Imperial UT 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
GLUCOCORTICOIDS		
deflazacort susp	4	PA, QL (52 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
DEPO-ESTRADIOL	3	
DUAVEE	2	
ELESTRIN	3	

Drug Name	Drug Tier	Requirements/Limits
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**
POTASSIUM-REMOVING AGENTS		
sps	1	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIEMETICS		
AKYNZEO	3	QL (2 caps every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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		
DROXIA	2	
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
HYRIMOZ SOSY	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
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)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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
HYRIMOZ SENSOREADY PENS	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX

Drug Name	Drug Tier	Requirements/Limits
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
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), 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)
YESINTEK SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days)

Drug Name	Drug Tier	Requirements/Limits
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
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
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)
ADALIMUMAB-FKJP PSKT	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
TREMFYA SOPN	4	PA, QL (1 injection every 56 days)

Drug Name	Drug Tier	Requirements/Limits
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	
sirolimus	1	

Drug Name	Drug Tier	Requirements/Limits
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		
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MOUTH/THROAT/DENTAL AGENTS		
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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	
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