	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 100 mg (Theochron)	1	
theophylline tab er 12hr 200 mg (Theochron)	1	
theophylline tab er 12hr 300 mg (Theochron)	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
adapalene cream 0.1%	2	PA; PA applies for members age 35 and older
adapalene gel 0.1%	2	PA; PA applies for members age 35 and older
adapalene gel 0.3%	2	PA; PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
BENZIQ GEL 5.25% ***(benzoyl peroxide)***	2	
BENZIQ LS GEL 2.75% ***(benzoyl peroxide)***	2	
benzoyl peroxide liq 2.5% (Bp Wash)	1	
benzoyl peroxide liq 5.25% (Benziq Wash)	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	QL (75g / 25 days)
clindamycin phosphate lotion 1%	1	QL (60mL / 25 days)
clindamycin phosphate soln 1%	1	QL (60mL / 25 days)
clindamycin phosphate swab 1%	1	
erythromycin gel 2%	1	QL (60g / 25 days)
erythromycin pads 2%	1	
erythromycin pads 2% (Ery)	1	
erythromycin soln 2%	1	QL (60mL / 25 days)
isotretinoin cap 10 mg	1	PA
isotretinoin cap 20 mg	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 30 mg	1	PA
isotretinoin cap 40 mg	1	PA
sulfacetamide sodium lotion 10% (acne)	1	
tretinoin cream 0.1%	2	PA; PA applies for members age 35 and older
tretinoin cream 0.05%	2	PA; PA applies for members age 35 and older
tretinoin cream 0.025%	2	PA; PA applies for members age 35 and older
tretinoin cream 0.025% (Avita)	2	PA; PA applies for members age 35 and older
tretinoin gel 0.01%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.05%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.025%	2	PA; PA applies for members age 35 and older
tretinoin gel 0.025% (Avita)	2	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.1%	2	PA; PA applies for members age 35 and older
tretinoin microsphere gel 0.04%	2	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
FLUOROPLEX CRE 1% ***(fluorouracil (topical))***	3	
fluorouracil cream 0.5%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
imiquimod cream 5%	1	
PICATO GEL 0.05% ***(ingenol mebutate)***	3	
PICATO GEL 0.015% ***(ingenol mebutate)***	3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMATOLOGY, ANTIBIOTICS		
BACTROBAN OIN NASAL 2% ***(mupirocin calcium)***	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	QL (30g / 25 days)
silver sulfadiazine cream 1%	1	
silver sulfadiazine cream 1% (Ssd)	1	
SULFAMYLON CRE 85MG/GM ***(mafenide acetate)***	3	
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel 0.77%	1	QL (120g / 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120g / 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120mL / 25 days)
ciclopirox shampoo 1%	1	QL (120mL / 25 days)
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	QL (120g / 25 days)
clotrimazole soln 1%	1	QL (120mL / 25 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60gm / 25 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (60mL / 25 days)
econazole nitrate cream 1%	1	QL (60g / 25 days)
ERTACZO CRE 2% ***(sertaconazole nitrate)***	3	QL (60g / 25 days)
EXELDERM CRE 1% ***(sulconazole nitrate)***	3	QL (60g / 25 days), ST; PA**
EXELDERM SOL 1% ***(sulconazole nitrate)***	3	QL (60mL / 25 days), ST; PA**
JUBLIA SOL 10% ***(efinaconazole)***	3	QL (4mL / 21 days), PA
ketoconazole cream 2%	1	QL (120g / 25 days)
MENTAX CRE 1% ***(butenafine hcl)***	3	QL (60g / 25 days)
naftifine hcl cream 1%	1	QL (60g / 25 days)
naftifine hcl cream 2%	1	QL (60g / 25 days)
nystatin cream 100000 unit/gm	1	QL (120g / 25 days)
nystatin oint 100000 unit/gm	1	QL (120g / 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120g / 25 days)
nystatin topical powder 100000 unit/gm (Nyamyc)	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nystatin topical powder 100000 unit/gm (Nystop)	1	QL (120g / 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60g / 25 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60g / 25 days)
oxiconazole nitrate cream 1%	1	QL (60g / 25 days)
OXISTAT LOT 1% ***(oxiconazole nitrate)***	3	QL (60mL / 25 days)
sulconazole nitrate cream 1%	1	QL (60g / 25 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl cream 5%	3	QL (90 grams / 25 days), ST; PA**
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitriol oint 3 mcg/gm	3	
COSENTYX INJ 150MG/ML ***(secukinumab)***	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX INJ 300DOSE ***(secukinumab)***	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML ***(secukinumab)***	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE ***(secukinumab)***	4	QL (1 box / 28 days), PA; Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
methoxsalen rapid cap 10 mg	1	
tazarotene cream 0.1%	1	PA
TAZORAC CRE 0.05% ***(tazarotene)***	2	PA
TAZORAC GEL 0.1% ***(tazarotene)***	2	PA
TAZORAC GEL 0.05% ***(tazarotene)***	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	1	
selenium sulfide lotion 2.5%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMATOLOGY, CORTICOSTEROIDS		
alclometasone dipropionate cream 0.05%	1	QL (120g / 25 days)
alclometasone dipropionate oint 0.05%	1	QL (120g / 25 days)
amcinonide lotion 0.1%	1	QL (120mL / 25 days)
AMCINONIDE OIN 0.1%	2	QL (120g / 25 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented gel 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate augmented lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate augmented oint 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate cream 0.05%	1	QL (120g / 25 days)
betamethasone dipropionate lotion 0.05%	1	QL (120mL / 25 days)
betamethasone dipropionate oint 0.05%	1	QL (120g / 25 days)
betamethasone valerate aerosol foam 0.12%	1	QL (120g / 25 days)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (120g / 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (120mL / 25 days)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (120g / 25 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	2	
clobetasol propionate cream 0.05%	2	QL (120g / 25 days)
clobetasol propionate foam 0.05%	2	QL (120g / 25 days)
clobetasol propionate gel 0.05%	2	QL (120g / 25 days)
clobetasol propionate lotion 0.05%	2	QL (120mL / 25 days)
clobetasol propionate oint 0.05%	2	QL (120g / 25 days)
clobetasol propionate shampoo 0.05%	2	QL (120mL / 25 days)
clobetasol propionate soln 0.05%	2	QL (120mL / 25 days)
clobetasol propionate spray 0.05%	2	QL (120mL / 25 days)
clocortolone pivalate cream 0.1%	1	QL (120g / 25 days)
desonide cream 0.05%	2	QL (120g / 25 days)
desonide lotion 0.05%	2	QL (120mL / 25 days)
desonide oint 0.05%	2	QL (120g / 25 days)
desoximetasone cream 0.05%	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desoximetasone cream 0.25%	1	QL (120g / 25 days)
desoximetasone gel 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.05%	1	QL (120g / 25 days)
desoximetasone oint 0.25%	1	QL (120g / 25 days)
diflorasone diacetate cream 0.05%	3	QL (120g / 25 days)
diflorasone diacetate oint 0.05%	3	QL (120g / 25 days)
fluocinolone acetonide cream 0.01%	1	QL (120g / 25 days)
fluocinolone acetonide cream 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (120mL / 25 days)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (120mL / 25 days)
fluocinolone acetonide oint 0.025%	1	QL (120g / 25 days)
fluocinolone acetonide soln 0.01%	1	QL (120mL / 25 days)
fluocinonide cream 0.05%	1	QL (120g / 25 days)
fluocinonide gel 0.05%	1	QL (120g / 25 days)
fluocinonide oint 0.05%	1	QL (120g / 25 days)
fluocinonide soln 0.05%	1	QL (120mL / 25 days)
fluticasone propionate cream 0.05%	1	QL (120g / 25 days)
fluticasone propionate lotion 0.05%	1	QL (120mL / 25 days)
fluticasone propionate oint 0.005%	1	QL (120g / 25 days)
halobetasol propionate cream 0.05%	1	QL (120g / 25 days)
halobetasol propionate oint 0.05%	1	QL (120g / 25 days)
hydrocortisone butyrate cream 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate oint 0.1%	1	QL (120g / 25 days)
hydrocortisone butyrate soln 0.1%	1	QL (120mL / 25 days)
hydrocortisone cream 1%	1	QL (120g / 25 days)
hydrocortisone cream 1% (Ala-cort)	1	QL (120g / 25 days)
hydrocortisone cream 2.5%	1	QL (120g / 25 days)
hydrocortisone lotion 2.5%	1	QL (120mL / 25 days)
hydrocortisone oint 2.5%	1	QL (120g / 25 days)
hydrocortisone valerate cream 0.2%	1	QL (120g / 25 days)
hydrocortisone valerate oint 0.2%	1	QL (120g / 25 days)
mometasone furoate cream 0.1%	1	QL (120g / 25 days)
mometasone furoate oint 0.1%	1	QL (120g / 25 days)
mometasone furoate solution 0.1% (lotion)	1	QL (120mL / 25 days)
prednicarbate cream 0.1%	1	QL (120g / 25 days)
prednicarbate oint 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.1% (Triderm)	1	QL (120g / 25 days)
triamcinolone acetonide cream 0.5%	1	QL (120g / 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
triamcinolone acetonide cream 0.025%	1	QL (120g / 25 days)
triamcinolone acetonide lotion 0.1%	1	QL (120mL / 25 days)
triamcinolone acetonide lotion 0.025%	1	QL (120mL / 25 days)
triamcinolone acetonide oint 0.1%	1	QL (120g / 25 days)
triamcinolone acetonide oint 0.5%	1	QL (120g / 25 days)
triamcinolone acetonide oint 0.025%	1	QL (120g / 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine hcl soln 4%	1	QL (50mL / 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60mL / 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (60mL / 25 days)
lidocaine patch 5%	2	QL (90 patches / 25 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30gm / 25 days)
lidocaine-prilocaine cream kit 2.5-2.5%	1	
pramoxine hcl gel 1% (Pramox Gel)	1	
SYNERA DIS 70-70MG ***(lidocaine-tetracaine)***	3	QL (2 patches / 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CONDYLOX GEL 0.5% ***(podofilox)***	3	
DENAVIR CRE 1% ***(penciclovir)***	3	
diclofenac sodium gel 1%	1	QL (300g / 25 days)
diclofenac sodium gel 1%	1	OTC, QL (300g / 25 days)
EUCRISA OIN 2% ***(crisaborole)***	2	ST; PA**
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 10%	1	
lactic acid (ammonium lactate) lotion 12%	1	
podofilox soln 0.5%	1	
RECTIV OIN 0.4% ***(nitroglycerin (intra-anal))***	3	
tacrolimus oint 0.1%	1	
tacrolimus oint 0.03%	1	
TARGRETIN GEL 1% ***(bexarotene (topical))***	4	PA
VOLTAREN GEL 1% ***(diclofenac sodium (topical))***	1	OTC, QL (300g / 25 days)
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	ST; PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FINACEA AER 15% ***(azelaic acid)***	2	
metronidazole cream 0.75%	1	
metronidazole cream 0.75% (Rosadan)	1	
metronidazole gel 0.75%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33% ***(brimonidine tartrate (topical))***	3	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotamiton lotion 10% (Crotan)	1	
EURAX CRE 10% ***(crotamiton)***	3	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SKLICE LOT 0.5% ***(ivermectin (pediculicide))***	3	
spinosad susp 0.9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL 0.01% ***(becaplermin)***	3	PA
sodium chloride irrigation soln 0.9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	1	
chlorhexidine gluconate soln 0.12%	1	
chlorhexidine gluconate soln 0.12% (Periogard)	1	
clotrimazole troche 10 mg	1	
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG ***(miconazole (mouth-throat))***	3	QL (14 tabs / 25 days)
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
triamcinolone acetonide dental paste 0.1%	1	
triamcinolone acetonide dental paste 0.1% (Oralone Dental Paste)	1	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	1	
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CIPRODEX SUS 0.3-0.1% ***(ciprofloxacin-dexamethasone)***	2	

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COLY-MYCIN S SUS OTIC ***(neomycin-colistin-hc-thonzonium)***	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
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