# Imperial NV EXCH_CVSC 4T STND Effective 01/01/2027

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANALGESICS** | | |
| ***COX-2 INHIBITORS*** | | |
| *celecoxib* | 1 | |
| ***GOUT*** | | |
| *allopurinol* | 1 | |
| *colchicine* | 1 | |
| *colchicine w/ probenecid* | 1 | |
| *febuxostat* | 1 | ST; PA** |
| *probenecid* | 1 | |
| ***NSAIDS*** | | |
| *diclofenac potassium* | 1 | |
| *diclofenac sodium* | 1 | |
| *diclofenac sodium (topical)* | 1 | QL (300g every 30 days), OTC |
| *etodolac* | 1 | |
| *flurbiprofen* | 1 | |
| *ibuprofen* | 1 | |
| *ketorolac tromethamine soln* | 1 | |
| *ketorolac tromethamine tabs* | 1 | QL (20 tabs every 30 days) |
| *meclofenamate sodium* | 1 | |
| *mefenamic acid* | 1 | |
| *meloxicam* | 1 | |
| *nabumetone* | 1 | |
| *naproxen* | 1 | |
| *oxaprozin* | 1 | |
| *piroxicam* | 1 | |
| *sulindac* | 1 | |
| *voltaren arthritis pain* | 1 | QL (300g every 30 days), OTC |
| ***NSAIDS, COMBINATIONS*** | | |
| *diclofenac w/ misoprostol* | 1 | |
| ***OPIOID ANALGESICS*** | | |
| *acetaminophen w/ codeine soln* | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| *acetaminophen w/ codeine tabs* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *acetaminophen w/ codeine tabs* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *acetaminophen w/ codeine tabs* | 1 | ST, QL (400 tabs every 30 days); Subject to initial 7-day limit |
| *acetaminophen-caff-dihydrocod* | 1 | ST, QL (300 caps every 30 days); Subject to initial 7-day limit |
| *butorphanol tartrate 1mg/ml, 2mg/ml* | 1 | |
| *butorphanol tartrate 10mg/ml* | 1 | QL (2 bottles every 30 days) |
| *codeine sulfate 30mg* | 1 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| CODEINE SULFATE 60MG | 3 | ST, QL (42 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 2.5-325* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 5-325mg* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 7.5-325* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| *endocet tab 10-325mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *fentanyl 12mcg/hr, 25mcg/hr, 37.5mcg/hr* | 1 | ST, QL (10 patches every 30 days) |
| *fentanyl 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone bitartrate 20mg, 30mg, 40mg, 60mg, 80mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydrocodone bitartrate 100mg, 120mg* | 1 | ST, PA; High Strength Requires PA |
| *hydrocodone-acetaminophen soln* | 1 | ST, QL (2700 mL every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tabs* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydrocodone-acetaminophen tabs* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *hydrocodone-ibuprofen* | 1 | ST, QL (50 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl soln* | 1 | |
| *hydromorphone hcl tabs 2mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 4mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tabs 8mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *hydromorphone hcl tb24 8mg, 12mg, 16mg* | 1 | ST, QL (30 tabs every 30 days) |
| *hydromorphone hcl tb24 32mg* | 1 | ST, PA; High Strength Requires PA |
| *methadone hcl conc* | 1 | QL (30 mL every 30 days); (indicated for opioid addiction) |
| *methadone hcl soln 5mg/5ml* | 1 | ST, QL (450 mL every 30 days) |
| *methadone hcl soln 10mg/5ml* | 1 | ST, QL (225 mL every 30 days) |
| *methadone hcl tabs 5mg* | 1 | ST, QL (90 tabs every 30 days) |
| *methadone hcl tabs 10mg* | 1 | ST, QL (30 tabs every 30 days) |
| *methadone hydrochloride i* | 1 | ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain) |
| *methadose* | 1 | QL (9 tabs every 30 days) |
| *morphine sulfate soln 4mg/ml, 10mg/ml* | 1 | |
| *morphine sulfate soln 10mg/5ml* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate soln 20mg/5ml* | 1 | ST, QL (675 mL every 30 days); Subject to initial 7-day limit |
| *morphine sulfate soln 100mg/5ml* | 1 | ST, QL (135 mL every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *morphine sulfate tabs 15mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tabs 30mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *morphine sulfate tbcr 15mg, 30mg* | 1 | ST, QL (90 tabs every 30 days) |
| *morphine sulfate tbcr 60mg, 100mg, 200mg* | 1 | ST, PA; High Strength Requires PA |
| *morphine sulfate beads 30mg, 45mg, 60mg, 75mg, 90mg* | 1 | ST, QL (30 caps every 30 days) |
| *morphine sulfate beads 120mg* | 1 | ST, PA; High Strength Requires PA |
| *nalbuphine hcl* | 1 | |
| NUCYNTA 50MG | 3 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA 75MG | 3 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA 100MG | 3 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| NUCYNTA ER 50MG, 100MG | 3 | ST, QL (60 tabs every 30 days) |
| NUCYNTA ER 150MG, 200MG, 250MG | 3 | ST, PA; High Strength Requires PA |
| *oxycodone hcl caps* | 1 | ST, QL (180 caps every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl conc* | 1 | ST, QL (90 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl soln* | 1 | ST, QL (900 mL every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 5mg, 10mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 15mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *oxycodone hcl tabs 20mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone hcl tabs 30mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen* | 1 | ST, QL (240 tabs every 30 days); Subject to initial 7-day limit |
| *oxycodone w/ acetaminophen* | 1 | ST, QL (360 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tabs 5mg* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tabs 10mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg* | 1 | ST, QL (60 tabs every 30 days) |
| *oxymorphone hcl tb12 20mg, 30mg, 40mg* | 1 | ST, PA; High Strength Requires PA |
| *tapentadol hcl 50mg* | 1 | ST, QL (120 tabs every 30 days); Subject to initial 7-day limit |
| *tapentadol hcl 75mg* | 1 | ST, QL (90 tabs every 30 days); Subject to initial 7-day limit |
| *tapentadol hcl 100mg* | 1 | ST, QL (60 tabs every 30 days); Subject to initial 7-day limit |
| *tramadol hcl tabs* | 1 | ST, QL (180 tabs every 30 days); Subject to initial 7-day limit |
| *tramadol hcl tb24 100mg* | 1 | ST, QL (30 tabs every 30 days) |
| *tramadol hcl tb24 200mg, 300mg* | 1 | ST, PA; High Strength Requires PA |
| *tramadol-acetaminophen* | 1 | ST, QL (40 tabs every 30 days); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XTAMPZA ER 9MG, 13.5MG, 18MG, 27MG | 2 | ST, QL (60 caps every 30 days) |
| XTAMPZA ER 36MG | 2 | ST, PA; High Strength Requires Prior Auth |
| ***OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA 75MCG, 150MCG, 300MCG, 450MCG | 2 | ST, QL (60 films every 30 days) |
| BELBUCA 600MCG, 750MCG, 900MCG | 2 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine 5mcg/hr, 7.5mcg/hr, 10mcg/hr* | 1 | ST, QL (4 patches every 30 days) |
| *buprenorphine 15mcg/hr, 20mcg/hr* | 1 | ST, PA; High Strength Requires Prior Auth |
| *buprenorphine hcl* | 1 | |
| SUBLOCADE | 4 | |
| ***SALICYLATES*** | | |
| *aspirin ec adult low dose* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |
| *diflunisal* | 1 | |
| *goodsense aspirin* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered |
| **ANESTHETICS** | | |
| ***LOCAL ANESTHETICS*** | | |
| *lidocaine hcl (local anesth.)* | 1 | |
| **ANTI-INFECTIVES** | | |
| ***ANTHELMINTICS*** | | |
| *albendazole* | 3 | QL (336 tabs every 365 days) |
| EMVERM | 3 | QL (12 tabs every 365 days) |
| *ivermectin* | 1 | |
| *praziquantel* | 1 | QL (24 tabs every 365 days) |
| ***ANTI-BACTERIALS - MISCELLANEOUS*** | | |
| *amikacin sulfate* | 1 | |
| *fosfomycin tromethamine* | 1 | |
| *gentamicin sulfate* | 1 | |
| *neomycin sulfate* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sulfadiazine* | 1 | |
| *tinidazole* | 1 | |
| *tobramycin sulfate* | 1 | |
| ***ANTIFUNGALS*** | | |
| *amphotericin b* | 1 | |
| CRESEMBA | 3 | |
| *fluconazole* | 1 | |
| *griseofulvin microsize* | 1 | |
| *griseofulvin ultramicrosize* | 1 | |
| *itraconazole* | 1 | PA |
| *nystatin* | 1 | |
| *posaconazole susp* | 1 | PA |
| *posaconazole tbec* | 3 | PA |
| *terbinafine hcl* | 1 | |
| *voriconazole* | 3 | PA |
| ***ANTIMALARIALS*** | | |
| *atovaquone-proguanil hcl* | 1 | |
| *chloroquine phosphate* | 1 | |
| COARTEM | 3 | |
| KRINTAFEL | 3 | |
| *mefloquine hcl* | 1 | |
| *primaquine phosphate* | 1 | |
| *quinine sulfate* | 1 | |
| ***ANTIRETROVIRAL AGENTS*** | | |
| *abacavir sulfate soln* | 1 | QL (900 mL every 30 days) |
| *abacavir sulfate tabs* | 1 | QL (60 tabs every 30 days) |
| APRETUDE | 0 | QL (2 vials every 90 days) |
| APTIVUS | 2 | QL (120 caps every 30 days) |
| *atazanavir sulfate 150mg, 300mg* | 1 | QL (30 caps every 30 days) |
| *atazanavir sulfate 200mg* | 1 | QL (60 caps every 30 days) |
| *darunavir 600mg* | 1 | QL (60 tabs every 30 days) |
| *darunavir 800mg* | 1 | QL (30 tabs every 30 days) |
| EDURANT PED | 2 | QL (180 tabs every 30 days) |
| *efavirenz* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine* | 1 | QL (30 caps every 30 days) |
| EMTRIVA | 2 | QL (680 ml every 28 days) |
| *etravirine 100mg* | 1 | QL (120 tabs every 30 days) |
| *etravirine 200mg* | 1 | QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *fosamprenavir calcium* | 1 | QL (120 tabs every 30 days) |
| INTELENCE | 2 | QL (120 tabs every 30 days) |
| ISENTRESS CHEW | 2 | QL (180 tabs every 30 days) |
| ISENTRESS PACK | 2 | QL (60 packets every 30 days) |
| ISENTRESS TABS | 2 | QL (120 tabs every 30 days) |
| ISENTRESS HD | 2 | QL (60 tabs every 30 days) |
| *lamivudine soln* | 1 | QL (960 ml every 30 days) |
| *lamivudine tabs 150mg* | 1 | QL (60 tabs every 30 days) |
| *lamivudine tabs 300mg* | 1 | QL (30 tabs every 30 days) |
| *maraviroc 150mg* | 1 | QL (60 tabs every 30 days) |
| *maraviroc 300mg* | 1 | QL (120 tabs every 30 days) |
| *nevirapine susp* | 1 | QL (1200 mL every 30 days) |
| *nevirapine tabs* | 1 | QL (60 tabs every 30 days) |
| *nevirapine tb24* | 1 | QL (30 tabs every 30 days) |
| NORVIR | 2 | QL (360 packets every 30 days) |
| PREZISTA SUSP | 2 | QL (400 ml every 30 days) |
| PREZISTA TABS 75MG | 2 | QL (300 tabs every 30 days) |
| PREZISTA TABS 150MG | 2 | QL (180 tabs every 30 days) |
| RETROVIR IV INFUSION | 2 | |
| REYATAZ | 2 | QL (180 packets every 30 days) |
| *rilpivirine hcl* | 1 | QL (60 tabs every 30 days) |
| *ritonavir* | 1 | QL (360 tabs every 30 days) |
| SELZENTRY | 2 | QL (1840 mL every 30 days) |
| *tenofovir disoproxil fumarate* | 1 | QL (30 tabs every 30 days) |
| TIVICAY | 2 | QL (60 tabs every 30 days) |
| TIVICAY PD | 2 | QL (360 tabs every 30 days) |
| TROGARZO | 4 | |
| VIREAD POWD | 2 | QL (240 gm every 30 days) |
| VIREAD TABS | 2 | QL (30 tabs every 30 days) |
| YEZTUGO SOLN | 2 | QL (4 vials every 168 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YEZTUGO TABS | 2 | QL (8 tabs every 4 days) |
| *zidovudine caps* | 1 | QL (180 caps every 30 days) |
| *zidovudine syrp* | 1 | QL (1920 ml every 30 days) |
| *zidovudine tabs* | 1 | QL (60 tabs every 30 days) |
| ***ANTIRETROVIRAL COMBINATION AGENTS*** | | |
| *abacavir sulfate-lamivudine* | 1 | QL (30 tabs every 30 days) |
| BIKTARVY | 2 | QL (30 tabs every 30 days) |
| CABENUVA | 4 | QL (1 kit every 30 days) |
| CABENUVA | 4 | QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill |
| CIMDUO | 2 | QL (30 tabs every 30 days) |
| DELSTRIGO | 2 | QL (30 tabs every 30 days) |
| DESCOVY | 0 | QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment |
| DESCOVY | 3 | QL (30 tabs every 30 days) |
| DOVATO | 2 | QL (30 tabs every 30 days) |
| *efavirenz-emtricitabine-tenofovir disoproxil fumarate* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-lamivudine-tenofovir disoproxil fumarate* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate* | 0 | QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment |
| *emtricitabine-tenofovir disoproxil fumarate* | 1 | QL (30 tabs every 30 days) |
| GENVOYA | 2 | QL (30 tabs every 30 days) |
| KALETRA | 2 | QL (480 ml every 30 days) |
| *lamivudine-zidovudine* | 1 | QL (60 tabs every 30 days) |
| *lopinavir-ritonavir* | 1 | QL (120 tabs every 30 days) |
| *lopinavir-ritonavir* | 1 | QL (300 tabs every 30 days) |
| ODEFSEY | 2 | QL (30 tabs every 30 days) |
| PREZCOBIX | 3 | QL (30 tabs every 30 days) |
| SYMTUZA | 3 | QL (30 tabs every 30 days) |
| TRIUMEQ | 3 | QL (30 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRIUMEQ PD | 3 | QL (180 tabs every 30 days) |
| ***ANTITUBERCULAR AGENTS*** | | |
| *cycloserine* | 1 | |
| *ethambutol hcl* | 1 | |
| *isoniazid* | 1 | |
| PRETOMANID | 3 | |
| PRIFTIN | 2 | |
| *pyrazinamide* | 1 | |
| *rifabutin* | 1 | |
| *rifampin* | 1 | |
| SIRTURO | 3 | |
| ***ANTIVIRALS*** | | |
| *acyclovir* | 1 | |
| *cidofovir* | 1 | |
| *famciclovir* | 1 | |
| *oseltamivir phosphate caps 30mg* | 1 | QL (40 caps every 90 days) |
| *oseltamivir phosphate caps 45mg, 75mg* | 1 | QL (20 caps every 90 days) |
| *oseltamivir phosphate susr* | 1 | QL (360 mL every 90 days) |
| PAXLOVID | 2 | QL (22 tabs every 30 days) |
| PAXLOVID | 2 | QL (40 tabs every 30 days) |
| PAXLOVID | 2 | QL (60 tabs every 30 days) |
| RELENZA DISKHALER | 2 | QL (2 inhalers every 90 days) |
| *rimantadine hydrochloride* | 1 | |
| *valacyclovir hcl* | 1 | |
| *valganciclovir hcl solr* | 4 | PA, QL (1144 mL every 30 days) |
| *valganciclovir hcl tabs* | 4 | PA, QL (120 tabs every 30 days) |
| XERESE | 3 | PA |
| ***CEPHALOSPORINS*** | | |
| *cefaclor* | 1 | |
| *cefadroxil* | 1 | |
| *cefazolin sodium* | 1 | |
| *cefdinir* | 1 | |
| *cefepime hcl* | 1 | |
| *cefixime* | 1 | |
| *cefpodoxime proxetil* | 1 | |
| *cefprozil* | 1 | |
| *ceftazidime* | 1 | |
| *ceftriaxone sodium* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cefuroxime axetil* | 1 | |
| *cephalexin* | 1 | |
| *tazicef* | 1 | |
| ***ERYTHROMYCINS/MACROLIDES*** | | |
| *azithromycin* | 1 | |
| *clarithromycin* | 1 | |
| DIFICID | 2 | PA |
| *e.e.s. 400* | 1 | |
| *erythromycin base* | 1 | |
| *erythromycin ethylsuccinate* | 1 | |
| *fidaxomicin* | 1 | PA |
| ***FLUOROQUINOLONES*** | | |
| BAXDELA | 3 | |
| CIPRO | 3 | |
| *ciprofloxacin hcl* | 1 | |
| *levofloxacin* | 1 | |
| *moxifloxacin hcl* | 1 | |
| *ofloxacin* | 1 | |
| ***HEPATITIS B*** | | |
| *adefovir dipivoxil* | 4 | |
| BARACLUDE | 4 | PA, QL (630 mL every 30 days) |
| *entecavir* | 4 | PA, QL (30 tabs every 30 days) |
| *lamivudine (hbv)* | 1 | |
| ***HEPATITIS C*** | | |
| MAVYRET PACK | 2 | PA, QL (140 packets every 28 days) |
| MAVYRET TABS | 2 | PA, QL (84 tabs every 28 days) |
| PEGASYS | 4 | PA |
| *ribavirin (hepatitis c)* | 1 | |
| SOVALDI PACK 150MG | 4 | ST, PA, QL (28 pellets every 28 days) |
| SOVALDI PACK 200MG | 4 | ST, PA, QL (56 pellets every 28 days) |
| SOVALDI TABS 200MG | 4 | ST, PA, QL (56 tabs every 28 days) |
| SOVALDI TABS 400MG | 4 | ST, PA, QL (28 tabs every 28 days) |
| ***MISCELLANEOUS*** | | |
| *atovaquone* | 1 | |
| *aztreonam* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clindamycin hcl* | 1 | |
| *clindamycin palmitate hydrochloride* | 1 | |
| *dapsone* | 1 | |
| *ertapenem sodium* | 1 | |
| *lincomycin hcl* | 1 | |
| *linezolid* | 1 | |
| *meropenem* | 1 | |
| *methenamine hippurate* | 1 | |
| *metronidazole* | 1 | |
| *nitazoxanide* | 1 | QL (20 tabs every 30 days) |
| *nitrofurantoin* | 1 | |
| *nitrofurantoin macrocrystal* | 1 | |
| *nitrofurantoin monohyd macro* | 1 | |
| *pentamidine isethionate* | 1 | |
| *polymyxin b sulfate* | 1 | |
| *pyrimethamine* | 3 | PA |
| *sulfamethoxazole-trimethoprim* | 1 | |
| *trimethoprim* | 1 | |
| *vancomycin hcl  caps* | 1 | QL (80 caps every 10 days) |
| *vancomycin hcl  solr* | 1 | |
| ***PENICILLINS*** | | |
| *amoxicillin* | 1 | |
| *amoxicillin & pot clavulanate* | 1 | |
| *ampicillin* | 1 | |
| *ampicillin sodium* | 1 | |
| *dicloxacillin sodium* | 1 | |
| *penicillin g potassium* | 1 | |
| *penicillin g sodium* | 1 | |
| *penicillin v potassium* | 1 | |
| *pfizerpen* | 1 | |
| *piperacillin sodium-tazobactam sodium* | 1 | |
| ***TETRACYCLINES*** | | |
| *avidoxy* | 1 | |
| *demeclocycline hcl* | 1 | |
| *doxy 100* | 1 | |
| *doxycycline (monohydrate)* | 1 | |
| *doxycycline hyclate* | 1 | |
| *minocycline hcl* | 1 | |
| *tetracycline hcl* | 1 | |
| **ANTINEOPLASTIC AGENTS** | | |
| ***ALKYLATING AGENTS*** | | |
| *busulfan* | 1 | |
| *carmustine* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cyclophosphamide caps* | 1 | |
| *cyclophosphamide solr* | 4 | |
| *dacarbazine* | 1 | |
| GLIADEL WAFER | 2 | |
| *ifosfamide* | 1 | |
| LEUKERAN | 2 | |
| *lomustine* | 1 | |
| MATULANE | 2 | |
| *melphalan hcl* | 1 | |
| TEMODAR | 4 | PA |
| *temozolomide* | 4 | PA |
| ***ANTIBIOTICS*** | | |
| *adriamycin* | 1 | |
| *bleomycin sulfate* | 1 | |
| *daunorubicin hcl* | 1 | |
| *doxorubicin hcl* | 1 | |
| *doxorubicin hcl liposomal* | 1 | |
| *idarubicin hcl* | 1 | |
| *mitomycin* | 1 | |
| *mitoxantrone hcl* | 4 | |
| ***ANTIMETABOLITES*** | | |
| *azacitidine* | 4 | PA |
| *capecitabine* | 4 | PA |
| *cladribine* | 1 | |
| *clofarabine* | 1 | |
| *cytarabine* | 1 | |
| *decitabine* | 4 | PA |
| *fludarabine phosphate* | 1 | |
| *fluorouracil* | 1 | |
| *gemcitabine hcl* | 4 | |
| *mercaptopurine* | 1 | |
| *methotrexate sodium* | 1 | |
| NIPENT | 2 | |
| *pemetrexed disodium* | 4 | |
| TABLOID | 2 | |
| ***ANTINEOPLASTIC, BCL-2 INHIBITORS*** | | |
| VENCLEXTA 10MG, 50MG | 4 | PA, QL (120 tabs every 30 days) |
| VENCLEXTA 100MG | 4 | PA, QL (180 tabs every 30 days) |
| VENCLEXTA STARTING PACK | 4 | PA, QL (1 pack every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***BIOLOGIC RESPONSE MODIFIERS*** | | |
| ERBITUX | 4 | PA |
| ERIVEDGE | 4 | PA, QL (30 caps every 30 days) |
| KADCYLA | 4 | PA |
| KEYTRUDA | 4 | PA |
| *lenalidomide 2.5mg, 5mg, 10mg, 15mg* | 4 | PA, QL (28 caps every 28 days) |
| *lenalidomide 20mg, 25mg* | 4 | PA, QL (21 caps every 28 days) |
| PADCEV 20MG | 4 | PA, QL (21 vials every 28 days) |
| PADCEV 30MG | 4 | PA, QL (15 vials every 28 days) |
| *pomalidomide* | 4 | PA, QL (21 caps every 28 days) |
| THALOMID 50MG | 4 | PA, QL (28 caps every 28 days) |
| THALOMID 100MG | 4 | PA, QL (112 caps every 28 days) |
| TICE BCG | 2 | |
| ***BIOSIMILARS*** | | |
| GAZYVA | 4 | PA |
| RUXIENCE | 3 | PA |
| ***HORMONAL ANTINEOPLASTIC AGENTS*** | | |
| *abiraterone acetate 250mg* | 4 | PA, QL (120 tabs every 30 days) |
| *abiraterone acetate 500mg* | 4 | PA, QL (60 tabs every 30 days) |
| *anastrozole* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *bicalutamide* | 1 | |
| ELIGARD | 4 | PA |
| ERLEADA 60MG | 4 | PA, QL (120 tabs every 30 days) |
| ERLEADA 240MG | 4 | PA, QL (30 tabs every 30 days) |
| *exemestane* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *fulvestrant* | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *letrozole* | 1 | |
| *leuprolide acetate* | 4 | PA |
| LYSODREN | 2 | |
| *megestrol acetate* | 1 | |
| *nilutamide* | 1 | |
| NUBEQA | 4 | PA, QL (120 tabs every 30 days) |
| *tamoxifen citrate* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| *toremifene citrate* | 1 | |
| XTANDI CAPS | 4 | PA, QL (120 caps every 30 days) |
| XTANDI TABS 40MG | 4 | PA, QL (120 tabs every 30 days) |
| XTANDI TABS 80MG | 4 | PA, QL (60 tabs every 30 days) |
| YONSA | 4 | PA, QL (120 tabs every 30 days) |
| ***KINASE INHIBITORS*** | | |
| ALECENSA | 4 | PA, QL (240 caps every 30 days) |
| BRAFTOVI | 4 | PA, QL (180 caps every 30 days) |
| BRUKINSA CAPS | 4 | PA, QL (120 caps every 30 days) |
| BRUKINSA TABS | 4 | PA, QL (60 tabs every 30 days) |
| CABOMETYX | 4 | PA, QL (30 tabs every 30 days) |
| CALQUENCE | 4 | PA, QL (60 tabs every 30 days) |
| CAPRELSA 100MG | 4 | PA, QL (60 tabs every 30 days) |
| CAPRELSA 300MG | 4 | PA, QL (30 tabs every 30 days) |
| COMETRIQ | 4 | PA, QL (1 kit every 28 days) |
| *dasatinib 20mg* | 4 | PA, QL (90 tabs every 30 days) |
| *dasatinib 50mg, 70mg, 80mg, 100mg, 140mg* | 4 | PA, QL (30 tabs every 30 days) |
| *erlotinib hcl 25mg* | 4 | PA, QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *erlotinib hcl 100mg, 150mg* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tabs* | 4 | PA, QL (30 tabs every 30 days) |
| *everolimus tbso 2mg, 5mg* | 4 | PA, QL (60 tabs every 30 days) |
| *everolimus tbso 3mg* | 4 | PA, QL (90 tabs every 30 days) |
| IBTROZI | 4 | PA, QL (90 caps every 30 days) |
| *imatinib mesylate 100mg* | 4 | PA, QL (120 tabs every 30 days) |
| *imatinib mesylate 400mg* | 4 | PA, QL (60 tabs every 30 days) |
| IMBRUVICA CAPS 70MG | 4 | PA, QL (30 caps every 30 days) |
| IMBRUVICA CAPS 140MG | 4 | PA, QL (90 caps every 30 days) |
| IMBRUVICA SUSP | 4 | PA, QL (216 ml every 36 days) |
| IMBRUVICA TABS | 4 | PA, QL (30 tabs every 30 days) |
| INLYTA 1MG | 4 | PA, QL (240 tabs every 30 days) |
| INLYTA 5MG | 4 | PA, QL (120 tabs every 30 days) |
| ITOVEBI 3MG | 4 | PA, QL (60 tabs every 30 days) |
| ITOVEBI 9MG | 4 | PA, QL (30 tabs every 30 days) |
| JAKAFI | 4 | PA, QL (60 tabs every 30 days) |
| KISQALI 200MG | 4 | PA, QL (21 tabs every 28 days); 200 mg dose |
| KISQALI 200MG | 4 | PA, QL (42 tabs every 28 days); 400 mg dose |
| KISQALI 200MG | 4 | PA, QL (63 tabs every 28 days); 600 mg dose |
| *lapatinib ditosylate* | 4 | PA, QL (180 tabs every 30 days) |
| LENVIMA 4 MG DAILY DOSE | 4 | PA, QL (30 caps every 30 days) |
| LENVIMA 8 MG DAILY DOSE | 4 | PA, QL (60 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA 10 MG DAILY DOSE | 4 | PA, QL (30 caps every 30 days) |
| LENVIMA 12MG DAILY DOSE | 4 | PA, QL (90 caps every 30 days) |
| LENVIMA 14 MG DAILY DOSE | 4 | PA, QL (60 caps every 30 days) |
| LENVIMA 18 MG DAILY DOSE | 4 | PA, QL (90 caps every 30 days) |
| LENVIMA 20 MG DAILY DOSE | 4 | PA, QL (60 caps every 30 days) |
| LENVIMA 24 MG DAILY DOSE | 4 | PA, QL (90 caps every 30 days) |
| LORBRENA 25MG | 4 | PA, QL (90 tabs every 30 days) |
| LORBRENA 100MG | 4 | PA, QL (30 tabs every 30 days) |
| MEKINIST SOLR | 4 | PA, QL (12 bottles every 28 days) |
| MEKINIST TABS 2MG | 4 | PA, QL (30 tabs every 30 days) |
| MEKINIST TABS .5MG | 4 | PA, QL (90 tabs every 30 days) |
| MEKTOVI | 4 | PA, QL (180 tabs every 30 days) |
| *nilotinib hcl* | 4 | PA, QL (120 caps every 30 days) |
| *pazopanib hcl* | 4 | PA, QL (120 tabs every 30 days) |
| RYDAPT | 4 | PA, QL (224 caps every 28 days) |
| SCEMBLIX 20MG | 4 | PA, QL (60 tabs every 30 days) |
| SCEMBLIX 40MG | 4 | PA, QL (240 tabs every 30 days) |
| SCEMBLIX 100MG | 4 | PA, QL (120 tabs every 30 days) |
| *sorafenib tosylate* | 4 | PA, QL (120 tabs every 30 days) |
| STIVARGA | 4 | PA, QL (84 tabs every 28 days) |
| *sunitinib malate* | 4 | PA, QL (30 caps every 30 days) |
| TAFINLAR CAPS | 4 | PA, QL (120 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAFINLAR TBSO | 4 | PA, QL (4 bottles every 28 days) |
| TAGRISSO | 4 | PA, QL (30 tabs every 30 days) |
| TRUQAP TABS | 4 | PA, QL (64 tabs every 28 days) |
| TRUQAP TBPK 160MG, 200MG | 4 | PA, QL (64 tabs every 28 days) |
| TRUQAP TBPK 200MG | 4 | PA, QL (32 tabs every 28 days) |
| TUKYSA | 4 | PA, QL (120 tabs every 30 days) |
| VERZENIO | 4 | PA, QL (56 tabs every 28 days) |
| VITRAKVI CAPS 25MG | 4 | PA, QL (180 caps every 30 days) |
| VITRAKVI CAPS 100MG | 4 | PA, QL (60 caps every 30 days) |
| VITRAKVI SOLN | 4 | PA, QL (300 mL every 30 days) |
| XALKORI CAPS | 4 | PA, QL (120 caps every 30 days) |
| XALKORI CPSP 20MG, 50MG | 4 | PA, QL (120 pellets every 30 days) |
| XALKORI CPSP 150MG | 4 | PA, QL (180 pellets every 30 days) |
| ZYDELIG | 4 | PA, QL (60 tabs every 30 days) |
| ZYKADIA | 4 | PA, QL (90 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *arsenic trioxide* | 1 | |
| *bexarotene* | 4 | PA |
| *hydroxyurea* | 1 | |
| IDHIFA | 4 | PA, QL (30 tabs every 30 days) |
| LYNPARZA | 4 | PA, QL (120 tabs every 30 days) |
| ODOMZO | 4 | PA, QL (30 caps every 30 days) |
| ONCASPAR | 4 | PA |
| PHOTOFRIN | 2 | |
| POLIVY | 4 | PA |
| *tretinoin (chemotherapy)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VISTOGARD | 4 | QL (20 packets every 5 days) |
| ZEJULA | 4 | PA, QL (30 tabs every 30 days) |
| ZOLINZA | 4 | PA, QL (120 caps every 30 days) |
| ***MITOTIC INHIBITORS*** | | |
| *docetaxel* | 1 | |
| *paclitaxel* | 1 | |
| *vinblastine sulfate* | 1 | |
| *vincristine sulfate* | 1 | |
| *vinorelbine tartrate* | 1 | |
| ***PLATINUM-BASED AGENTS*** | | |
| *carboplatin* | 1 | |
| *cisplatin* | 1 | |
| *oxaliplatin* | 4 | |
| ***PROTECTIVE AGENTS*** | | |
| *dexrazoxane hcl* | 1 | |
| *leucovorin calcium* | 1 | |
| *mesna* | 1 | |
| ***TOPOISOMERASE INHIBITORS*** | | |
| *etoposide* | 1 | |
| *irinotecan hcl 40mg/2ml, 100mg/5ml, 500mg/25ml* | 4 | |
| *irinotecan hcl 300mg/15ml* | 1 | |
| *topotecan hcl* | 1 | |
| **CARDIOVASCULAR** | | |
| ***ACE INHIBITOR COMBINATIONS*** | | |
| *amlodipine besylate-benazepril hcl* | 1 | |
| *benazepril & hydrochlorothiazide* | 1 | |
| *enalapril maleate & hydrochlorothiazide* | 1 | |
| *fosinopril sodium & hydrochlorothiazide* | 1 | |
| *lisinopril & hydrochlorothiazide* | 1 | |
| *quinapril-hydrochlorothiazide* | 1 | |
| *trandolapril-verapamil hcl* | 1 | |
| ***ACE INHIBITORS*** | | |
| *benazepril hcl* | 1 | |
| *captopril* | 1 | |
| *enalapril maleate* | 1 | |
| *fosinopril sodium* | 1 | |
| *lisinopril* | 1 | |
| *moexipril hcl* | 1 | |
| *perindopril erbumine* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *quinapril hcl* | 1 | |
| *ramipril* | 1 | |
| *trandolapril* | 1 | |
| ***ALDOSTERONE RECEPTOR ANTAGONISTS*** | | |
| *eplerenone* | 1 | |
| KERENDIA | 3 | PA |
| *spironolactone* | 1 | |
| ***ALPHA BLOCKERS*** | | |
| *prazosin hcl* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS*** | | |
| *amlodipine besylate-valsartan* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide* | 1 | |
| *irbesartan-hydrochlorothiazide* | 1 | |
| *losartan potassium & hydrochlorothiazide* | 1 | |
| *olmesartan medoxomil-amlodipine-hydrochlorothiazide* | 1 | |
| *olmesartan medoxomil-hydrochlorothiazide* | 1 | |
| *telmisartan-hydrochlorothiazide* | 1 | |
| *valsartan-hydrochlorothiazide* | 1 | |
| ***ANGIOTENSIN II RECEPTOR ANTAGONISTS*** | | |
| *candesartan cilexetil* | 1 | |
| *irbesartan* | 1 | |
| *losartan potassium* | 1 | |
| *olmesartan medoxomil* | 1 | |
| *telmisartan* | 1 | |
| *valsartan* | 1 | |
| ***ANTIARRHYTHMICS*** | | |
| *amiodarone hcl* | 1 | |
| *disopyramide phosphate* | 1 | |
| *dofetilide* | 1 | |
| *flecainide acetate* | 1 | |
| *lidocaine hcl (cardiac)* | 1 | |
| MULTAQ | 2 | PA |
| NORPACE CR | 2 | |
| *pacerone* | 1 | |
| *procainamide hcl* | 1 | |
| *propafenone hcl* | 1 | |
| *sotalol hcl* | 1 | |
| *sotalol hcl (afib/afl)* | 1 | |
| ***ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS*** | | |
| NEXLETOL | 3 | PA |
| ***ANTILIPEMICS, BILE ACID RESINS*** | | |
| *cholestyramine* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cholestyramine light* | 1 | |
| *colesevelam hcl* | 1 | |
| *colestipol hcl* | 1 | |
| *prevalite* | 1 | |
| ***ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR*** | | |
| *ezetimibe* | 1 | |
| ***ANTILIPEMICS, FIBRATES*** | | |
| *choline fenofibrate* | 1 | |
| *fenofibrate* | 1 | |
| *fenofibrate micronized* | 1 | |
| *gemfibrozil* | 1 | |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium 10mg, 20mg* | 1 | $0 copay for members age 40 through 75 |
| *atorvastatin calcium 40mg, 80mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *fluvastatin sodium* | 1 | $0 copay for members age 40 through 75 |
| *lovastatin* | 1 | $0 copay for members age 40 through 75 |
| *pitavastatin calcium* | 1 | $0 copay for members age 40 through 75 |
| *pravastatin sodium* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium 5mg, 10mg* | 1 | $0 copay for members age 40 through 75 |
| *rosuvastatin calcium 20mg, 40mg* | 1 | Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| *simvastatin 5mg, 10mg, 20mg, 40mg* | 1 | $0 copay for members age 40 through 75 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *simvastatin 80mg* | 1 | ST; PA**; Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease |
| ***ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS*** | | |
| *ezetimibe-simvastatin* | 1 | |
| ***ANTILIPEMICS, MISCELLANEOUS*** | | |
| *niacin (antihyperlipidemic)* | 1 | |
| ***ANTILIPEMICS, OMEGA-3 FATTY ACIDS*** | | |
| *icosapent ethyl* | 1 | |
| *omega-3-acid ethyl esters* | 1 | |
| ***ANTILIPEMICS, PCSK9 INHIBITORS*** | | |
| REPATHA | 2 | QL (3 syringes every 28 days) |
| REPATHA SURECLICK | 2 | QL (3 pens every 28 days) |
| ***BETA-BLOCKER/DIURETIC COMBINATIONS*** | | |
| *atenolol & chlorthalidone* | 1 | |
| *bisoprolol & hydrochlorothiazide* | 1 | |
| *metoprolol & hydrochlorothiazide* | 1 | |
| ***BETA-BLOCKERS*** | | |
| *acebutolol hcl* | 1 | |
| *atenolol* | 1 | |
| *betaxolol hcl* | 1 | |
| *bisoprolol fumarate* | 1 | |
| *carvedilol* | 1 | |
| *carvedilol phosphate* | 1 | |
| *labetalol hcl* | 1 | |
| *metoprolol succinate* | 1 | |
| *metoprolol tartrate* | 1 | |
| *nadolol* | 1 | |
| *nebivolol hcl* | 1 | |
| *pindolol* | 1 | |
| *propranolol hcl* | 1 | |
| *timolol maleate* | 1 | |
| ***CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS*** | | |
| *amlodipine besylate-atorvastatin calcium* | 1 | |
| ***CALCIUM CHANNEL BLOCKERS*** | | |
| *amlodipine besylate* | 1 | |
| *cartia xt* | 1 | |
| *dilt-xr* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *diltiazem hcl* | 1 | |
| *diltiazem hcl coated beads* | 1 | |
| *diltiazem hcl extended release beads* | 1 | |
| *felodipine* | 1 | |
| *isradipine* | 1 | |
| *matzim la* | 1 | |
| *nicardipine hcl* | 1 | |
| *nifedipine* | 1 | |
| *nimodipine* | 1 | |
| *nisoldipine* | 1 | |
| *verapamil hcl* | 1 | |
| ***DIGITALIS GLYCOSIDES*** | | |
| *digoxin* | 1 | |
| ***DIRECT RENIN INHIBITORS/COMBINATIONS*** | | |
| *aliskiren fumarate* | 1 | |
| ***DIURETICS*** | | |
| *acetazolamide* | 1 | |
| *amiloride & hydrochlorothiazide* | 1 | |
| *amiloride hcl* | 1 | |
| *bumetanide* | 1 | |
| *chlorthalidone* | 1 | |
| *ethacrynic acid* | 3 | |
| *furosemide* | 1 | |
| *hydrochlorothiazide* | 1 | |
| *indapamide* | 1 | |
| *mannitol* | 1 | |
| *methazolamide* | 1 | |
| *metolazone* | 1 | |
| *spironolactone & hydrochlorothiazide* | 1 | |
| *torsemide* | 1 | |
| *triamterene* | 1 | |
| *triamterene & hydrochlorothiazide* | 1 | |
| ***HEART FAILURE*** | | |
| CORLANOR | 2 | |
| *dapagliflozin* | 1 | ST; PA** |
| ENTRESTO | 3 | |
| *isosorbide dinitrate-hydralazine hcl* | 1 | |
| *ivabradine hcl* | 1 | |
| JARDIANCE | 2 | ST; PA** |
| *sacubitril-valsartan* | 1 | |
| ***MISCELLANEOUS*** | | |
| *clonidine* | 1 | |
| *clonidine hcl* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *guanfacine hcl* | 1 | |
| *hydralazine hcl* | 1 | |
| *methyldopa* | 1 | |
| *midodrine hcl* | 1 | |
| *minoxidil* | 1 | |
| *phenoxybenzamine hcl* | 4 | PA, QL (360 caps every 30 days) |
| *ranolazine* | 1 | |
| ***NITRATES*** | | |
| *isosorbide dinitrate* | 1 | |
| *isosorbide mononitrate* | 1 | |
| *nitro-bid* | 1 | |
| NITRO-DUR | 2 | |
| *nitroglycerin* | 1 | |
| ***PULMONARY ARTERIAL HYPERTENSION*** | | |
| ADEMPAS | 4 | PA, QL (90 tabs every 30 days) |
| *ambrisentan* | 4 | PA, QL (30 tabs every 30 days) |
| *bosentan tabs* | 4 | PA, QL (60 tabs every 30 days) |
| *bosentan tbso* | 4 | PA, QL (112 tabs every 28 days) |
| *macitentan* | 4 | PA, QL (30 tabs every 30 days) |
| *sildenafil citrate (pulmonary hypertension) soln* | 4 | PA, QL (90 vials every 30 days) |
| *sildenafil citrate (pulmonary hypertension) tabs* | 4 | PA, QL (360 tabs every 30 days) |
| *tadalafil (pulmonary hypertension)* | 4 | PA, QL (60 tabs every 30 days) |
| *treprostinil* | 4 | PA |
| UPTRAVI SOLR | 4 | PA, QL (60 vials every 30 days) |
| UPTRAVI TABS 200MCG | 4 | PA, QL (140 tabs every 28 days) |
| UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG | 4 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TITRATION PACK | 4 | PA, QL (1 pack every 28 days) |
| YUTREPIA | 4 | PA, QL (140 caps every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **CENTRAL NERVOUS SYSTEM** | | |
| ***ALCOHOL DETERRENTS*** | | |
| *acamprosate calcium* | 1 | |
| *disulfiram* | 1 | |
| ***AMYOTROPHIC LATERAL SCLEROSIS (ALS)*** | | |
| *riluzole* | 1 | |
| ***ANTIANXIETY*** | | |
| *alprazolam* | 1 | QL (150 tabs every 30 days) |
| ALPRAZOLAM INTENSOL | 2 | QL (300 mL every 30 days) |
| *buspirone hcl* | 1 | |
| *chlordiazepoxide hcl* | 1 | QL (360 caps every 30 days) |
| *clomipramine hcl* | 1 | |
| *fluvoxamine maleate* | 1 | |
| *lorazepam conc* | 1 | QL (150 mL every 30 days) |
| *lorazepam tabs* | 1 | QL (150 tabs every 30 days) |
| *meprobamate* | 1 | |
| *oxazepam* | 1 | QL (120 caps every 30 days) |
| ***ANTIDEMENTIA*** | | |
| *donepezil hydrochloride* | 1 | |
| *galantamine hydrobromide* | 1 | |
| *memantine hcl* | 1 | |
| *rivastigmine* | 1 | |
| *rivastigmine tartrate* | 1 | |
| ***ANTIDEPRESSANTS*** | | |
| *amitriptyline hcl* | 1 | |
| *amoxapine* | 1 | |
| *bupropion hcl* | 1 | |
| *citalopram hydrobromide* | 1 | |
| *desipramine hcl* | 1 | |
| *desvenlafaxine succinate* | 1 | (generic of Pristiq) |
| *doxepin hcl* | 1 | |
| *duloxetine hcl* | 1 | |
| EMSAM | 3 | PA |
| *escitalopram oxalate* | 1 | |
| FETZIMA | 3 | |
| FETZIMA TITRATION PACK | 3 | |
| *fluoxetine hcl caps; cpdr; soln* | 1 | |
| *fluoxetine hcl tabs* | 1 | (generic Sarafem not covered) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *imipramine hcl* | 1 | |
| *imipramine pamoate* | 1 | |
| MARPLAN | 3 | |
| *mirtazapine* | 1 | |
| *nefazodone hcl* | 1 | |
| *nortriptyline hcl* | 1 | |
| *paroxetine hcl* | 1 | |
| *phenelzine sulfate* | 1 | |
| *protriptyline hcl* | 1 | |
| *sertraline hcl* | 1 | |
| SPRAVATO 56MG DOSE | 4 | PA |
| SPRAVATO 84MG DOSE | 4 | PA |
| *tranylcypromine sulfate* | 1 | |
| *trazodone hcl* | 1 | |
| *trimipramine maleate* | 1 | |
| TRINTELLIX | 3 | |
| *venlafaxine hcl* | 1 | |
| *vilazodone hcl* | 1 | |
| ***ANTIPARKINSONIAN AGENTS*** | | |
| *amantadine hcl* | 1 | |
| APOKYN | 4 | ST, PA, QL (20 cartridges every 30 days) |
| *benztropine mesylate* | 1 | |
| *bromocriptine mesylate* | 1 | |
| *carbidopa* | 1 | |
| *carbidopa-levodopa* | 1 | |
| *carbidopa-levodopa-entacapone* | 1 | |
| *entacapone* | 1 | |
| INBRIJA | 4 | PA, QL (300 caps every 30 days) |
| NEUPRO | 2 | |
| ONGENTYS | 3 | PA |
| *pramipexole dihydrochloride* | 1 | |
| *rasagiline mesylate* | 1 | |
| *ropinirole hydrochloride* | 1 | |
| *selegiline hcl* | 1 | |
| *trihexyphenidyl hcl* | 1 | |
| ***ANTIPSYCHOTICS*** | | |
| *aripiprazole* | 1 | |
| ARISTADA | 2 | |
| ARISTADA INITIO | 2 | |
| *asenapine maleate* | 1 | |
| *chlorpromazine hcl* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *clozapine* | 1 | |
| COBENFY | 3 | |
| COBENFY STARTER PACK | 3 | |
| ERZOFRI | 2 | |
| *fluphenazine decanoate* | 1 | |
| *fluphenazine hcl* | 1 | |
| *haloperidol* | 1 | |
| *haloperidol decanoate* | 1 | |
| *haloperidol lactate* | 1 | |
| INVEGA HAFYERA | 2 | |
| INVEGA SUSTENNA | 2 | |
| INVEGA TRINZA | 2 | |
| *loxapine succinate* | 1 | |
| *lurasidone hcl* | 1 | |
| *olanzapine* | 1 | |
| *paliperidone* | 1 | |
| *perphenazine* | 1 | |
| *quetiapine fumarate* | 1 | |
| *risperidone* | 1 | |
| RYKINDO | 2 | |
| *thioridazine hcl* | 1 | |
| *thiothixene* | 1 | |
| *trifluoperazine hcl* | 1 | |
| VRAYLAR | 2 | |
| *ziprasidone hcl* | 1 | |
| ***ANTISEIZURE AGENTS*** | | |
| *carbamazepine* | 1 | |
| *clobazam* | 1 | |
| *clonazepam* | 1 | |
| *clorazepate dipotassium* | 1 | QL (180 tabs every 30 days) |
| *diazepam soln 5mg/5ml* | 1 | QL (1200 mL every 30 days) |
| *diazepam soln 5mg/ml* | 1 | |
| *diazepam tabs* | 1 | QL (120 tabs every 30 days) |
| *diazepam intensol* | 1 | QL (240 mL every 30 days) |
| DILANTIN | 3 | |
| *divalproex sodium* | 1 | |
| *ethosuximide* | 1 | |
| *felbamate* | 1 | |
| *fosphenytoin sodium* | 1 | |
| *gabapentin* | 1 | |
| *lacosamide* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *lamotrigine* | 1 | |
| *levetiracetam* | 1 | |
| *levetiracetam in sodium chloride* | 1 | |
| *methsuximide* | 1 | |
| NAYZILAM | 2 | QL (10 units every 30 days) |
| *oxcarbazepine* | 1 | |
| *perampanel* | 1 | |
| *phenobarbital* | 1 | |
| *phenytoin* | 1 | |
| *phenytoin infatabs* | 1 | |
| *phenytoin sodium* | 1 | |
| *phenytoin sodium extended* | 1 | |
| *pregabalin* | 1 | |
| *primidone* | 1 | |
| *rufinamide* | 1 | |
| *tiagabine hcl* | 1 | |
| *topiramate* | 1 | |
| *valproate sodium* | 1 | |
| *valproic acid* | 1 | |
| *vigabatrin pack* | 4 | PA, QL (180 packets every 30 days) |
| *vigabatrin tabs* | 4 | PA, QL (180 tabs every 30 days) |
| XCOPRI | 2 | |
| *zonisamide* | 1 | |
| ***ATTENTION DEFICIT HYPERACTIVITY DISORDER*** | | |
| *amphetamine 3.1mg, 6.3mg, 9.4mg* | 1 | QL (60 tabs every 30 days) |
| *amphetamine 12.5mg, 15.7mg, 18.8mg* | 1 | QL (30 tabs every 30 days) |
| *amphetamine-dextroamphetamine cp24* | 1 | QL (30 caps every 30 days) |
| *amphetamine-dextroamphetamine cp24* | 1 | QL (90 caps every 30 days) |
| *amphetamine-dextroamphetamine tabs* | 1 | QL (30 tabs every 30 days) |
| *amphetamine-dextroamphetamine tabs* | 1 | QL (60 tabs every 30 days) |
| *amphetamine-dextroamphetamine tabs* | 1 | QL (90 tabs every 30 days) |
| *atomoxetine hcl* | 1 | |
| AZSTARYS | 2 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg* | 1 | QL (60 caps every 30 days) |
| *dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg* | 1 | QL (30 caps every 30 days) |
| *dexmethylphenidate hcl tabs 2.5mg, 5mg* | 1 | QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dexmethylphenidate hcl tabs 10mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate cp24 5mg, 10mg* | 1 | QL (120 caps every 30 days) |
| *dextroamphetamine sulfate cp24 15mg* | 1 | QL (60 caps every 30 days) |
| *dextroamphetamine sulfate soln* | 1 | QL (1,200 mL every 30 days) |
| *dextroamphetamine sulfate tabs 5mg, 10mg* | 1 | QL (120 tabs every 30 days) |
| *dextroamphetamine sulfate tabs 15mg, 20mg* | 1 | QL (60 tabs every 30 days) |
| *dextroamphetamine sulfate tabs 30mg* | 1 | QL (30 tabs every 30 days) |
| *guanfacine hcl (adhd)* | 1 | |
| *lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg* | 1 | QL (60 caps every 30 days) |
| *lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg* | 1 | QL (30 caps every 30 days) |
| *lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg* | 1 | QL (60 chew tabs every 30 days) |
| *lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg* | 1 | QL (30 chew tabs every 30 days) |
| *methamphetamine hcl* | 1 | QL (150 tabs every 30 days) |
| *methylphenidate hcl chew* | 1 | QL (180 chew tabs every 30 days) |
| *methylphenidate hcl cp24 20mg, 30mg* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cp24 40mg, 60mg* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl cpcr 10mg, 20mg, 30mg* | 1 | QL (60 caps every 30 days) |
| *methylphenidate hcl cpcr 40mg, 50mg, 60mg* | 1 | QL (30 caps every 30 days) |
| *methylphenidate hcl soln 5mg/5ml* | 1 | QL (1800 mL every 30 days) |
| *methylphenidate hcl soln 10mg/5ml* | 1 | QL (900 mL every 30 days) |
| *methylphenidate hcl tabs 5mg, 10mg* | 1 | QL (180 tabs every 30 days) |
| *methylphenidate hcl tabs 20mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tbcr 10mg, 20mg* | 1 | QL (90 tabs every 30 days) |
| *methylphenidate hcl tbcr 18mg, 27mg, 36mg* | 1 | QL (60 tabs every 30 days) |
| *methylphenidate hcl tbcr 54mg* | 1 | QL (30 tabs every 30 days) |
| *zenzedi* | 1 | QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***FIBROMYALGIA*** | | |
| *milnacipran hcl* | 1 | ST; PA** |
| ***HYPNOTICS*** | | |
| BELSOMRA | 2 | |
| *cvs sleep-aid nighttime* | 1 | OTC |
| DAYVIGO | 2 | PA, QL (30 tabs every 30 days) |
| *doxepin hcl (sleep)* | 1 | |
| *estazolam* | 3 | QL (15 tabs every 30 days) |
| *eszopiclone* | 1 | QL (15 tabs every 30 days) |
| *ramelteon* | 1 | QL (15 tabs every 30 days) |
| *tasimelteon* | 4 | PA, QL (30 caps every 30 days) |
| *temazepam* | 1 | QL (15 caps every 30 days) |
| *triazolam* | 3 | QL (10 tabs every 30 days) |
| *zaleplon* | 1 | QL (15 caps every 30 days) |
| *zolpidem tartrate* | 1 | QL (15 tabs every 30 days) |
| ***MIGRAINE - ERGOTAMINE DERIVATIVES*** | | |
| *dihydroergotamine mesylate* | 1 | |
| ERGOMAR | 3 | |
| *ergotamine w/ caffeine* | 3 | |
| ***MIGRAINE - MISCELLANEOUS*** | | |
| NURTEC | 2 | ST, QL (16 tabs every 30 days); PA** |
| QULIPTA | 2 | ST, QL (30 tabs every 30 days); PA** |
| UBRELVY | 2 | ST, QL (16 tabs every 30 days); PA** |
| ***MIGRAINE - MONOCLONAL ANTIBODIES*** | | |
| AIMOVIG | 2 | ST, QL (1 injection every 30 days); PA** |
| EMGALITY SOAJ | 2 | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| EMGALITY SOSY 100MG/ML | 2 | ST, QL (3 injections every 30 days); PA** |
| EMGALITY SOSY 120MG/ML | 2 | ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill |
| ***MIGRAINE - TRIPTANS AND COMBINATIONS*** | | |
| *almotriptan malate* | 1 | QL (12 tabs every 30 days) |
| *eletriptan hydrobromide* | 1 | QL (12 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *naratriptan hcl* | 1 | QL (12 tabs every 30 days) |
| *rizatriptan benzoate* | 1 | QL (18 tabs every 30 days) |
| *sumatriptan 5mg/act* | 1 | QL (24 sprays every 30 days) |
| *sumatriptan 20mg/act* | 1 | QL (12 sprays every 30 days) |
| *sumatriptan succinate soaj* | 1 | QL (12 units every 30 days) |
| *sumatriptan succinate soln* | 1 | QL (12 vials every 30 days) |
| *sumatriptan succinate tabs* | 1 | QL (12 tabs every 30 days) |
| *sumatriptan-naproxen sodium* | 3 | ST, QL (9 tabs every 30 days); PA** |
| *zolmitriptan soln* | 1 | QL (12 sprays every 30 days) |
| *zolmitriptan tabs; tbdp* | 1 | QL (12 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| EVRYSDI SOLR | 4 | PA, QL (2 bottles every 24 days) |
| EVRYSDI TABS | 4 | PA, QL (30 tabs every 30 days) |
| ***MOOD STABILIZERS*** | | |
| *lithium* | 1 | |
| *lithium carbonate* | 1 | |
| ***MOVEMENT DISORDERS*** | | |
| AUSTEDO 6MG | 4 | PA, QL (60 tabs every 30 days) |
| AUSTEDO 9MG, 12MG | 4 | PA, QL (120 tabs every 30 days) |
| INGREZZA CAPS; CPSP | 4 | PA, QL (30 caps every 30 days) |
| INGREZZA CPPK | 4 | PA, QL (28 caps every 28 days) |
| *tetrabenazine 12.5mg* | 4 | PA, QL (120 tabs every 30 days) |
| *tetrabenazine 25mg* | 4 | PA, QL (60 tabs every 30 days) |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| BETASERON | 4 | PA, QL (14 injections every 28 days) |
| *dalfampridine* | 4 | PA, QL (60 tabs every 30 days) |
| *dimethyl fumarate cdpk* | 4 | PA, QL (1 kit every 30 days) |
| *dimethyl fumarate cpdr 120mg* | 4 | PA, QL (14 caps every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *dimethyl fumarate cpdr 240mg* | 4 | PA, QL (60 caps every 30 days) |
| *fingolimod hcl* | 4 | PA, QL (30 caps every 30 days) |
| *glatiramer acetate* | 1 | PA, QL (12 syringes every 28 days) |
| *glatopa* | 1 | PA, QL (30 injections every 30 days) |
| KESIMPTA | 4 | PA, QL (1 pen every 28 days) |
| *teriflunomide* | 4 | PA, QL (30 tabs every 30 days) |
| TYRUKO | 4 | PA, QL (15 mL every 28 days) |
| TYSABRI | 4 | PA, QL (15 mL every 28 days) |
| ***MUSCULOSKELETAL THERAPY AGENTS*** | | |
| *baclofen* | 1 | |
| *carisoprodol* | 1 | |
| *chlorzoxazone* | 1 | |
| *cyclobenzaprine hcl* | 1 | |
| *dantrolene sodium* | 1 | |
| *metaxalone* | 1 | |
| *methocarbamol* | 1 | |
| *norgesic* | 3 | |
| *orphenadrine citrate* | 1 | |
| *tizanidine hcl* | 1 | |
| ***MYASTHENIA GRAVIS*** | | |
| *pyridostigmine bromide* | 1 | |
| VYVGART | 4 | PA, QL (12 vials every 28 days) |
| VYVGART HYTRULO SOLN | 4 | PA, QL (4 vials every 28 days) |
| VYVGART HYTRULO SOSY | 4 | PA, QL (4 syringes every 28 days) |
| ***NARCOLEPSY/CATAPLEXY*** | | |
| *armodafinil 50mg* | 1 | PA, QL (60 tabs every 30 days) |
| *armodafinil 150mg, 200mg, 250mg* | 1 | PA, QL (30 tabs every 30 days) |
| *modafinil* | 1 | PA, QL (60 tabs every 30 days) |
| *sodium oxybate 500mg/ml* | 1 | PA, QL (540mL every 30 days); ANDA Generics |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sodium oxybate 500mg/ml* | 4 | PA, QL (540mL every 30 days); HIKMA AG |
| SUNOSI | 2 | PA, QL (30 tabs every 30 days) |
| XYWAV | 4 | PA, QL (540 ml every 30 days) |
| ***OPIOID AGONIST/ANTAGONIST*** | | |
| *buprenorphine hcl-naloxone hcl dihydrate film* | 1 | |
| *buprenorphine hcl-naloxone hcl dihydrate subl* | 0 | $0 copay |
| ZUBSOLV | 2 | |
| ***OPIOID ANTAGONIST*** | | |
| *naloxone hcl liqd* | 1 | OTC |
| *naloxone hcl soct; soln; sosy* | 1 | |
| *naltrexone hcl* | 0 | $0 copay |
| ***OPIOID PARTIAL AGONISTS*** | | |
| *buprenorphine hcl* | 0 | $0 copay |
| ***PSYCHOTHERAPEUTIC-MISC*** | | |
| *chlordiazepoxide-amitriptyline* | 3 | |
| *lofexidine hcl* | 1 | |
| NUEDEXTA | 2 | PA |
| *perphenazine-amitriptyline* | 3 | |
| *pimozide* | 1 | |
| ***SMOKING DETERRENTS*** | | |
| *bupropion hcl (smoking deterrent)* | 0 | $0 limited to 2 treatment cycles/year |
| *goodsense nicotine polacr* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine polacrilex* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine step 3* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| *nicotine transdermal syst* | 0 | OTC; $0 limited to 2 treatment cycles/year |
| NICOTROL INHALER | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| NICOTROL NS | 0 | QL (max 168 days every year); $0 limited to 2 treatment cycles/year |
| *varenicline tartrate* | 0 | $0 limited to 2 treatment cycles/year |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ENDOCRINE AND METABOLIC** | | |
| ***ACROMEGALY*** | | |
| *octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml* | 4 | PA, QL (90 ml every 30 days) |
| *octreotide acetate soln 200mcg/ml* | 4 | PA, QL (225 ml every 30 days) |
| *octreotide acetate soln 1000mcg/ml* | 4 | PA, QL (45 ml every 30 days) |
| *octreotide acetate sosy* | 4 | PA, QL (90 ml every 30 days) |
| SOMATULINE DEPOT | 4 | PA, QL (1 injection every 28 days) |
| SOMAVERT | 4 | PA, QL (30 vials every 30 days) |
| ***ANDROGENS*** | | |
| *testosterone* | 1 | PA |
| *testosterone cypionate* | 1 | PA |
| *testosterone enanthate* | 1 | PA |
| ***ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS*** | | |
| *acarbose* | 1 | |
| *miglitol* | 1 | |
| ***ANTIDIABETICS, BIGUANIDE*** | | |
| *metformin hcl tabs 500mg, 1000mg* | 1 | |
| *metformin hcl tabs 850mg* | 1 | $0 copay for members age 35-70 for prevention of diabetes |
| *metformin hcl tb24* | 1 | |
| ***ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS*** | | |
| *glipizide-metformin hcl* | 1 | |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS*** | | |
| *alogliptin-metformin hcl* | 1 | ST; PA** |
| *sitagliptin phosphate-metformin hcl* | 1 | ST; PA** |
| ***ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** | | |
| *alogliptin benzoate* | 1 | ST; PA** |
| *sitagliptin phosphate* | 1 | ST; PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC AGENTS*** | | |
| *liraglutide* | 1 | ST, QL (3 pens every 30 days); PA** |
| MOUNJARO | 2 | ST, QL (4 pens every 28 days); PA** |
| OZEMPIC SOPN | 2 | ST, QL (3 mL every 28 days); PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OZEMPIC TABS | 2 | ST, QL (30 tabs every 30 days); PA** |
| TRULICITY | 2 | ST, QL (4 pens every 28 days); PA** |
| ***ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS*** | | |
| SOLIQUA 100/33 | 2 | ST; PA** |
| XULTOPHY 100/3.6 | 2 | ST; PA** |
| ***ANTIDIABETICS, INSULIN*** | | |
| AWIQLI FLEXTOUCH | 2 | |
| BASAGLAR KWIKPEN | 2 | |
| FIASP | 2 | |
| FIASP FLEXTOUCH | 2 | |
| FIASP PENFILL | 2 | |
| FIASP PUMPCART | 2 | |
| HUMULIN 70/30 | 3 | OTC |
| HUMULIN 70/30 KWIKPEN | 3 | OTC |
| HUMULIN N | 3 | OTC |
| HUMULIN N KWIKPEN | 3 | OTC |
| HUMULIN R | 3 | OTC |
| HUMULIN R U-500 KWIKPEN | 2 | |
| INSULIN GLARGINE-YFGN | 2 | |
| NOVOLIN 70/30 | 2 | OTC; RELION not covered |
| NOVOLIN 70/30 FLEXPEN | 2 | OTC; RELION not covered |
| NOVOLIN N | 2 | OTC; RELION not covered |
| NOVOLIN N FLEXPEN | 2 | OTC; RELION not covered |
| NOVOLIN R | 2 | OTC; RELION not covered |
| NOVOLIN R FLEXPEN | 2 | OTC; RELION not covered |
| NOVOLOG | 2 | |
| NOVOLOG FLEXPEN | 2 | |
| NOVOLOG MIX 70/30 | 2 | |
| NOVOLOG MIX 70/30 PREFILL | 2 | |
| NOVOLOG PENFILL | 2 | |
| TRESIBA | 2 | |
| TRESIBA FLEXTOUCH | 2 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER*** | | |
| *pioglitazone hcl* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION*** | | |
| *pioglitazone hcl-metformin hcl* | 1 | |
| ***ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION*** | | |
| *pioglitazone hcl-glimepiride* | 1 | |
| ***ANTIDIABETICS, MEGLITINIDE*** | | |
| *nateglinide* | 1 | |
| *repaglinide* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS*** | | |
| *dapagliflozin-metformin hcl* | 1 | ST; PA** |
| SYNJARDY | 2 | ST; PA** |
| SYNJARDY XR | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS*** | | |
| GLYXAMBI | 2 | ST; PA** |
| ***ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS*** | | |
| *dapagliflozin* | 1 | ST; PA** |
| JARDIANCE | 2 | ST; PA** |
| ***ANTIDIABETICS, SULFONYLUREA*** | | |
| *glimepiride* | 1 | |
| *glipizide* | 1 | |
| ***CALCIUM RECEPTOR AGONISTS*** | | |
| *cinacalcet hcl 30mg, 60mg* | 4 | PA, QL (60 tabs every 30 days) |
| *cinacalcet hcl 90mg* | 4 | PA, QL (120 tabs every 30 days) |
| ***CALCIUM REGULATORS, BISPHOSPHONATES*** | | |
| *alendronate sodium* | 1 | |
| FOSAMAX PLUS D | 3 | |
| *ibandronate sodium* | 1 | |
| *pamidronate disodium* | 1 | |
| *risedronate sodium* | 1 | |
| *zoledronic acid* | 4 | PA |
| ***CALCIUM REGULATORS, MISCELLANEOUS*** | | |
| *calcitonin (salmon)* | 1 | |
| OSPOMYV | 4 | PA, QL (1 syringe (60 mg) every 180 days) |
| STOBOCLO | 4 | PA, QL (1 syringe (60 mg) every 180 days) |
| ***CALCIUM REGULATORS, PARATHYROID HORMONES*** | | |
| TYMLOS | 4 | PA, QL (1 pen every 30 days) |
| ***CENTRAL PRECOCIOUS PUBERTY*** | | |
| LUPRON DEPOT-PED (1-MONTH | 4 | PA |
| LUPRON DEPOT-PED (3-MONTH | 4 | PA |
| LUPRON DEPOT-PED (6-MONTH | 4 | PA |
| SUPPRELIN LA | 4 | PA |
| TRIPTODUR | 4 | PA |
| ***CHELATING AGENTS*** | | |
| CHEMET | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *deferiprone* | 4 | PA |
| FERRIPROX | 4 | PA |
| FERRIPROX TWICE-A-DAY | 4 | PA |
| *penicillamine* | 4 | |
| ***CONTRACEPTIVES*** | | |
| *altavera* | 0 | |
| *alyacen 1/35* | 0 | |
| *alyacen 7/7/7* | 0 | |
| *amethyst* | 0 | |
| ANNOVERA | 0 | QL (1 every 300 days) |
| *apri* | 0 | |
| *aranelle* | 0 | |
| *ashlyna* | 0 | |
| AVERI | 0 | |
| *aviane* | 0 | |
| *azurette* | 0 | |
| *camila* | 0 | |
| *camrese* | 0 | |
| CAYA | 0 | QL (1 every 300 days) |
| *chateal eq* | 0 | |
| CONDOMS | 0 | QL (12 condoms every 30 days), OTC |
| *dasetta 1/35* | 0 | |
| *dasetta 7/7/7* | 0 | |
| *delyla* | 0 | |
| DEPO-SUBQ PROVERA 104 | 0 | QL (4 inj every 300 days) |
| *drospirenone-ethinyl estradiol* | 0 | |
| *drospirenone-ethinyl estradiol-levomefolate calcium* | 0 | |
| DUREX REALFEEL NON-LATEX | 0 | QL (12 condoms every 30 days), OTC |
| *elinest* | 0 | |
| ELLA | 0 | |
| *enskyce* | 0 | |
| *errin* | 0 | |
| *etonogestrel-ethinyl estradiol* | 0 | QL (13 every 300 days) |
| *falmina* | 0 | |
| FC2 FEMALE CONDOM | 0 | QL (12 condoms every 30 days), OTC |
| FEMCAP | 0 | QL (1 every 300 days) |
| FEMLYV | 0 | |
| *galbriela* | 0 | |
| *gemmily* | 0 | |
| GWYN LO | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *heather* | 0 | |
| *introvale* | 0 | |
| *jolessa* | 0 | |
| *junel 1.5/30* | 0 | |
| *junel 1/20* | 0 | |
| *junel fe 1.5/30* | 0 | |
| *junel fe 1/20* | 0 | |
| *junel fe 24* | 0 | |
| *kariva* | 0 | |
| *kelnor 1/35* | 0 | |
| *kurvelo* | 0 | |
| KYLEENA | 0 | QL (1 every 300 days) |
| *larin 1.5/30* | 0 | |
| *lessina* | 0 | |
| *levonest* | 0 | |
| *levonorgestrel & eth estradiol* | 0 | |
| *levonorgestrel-ethinyl estradiol (91-day)* | 0 | |
| *levonorgestrel-ethinyl estradiol-iron* | 0 | |
| LILETTA | 0 | QL (1 every 300 days) |
| LO LOESTRIN FE | 0 | |
| *lojaimiess* | 0 | |
| *loryna* | 0 | |
| *low-ogestrel* | 0 | |
| *marlissa* | 0 | |
| *medroxyprogesterone acetate (contraceptive)* | 0 | QL (4 inj every 300 days) |
| *microgestin 1.5/30* | 0 | |
| MIRENA | 0 | QL (1 every 300 days) |
| MIUDELLA | 0 | QL (1 unit every 300 days) |
| *mono-linyah* | 0 | |
| NATAZIA | 0 | |
| *necon 0.5/35-28* | 0 | |
| NEXPLANON | 0 | QL (1 every 300 days) |
| NEXTSTELLIS | 0 | |
| *nikki* | 0 | |
| *nora-be* | 0 | |
| *norethin acet & estrad-fe* | 0 | |
| *norethindrone (contraceptive)* | 0 | |
| *norethindrone acet & eth estra* | 0 | |
| *norgestimate-ethinyl estradiol* | 0 | |
| *norgestimate-ethinyl estradiol (triphasic)* | 0 | |
| *nortrel 0.5/35 (28)* | 0 | |
| *nortrel 1/35* | 0 | |
| *nortrel 7/7/7* | 0 | |
| *nylia 1/35* | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| OMNIFLEX DIAPHRAGM | 0 | QL (1 every 300 days) |
| OPILL | 0 | OTC |
| PARAGARD INTRAUTERINE COP | 0 | QL (1 unit every 300 days) |
| *portia-28* | 0 | |
| *reclipsen* | 0 | |
| *rivelsa* | 0 | |
| SKYLA | 0 | QL (1 every 300 days) |
| SLYND | 0 | |
| *sprintec 28* | 0 | |
| *syeda* | 0 | |
| *take action* | 0 | OTC |
| *tilia fe* | 0 | |
| *tri-linyah* | 0 | |
| *tri-sprintec* | 0 | |
| TRUSTEX WITH NONOXYNOL-9/ | 0 | QL (12 condoms every 30 days), OTC |
| TRUSTEX/RIA NON-LUBRICATE | 0 | QL (12 condoms every 30 days), OTC |
| TWIRLA | 0 | |
| TYBLUME | 0 | |
| *valtya 1/50* | 0 | |
| *velivet* | 0 | |
| *viorele* | 0 | |
| *vyfemla* | 0 | |
| *wera* | 0 | |
| WIDE-SEAL SILICONE DIAPHR | 0 | QL (1 every 300 days) |
| *xelria fe* | 0 | |
| *xulane* | 0 | |
| *zovia 1/35* | 0 | |
| ***DIABETIC SUPPLIES*** | | |
| ACCU-CHEK AVIVA | 2 | OTC |
| ACCU-CHEK AVIVA PLUS KIT | 2 | OTC |
| ACCU-CHEK AVIVA PLUS STRP | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK COMPACT BLUE CO | 2 | OTC |
| ACCU-CHEK COMPACT PLUS CL | 2 | OTC |
| ACCU-CHEK FASTCLIX LANCET | 2 | OTC |
| ACCU-CHEK GUIDE KIT | 2 | OTC |
| ACCU-CHEK GUIDE STRP | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK GUIDE CONTROL L | 2 | OTC |
| ACCU-CHEK GUIDE ME | 2 | OTC |
| ACCU-CHEK GUIDE TEST STRI | 2 | QL (150 Test Strips every 30 days), OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ACCU-CHEK NANO SMARTVIEW | 2 | OTC |
| ACCU-CHEK SMARTVIEW CONTR | 2 | OTC |
| ACCU-CHEK SMARTVIEW STRIP | 2 | QL (150 Test Strips every 30 days), OTC |
| ACCU-CHEK SOFTCLIX LANCET | 2 | OTC |
| ALCOHOL PREP PADS | 2 | OTC |
| BD VEO INSULIN SYRINGE UL | 2 | OTC |
| CAREFINE PEN NEEDLES 32GX | 2 | OTC |
| CHEMSTRIP 2 GP STRIPS | 3 | OTC |
| CHEMSTRIP 5 OB | 3 | OTC |
| CHEMSTRIP 7 | 3 | OTC |
| CHEMSTRIP 9 STRIPS | 3 | OTC |
| CHEMSTRIP 10 MD | 3 | OTC |
| CHEMSTRIP -10 WITH SG | 3 | OTC |
| CHEMSTRIP UGK | 3 | OTC |
| CHEMSTRIP-K | 3 | OTC |
| CVS KETONE CARE | 3 | OTC |
| DEXCOM G6 RECEIVER | 2 | |
| DEXCOM G6 SENSOR | 2 | QL (3 sensors every 30 days) |
| DEXCOM G6 TRANSMITTER | 2 | |
| DEXCOM G7 15 DAY SENSOR | 2 | QL (2 sensors every 30 days) |
| DEXCOM G7 RECEIVER | 2 | |
| DEXCOM G7 SENSOR | 2 | QL (3 sensors every 30 days) |
| DIASCREEN 1B | 3 | OTC |
| DIASCREEN 1G | 3 | OTC |
| DIASCREEN 1K | 3 | OTC |
| DIASCREEN 2GK | 3 | OTC |
| DIASCREEN 2GP | 3 | OTC |
| DIASCREEN 3 | 3 | OTC |
| DIASCREEN 4NL | 3 | OTC |
| DIASCREEN 4OBL | 3 | OTC |
| DIASCREEN 4PH | 3 | OTC |
| DIASCREEN 5 | 3 | OTC |
| DIASCREEN 6 | 3 | OTC |
| DIASCREEN 7 | 3 | OTC |
| DIASCREEN 8 | 3 | OTC |
| DIASCREEN 9 | 3 | OTC |
| DIASCREEN 10 | 3 | OTC |
| DIASCREEN LIQUID URINE CO | 3 | OTC |
| DIASTIX | 3 | OTC |
| FREESTYLE KIT FREE LIT | 2 | OTC |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FREESTYLE KIT LITE | 2 | OTC |
| FREESTYLE KIT PREC NEO | 2 | OTC |
| FREESTYLE LIQ CONTROL | 2 | OTC |
| FREESTYLE MIS LANCETS | 2 | OTC |
| FREESTYLE MIS UNISTICK | 2 | OTC |
| FREESTYLE TES | 2 | QL (150 strips every 30 days), OTC |
| FREESTYLE TES INSULINX | 2 | QL (150 strips every 30 days), OTC |
| FREESTYLE TES LITE | 2 | QL (150 strips every 30 days), OTC |
| FREESTYLE TES PREC NEO | 2 | QL (150 strips every 30 days), OTC |
| FREESTYLE LB KIT 2/SENSOR | 2 | QL (2 boxes every 30 days) |
| FREESTYLE LB KIT 2PLS/SEN | 2 | QL (2 boxes every 30 days) |
| FREESTYLE LB KIT 3/SENSOR | 2 | QL (2 boxes every 30 days) |
| FREESTYLE LB KIT 3PLS/SEN | 2 | QL (2 boxes every 30 days) |
| FREESTYLE LB KIT 14D/SEN | 2 | QL (2 boxes every 30 days) |
| FREESTYLE LB MIS 2/READER | 2 | |
| FREESTYLE LB MIS 3/READER | 2 | |
| FREESTYLE LB MIS 14D/RDR | 2 | |
| KETONE | 3 | OTC |
| KETONE TEST STRIPS | 3 | OTC |
| NOVOFINE PEN NEEDLE 32G X | 2 | OTC |
| OMNIPOD 5 DEXCOM G7G6 INT | 2 | |
| OMNIPOD 5 DEXCOM G7G6 POD | 2 | |
| OMNIPOD 5 G7 INTRO KIT (G | 2 | |
| OMNIPOD 5 G7 PODS (GEN 5) | 2 | |
| OMNIPOD CLASSIC PDM START | 2 | |
| OMNIPOD CLASSIC PODS (GEN | 2 | |
| OMNIPOD DASH INTRO KIT (G | 2 | |
| OMNIPOD DASH PDM KIT (GEN | 2 | |
| OMNIPOD DASH PODS (GEN 4) | 2 | |
| TWIIST REFILL KIT | 2 | |
| TWIIST REFILL KIT/INFUSIO | 2 | |
| TWIIST STARTER KIT | 2 | |
| ULTILET SHARPS CONTAINER | 2 | OTC |
| ***ENDOMETRIOSIS*** | | |
| *danazol* | 1 | |
| ORILISSA | 2 | |
| SYNAREL | 4 | PA |
| ***FERTILITY REGULATORS*** | | |
| *clomiphene tab 50mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***GLUCOCORTICOIDS*** | | |
| *deflazacort susp* | 4 | PA, QL (52 mL every 30 days) |
| *deflazacort tabs 6mg* | 4 | PA, QL (60 tabs every 30 days) |
| *deflazacort tabs 18mg, 30mg, 36mg* | 4 | PA, QL (30 tabs every 30 days) |
| DEPO-MEDROL | 3 | |
| *dexamethasone* | 1 | |
| DEXAMETHASONE INTENSOL | 2 | |
| *dexamethasone sodium phosphate* | 1 | |
| *fludrocortisone acetate* | 1 | |
| *hydrocortisone* | 1 | |
| *hydrocortisone sod succinate* | 1 | |
| MEDROL | 2 | |
| *methylprednisolone* | 1 | |
| *methylprednisolone acetate* | 1 | |
| *methylprednisolone sod succ* | 1 | |
| *prednisolone* | 1 | |
| *prednisolone sodium phosphate* | 1 | |
| *prednisone* | 1 | |
| PREDNISONE INTENSOL | 2 | |
| SOLU-CORTEF | 3 | |
| SOLU-MEDROL | 3 | |
| ***GLUCOSE ELEVATING AGENTS*** | | |
| *glucagon* | 1 | |
| GVOKE HYPOPEN 1-PACK | 2 | |
| GVOKE KIT | 2 | |
| GVOKE PFS | 2 | |
| INSTA-GLUCOSE | 2 | OTC |
| ***HEREDITARY TYROSINEMIA TYPE 1 AGENTS*** | | |
| *nitisinone* | 4 | PA |
| ORFADIN | 4 | PA |
| ***HUMAN GROWTH HORMONES*** | | |
| NORDIPEN 5 INJECTION DEVI | 2 | |
| NORDIPEN DELIVERY SYSTEM | 2 | OTC |
| NORDITROPIN FLEXPRO | 4 | PA |
| ***LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE*** | | |
| CERDELGA | 4 | PA, QL (56 caps every 28 days) |
| ***MENOPAUSAL SYMPTOM AGENTS*** | | |
| BIJUVA | 3 | |
| CLIMARA PRO | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DEPO-ESTRADIOL | 3 | |
| DUAVEE | 2 | |
| ELESTRIN | 3 | |
| *estradiol* | 1 | |
| *estradiol & norethindrone acetate* | 1 | |
| *estradiol vaginal* | 1 | |
| *estradiol valerate* | 1 | |
| *estrogens, conjugated* | 1 | |
| EVAMIST | 3 | |
| IMVEXXY MAINTENANCE PACK | 2 | |
| IMVEXXY STARTER PACK | 2 | |
| *jinteli* | 1 | |
| *mimvey* | 1 | |
| *norethindrone acetate-ethinyl estradiol* | 1 | |
| PREMARIN | 3 | |
| *yuvafem* | 1 | |
| ***MISCELLANEOUS*** | | |
| *betaine* | 4 | PA |
| *cabergoline* | 1 | |
| CHORIONIC GONADOTROPIN | 4 | PA |
| CORTROPHIN GEL | 4 | PA, QL (35 mL every 21 days) |
| CORTROPHIN PRSY | 4 | PA, QL (28 syringes every 28 days) |
| CYSTAGON | 4 | PA |
| INCRELEX | 4 | PA |
| INTRAROSA | 3 | |
| MYALEPT | 4 | PA, QL (30 vials every 30 days) |
| OSPHENA | 3 | PA |
| *raloxifene hcl* | 1 | $0 copay for women ages 35 and older for the primary prevention of breast cancer |
| REZDIFFRA | 3 | PA |
| *sapropterin dihydrochloride* | 4 | PA |
| SIGNIFOR | 4 | PA, QL (60 ampules every 30 days) |
| *tolvaptan (hyponatremia)* | 4 | PA |
| ***PHOSPHATE BINDER AGENTS*** | | |
| *calcium acetate (phosphate binder)* | 1 | |
| *lanthanum carbonate* | 1 | |
| *sevelamer carbonate* | 1 | |
| VELPHORO | 3 | ST; PA** |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***POTASSIUM-REMOVING AGENTS*** | | |
| *sps* | 1 | |
| ***PROGESTINS*** | | |
| CRINONE | 2 | |
| *medroxyprogesterone acetate* | 1 | |
| *megestrol acetate* | 1 | |
| *megestrol acetate (appetite)* | 1 | |
| *norethindrone acetate* | 1 | |
| *progesterone* | 1 | |
| ***THYROID AGENTS*** | | |
| *levothyroxine sodium* | 1 | |
| *levoxyl* | 1 | |
| *liothyronine sodium* | 1 | |
| *methimazole* | 1 | |
| *propylthiouracil* | 1 | |
| SYNTHROID | 2 | |
| *unithroid* | 1 | |
| ***UREA CYCLE DISORDER*** | | |
| *carglumic acid* | 4 | PA |
| PHEBURANE | 4 | PA, QL (672g every 30 days) |
| *sodium phenylbutyrate powd* | 4 | PA, QL (798g every 30 days) |
| *sodium phenylbutyrate tabs* | 4 | PA, QL (1200 tabs every 30 days) |
| ***VASOPRESSINS*** | | |
| *desmopressin acetate* | 1 | |
| *desmopressin acetate spray* | 1 | |
| *desmopressin acetate spray refrigerated* | 1 | |
| ***VITAMIN D ANALOGS*** | | |
| *calcitriol* | 1 | |
| *doxercalciferol* | 1 | |
| *paricalcitol* | 1 | |
| **GASTROINTESTINAL** | | |
| ***ANTICHOLINERGICS*** | | |
| *atropine sulfate* | 1 | |
| *dicyclomine hcl* | 1 | |
| *glycopyrrolate* | 1 | |
| *methscopolamine bromide* | 1 | |
| ***ANTIDIARRHEALS*** | | |
| *diphenoxylate w/ atropine* | 1 | |
| *loperamide hcl* | 1 | |
| MOTOFEN | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTIEMETICS*** | | |
| AKYNZEO | 3 | QL (2 caps every 28 days) |
| *aprepitant caps 40mg* | 1 | QL (3 caps every 180 days) |
| *aprepitant caps 80mg* | 1 | QL (4 caps every 28 days) |
| *aprepitant caps 125mg* | 1 | QL (2 caps every 28 days) |
| *aprepitant cppk* | 1 | QL (2 packs every 28 days) |
| *compro* | 1 | |
| *dronabinol* | 1 | QL (60 caps every 30 days) |
| *granisetron hcl* | 1 | |
| *meclizine hcl* | 1 | |
| *metoclopramide hcl* | 1 | |
| *ondansetron* | 1 | |
| *ondansetron hcl* | 1 | |
| *prochlorperazine* | 1 | |
| *prochlorperazine maleate* | 1 | |
| *promethazine hcl* | 1 | |
| *promethegan* | 1 | |
| SANCUSO | 2 | |
| *scopolamine* | 1 | |
| *trimethobenzamide hcl* | 1 | |
| VARUBI | 2 | |
| ***H2-RECEPTOR ANTAGONISTS*** | | |
| *cimetidine* | 1 | |
| *famotidine* | 1 | |
| *famotidine in nacl* | 1 | |
| *nizatidine* | 1 | |
| *ranitidine hcl* | 1 | |
| ***INFLAMMATORY BOWEL DISEASE*** | | |
| *balsalazide disodium* | 1 | |
| *budesonide* | 1 | |
| CORTIFOAM | 2 | |
| DIPENTUM | 3 | |
| *hydrocortisone (intrarectal)* | 1 | |
| *mesalamine* | 1 | |
| *mesalamine w/ cleanser* | 1 | |
| *sulfasalazine* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH CONSTIPATION*** | | |
| LINZESS | 2 | |
| *lubiprostone* | 1 | |
| ***IRRITABLE BOWEL SYNDROME WITH DIARRHEA*** | | |
| *alosetron hcl* | 1 | PA |
| VIBERZI | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***LAXATIVES*** | | |
| CLENPIQ | 0 | $0 copay for members age 45 through 75, Tier 2 for all others |
| *enulose* | 1 | |
| *gavilyte-c* | 1 | |
| *gavilyte-g* | 1 | |
| *lactulose* | 1 | |
| *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate* | 1 | |
| *peg 3350-potassium chloride-sod bicarbonate-sod chloride* | 1 | |
| PEG-PREP | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| PLENVU | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| *polyethylene glycol 3350* | 1 | OTC |
| *sodium sulfate-potassium sulfate-magnesium sulfate* | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUFLAVE | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| SUTAB | 0 | $0 copay for members age 45 through 75, otherwise not covered |
| ***MISCELLANEOUS*** | | |
| *cromolyn sodium (mastocytosis)* | 1 | |
| IQIRVO | 4 | PA, QL (30 tabs every 30 days) |
| *misoprostol* | 1 | |
| MOVANTIK | 2 | |
| SUCRAID | 3 | PA, QL (354 mL every 30 days) |
| *sucralfate* | 1 | |
| *ursodiol* | 1 | |
| VOWST | 4 | PA, QL (12 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PANCREATIC ENZYMES*** | | |
| CREON | 2 | PA |
| VIOKACE | 2 | PA |
| ZENPEP | 2 | PA |
| ***PROTON PUMP INHIBITORS*** | | |
| *esomeprazole magnesium cpdr* | 1 | |
| *esomeprazole magnesium pack* | 1 | Covered for age less than 1 year only |
| *lansoprazole* | 1 | |
| *omeprazole* | 1 | |
| *omeprazole-sodium bicarbonate* | 3 | |
| *pantoprazole sodium* | 1 | |
| *rabeprazole sodium* | 1 | |
| ***RECTAL, CORTICOSTEROIDS*** | | |
| *hydrocortisone (rectal)* | 1 | |
| *proctozone-hc* | 1 | |
| ***ULCER THERAPY COMBINATIONS*** | | |
| *amoxicillin-clarithromycin w/ lansoprazole* | 1 | |
| **GENITOURINARY** | | |
| ***BENIGN PROSTATIC HYPERPLASIA*** | | |
| *alfuzosin hcl* | 1 | |
| CARDURA XL | 3 | |
| *doxazosin mesylate* | 1 | |
| *dutasteride* | 1 | |
| *dutasteride-tamsulosin hcl* | 1 | |
| *finasteride* | 1 | |
| *silodosin* | 1 | |
| *tadalafil* | 1 | PA, QL (30 tabs every 30 days) |
| *tamsulosin hcl* | 1 | |
| *terazosin hcl* | 1 | |
| ***CONTRACEPTIVES*** | | |
| ENCARE | 0 | OTC |
| OPTIONS GYNOL II VAGINAL | 0 | OTC |
| PHEXX | 0 | |
| PHEXXI | 0 | |
| TODAY SPONGE | 0 | OTC |
| VCF VAGINAL CONTRACEPTIVE | 0 | OTC |
| ***ERECTILE DYSFUNCTION*** | | |
| *avanafil* | 1 | QL (6 tabs every 30 days) |
| ***MISCELLANEOUS*** | | |
| *bethanechol chloride* | 1 | |
| ELMIRON | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *eq urinary pain relief* | 1 | OTC |
| *potassium citrate (alkalinizer)* | 1 | |
| ***URINARY ANTISPASMODICS*** | | |
| *darifenacin hydrobromide* | 1 | |
| *fesoterodine fumarate* | 1 | |
| *mirabegron* | 1 | |
| *oxybutynin chloride* | 1 | |
| *solifenacin succinate* | 1 | |
| *tolterodine tartrate* | 1 | |
| *trospium chloride* | 1 | |
| ***VAGINAL ANTI-INFECTIVES*** | | |
| CLEOCIN | 2 | |
| *clindamycin phosphate vaginal* | 1 | |
| GYNAZOLE-1 | 3 | |
| *metronidazole vaginal* | 1 | |
| *miconazole 3* | 1 | |
| *terconazole vaginal* | 1 | |
| **HEMATOLOGIC** | | |
| ***ANTICOAGULANTS*** | | |
| *dabigatran etexilate mesylate* | 1 | |
| ELIQUIS | 2 | |
| ELIQUIS STARTER PACK | 2 | |
| *enoxaparin sodium* | 1 | |
| *fondaparinux sodium* | 1 | |
| FRAGMIN | 3 | |
| *heparin sodium (porcine)* | 1 | |
| *rivaroxaban* | 1 | |
| *warfarin sodium* | 1 | |
| XARELTO | 2 | |
| XARELTO STARTER PACK | 2 | |
| ***HEMATOPOIETIC GROWTH FACTORS*** | | |
| ARANESP ALBUMIN FREE | 4 | PA |
| FYLNETRA | 4 | PA, QL (2 syringes every 28 days) |
| MIRCERA | 4 | PA |
| NIVESTYM | 4 | PA |
| NYVEPRIA | 4 | PA, QL (2 syringes every 28 days) |
| RETACRIT | 4 | PA |
| ***HEMOPHILIA A AGENTS*** | | |
| HEMLIBRA | 4 | PA |
| ***MISCELLANEOUS*** | | |
| *anagrelide hcl* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *cilostazol* | 1 | |
| *pentoxifylline* | 1 | |
| *tranexamic acid* | 1 | |
| ***PLATELET AGGREGATION INHIBITORS*** | | |
| *aspirin-dipyridamole* | 1 | |
| *clopidogrel bisulfate* | 1 | |
| *dipyridamole* | 1 | |
| *prasugrel hcl* | 1 | |
| YOSPRALA | 3 | |
| ***SICKLE CELL DISEASE*** | | |
| ADAKVEO INJ 100/10ML | 4 | PA |
| DROXIA | 2 | |
| *l-glutamine pow 5gm* | 4 | PA |
| SIKLOS TAB 100MG | 3 | |
| SIKLOS TAB 1000MG | 3 | |
| XROMI SOL 100MG/ML | 3 | |
| ***THROMBOCYTOPENIA AGENTS*** | | |
| ALVAIZ 9MG, 54MG | 4 | PA, QL (60 tabs every 30 days) |
| ALVAIZ 18MG, 36MG | 4 | PA, QL (90 tabs every 30 days) |
| DOPTELET SPRINKLE | 4 | PA, QL (60 caps every 30 days) |
| DOPTELET TAB 20MG (10 TABLETS) | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (15 TABLETS) | 4 | PA, QL (1 carton every 5 days) |
| DOPTELET TAB 20MG (30 TABLETS) | 4 | PA, QL (2 cartons every 30 days) |
| **IMMUNOLOGIC AGENTS** | | |
| ***AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)*** | | |
| ACTEMRA 80MG/4ML | 4 | ST, PA, QL (20 vials every 28 days) |
| ACTEMRA 200MG/10ML | 4 | ST, PA, QL (8 vials every 28 days) |
| ACTEMRA 400MG/20ML | 4 | ST, PA, QL (4 vials every 28 days) |
| COSENTYX | 4 | PA, QL (15 mL every 28 days) |
| ENTYVIO | 4 | PA, QL (1 vial every 56 days) |
| INFLIXIMAB | 4 | PA, QL (5 vials every 42 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| SIMPONI ARIA | 4 | PA, QL (200 mg every 8 weeks) |
| SKYRIZI | 4 | PA, QL (6 vials every 56 days) |
| TREMFYA | 4 | PA, QL (One time use only) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED)*** | | |
| ACTEMRA | 4 | ST, PA, QL (4 syringes every 28 days) |
| ACTEMRA ACTPEN | 4 | ST, PA, QL (4 injections every 28 days) |
| ENTYVIO PEN | 4 | PA, QL (2 pens every 28 days) |
| SIMPONI | 4 | ST, PA, QL (1 injection every 28 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALOPECIA AREATA*** | | |
| LITFULO | 4 | PA, QL (28 caps every 28 days) |
| OLUMIANT | 4 | PA, QL (30 tabs every 30 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| COSENTYX 75MG/0.5ML, 150MG/ML | 4 | PA, QL (1 syringe every 28 days) |
| COSENTYX 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (1 pen every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX UNOREADY | 4 | PA, QL (1 pen every 28 days) |
| ENBREL SOLN | 4 | PA, QL (8 vials every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ENBREL SOSY 25MG/0.5ML | 4 | PA, QL (8 syringes every 28 days) |
| ENBREL SOSY 50MG/ML | 4 | PA, QL (4 syringes every 28 days) |
| ENBREL MINI | 4 | PA, QL (4 cartridges every 28 days) |
| ENBREL SURECLICK | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| RINVOQ | 4 | PA, QL (30 tabs every 30 days) |
| *tofacitinib citrate tabs* | 4 | PA, QL (60 tabs every 30 days) |
| *tofacitinib citrate tb24* | 4 | PA, QL (30 tabs every 30 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| PYZCHIVA SOAJ 45MG/0.5ML | 4 | PA, QL (1 pen every 84 days) |
| PYZCHIVA SOAJ 90MG/ML | 4 | PA, QL (1 pen every 56 days) |
| PYZCHIVA SOLN | 4 | PA, QL (1 vial every 84 days) |
| PYZCHIVA SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |
| PYZCHIVA SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |
| RINVOQ 15MG, 30MG | 4 | PA, QL (30 tabs every 30 days) |
| RINVOQ 45MG | 4 | PA, QL (One time use only (for CD/UC diagnosis)) |
| SKYRIZI | 4 | PA, QL (1 cartridge every 56 days) |
| TREMFYA SOAJ | 4 | PA, QL (1 injection every 28 days) |
| TREMFYA SOPN | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA SOSY 100MG/ML | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA SOSY 200MG/2ML | 4 | PA, QL (1 injection every 28 days) |
| TREMFYA PEN | 4 | PA, QL (1 injection every 56 days) |
| YESINTEK SOLN | 4 | PA, QL (1 vial every 84 days) |
| YESINTEK SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |
| YESINTEK SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| BIMZELX SOAJ 160MG/ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| BIMZELX SOAJ 320MG/2ML | 4 | PA, QL (1 auto-injector every 28 days) |
| BIMZELX SOSY 160MG/ML | 4 | PA, QL (2 syringes every 28 days) |
| BIMZELX SOSY 320MG/2ML | 4 | PA, QL (1 syringe every 28 days) |
| COSENTYX 75MG/0.5ML, 150MG/ML | 4 | PA, QL (1 syringe every 28 days) |
| COSENTYX 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (1 pen every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX UNOREADY | 4 | PA, QL (1 pen every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS*** | | |
| CIMZIA (1 SYRINGE) | 4 | PA, QL (4 syringes every 28 days) |
| CIMZIA STARTER KIT | 4 | PA, QL (One time use only) |
| COSENTYX 75MG/0.5ML, 150MG/ML | 4 | PA, QL (1 syringe every 28 days) |
| COSENTYX 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (1 pen every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX UNOREADY | 4 | PA, QL (1 pen every 28 days) |
| RINVOQ | 4 | PA, QL (30 tabs every 30 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PLAQUE PSORIASIS*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS*** | | |
| OTEZLA TABS | 4 | PA, QL (60 tabs every 30 days) |
| OTEZLA TBPK | 4 | PA, QL (55 tabs every 28 days) |
| OTEZLA XR | 4 | PA, QL (30 tabs every 30 days) |
| OTEZLA/OTEZLA XR 28 DAY T | 4 | PA, QL (41 tabs every 28 days) |
| PYZCHIVA SOAJ 45MG/0.5ML | 4 | PA, QL (1 pen every 84 days) |
| PYZCHIVA SOAJ 90MG/ML | 4 | PA, QL (1 pen every 56 days) |
| PYZCHIVA SOLN | 4 | PA, QL (1 vial every 84 days) |
| PYZCHIVA SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |
| PYZCHIVA SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |
| SKYRIZI 55MG/0.37ML | 4 | PA, QL (1 syringe every 84 days) |
| SKYRIZI 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks) |
| SKYRIZI PEN | 4 | PA, QL (1 syringe every 12 weeks) |
| TALTZ SOAJ | 4 | PA, QL (1 injection every 28 days) |
| TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML | 4 | PA, QL (1 syringe every 28 days) |
| TALTZ SOSY 80MG/ML | 4 | PA, QL (1 injection every 28 days) |
| TREMFYA | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA PEN | 4 | PA, QL (1 injection every 56 days) |
| YESINTEK SOLN | 4 | PA, QL (1 vial every 84 days) |
| YESINTEK SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| YESINTEK SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| COSENTYX 75MG/0.5ML, 150MG/ML | 4 | PA, QL (1 syringe every 28 days) |
| COSENTYX 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (1 pen every 28 days) |
| COSENTYX SENSOREADY PEN 150MG/ML | 4 | PA, QL (300 mg every 28 days) |
| COSENTYX UNOREADY | 4 | PA, QL (1 pen every 28 days) |
| ENBREL SOLN | 4 | PA, QL (8 vials every 28 days) |
| ENBREL SOSY 25MG/0.5ML | 4 | PA, QL (8 syringes every 28 days) |
| ENBREL SOSY 50MG/ML | 4 | PA, QL (4 syringes every 28 days) |
| ENBREL MINI | 4 | PA, QL (4 cartridges every 28 days) |
| ENBREL SURECLICK | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| OTEZLA TABS | 4 | PA, QL (60 tabs every 30 days) |
| OTEZLA TBPK | 4 | PA, QL (55 tabs every 28 days) |
| OTEZLA XR | 4 | PA, QL (30 tabs every 30 days) |
| OTEZLA/OTEZLA XR 28 DAY T | 4 | PA, QL (41 tabs every 28 days) |
| RINVOQ | 4 | PA, QL (30 tabs every 30 days) |
| RINVOQ LQ | 4 | PA, QL (360 mL every 30 days) |
| SKYRIZI 55MG/0.37ML | 4 | PA, QL (1 syringe every 84 days) |
| SKYRIZI 150MG/ML | 4 | PA, QL (1 syringe every 12 weeks) |
| SKYRIZI PEN | 4 | PA, QL (1 syringe every 12 weeks) |
| *tofacitinib citrate soln* | 4 | PA, QL (240 mL every 24 days) |
| *tofacitinib citrate tabs* | 4 | PA, QL (60 tabs every 30 days) |
| *tofacitinib citrate tb24* | 4 | PA, QL (30 tabs every 30 days) |
| TREMFYA | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA PEN | 4 | PA, QL (1 injection every 56 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| ENBREL SOLN | 4 | PA, QL (8 vials every 28 days) |
| ENBREL SOSY 25MG/0.5ML | 4 | PA, QL (8 syringes every 28 days) |
| ENBREL SOSY 50MG/ML | 4 | PA, QL (4 syringes every 28 days) |
| ENBREL MINI | 4 | PA, QL (4 cartridges every 28 days) |
| ENBREL SURECLICK | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| KEVZARA SOAJ | 4 | PA, QL (2 pens every 28 days) |
| KEVZARA SOSY | 4 | PA, QL (2 syringes every 4 weeks) |
| RINVOQ | 4 | PA, QL (30 tabs every 30 days) |
| *tofacitinib citrate tabs* | 4 | PA, QL (60 tabs every 30 days) |
| *tofacitinib citrate tb24* | 4 | PA, QL (30 tabs every 30 days) |
| ***AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS*** | | |
| ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML | 4 | PA, QL (2 auto-injectors every 28 days) |
| ADALIMUMAB-ADAZ SOSY 10MG/0.1ML | 4 | PA, QL (2 syringes every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML | 4 | PA, QL (4 syringes every 28 days) |
| ADALIMUMAB-FKJP AJKT | 4 | PA, QL (4 auto-injectors every 28 days) |
| ADALIMUMAB-FKJP PSKT | 4 | PA, QL (4 syringes every 28 days) |
| HYRIMOZ SOAJ | 4 | PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SOSY | 4 | PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ PLAQUE PSORIASIS | 4 | PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY CD/UC/ | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| HYRIMOZ SENSOREADY PENS | 4 | PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX |
| PYZCHIVA SOAJ 45MG/0.5ML | 4 | PA, QL (1 pen every 84 days) |
| PYZCHIVA SOAJ 90MG/ML | 4 | PA, QL (1 pen every 56 days) |
| PYZCHIVA SOLN | 4 | PA, QL (1 vial every 84 days) |
| PYZCHIVA SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |
| PYZCHIVA SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |
| RINVOQ 15MG, 30MG | 4 | PA, QL (30 tabs every 30 days) |
| RINVOQ 45MG | 4 | PA, QL (One time use only (for CD/UC diagnosis)) |
| SKYRIZI | 4 | PA, QL (1 cartridge every 56 days) |
| *tofacitinib citrate tabs* | 4 | PA, QL (60 tabs every 30 days) |
| *tofacitinib citrate tb24* | 4 | PA, QL (30 tabs every 30 days) |
| TREMFYA SOAJ | 4 | PA, QL (1 injection every 28 days) |
| TREMFYA SOLN | 4 | PA, QL (One time use only) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TREMFYA SOPN | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA SOSY 100MG/ML | 4 | PA, QL (1 injection every 56 days) |
| TREMFYA SOSY 200MG/2ML | 4 | PA, QL (1 injection every 28 days) |
| TREMFYA PEN | 4 | PA, QL (1 injection every 56 days) |
| VELSIPITY | 4 | PA, QL (30 tabs every 30 days) |
| YESINTEK SOLN | 4 | PA, QL (1 vial every 84 days) |
| YESINTEK SOSY 45MG/0.5ML | 4 | PA, QL (1 syringe every 84 days) |
| YESINTEK SOSY 90MG/ML | 4 | PA, QL (1 syringe every 56 days) |
| ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)*** | | |
| *hydroxychloroquine sulfate* | 1 | |
| *leflunomide* | 1 | |
| *methotrexate sodium* | 1 | |
| ***HEREDITARY ANGIOEDEMA*** | | |
| *icatibant acetate* | 4 | PA, QL (45 syringes every 90 days) |
| TAKHZYRO | 4 | PA, QL (2 syringes every 28 days) |
| ***IMMUNOGLOBULIN*** | | |
| CUTAQUIG | 4 | PA |
| ***IMMUNOMODULATORS*** | | |
| ACTIMMUNE | 4 | PA |
| ARCALYST | 4 | PA, QL (8 vials every 28 days) |
| ***IMMUNOSUPPRESSANTS*** | | |
| *azathioprine* | 1 | |
| *cyclosporine* | 1 | |
| *cyclosporine modified (for microemulsion)* | 1 | |
| ENVARSUS XR | 3 | |
| *everolimus (immunosuppressant)* | 1 | |
| *gengraf* | 1 | |
| *mycophenolate mofetil* | 1 | |
| *mycophenolate mofetil hcl* | 1 | |
| *mycophenolate sodium* | 1 | |
| NULOJIX | 3 | |
| PROGRAF | 3 | |
| SANDIMMUNE | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sirolimus* | 1 | |
| *tacrolimus* | 1 | |
| ***MISCELLANEOUS*** | | |
| BEYFORTUS | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ENFLONSIA | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ***VACCINES*** | | |
| ABRYSVO | 0 | |
| ACTHIB | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ADACEL | 0 | |
| AREXVY | 0 | $0 copay for members age 19 and older, otherwise not covered |
| BEXSERO | 0 | |
| BOOSTRIX | 0 | |
| CAPVAXIVE | 0 | |
| COMIRNATY 2026-27 | 0 | |
| COMIRNATY/5-11Y/2026-27 | 0 | |
| DAPTACEL | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| DENGVAXIA | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ENGERIX-B | 0 | |
| FLUAD 2026-2027 | 0 | |
| FLUMIST NASAL VACCINE 202 | 0 | |
| GARDASIL 9 | 0 | |
| HAVRIX | 0 | |
| HEPLISAV-B | 0 | |
| HIBERIX | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| INFANRIX | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| IPOL INACTIVATED IPV | 0 | |
| JYNNEOS | 0 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KINRIX | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| M-M-R II | 0 | |
| MENQUADFI | 0 | |
| MENVEO | 0 | |
| MNEXSPIKE COVID-19 VACCIN | 0 | |
| MRESVIA | 0 | $0 copay for members age 19 and older, otherwise not covered |
| NUVAXOVID COVID-19 VACCIN | 0 | |
| PEDIARIX | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PEDVAXHIB | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PENBRAYA | 0 | |
| PENMENVY | 0 | |
| PENTACEL | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| PNEUMOVAX 23 | 0 | |
| PREVNAR 20 | 0 | |
| PRIORIX | 0 | |
| PROQUAD | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| QUADRACEL | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| RECOMBIVAX HB | 0 | |
| ROTARIX | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| ROTATEQ | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| SHINGRIX | 0 | $0 copay for members age 19 and older, otherwise not covered |
| SPIKEVAX COVID-19 VACCINE | 0 | |
| TENIVAC | 0 | $0 copay for members age 19 and older, otherwise not covered |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TRUMENBA | 0 | |
| TWINRIX | 0 | $0 copay for members age 19 and older, otherwise not covered |
| VAQTA | 0 | |
| VARIVAX | 0 | |
| VAXELIS | 0 | $0 copay for members age 18 and younger, otherwise not covered |
| VAXNEUVANCE | 0 | |
| **NUTRITIONAL/SUPPLEMENTS** | | |
| ***ELECTROLYTES*** | | |
| EFFER-K | 1 | |
| *klor-con m15* | 1 | |
| *magnesium sulfate* | 1 | |
| *magnesium sulfate in dextrose* | 1 | |
| MONOJECT SODIUM CHLORIDE | 1 | |
| *potassium chloride* | 1 | |
| *potassium chloride microencapsulated crystals er* | 1 | |
| *sodium chloride* | 1 | |
| *sodium fluoride chew 1mg* | 1 | |
| *sodium fluoride chew .25mg, .5mg* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride soln* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| *sodium fluoride tabs 1mg* | 1 | |
| *sodium fluoride tabs .5mg* | 0 | $0 applies for ages 5 and under, otherwise not covered |
| ***PRENATAL VITAMINS*** | | |
| *elite-ob* | 1 | |
| *pnv-dha* | 1 | |
| *pnv-select* | 1 | |
| ***VITAMINS*** | | |
| *cholecalciferol* | 1 | OTC |
| *cyanocobalamin* | 1 | |
| *ergocalciferol* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *folic acid caps* | 0 | QL (100 caps every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *folic acid tabs 1mg* | 1 | |
| *folic acid tabs 400mcg, 800mcg* | 0 | QL (100 tabs every 30 days), OTC; $0 copay for members 55 and younger capable of pregnancy, otherwise not covered |
| *multi-vitamin/fluoride dr* | 1 | |
| *multi-vitamin/fluoride/ir* | 1 | |
| *multivitamin/fluoride* | 1 | |
| *pediatric multivitamins w/fl* | 1 | |
| *phytonadione* | 1 | |
| *pyridoxine hcl* | 1 | OTC |
| *tri-vite/fluoride* | 1 | |
| **OPHTHALMIC** | | |
| ***ANTI-INFECTIVE/ANTI-INFLAMMATORY*** | | |
| *bacitracin-poly-neomycin-hc* | 1 | |
| *loteprednol etabonate-tobramycin* | 1 | |
| *neomycin-polymy-dexameth* | 1 | |
| *neomycin-polymyxin-hc (ophth)* | 1 | |
| *sulfacetamide sod-prednisolone* | 1 | |
| TOBRADEX | 2 | |
| TOBRADEX ST | 2 | |
| *tobramycin-dexamethasone* | 1 | |
| ***ANTI-INFECTIVES*** | | |
| AZASITE | 2 | |
| *bacitracin-polymyxin b (ophth)* | 1 | |
| BESIVANCE | 3 | |
| *ciprofloxacin hcl (ophth)* | 1 | |
| *erythromycin (ophth)* | 1 | |
| *gatifloxacin (ophth)* | 1 | |
| *gentamicin sulfate (ophth)* | 1 | |
| *moxifloxacin hcl (ophth)* | 1 | |
| NATACYN | 2 | |
| *neomycin-bacitracin zn-polymyxin* | 1 | |
| *neomycin-polymyxin-gramicidin* | 1 | |
| *ofloxacin (ophth)* | 1 | |
| *polymyxin b-trimethoprim* | 1 | |
| *sulfacetamide sodium (ophth)* | 1 | |
| *tobramycin (ophth)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *trifluridine* | 1 | |
| ZIRGAN | 3 | |
| ***ANTI-INFLAMMATORIES*** | | |
| ACUVAIL | 2 | |
| *bromfenac sodium (ophth)* | 1 | |
| *dexamethasone sodium phosphate (ophth)* | 1 | |
| *diclofenac sodium (ophth)* | 1 | |
| *difluprednate* | 1 | |
| *flurbiprofen sodium* | 1 | |
| ILEVRO | 2 | |
| *ketorolac tromethamine (ophth)* | 1 | |
| *loteprednol etabonate* | 1 | |
| NEVANAC | 2 | |
| *prednisolone acetate (ophth)* | 1 | |
| PREDNISOLONE SODIUM PHOSP | 2 | |
| ***ANTIALLERGICS*** | | |
| ALOCRIL | 3 | |
| *azelastine hcl (ophth)* | 1 | |
| *bepotastine besilate* | 1 | |
| *cromolyn sodium (ophth)* | 1 | |
| *epinastine hcl (ophth)* | 1 | |
| *olopatadine hcl* | 1 | |
| ZERVIATE | 3 | |
| ***ANTIGLAUCOMA BETA-BLOCKERS*** | | |
| *betaxolol hcl (ophth)* | 1 | |
| BETOPTIC-S | 2 | |
| *carteolol hcl (ophth)* | 1 | |
| *levobunolol hcl* | 1 | |
| *timolol maleate (ophth)* | 1 | |
| ***ANTIGLAUCOMA COMBINATION AGENTS*** | | |
| *brimonidine tartrate-timolol maleate* | 1 | |
| *dorzolamide hcl-timolol maleate* | 1 | |
| SIMBRINZA | 2 | |
| ***CARBONIC ANHYDRASE INHIBITORS*** | | |
| *brinzolamide* | 1 | |
| *dorzolamide hcl* | 1 | |
| ***DRY EYE DISEASE*** | | |
| *cyclosporine (ophth)* | 1 | |
| RESTASIS MULTIDOSE | 2 | |
| TRYPTYR | 2 | |
| VEVYE | 2 | |
| ***MISCELLANEOUS*** | | |
| *atropine sulfate (ophthalmic)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| CYSTARAN | 4 | PA, QL (4 bottles every 28 days) |
| *phenylephrine hcl (mydriatic)* | 1 | |
| PHOSPHOLINE IODIDE | 3 | |
| *pilocarpine hcl* | 1 | |
| *proparacaine hcl* | 1 | |
| *tropicamide* | 1 | |
| ***PROSTAGLANDINS*** | | |
| *bimatoprost* | 1 | |
| *latanoprost* | 1 | |
| *tafluprost* | 1 | |
| *travoprost* | 1 | |
| ***SYMPATHOMIMETICS*** | | |
| *apraclonidine hcl* | 1 | |
| *brimonidine tartrate* | 1 | |
| IOPIDINE | 3 | |
| **RESPIRATORY** | | |
| ***ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS*** | | |
| PROLASTIN-C | 4 | PA |
| ***ANAPHYLAXIS TREATMENT AGENTS*** | | |
| *epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml* | 1 | QL (4 auto-injectors every 30 days) |
| *epinephrine (anaphylaxis) .15mg/0.15ml* | 1 | QL (4 auto-injectors every 30 days); (generic of Adrenaclick) |
| EPIPEN 2-PAK | 2 | QL (4 auto-injectors every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST COMBINATIONS*** | | |
| BEVESPI AEROSPHERE | 2 | QL (1 package every 30 days) |
| *ipratropium-albuterol* | 1 | QL (6 boxes every 30 days) |
| STIOLTO RESPIMAT | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS*** | | |
| BREZTRI AEROSPHERE | 2 | QL (1 package every 30 days) |
| TRELEGY ELLIPTA | 2 | QL (1 package every 30 days) |
| ***ANTICHOLINERGICS*** | | |
| *ipratropium bromide* | 1 | QL (5 boxes every 30 days) |
| *ipratropium bromide (nasal)* | 1 | |
| SPIRIVA RESPIMAT | 2 | QL (1 package every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tiotropium bromide* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINE COMBINATIONS*** | | |
| *azelastine hcl-fluticasone propionate* | 1 | QL (1 package every 30 days) |
| ***ANTIHISTAMINES*** | | |
| *azelastine hcl* | 1 | QL (2 bottles every 30 days) |
| *carbinoxamine maleate* | 1 | |
| *clemastine fumarate* | 1 | |
| *cyproheptadine hcl* | 1 | |
| *desloratadine* | 1 | |
| *diphenhydramine hcl* | 1 | |
| *hydroxyzine hcl* | 1 | |
| *hydroxyzine pamoate* | 1 | |
| *levocetirizine dihydrochloride* | 1 | |
| *olopatadine hcl (nasal)* | 1 | QL (1 container every 30 days) |
| ***BETA AGONISTS*** | | |
| *albuterol sulfate aers* | 1 | QL (2 inhalers every 30 days) |
| *albuterol sulfate nebu 2.5mg/0.5ml* | 1 | QL (120 vials every 30 days) |
| *albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml* | 1 | QL (5 boxes every 30 days) |
| *albuterol sulfate syrp* | 1 | |
| *albuterol sulfate tabs* | 1 | |
| *arformoterol tartrate* | 1 | QL (60 vials every 30 days) |
| *formoterol fumarate* | 1 | QL (60 vials every 30 days) |
| *levalbuterol hcl 1.25mg/0.5ml* | 1 | QL (45 mL every 30 days) |
| *levalbuterol hcl .31mg/3ml, .63mg/3ml, 1.25mg/3ml* | 1 | QL (300 mL every 30 days) |
| *levalbuterol tartrate* | 1 | QL (2 inhalers every 30 days) |
| SEREVENT DISKUS | 2 | QL (1 package every 30 days) |
| STRIVERDI RESPIMAT | 2 | QL (1 package every 30 days) |
| *terbutaline sulfate* | 1 | |
| ***CHRONIC OBSTRUCTIVE PULMONARY DISEASE*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| NUCALA SOAJ | 4 | PA, QL (3 autoinjectors every 28 days) |
| NUCALA SOSY 40MG/0.4ML | 4 | PA, QL (1 syringe every 28 days) |
| NUCALA SOSY 100MG/ML | 4 | PA, QL (3 syringes every 28 days) |
| ***CHRONIC RHINOSINUSITIS WITH NASAL POLYPS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| NUCALA SOAJ | 4 | PA, QL (3 autoinjectors every 28 days) |
| NUCALA SOSY 40MG/0.4ML | 4 | PA, QL (1 syringe every 28 days) |
| NUCALA SOSY 100MG/ML | 4 | PA, QL (3 syringes every 28 days) |
| ***COLD/COUGH*** | | |
| *benzonatate* | 1 | |
| *guaifenesin-codeine* | 1 | QL (60 mL every day), OTC; Subject to initial 7-day limit |
| *hydrocodone bitartrate-homatropine methylbromide soln* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *hydrocodone bitartrate-homatropine methylbromide tabs* | 1 | QL (6 tabs every day); Subject to initial 7-day limit |
| *hydrocodone polistirex-chlorpheniramine polistirex* | 1 | QL (10 mL every day); Subject to initial 7-day limit |
| *promethazine & phenylephrine* | 1 | |
| *promethazine w/codeine* | 1 | QL (30 mL every day); Subject to initial 7-day limit |
| *promethazine-dm* | 1 | |
| *pseudoephed-bromphen-dm* | 1 | |
| TUXARIN ER | 3 | QL (2 tabs every day); Subject to initial 7-day limit |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***CYSTIC FIBROSIS*** | | |
| CAYSTON | 4 | PA, QL (84 vials every 28 days) |
| KALYDECO PACK | 4 | PA, QL (56 packets every 28 days) |
| KALYDECO TABS | 4 | PA, QL (56 tabs every 28 days); carton consists of 56 tablets |
| ORKAMBI PACK | 4 | PA, QL (56 packets every 28 days) |
| ORKAMBI TABS | 4 | PA, QL (112 tabs every 28 days) |
| SYMDEKO | 4 | PA, QL (56 tabs every 28 days) |
| *tobramycin 300mg/4ml* | 4 | PA, QL (224 mL every 28 days) |
| *tobramycin 300mg/5ml* | 4 | PA, QL (280 mL every 28 days) |
| TRIKAFTA TBPK | 4 | PA, QL (84 tabs every 28 days) |
| TRIKAFTA THPK | 4 | PA, QL (56 packets every 28 days) |
| ***EOSINOPHILIC ESOPHAGITIS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| ***LEUKOTRIENE MODIFIERS*** | | |
| *zileuton* | 3 | |
| ***LEUKOTRIENE RECEPTOR ANTAGONISTS*** | | |
| *montelukast sodium* | 1 | |
| *zafirlukast* | 1 | |
| ***MAST CELL STABILIZERS*** | | |
| *cromolyn sodium* | 1 | QL (2 boxes every 30 days) |
| ***MISCELLANEOUS*** | | |
| *acetylcysteine* | 1 | |
| *roflumilast* | 1 | PA |
| *sodium chloride (inhalant)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***NASAL STEROIDS*** | | |
| *flunisolide (nasal)* | 1 | QL (3 containers every 30 days) |
| *fluticasone propionate (nasal)* | 1 | QL (1 container every 30 days) |
| *mometasone furoate (nasal)* | 1 | QL (2 packages every 30 days) |
| OMNARIS | 3 | QL (1 package every 30 days) |
| *triamcinolone acetonide (nasal)* | 1 | QL (1 package every 30 days), OTC |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| *nintedanib esylate* | 4 | PA, QL (60 caps every 30 days) |
| *pirfenidone caps* | 4 | PA, QL (270 caps every 30 days) |
| *pirfenidone tabs 267mg* | 4 | PA, QL (270 tabs every 30 days) |
| *pirfenidone tabs 801mg* | 4 | PA, QL (90 tabs every 30 days) |
| ***RESPIRATORY THERAPY SUPPLIES*** | | |
| AEROCHAMBER PLUS FLOW VU | 2 | |
| CLEVER CHOICE ANTI-STATIC | 2 | OTC |
| FLEXICHAMBER CHILD MASK/S | 2 | |
| PEDIATRIC PANDA MASK | 2 | OTC |
| ***SEVERE ASTHMA AGENTS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| FASENRA PEN | 4 | PA, QL (1 auto-injector every 28 days) |
| NUCALA SOAJ | 4 | PA, QL (3 autoinjectors every 28 days) |
| NUCALA SOSY 40MG/0.4ML | 4 | PA, QL (1 syringe every 28 days) |
| NUCALA SOSY 100MG/ML | 4 | PA, QL (3 syringes every 28 days) |
| XOLAIR SOAJ 75MG/0.5ML | 4 | PA, QL (2 pens every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XOLAIR SOAJ 150MG/ML | 4 | PA, QL (8 pens every 28 days) |
| XOLAIR SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| XOLAIR SOLR | 4 | PA, QL (8 vials every 28 days) |
| XOLAIR SOSY 75MG/0.5ML | 4 | PA, QL (2 syringes every 28 days) |
| XOLAIR SOSY 150MG/ML | 4 | PA, QL (8 syringes every 28 days) |
| XOLAIR SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| ***STEROID INHALANTS*** | | |
| ALVESCO 80MCG/ACT | 3 | QL (3 packages every 30 days) |
| ALVESCO 160MCG/ACT | 3 | QL (2 packages every 30 days) |
| ASMANEX HFA | 2 | QL (1 package every 30 days) |
| *budesonide (inhalation) 1mg/2ml* | 1 | QL (1 box every 30 days) |
| *budesonide (inhalation) .5mg/2ml* | 1 | QL (2 boxes every 30 days) |
| *budesonide (inhalation) .25mg/2ml* | 1 | QL (3 boxes every 30 days) |
| *fluticasone furoate (inhalation)* | 1 | QL (1 package every 30 days) |
| ***STEROID/BETA-AGONIST COMBINATIONS*** | | |
| AIRSUPRA | 2 | QL (3 packages every 30 days) |
| BREO ELLIPTA | 2 | QL (1 package every 30 days) |
| *breyna* | 1 | QL (3 packages every 30 days) |
| *budesonide-formoterol fumarate dihydrate* | 1 | QL (3 packages every 30 days) |
| *fluticasone-salmeterol* | 1 | QL (1 package every 30 days) |
| ***XANTHINES*** | | |
| *theophylline* | 1 | |
| **TOPICAL** | | |
| ***CHRONIC SPONTANEOUS URTICARIA*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| XOLAIR SOAJ 75MG/0.5ML | 4 | PA, QL (2 pens every 28 days) |
| XOLAIR SOAJ 150MG/ML | 4 | PA, QL (8 pens every 28 days) |
| XOLAIR SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| XOLAIR SOLR | 4 | PA, QL (8 vials every 28 days) |
| XOLAIR SOSY 75MG/0.5ML | 4 | PA, QL (2 syringes every 28 days) |
| XOLAIR SOSY 150MG/ML | 4 | PA, QL (8 syringes every 28 days) |
| XOLAIR SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| ***DERMATOLOGY, ACNE*** | | |
| *adapalene* | 1 | PA, QL (45g every 28 days); PA applies for members age 35 and older |
| *adapalene-benzoyl peroxide* | 1 | |
| *benzoyl peroxide-erythromycin* | 1 | QL (47g every 30 days) |
| *clindamycin phosphate (topical) foam; swab* | 1 | |
| *clindamycin phosphate (topical) gel* | 1 | QL (75g every 30 days) |
| *clindamycin phosphate (topical) lotn; soln* | 1 | QL (60 mL every 30 days) |
| *clindamycin phosphate-benzoyl peroxide* | 1 | QL (50g every 30 days) |
| *clindamycin phosphate-benzoyl peroxide (refrigerate)* | 1 | QL (45g every 30 days) |
| *ery* | 1 | |
| *erythromycin (acne aid) gel* | 1 | QL (60g every 30 days) |
| *erythromycin (acne aid) soln* | 1 | QL (60 mL every 30 days) |
| *isotretinoin* | 1 | PA |
| *sulfacetamide sodium (acne)* | 1 | |
| *tretinoin* | 1 | PA; PA applies for members age 35 and older |
| *tretinoin microsphere* | 1 | PA; PA applies for members age 35 and older |
| ***DERMATOLOGY, ACTINIC KERATOSIS*** | | |
| *diclofenac sodium (actinic keratoses)* | 3 | |
| *fluorouracil (topical)* | 1 | |
| *imiquimod* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, ANTIBIOTICS*** | | |
| *antiseptic products, misc.* | 1 | OTC |
| *gentamicin sulfate (topical)* | 1 | |
| *mupirocin* | 1 | QL (30g every 30 days) |
| *silver sulfadiazine* | 1 | |
| *ssd* | 1 | |
| SULFAMYLON | 3 | |
| ***DERMATOLOGY, ANTIFUNGALS*** | | |
| *ciclopirox gel* | 1 | QL (120g every 30 days) |
| *ciclopirox sham* | 1 | QL (120 mL every 30 days) |
| *ciclopirox soln* | 1 | |
| *ciclopirox olamine crea* | 1 | QL (120g every 30 days) |
| *ciclopirox olamine susp* | 1 | QL (120 mL every 30 days) |
| *clotrimazole (topical) crea* | 1 | QL (120g every 30 days) |
| *clotrimazole (topical) soln* | 1 | QL (120 mL every 30 days) |
| *clotrimazole w/ betamethasone crea* | 1 | QL (60g every 30 days) |
| *clotrimazole w/ betamethasone lotn* | 1 | QL (60 mL every 30 days) |
| *econazole nitrate* | 1 | QL (60g every 30 days) |
| ERTACZO | 3 | QL (60g every 30 days) |
| JUBLIA | 3 | PA, QL (4 mL every 28 days) |
| *ketoconazole (topical)* | 1 | QL (120g every 30 days) |
| *luliconazole* | 3 | QL (60g every 30 days) |
| *naftifine hcl* | 1 | QL (60g every 30 days) |
| *nystatin (topical)* | 1 | QL (120g every 30 days) |
| *nystatin-triamcinolone* | 1 | QL (60g every 30 days) |
| *nystop* | 1 | QL (120g every 30 days) |
| *oxiconazole nitrate* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate crea* | 1 | QL (60g every 30 days) |
| *sulconazole nitrate soln* | 1 | QL (60 mL every 30 days) |
| ***DERMATOLOGY, ANTIPRURITIC*** | | |
| *doxepin hcl (antipruritic)* | 3 | |
| ***DERMATOLOGY, ANTIPSORIATICS*** | | |
| *acitretin* | 1 | |
| *calcipotriene* | 1 | ST, QL (60 mL every 30 days); PA** |
| *calcipotriene-betamethasone dipropionate* | 3 | ST, QL (60g every 30 days); PA** |
| *calcitriol (topical)* | 3 | ST, QL (100g every 30 days); PA** |
| *methoxsalen rapid* | 1 | |
| *tazarotene* | 1 | PA |
| ZORYVE | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***DERMATOLOGY, ANTISEBORRHEICS*** | | |
| *ketoconazole (topical)* | 1 | QL (120 mL every 30 days) |
| *selenium sulfide* | 1 | |
| ZORYVE | 2 | |
| ***DERMATOLOGY, ATOPIC DERMATITIS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |
| EBGLYSS SOAJ | 4 | PA, QL (2 pens every 28 days) |
| EBGLYSS SOSY | 4 | PA, QL (2 syringes every 28 days) |
| EUCRISA | 2 | ST, QL (60g every 30 days); PA** |
| NEMLUVIO | 4 | PA, QL (2 pens every 28 days) |
| *pimecrolimus* | 3 | ST; PA** |
| RINVOQ | 4 | PA, QL (30 tabs every 30 days) |
| *tacrolimus (topical)* | 3 | ST; PA** |
| ***DERMATOLOGY, CORTICOSTEROIDS*** | | |
| *ala-cort* | 1 | QL (120g every 30 days) |
| *alclometasone dipropionate* | 1 | QL (120g every 30 days) |
| *amcinonide* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate (topical) crea* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate (topical) lotn* | 1 | QL (120 mL every 30 days) |
| *betamethasone dipropionate augmented crea; gel; oint* | 1 | QL (120g every 30 days) |
| *betamethasone dipropionate augmented lotn* | 1 | QL (120 mL every 30 days) |
| *betamethasone valerate crea; foam; oint* | 1 | QL (120g every 30 days) |
| *betamethasone valerate lotn* | 1 | QL (120 mL every 30 days) |
| BRYHALI | 2 | QL (120 mL every 30 days) |
| *clobetasol propionate crea; foam; gel; oint* | 1 | QL (120g every 30 days) |
| *clobetasol propionate liqd; lotn; sham; soln* | 1 | QL (120 mL every 30 days) |
| *clobetasol propionate emollient base* | 1 | QL (120g every 30 days) |
| *clocortolone pivalate* | 3 | QL (120g every 30 days) |
| *desonide crea; oint* | 1 | QL (120g every 30 days) |
| *desonide lotn* | 1 | QL (120 mL every 30 days) |
| *desoximetasone crea; gel; oint* | 1 | QL (120g every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *desoximetasone liqd* | 3 | QL (120 mL every 30 days) |
| *diflorasone diacetate* | 3 | QL (120g every 30 days) |
| *fluocinolone acetonide crea; oint* | 1 | QL (120g every 30 days) |
| *fluocinolone acetonide oil; soln* | 1 | QL (120 mL every 30 days) |
| *fluocinonide crea; gel; oint* | 1 | QL (120g every 30 days) |
| *fluocinonide soln* | 1 | QL (120 mL every 30 days) |
| *fluticasone propionate crea; oint* | 1 | QL (120g every 30 days) |
| *fluticasone propionate lotn* | 1 | QL (120 mL every 30 days) |
| *halobetasol propionate* | 1 | QL (120g every 30 days) |
| *hydrocortisone (topical) crea; oint* | 1 | QL (120g every 30 days) |
| *hydrocortisone (topical) lotn* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone butyrate crea; oint* | 1 | QL (120g every 30 days) |
| *hydrocortisone butyrate soln* | 1 | QL (120 mL every 30 days) |
| *hydrocortisone valerate* | 1 | QL (120g every 30 days) |
| *mometasone furoate crea; oint* | 1 | QL (120g every 30 days) |
| *mometasone furoate soln* | 1 | QL (120 mL every 30 days) |
| *triamcinolone acetonide (topical) crea; oint* | 1 | QL (120g every 30 days) |
| *triamcinolone acetonide (topical) lotn* | 1 | QL (120 mL every 30 days) |
| ***DERMATOLOGY, LOCAL ANESTHETICS*** | | |
| *lidocaine oint* | 1 | QL (50g every 30 days) |
| *lidocaine ptch* | 1 | PA, QL (90 patches every 30 days) |
| *lidocaine hcl prsy* | 1 | QL (60 mL every 30 days) |
| *lidocaine hcl soln* | 1 | QL (50 mL every 30 days) |
| *lidocaine pain relief pat* | 1 | QL (30 patches every 30 days), OTC |
| *lidocaine-prilocaine* | 1 | QL (30g every 30 days) |
| ***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE*** | | |
| *acyclovir topical* | 3 | |
| *bexarotene (topical)* | 4 | PA |
| *lactic acid (ammonium lactate)* | 1 | |
| *nitroglycerin (intra-anal)* | 1 | |
| *penciclovir* | 1 | |
| *podofilox* | 1 | |
| ***DERMATOLOGY, PRURIGO NODULARIS*** | | |
| DUPIXENT SOAJ 200MG/1.14ML | 4 | PA, QL (2 pens every 28 days) |
| DUPIXENT SOAJ 300MG/2ML | 4 | PA, QL (4 pens every 28 days) |
| DUPIXENT SOSY 200MG/1.14ML | 4 | PA, QL (2 syringes every 28 days) |
| DUPIXENT SOSY 300MG/2ML | 4 | PA, QL (4 syringes every 28 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEMLUVIO | 4 | PA, QL (2 pens every 28 days) |
| ***DERMATOLOGY, ROSACEA*** | | |
| *azelaic acid* | 1 | |
| *brimonidine tartrate (topical)* | 1 | PA |
| FINACEA | 2 | |
| *ivermectin (rosacea)* | 1 | PA |
| *metronidazole (topical)* | 1 | |
| ***DERMATOLOGY, SCABICIDES AND PEDICULICIDES*** | | |
| *crotan* | 1 | |
| *cvs ivermectin lice treat* | 1 | OTC |
| *malathion* | 1 | |
| *permethrin* | 1 | |
| *sb lice treatment* | 1 | OTC |
| *spinosad* | 1 | |
| ***DERMATOLOGY, WOUND CARE AGENTS*** | | |
| *sodium chloride (gu irrigant)* | 1 | |
| ***MOUTH/THROAT/DENTAL AGENTS*** | | |
| *cevimeline hcl* | 1 | |
| *chlorhexidine gluconate (mouth-throat)* | 1 | |
| *clotrimazole* | 1 | |
| *lidocaine hcl (mouth-throat)* | 1 | |
| *nystatin (mouth-throat)* | 1 | |
| *oralone dental paste* | 1 | |
| ORAVIG | 3 | QL (14 tabs every 30 days) |
| *periogard* | 1 | |
| *pilocarpine hcl (oral)* | 1 | |
| *triamcinolone acetonide (mouth)* | 1 | |
| ***OTIC*** | | |
| *acetic acid (otic)* | 1 | |
| *ciprofloxacin hcl (otic)* | 1 | |
| *ciprofloxacin-dexamethasone* | 1 | |
| *ciprofloxacin-fluocinolone acetonide* | 3 | |
| CORTISPORIN-TC | 3 | |
| *fluocinolone acetonide (otic)* | 1 | |
| *hydrocortisone w/acetic acid* | 1 | |
| *neomycin-polymyxin-hc (otic)* | 1 | |
| *ofloxacin (otic)* | 1 | |

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