CommunityCare Individual ACA Standardized

2024 List of Covered Drugs

April 2024

PLEASE READ:
THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This formulary applies to Individual Silver, Gold, and Expanded Bronze Standardized Plans. **CommunityCare does not restrict an individual's choice of in-network pharmacy providers.**

CommunityCare™

What is the CommunityCare ACA Drug List?

A drug list is a list of covered drugs. CommunityCare ACA works with a team of health care providers to choose drugs that provide quality treatment. CommunityCare ACA covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a CommunityCare ACA network pharmacy**. CommunityCare does not restrict an individual's choice of in-network pharmacy providers.**
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. The enclosed drug list is the most current drug list covered by CommunityCare ACA. To get updated information about the drugs covered by CommunityCare ACA, please visit **www.ccok.com** or call CommunityCare's Pharmacy Help Desk at **1-877-293-8628 / 918-594-5211** (local), Monday through Friday, 8 a.m. to 6 p.m., CST. TTY/TDD call 1-800-722-0353.

How do I use the Drug List?

There are two ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page 6. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under "Cardiovascular".

- If you know what your drug is used for, look for the category name in the list that starts on page 6.
- Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index that starts on page 85. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug
- Next to your drug, see the page number where you can find coverage information
- Turn to the page listed in the Index and find the name of your drug in the first column of the list

For more information about your CommunityCare ACA prescription drug coverage, please look at your plan document and other plan materials. If you have questions about CommunityCare ACA, or this drug list please call CommunityCare's Pharmacy Help Desk at **1-877-293-8628 / 918-594-5211 (local)**, Monday through Friday, 8 a.m. to 6 p.m., CST. TTY/TDD call 1-800-722-0353. Or visit **www.ccok.com**.

CommunityCare ACA's Drug List

The drug list that starts on page 6 gives information about the drugs covered by CommunityCare ACA. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if CommunityCare ACA has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** CommunityCare ACA needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from CommunityCare ACA before you fill your prescriptions. If you don't get approval, CommunityCare ACA may not cover the drug.
- **Quantity Limits:** For certain drugs, CommunityCare ACA limits the amount of the drug that it will cover. For example, CommunityCare ACA provides 30 tablets per prescription for *tenofovir*. CommunityCare ACA also limits the amount of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** CommunityCare ACA needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CommunityCare ACA may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CommunityCare ACA will then cover Drug B.

What if my drug is not on the Drug List?

If your drug is not on this drug list, call CommunityCare Pharmacy Help Desk and make sure that your drug is not covered. If you learn that CommunityCare ACA does not cover your drug, you have two choices:

- Ask CommunityCare Pharmacy Help Desk for a list of similar drugs that are covered by CommunityCare ACA. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CommunityCare ACA. Similar drugs that are preferred and covered by your plan's formulary may be easier to obtain and lower cost to you than non-preferred drugs.
- Ask CommunityCare ACA to make an exception and cover your drug. You can ask us to cover your drug even if it is not on our drug list.

How do I ask for an exception to CommunityCare ACA's Drug List?

You can ask CommunityCare ACA to make an exception to our coverage rules. You can ask us to cover your drug even if it is not on our drug list.

Certain products are available at $0 cost share when utilized for preventive care. Additional products may be available at $0 cost share, through an exception process, when medically necessary for preventive care.

How likely is it that I will get an exception?

Generally, CommunityCare ACA will only approve your request for an exception if the preferred drugs included on the plan's drug list, or other utilization restrictions would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list or utilization restriction exception, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

How are Copayments Determined?

Your benefit has a tiered copayment plan which ensures that you receive greater value for your prescription dollar.

Tier 0:	No copayment if preventive criteria is met
Tier I:	Lowest Copayment – Preferred generic medications will be offered at the lowest copayment level
Tier II:	Middle Copayment – Preferred brand name medications will be offered at the middle copayment level
Tier III:	Highest Copayment – Non-Preferred brand and Non-Preferred generic medications will be offered at the highest copayment level
Tier IV:	Specialty Copayment - Medications listed as specialty (see "Specialty Pharmacy Program") have a specialty copayment. See your pharmacy benefit information for specifics.

This system will maintain an element of choice for you and your physician to decide which medication is most appropriate. Please refer to your Schedule of Benefits for an outline of your exact copayment amounts and for a list of excluded drugs and devices.

What to do if you have questions about your pharmacy benefits or have trouble filling a prescription at your pharmacy.

Many pharmacy benefit questions can easily be answered by simply calling CommunityCare's **Pharmacy Help Desk** at **1-877-293-8628** / **918-594-5211** (local), Monday through Friday, 8 a.m. to 6 p.m., CST. TTY/TDD call 1-800-722-0353. Trained staff are available to assist you, your doctor, or your pharmacy with questions on copayment tiers, drug prior authorizations, quantity limits, exclusions, and network pharmacy access. **CommunityCare does not restrict an individual's choice of in-network pharmacy providers**. Show your CommunityCare ID card when you fill a prescription. There is no coverage available for prescription medications obtained within the state of Oklahoma from an out-of-network pharmacy. All prescriptions are subject to your plan, formulary, copayment and benefit exclusions and limitations in effect at the time of purchase.

It may also be helpful to keep a copy of this book with you when you visit your doctor or your pharmacy. We publish this book quarterly each year. Updated copies of this book can be obtained by calling CommunityCare's **Customer Service department** at **1-800-777-4890**.

Please note that we make every effort to publish the most current information available. However, this list is representative only and is subject to change without prior notification. For questions about changes to this list, please contact the **Pharmacy Help Desk** at **1-877-293-8628** / **918-594-5211** (local), Monday through Friday, 8 a.m. to 6 p.m., CST. TTY/TDD call 1-800-722-0353.

For questions regarding a medication on this list, please consult with your doctor or pharmacist.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib caps 50mg, 100mg, 200mg	1	
GOUT		
allopurinol tabs 100mg, 300mg	1	
colchicine tabs .6mg	1	
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat tabs 40mg, 80mg	1	ST; PA**
probenecid tabs 500mg	1	
NSAIDS, COMBINATIONS§		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
NSAIDS§		
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
fenoprofen calcium tabs 600mg	3	
flurbiprofen tabs 50mg, 100mg	1	
ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg	1	
ketorolac tromethamine soln 15mg/ml, 30mg/ml	1	
ketorolac tromethamine tabs 10mg	1	QL (20 tabs every 30 days)
meclofenamate sodium caps 50mg, 100mg	1	
mefenamic acid caps 250mg	1	
meloxicam tabs 7.5mg, 15mg	1	
nabumetone tabs 500mg, 750mg	1	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	1	
piroxicam caps 10mg, 20mg	1	
sulindac tabs 150mg, 200mg	1	
tolmetin sodium caps 400mg; tabs 600mg	1	
OPIOID ANALGESICS§		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-30 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
acetaminophen w/ codeine tab 300-60 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	ST, QL (300 caps every 30 days); Subject to initial 7-day limit
butorphanol tartrate soln 1mg/ml, 2mg/ml	1	
butorphanol tartrate soln 10mg/ml	1	QL (2 bottles every 30 days)
codeine sulfate tabs 30mg	1	ST, QL (42 tabs every 30 days); Subject to initial 7-day limit
CODEINE SULFATE TABS 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 pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr	1	ST, QL (10 patches every 30 days)
fentanyl pt72 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	ST, PA; High Strength Requires PA
fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	PA, QL (120 lozenges every 30 days)
hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg	1	ST, QL (30 tabs every 30 days)
hydrocodone bitartrate t24a 100mg, 120mg	1	ST, PA; High Strength Requires PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	ST, QL (2700 mL every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 7.5-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-acetaminophen tab 10-325 mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit
hydrocodone-ibuprofen tab 10-200 mg	1	ST, QL (50 tabs every 30 days); Subject to initial 7-day limit
hydromorphone hcl soln 2mg/ml	1	
hydromorphone hcl tabs 2mg	1	ST, QL (180 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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 10mg/ml	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 hcl tbso 40mg	1	QL (9 tabs every 30 days)
methadone hydrochloride i conc 10mg/ml	1	ST, QL (45 mL every 30 days); (generic of Methadone Intensol, indicated for pain)
methadose tbso 40mg	1	QL (9 tabs every 30 days)
morphine sulfate cp24 10mg, 20mg, 30mg	1	ST, QL (60 caps every 30 days)
morphine sulfate cp24 50mg, 60mg, 80mg	1	ST, QL (30 caps every 30 days)
morphine sulfate cp24 100mg; tbcr 60mg, 100mg, 200mg	1	ST, PA; High Strength Requires PA
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
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 beads cp24 30mg, 45mg, 60mg, 75mg, 90mg	1	ST, QL (30 caps every 30 days)
morphine sulfate beads cp24 120mg	1	ST, PA; High Strength Requires PA
nalbuphine hcl soln 10mg/ml, 20mg/ml	1	
NUCYNTA TABS 50MG	2	ST, QL (120 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA TABS 75MG	2	ST, QL (90 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA TABS 100MG	2	ST, QL (60 tabs every 30 days); Subject to initial 7-day limit
NUCYNTA ER TB12 50MG, 100MG	3	ST, QL (60 tabs every 30 days)
NUCYNTA ER TB12 150MG, 200MG, 250MG	3	ST, PA; High Strength Requires PA
oxycodone hcl caps 5mg	1	ST, QL (180 caps every 30 days); Subject to initial 7-day limit
oxycodone hcl conc 100mg/5ml	1	ST, QL (90 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl soln 5mg/5ml	1	ST, QL (900 mL every 30 days); Subject to initial 7-day limit
oxycodone hcl t12a 10mg, 20mg	1	ST, QL (60 tabs every 30 days)
oxycodone hcl t12a 40mg, 80mg	1	ST, PA; High Strength Requires PA
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
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 tab 2.5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 5-325 mg	1	ST, QL (360 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 7.5-325 mg	1	ST, QL (240 tabs every 30 days); Subject to initial 7-day limit
oxycodone w/ acetaminophen tab 10-325 mg	1	ST, QL (180 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
tramadol hcl tabs 50mg	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 tab 37.5-325 mg	1	ST, QL (40 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG	2	ST, QL (60 caps every 30 days)
XTAMPZA ER C12A 36MG	2	ST, PA; High Strength Requires Prior Auth
OPIOID PARTIAL AGONISTS§		
BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG	2	ST, QL (60 films every 30 days)
BELBUCA FILM 600MCG, 750MCG, 900MCG	2	ST, PA; High Strength Requires Prior Auth
buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr	1	ST, QL (4 patches every 30 days)
buprenorphine ptwk 15mcg/hr, 20mcg/hr	1	ST, PA; High Strength Requires Prior Auth
buprenorphine hcl soln .3mg/ml	1	
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	4	
SALICYLATES		
aspirin enteric coated ad tbec 81mg	0	QL (100 tabs every 30 days), OTC; $0 copay for members at risk for preeclampsia, otherwise not covered
diflunisal tabs 500mg	1	
goodsense aspirin chew 81mg	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.) soln .5%, 1%, 2%	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
albendazole tabs 200mg	3	QL (336 tabs every 365 days)
EMVERM CHEW 100MG	3	QL (12 tabs every 365 days)
ivermectin tabs 3mg	1	
praziquantel tabs 600mg	1	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate soln 1gm/4ml, 500mg/2ml	1	
fosfomycin tromethamine pack 3gm	1	
gentamicin sulfate soln 40mg/ml	1	
neomycin sulfate tabs 500mg	1	
sulfadiazine tabs 500mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole tabs 250mg, 500mg	1	
tobramycin sulfate soln 40mg/ml, 80mg/2ml	1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
tobramycin sulfate solr 1.2gm	1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
ANTIFUNGALS		
amphotericin b solr 50mg	1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
CRESEMBA CAPS 74.5MG, 186MG	3	
fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg	1	
griseofulvin microsize susp 125mg/5ml; tabs 500mg	1	
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
itraconazole caps 100mg; soln 10mg/ml	1	PA
nystatin tabs 500000unit	1	
posaconazole susp 40mg/ml	1	PA
posaconazole tbec 100mg	3	PA
terbinafine hcl tabs 250mg	1	
voriconazole susr 40mg/ml; tabs 50mg, 200mg	3	PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate tabs 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
mefloquine hcl tabs 250mg	1	
primaquine phosphate tabs 26.3mg	1	
quinine sulfate caps 324mg	1	
ANTIRETROVIRAL AGENTS		
abacavir sulfate soln 20mg/ml	1	QL (900 mL every 30 days)
abacavir sulfate tabs 300mg	1	QL (60 tabs every 30 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
atazanavir sulfate caps 150mg, 300mg	1	QL (30 caps every 30 days)
atazanavir sulfate caps 200mg	1	QL (60 caps every 30 days)
darunavir tabs 600mg	1	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
darunavir tabs 800mg	1	QL (30 tabs every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
efavirenz caps 50mg, 200mg	1	QL (90 caps every 30 days)
efavirenz tabs 600mg	1	QL (30 tabs every 30 days)
emtricitabine caps 200mg	1	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)
etravirine tabs 100mg	1	QL (120 tabs every 30 days)
etravirine tabs 200mg	1	QL (60 tabs every 30 days)
fosamprenavir calcium tabs 700mg	1	QL (120 tabs every 30 days)
FUZEON SOLR 90MG	4	PA, QL (60 vials every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
lamivudine soln 10mg/ml	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)
LEXIVA SUSP 50MG/ML	2	QL (1575 mL every 28 days)
maraviroc tabs 150mg	1	QL (60 tabs every 30 days)
maraviroc tabs 300mg	1	QL (120 tabs every 30 days)
nevirapine susp 50mg/5ml	1	QL (1200 mL every 30 days)
nevirapine tabs 200mg	1	QL (60 tabs every 30 days)
nevirapine tb24 100mg	1	QL (90 tabs every 30 days)
nevirapine tb24 400mg	1	QL (30 tabs every 30 days)
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
PREZISTA SUSP 100MG/ML	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 SOLN 10MG/ML	2	
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
ritonavir tabs 100mg	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
SELZENTRY TABS 25MG	2	QL (240 tabs every 30 days)
SELZENTRY TABS 75MG	2	QL (60 tabs every 30 days)
stavudine caps 15mg, 20mg, 30mg, 40mg	1	QL (60 caps every 30 days)
tenofovir disoproxil fumarate tabs 300mg	1	QL (30 tabs every 30 days)
TIVICAY TABS 10MG	2	QL (240 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 25MG, 50MG	2	QL (60 tabs every 30 days)
TIVICAY PD TBSO 5MG	2	QL (360 tabs every 30 days)
TROGARZO SOLN 200MG/1.33ML	4	
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
zidovudine caps 100mg	1	QL (180 caps every 30 days)
zidovudine syrp 50mg/5ml	1	QL (1920 ml every 30 days)
zidovudine tabs 300mg	1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (30 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	2	QL (30 tabs every 30 days); Exception process available for $0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (30 tabs every 30 days); $0 copay for pre-exposure prophylaxis
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (480 ml every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir tab 100-25 mg	1	QL (300 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
SYMTUZA TAB	3	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	3	QL (180 tabs every 30 days)
TRIUMEQ TAB	3	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
cycloserine caps 250mg	1	
ethambutol hcl tabs 100mg, 400mg	1	
isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg	1	
PRETOMANID TABS 200MG	3	PA
PRIFTIN TABS 150MG	2	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg; solr 600mg	1	
SIRTURO TABS 20MG, 100MG	4	PA
TRECATOR TABS 250MG	2	
ANTIVIRALS§		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	1	
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN .05MG/ML	4	PA, QL (630 mL every 30 days)
cidofovir soln 75mg/ml	1	
entecavir tabs .5mg, 1mg	4	PA, QL (30 tabs every 30 days)
famciclovir tabs 125mg, 250mg, 500mg	1	
lamivudine (hbv) tabs 100mg	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 6mg/ml	1	QL (360 mL every 90 days)
PAXLOVID TAB 150-100	3	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	3	QL (60 tabs every 30 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tabs 100mg	1	
valacyclovir hcl tabs 500mg, 1000mg	1	
valganciclovir hcl solr 50mg/ml	4	PA, QL (1000 mL every 30 days)
valganciclovir hcl tabs 450mg	4	PA, QL (120 tabs every 30 days)
VEMLIDY TABS 25MG	3	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cefazolin sodium solr 1gm	1	
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefepime hcl solr 1gm, 2gm	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	1	
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
ceftazidime solr 2gm	1	
ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium solr 10gm	1	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
cefuroxime axetil tabs 250mg, 500mg	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
SUPRAX CHEW 100MG, 200MG; SUSR 500MG/5ML	2	
tazicef solr 1gm	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
DIFICID SUSR 40MG/ML; TABS 200MG	2	PA
ery-tab tbec 250mg, 333mg, 500mg	1	
erythrocin stearate tabs 250mg	1	
erythromycin base cpep 250mg; tabs 250mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg	1	
FLUOROQUINOLONES		
BAXDELA TABS 450MG	3	
CIPRO SUSR 500MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
levofloxacin soln 25mg/ml	1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
moxifloxacin hcl tabs 400mg	1	
ofloxacin tabs 300mg, 400mg	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	3	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	3	PA, QL (28 pellets every 28 days)
EPCLUSA TAB 200-50MG	3	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	3	PA, QL (28 tabs every 28 days)
HARVONI PAK	3	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	3	PA, QL (28 pellets every 28 days)
HARVONI TAB 45-200MG	3	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	3	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA
ribavirin (hepatitis c) caps 200mg; tabs 200mg	1	
SOVALDI PACK 150MG, 200MG	4	ST, PA, QL (28 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	4	ST, PA, QL (28 tabs every 28 days)
VOSEVI TAB	3	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	4	ST, PA, QL (28 tabs every 28 days)
MISCELLANEOUS		
ALINIA SUSR 100MG/5ML	3	QL (540 mL every 30 days)
atovaquone susp 750mg/5ml	1	
aztreonam solr 1gm, 2gm	1	
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	1	
clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml	1	
dapsone tabs 25mg, 100mg	1	
ertapenem sodium solr 1gm	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days

Drug Name	Drug Tier	Requirements/Limits
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	1	
meropenem solr 1gm	1	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
meropenem solr 500mg	1	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
methenamine hippurate tabs 1gm	1	
metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg	1	
nitazoxanide tabs 500mg	1	QL (20 tabs every 30 days)
nitrofurantoin susp 25mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older
nitrofurantoin monohyd macro caps 100mg	1	PA; High Risk Medications require PA for members age 70 and older
pentamidine isethionate solr 300mg	1	
polymyxin b sulfate solr 500000unit	1	
pyrimethamine tabs 25mg	3	PA
trimethoprim tabs 100mg	1	
vancomycin hcl caps 125mg, 250mg	1	QL (80 caps every 10 days)
vancomycin hcl solr 1gm	1	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 5gm, 10gm	1	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
vancomycin hcl solr 500mg, 750mg	1	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
PENICILLINS		
amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg	1	
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin caps 500mg	1	
ampicillin sodium solr 1gm, 2gm	1	
dicloxacillin sodium caps 250mg, 500mg	1	
penicillin g potassium solr 5000000unit, 20000000unit	1	
penicillin g sodium solr 5000000unit	1	
penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
pfizerpen solr 20000000unit	1	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
avidoxy tabs 100mg	1	
demeclocycline hcl tabs 150mg, 300mg	1	
doxy 100 solr 100mg	1	
doxycycline (monohydrate) caps 50mg, 100mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg	1	
doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg	1	
minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg	1	
tetracycline hcl caps 250mg, 500mg	1	QL (120 caps every 30 days)
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
busulfan soln 6mg/ml	1	
carmustine solr 100mg	1	
cyclophosphamide caps 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide solr 1gm, 2gm, 500mg	4	
dacarbazine solr 100mg, 200mg	1	
EMCYT CAPS 140MG	4	
GLEOSTINE CAPS 10MG, 40MG, 100MG	4	
GLIADEL WAF 7.7MG	2	
ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm	1	
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	2	
melphalan tabs 2mg	1	
melphalan hcl solr 50mg	1	
TEMODAR SOLR 100MG	4	PA
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA
ANTIBIOTICS		
adriamycin solr 50mg	1	
bleomycin sulfate solr 15unit, 30unit	1	
daunorubicin hcl soln 20mg/4ml	1	
doxorubicin hcl soln 2mg/ml; solr 10mg	1	
doxorubicin hcl liposomal inj 2mg/ml	1	
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	1	
mitomycin solr 5mg, 20mg, 40mg	1	
mitoxantrone hcl conc 2mg/ml	4	
ANTIMETABOLITES		
azacitidine susr 100mg	4	PA
capecitabine tabs 150mg, 500mg	4	PA
cladribine soln 10mg/10ml	1	
clofarabine soln 1mg/ml	1	
cytarabine soln 20mg/ml, 100mg/ml	1	
decitabine solr 50mg	4	PA
fludarabine phosphate soln 50mg/2ml; solr 50mg	1	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	4	
mercaptopurine tabs 50mg	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1	
pemetrexed disodium solr 100mg, 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS 40MG	2	
ANTIMITOTIC, TAXOIDS		
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml	1	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate soln 1mg/ml	1	
vincristine sulfate soln 1mg/ml	1	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	1	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA, QL (1 pack every 28 days)
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	PA
ERIVEDGE CAPS 150MG	4	PA, QL (30 caps every 30 days)
GAZYVA SOLN 1000MG/40ML	4	PA
KADCYLA SOLR 100MG, 160MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
PADCEV SOLR 20MG	4	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	4	PA, QL (15 vials every 28 days)
POLIVY SOLR 30MG, 140MG	4	PA
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	4	PA, QL (21 caps every 28 days)
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG	4	PA, QL (28 caps every 28 days)
REVLIMID CAPS 20MG, 25MG	4	PA, QL (21 caps every 28 days)
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	3	PA
THALOMID CAPS 50MG, 100MG	4	PA, QL (28 caps every 28 days)
THALOMID CAPS 150MG, 200MG	4	PA, QL (56 caps every 28 days)
TICE BCG SUSR 50MG	2	
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250mg	4	PA, QL (120 tabs every 30 days)
abiraterone acetate tabs 500mg	4	PA, QL (60 tabs every 30 days)
anastrozole tabs 1mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
bicalutamide tabs 50mg	1	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	PA, QL (30 tabs every 30 days)
exemestane tabs 25mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
fulvestrant sosy 250mg/5ml	4	PA
letrozole tabs 2.5mg	1	
leuprolide acetate kit 1mg/0.2ml	4	PA
LYSODREN TABS 500MG	2	
megestrol acetate susp 40mg/ml; tabs 20mg, 40mg	1	
nilutamide tabs 150mg	1	
NUBEQA TABS 300MG	4	PA, QL (120 tabs every 30 days)
tamoxifen citrate tabs 10mg, 20mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
toremifene citrate tabs 60mg	1	
XTANDI CAPS 40MG	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 TABS 125MG	4	PA, QL (120 tabs every 30 days)
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL (240 caps every 30 days)
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA, QL (30 tabs every 30 days)
CALQUENCE TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
erlotinib hcl tabs 25mg	4	PA, QL (60 tabs every 30 days)
erlotinib hcl tabs 100mg, 150mg	4	PA, QL (30 tabs every 30 days)
everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg	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)
imatinib mesylate tabs 100mg	4	PA, QL (120 tabs every 30 days)
imatinib mesylate tabs 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)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA SUSP 70MG/ML	4	PA, QL (216 ml every 36 days)
IMBRUVICA TABS 140MG, 280MG, 420MG	4	PA, QL (30 tabs every 30 days)
INLYTA TABS 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	PA, QL (120 tabs every 30 days)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL (60 tabs every 30 days)
KISQALI TBPK 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	PA, QL (63 tabs every 28 days); 600 mg dose
lapatinib ditosylate tabs 250mg	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	4	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	4	PA, QL (30 tabs every 30 days)
MEKINIST SOLR .05MG/ML	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)
pazopanib hcl tabs 200mg	4	PA, QL (120 tabs every 30 days)
RYDAPT CAPS 25MG	4	PA, QL (224 caps every 28 days)
sorafenib tosylate tabs 200mg	4	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	4	PA, QL (84 tabs every 28 days)
sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	PA, QL (120 caps every 30 days)
TAFINLAR TBSO 10MG	4	PA, QL (4 bottles every 28 days)
TUKYSA TABS 50MG, 150MG	4	PA, QL (120 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	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)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20MG/ML	4	PA, QL (300 mL every 30 days)
VOTRIENT TABS 200MG	4	PA, QL (120 tabs every 30 days)
XALKORI CAPS 200MG, 250MG	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)
ZELBORAF TABS 240MG	4	PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100MG, 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA TABS 150MG	4	PA, QL (90 tabs every 30 days)
MISCELLANEOUS		
arsenic trioxide soln 10mg/10ml, 12mg/6ml	1	
bexarotene caps 75mg	4	PA
hydroxyurea caps 500mg	1	
IDHIFA TABS 50MG, 100MG	4	PA, QL (30 tabs every 30 days)
LYNPARZA TABS 100MG, 150MG	4	PA, QL (120 tabs every 30 days)
NIPENT SOLR 10MG	2	
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750UNIT/ML	4	PA
PHOTOFRIN SOLR 75MG	2	
tretinoin (chemotherapy) caps 10mg	1	
VISTOGARD PACK 10GM	4	QL (20 packets every 5 days)
ZEJULA CAPS 100MG	4	PA, QL (90 caps every 30 days)
ZEJULA TABS 100MG, 200MG, 300MG	4	PA, QL (30 tabs every 30 days)
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)
PLATINUM-BASED AGENTS		
carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	
cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml	1	
oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg	4	
paraplatin soln 1000mg/100ml	1	
PROTECTIVE AGENTS		
dexrazoxane hcl solr 250mg, 500mg	1	
leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg	1	
mesna soln 100mg/ml	1	
MESNEX TABS 400MG	4	

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE INHIBITORS		
etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml	1	
irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
irinotecan hcl soln 300mg/15ml	1	
topotecan hcl solr 4mg	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
captopril tabs 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium tabs 10mg, 20mg, 40mg	1	
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl tabs 7.5mg, 15mg	1	
perindopril erbumine tabs 2mg, 4mg, 8mg	1	
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	1	
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril tabs 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tabs 25mg, 50mg	1	
ALPHA BLOCKERS		
prazosin hcl caps 1mg, 2mg, 5mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	
irbesartan tabs 75mg, 150mg, 300mg	1	
losartan potassium tabs 25mg, 50mg, 100mg	1	
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	
telmisartan tabs 20mg, 40mg, 80mg	1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl tabs 200mg, 400mg	1	
disopyramide phosphate caps 100mg, 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
dofetilide caps 125mcg, 250mcg, 500mcg	1	PA
flecainide acetate tabs 50mg, 100mg, 150mg	1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
MULTAQ TABS 400MG	3	PA
NORPACE CR CP12 100MG, 150MG	2	
pacerone tabs 100mg, 200mg	1	
procainamide hcl soln 100mg/ml	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colesevelam hcl pack 3.75gm; tabs 625mg	1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite powd 4gm/dose	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tabs 10mg	1	
ANTILIPEMICS, FIBRATES		
choline fenofibrate cpdr 45mg, 135mg	1	
fenofibrate caps 150mg; tabs 48mg, 54mg, 145mg, 160mg	1	
fenofibrate micronized caps 43mg, 67mg, 134mg, 200mg	1	
gemfibrozil tabs 600mg	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tabs 10mg, 20mg	1	$0 copay for members age 40 through 75
atorvastatin calcium tabs 40mg, 80mg	1	Exception process available for $0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium caps 20mg, 40mg; tb24 80mg	1	$0 copay for members age 40 through 75
lovastatin tabs 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
pitavastatin calcium tabs 1mg, 2mg, 4mg	1	$0 copay for members age 40 through 75
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 5mg, 10mg	1	$0 copay for members age 40 through 75
rosuvastatin calcium tabs 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 tabs 5mg, 10mg, 20mg, 40mg	1	$0 copay for members age 40 through 75
simvastatin tabs 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, MISCELLANEOUS		
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
icosapent ethyl caps 1gm	1	Only indicated as an adjunct to diet to reduce TG levels in adult patients with severe (greater than or equal to 500 mg/dL) hypertriglyceridemia
icosapent ethyl caps .5gm	1	
omega-3-acid ethyl esters cap 1 gm	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOSY 140MG/ML	4	PA, QL (3 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	4	PA, QL (1 injection every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	4	PA, QL (3 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 5mg, 10mg	1	
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg	1	
labetalol hcl tabs 100mg, 200mg, 300mg	1	
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr cp24 120mg, 180mg, 240mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; soln 25mg/5ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg; tb24 120mg	1	
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	1	
isradipine caps 2.5mg, 5mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl caps 20mg, 30mg	1	
nifedipine tb24 30mg, 60mg, 90mg	1	
nimodipine caps 30mg	1	
nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbcr 120mg, 180mg, 240mg	1	
DIGITALIS GLYCOSIDES		
digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	1	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
bumetanide tabs .5mg, 1mg, 2mg	1	
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250MG/5ML	3	
ethacrynic acid tabs 25mg	3	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	1	
mannitol soln 20%, 25%	1	
methazolamide tabs 25mg, 50mg	1	
metolazone tabs 2.5mg, 5mg, 10mg	1	
osmitrol viaflex soln 10%	1	
spironolactone tabs 25mg, 50mg, 100mg	1	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
torsemide tabs 5mg, 10mg, 20mg, 100mg	1	
triamterene caps 50mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
HEART FAILURE		
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
MISCELLANEOUS		
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
clonidine hcl tabs .1mg, .2mg, .3mg	1	
guanfacine hcl tabs 1mg, 2mg	1	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
methyldopa tabs 250mg, 500mg	1	
midodrine hcl tabs 2.5mg, 5mg, 10mg	1	
minoxidil tabs 2.5mg, 10mg	1	
phenoxybenzamine hcl caps 10mg	4	PA, QL (360 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ranolazine tb12 500mg, 1000mg	1	ST; PA**
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3MG/HR, .8MG/HR	2	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	PA, QL (90 tabs every 30 days)
ambrisentan tabs 5mg, 10mg	4	PA, QL (30 tabs every 30 days)
bosentan tabs 62.5mg, 125mg	4	PA, QL (60 tabs every 30 days)
OPSUMIT TABS 10MG	4	PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	4	PA
sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml	4	PA
sildenafil citrate (pulmonary hypertension) tabs 20mg	4	PA, QL (360 tabs every 30 days)
tadalafil (pulmonary hypertension) tabs 20mg	4	PA, QL (60 tabs every 30 days)
TYVASO SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	PA
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 PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	PA, QL (270 ampules every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333mg	1	PA
disulfiram tabs 250mg, 500mg	1	
ANTIANXIETY§		
alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 30 days)
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	1	QL (360 caps every 30 days)
clomipramine hcl caps 25mg, 50mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
clomipramine hcl caps 75mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg	1	
lorazepam conc 2mg/ml	1	QL (150 mL every 30 days)
lorazepam tabs .5mg, 1mg, 2mg	1	QL (150 tabs every 30 days)
meprobamate tabs 200mg, 400mg	1	
oxazepam caps 10mg, 15mg, 30mg	1	QL (120 caps every 30 days)
ANTIDEMENTIA		
donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg	1	
galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg	1	
memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg	1	PA; PA applies for members less than 30 years of age
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies for members less than 30 years of age
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	PA
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	PA
ANTIDEPRESSANTS§		
amitriptyline hcl tabs 10mg	1	QL (150 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 25mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tabs 50mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
amitriptyline hcl tabs 75mg, 100mg, 150mg	1	PA; High strength requires PA for members age 65 and older
amoxapine tabs 25mg, 50mg, 100mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
amoxapine tabs 150mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg	1	
desipramine hcl tabs 10mg, 25mg, 50mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tabs 75mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
desipramine hcl tabs 100mg, 150mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
desvenlafaxine succinate tb24 25mg, 50mg, 100mg	1	ST, QL (30 tabs every 30 days); (generic of Pristiq) PA**
doxepin hcl caps 10mg, 25mg, 50mg	1	QL (90 caps every 30 days); QL applies to members age 65 and older
doxepin hcl caps 75mg	1	QL (60 caps every 30 days); QL applies to members age 65 and older
doxepin hcl caps 100mg, 150mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
doxepin hcl conc 10mg/ml	1	QL (450 mL every 30 days); QL applies to members age 65 and older
duloxetine hcl cpep 20mg, 30mg, 60mg	1	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	PA
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	ST, QL (30 caps every 30 days); PA**

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP TITRATIO	3	ST, QL (30 caps every 30 days); PA**
fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml	1	
fluoxetine hcl tabs 10mg, 20mg	1	(generic Sarafem not covered)
imipramine hcl tabs 10mg, 25mg	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
imipramine hcl tabs 50mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
imipramine pamoate caps 75mg, 100mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
imipramine pamoate caps 125mg, 150mg	1	PA; High strength requires PA for members age 65 and older
MARPLAN TABS 10MG	3	
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	
nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg	1	
nortriptyline hcl caps 10mg	1	QL (150 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 25mg	1	QL (60 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 50mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
nortriptyline hcl caps 75mg	1	PA; High strength requires PA for members age 65 and older
nortriptyline hcl soln 10mg/5ml	1	QL (750 mL every 30 days); QL applies to members age 65 and older
paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg	1	
phenelzine sulfate tabs 15mg	1	
protriptyline hcl tabs 5mg	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
protriptyline hcl tabs 10mg	1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	
tranylcypromine sulfate tabs 10mg	1	
trazodone hcl tabs 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate caps 25mg, 50mg	1	QL (60 caps every 30 days); QL applies to members age 65 and older
trimipramine maleate caps 100mg	1	QL (30 caps every 30 days); QL applies to members age 65 and older
TRINTELLIX TABS 5MG, 10MG, 20MG	3	ST; PA**
venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg	1	
VIIBRYD KIT STARTER	3	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
APOKYN SOCT 30MG/3ML	4	PA, QL (20 cartridges every 30 days)
benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa tabs 25mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
entacapone tabs 200mg	1	
INBRIJA CAPS 42MG	4	PA, QL (300 caps every 30 days)
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
ONGENTYS CAPS 25MG, 50MG	3	PA
pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate tabs .5mg, 1mg	1	
ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl caps 5mg; tabs 5mg	1	
trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg	1	
ANTIPSYCHOTICS		
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	2	
ARISTADA INITIO PRSY 675MG/2.4ML	2	
asenapine maleate subl 2.5mg, 5mg, 10mg	1	
chlorpromazine hcl soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	1	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate soln 50mg/ml, 100mg/ml	1	
haloperidol lactate conc 2mg/ml; soln 5mg/ml	1	
loxapine succinate caps 5mg, 10mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg	1	
olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg	1	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	
thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	ST; PA**
VRAYLAR CAP 1.5-3MG	2	ST; PA**
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ANTISEIZURE AGENTS§		
carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	1	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	1	
clonazepam tabs .5mg, 1mg, 2mg	1	
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	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 2mg, 5mg, 10mg	1	QL (120 tabs every 30 days)
diazepam intensol conc 5mg/ml	1	QL (240 mL every 30 days)
DILANTIN CAPS 30MG	3	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	1	
epitol tabs 200mg	1	
ethosuximide caps 250mg; soln 250mg/5ml	1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	1	

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	3	
gabapentin caps 100mg, 300mg, 400mg	1	QL (6 caps every day)
gabapentin soln 250mg/5ml	1	QL (72 mL every day)
gabapentin tabs 600mg	1	QL (6 tabs every day)
gabapentin tabs 800mg	1	QL (4 tabs every day)
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
methsuximide caps 300mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	QL (10 units every 30 days)
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	1	
phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
phenytoin susp 125mg/5ml	1	
phenytoin infatabs chew 50mg	1	
phenytoin sodium soln 50mg/ml	1	
phenytoin sodium extended caps 100mg, 200mg, 300mg	1	
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml	1	ST; PA**
primidone tabs 50mg, 250mg	1	
rufinamide susp 40mg/ml; tabs 200mg, 400mg	1	
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	1	

Drug Name	Drug Tier	Requirements/Limits
topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg	1	
valproate sodium soln 100mg/ml, 250mg/5ml	1	
valproic acid caps 250mg	1	
vigabatrin pack 500mg	4	PA, QL (180 packets every 30 days)
vigabatrin tabs 500mg	4	PA, QL (180 tabs every 30 days)
XCOPRI TABS 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
zonisamide caps 25mg, 50mg, 100mg	1	
ATTENTION DEFICIT HYPERACTIVITY DISORDERS		
ADZENYS XR-ODT TBED 3.1MG, 6.3MG, 9.4MG	3	QL (60 tabs every 30 days)
ADZENYS XR-ODT TBED 12.5MG, 15.7MG, 18.8MG	3	QL (30 tabs every 30 days)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (90 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps every 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs every 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (60 tabs every 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (30 tabs every 30 days)
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	
AZSTARYS CAP 26.1-5.2	2	QL (30 caps every 30 days)
AZSTARYS CAP 39.2-7.8	2	QL (30 caps every 30 days)
AZSTARYS CAP 52.3-10.	2	QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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 5mg/5ml	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) tb24 1mg, 2mg, 3mg, 4mg	1	
methamphetamine hcl tabs 5mg	1	QL (150 tabs every 30 days)
methylphenidate hcl chew 2.5mg, 5mg, 10mg	1	QL (180 chew tabs every 30 days)
methylphenidate hcl cp24 20mg, 30mg; cpcr 10mg, 20mg, 30mg	1	QL (60 caps every 30 days)
methylphenidate hcl cp24 40mg, 60mg; 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; 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)
VYVANSE CAPS 10MG, 20MG, 30MG	2	QL (60 caps every 30 days)
VYVANSE CAPS 40MG, 50MG, 60MG, 70MG	2	QL (30 caps every 30 days)
VYVANSE CHEW 10MG, 20MG, 30MG	2	QL (60 chew tabs every 30 days)
VYVANSE CHEW 40MG, 50MG, 60MG	2	QL (30 chew tabs every 30 days)
zenzedi tabs 2.5mg, 7.5mg	1	QL (120 tabs every 30 days)
FIBROMYALGIA		
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	ST; PA**
SAVELLA MIS TITR PAK	3	ST; PA**
HYPNOTICS§		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	ST; PA**
cvs sleep-aid nighttime tabs 25mg	1	OTC
DAYVIGO TABS 5MG, 10MG	2	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl (sleep) tabs 3mg, 6mg	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
estazolam tabs 1mg, 2mg	3	QL (15 tabs every 30 days)
eszopiclone tabs 1mg, 2mg, 3mg	1	QL (15 tabs every 30 days)
ramelteon tabs 8mg	1	QL (15 tabs every 30 days)
tasimelteon caps 20mg	4	PA, QL (30 caps every 30 days)
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	QL (15 caps every 30 days)
triazolam tabs .125mg, .25mg	3	QL (10 tabs every 30 days)
zaleplon caps 5mg, 10mg	1	QL (15 caps every 30 days)
zolpidem tartrate tabs 5mg, 10mg; tbcr 6.25mg, 12.5mg	1	QL (15 tabs every 30 days)
MIGRAINES		
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, QL (3 injections every 90 days); PA**
almotriptan malate tabs 6.25mg, 12.5mg	1	QL (12 tabs every 30 days)
dihydroergotamine mesylate soln 1mg/ml	1	
eletriptan hydrobromide tabs 20mg, 40mg	1	QL (12 tabs every 30 days)
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	ST, QL (2 injections every 30 days); PA**
EMGALITY SOSY 100MG/ML	2	ST, QL (3 injections every 30 days); PA**
ergotamine w/ caffeine tab 1-100 mg	3	
frovatriptan succinate tabs 2.5mg	1	QL (18 tabs every 30 days)
naratriptan hcl tabs 1mg, 2.5mg	1	QL (12 tabs every 30 days)
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, QL (30 tabs every 30 days); PA**
rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg	1	QL (18 tabs every 30 days)
sumatriptan soln 5mg/act	1	QL (24 sprays every 30 days)
sumatriptan soln 20mg/act	1	QL (12 sprays every 30 days)
sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml	1	QL (18 syringes every 30 days)
sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml	1	QL (12 units every 30 days)
sumatriptan succinate soln 6mg/0.5ml	1	QL (12 vials every 30 days)
sumatriptan succinate tabs 25mg, 50mg, 100mg	1	QL (12 tabs every 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	3	ST, QL (9 tabs every 30 days); PA**
UBRELVY TABS 50MG, 100MG	2	ST, QL (16 tabs every 30 days); PA**
zolmitriptan soln 5mg	1	QL (12 sprays every 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL (12 tabs every 30 days)
MISCELLANEOUS		
EVRYSDI SOLR .75MG/ML	4	PA, QL (2 bottles every 24 days)
LITHIUM SOLN 8MEQ/5ML	3	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	1	
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	1	
riluzole tabs 50mg	1	
MOVEMENT DISORDERS		
tetrabenazine tabs 12.5mg	4	PA, QL (120 tabs every 30 days)
tetrabenazine tabs 25mg	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON KIT .3MG	4	PA, QL (14 injections every 28 days)
COPAXONE SOSY 40MG/ML	4	PA, QL (12 syringes every 28 days)
dalfampridine tb12 10mg	4	PA, QL (60 tabs every 30 days)
dimethyl fumarate cpdr 120mg	4	PA, QL (14 caps every 28 days)
dimethyl fumarate cpdr 240mg	4	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (1 kit every 30 days)
fingolimod hcl caps .5mg	4	PA, QL (30 caps every 30 days)
glatiramer acetate sosy 40mg/ml	2	PA, QL (12 syringes every 28 days)
glatopa sosy 20mg/ml	2	PA, QL (30 injections every 30 days)
teriflunomide tabs 7mg, 14mg	4	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	4	PA, QL (1 vial every 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tabs 5mg, 10mg, 20mg	1	
carisoprodol tabs 350mg	1	PA; High Risk Medications require PA for members age 70 and older
chlorzoxazone tabs 500mg	1	PA; High Risk Medications require PA for members age 70 and older
cyclobenzaprine hcl tabs 5mg, 10mg	1	PA; High Risk Medications require PA for members age 70 and older
dantrolene sodium caps 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
metaxalone tabs 800mg	1	PA; High Risk Medications require PA for members age 70 and older
methocarbamol tabs 500mg, 750mg	1	PA; High Risk Medications require PA for members age 70 and older
norgesic	3	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate soln 60mg/2ml	1	
orphenadrine citrate tb12 100mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tabs 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
armodafinil tabs 50mg	1	PA, QL (60 tabs every 30 days)
armodafinil tabs 150mg, 200mg, 250mg	1	PA, QL (30 tabs every 30 days)
modafinil tabs 100mg, 200mg	1	PA, QL (60 tabs every 30 days)
SODIUM OXYBATE SOLN 500MG/ML	4	PA, QL (540mL every 30 days)
SUNOSI TABS 75MG, 150MG	2	PA, QL (30 tabs every 30 days)
OPIOID AGONIST/ANTAGONIST		
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (3 units every day)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (2 units every day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	QL (3 tabs every day); $0 copay
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	QL (3 tabs every day); $0 copay
ZUBSOLV SUB 0.7-0.18	2	QL (3 units every day)
ZUBSOLV SUB 1.4-0.36	2	QL (3 units every day)
ZUBSOLV SUB 2.9-0.71	2	QL (3 units every day)
ZUBSOLV SUB 5.7-1.4	2	QL (3 units every day)
ZUBSOLV SUB 8.6-2.1	2	QL (2 units every day)
ZUBSOLV SUB 11.4-2.9	2	QL (1 unit every day)
OPIOID ANTAGONIST		
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
naltrexone hcl tabs 50mg	0	$0 copay
OPIOID PARTIAL AGONISTS§		
buprenorphine hcl subl 2mg, 8mg	0	QL (90 tabs every 30 days); $0 copay; Must obtain approval after the first 30 day supply
PSYCHOTHERAPEUTIC-MISC		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	3	QL (120 tabs every 30 days); QL applies to members age 65 and older
chlordiazepoxide-amitriptyline tab 10-25 mg	3	QL (60 tabs every 30 days); QL applies to members age 65 and older
NUEDEXTA CAP 20-10MG	2	PA
perphenazine-amitriptyline tab 2-10 mg	3	QL (150 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 2-25 mg	3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-10 mg	3	QL (120 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-25 mg	3	QL (60 units every 30 days); QL applies to members age 65 and older
perphenazine-amitriptyline tab 4-50 mg	3	QL (30 units every 30 days); QL applies to members age 65 and older
pimozide tabs 1mg, 2mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tb12 150mg	0	$0 limited to 2 treatment cycles/year
goodsense nicotine polacr gum 4mg; lozg 4mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2mg, 4mg; lozg 2mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine step 3 pt24 7mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); $0 limited to 2 treatment cycles/year
sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
varenicline tartrate tabs .5mg, 1mg	0	$0 limited to 2 treatment cycles/year
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	$0 limited to 2 treatment cycles/year
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml; sosy 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)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL (30 vials every 30 days)
ANDROGENS		
oxandrolone tabs 2.5mg, 10mg	1	PA
testosterone gel 10mg/act, 25mg/2.5gm	1	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	ST; PA**
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	ST; PA**
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1	
metformin hcl tabs 850mg	1	$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	ST; PA**
JANUVIA TABS 25MG, 50MG, 100MG	2	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
alogliptin-metformin hcl tab 12.5-500 mg	1	ST; PA**
alogliptin-metformin hcl tab 12.5-1000 mg	1	ST; PA**
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
JENTADUETO TAB XR	3	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
OZEMPIC SOPN 2MG/3ML	2	ST, QL (3 mL every 28 days); PA**
OZEMPIC SOPN 4MG/3ML, 8MG/3ML	2	ST, QL (3 mL every 28 days); PA**
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, QL (4 pens every 28 days); PA**
VICTOZA SOPN 18MG/3ML	2	ST, QL (3 pens every 30 days); PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN INJ 70/30	3	OTC
HUMULIN INJ 70/30KWP	3	OTC
HUMULIN N SUSP 100UNIT/ML	3	OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	3	OTC
HUMULIN R SOLN 100UNIT/ML	3	OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	2	OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
ANTIDIABETICS, MEGLITINIDE		
nateglinide tabs 60mg, 120mg	1	
repaglinide tabs .5mg, 1mg, 2mg	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
JARDIANCE TABS 10MG, 25MG	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride tabs 1mg, 2mg, 4mg	1	
glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg	1	
BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg	1	
FOSAMAX + D TAB 70-2800	3	ST; PA**
FOSAMAX + D TAB 70-5600	3	ST; PA**
ibandronate sodium soln 3mg/3ml; tabs 150mg	1	
pamidronate disodium soln 30mg/10ml	1	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg	1	
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
deferiprone tabs 500mg, 1000mg	4	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	PA
penicillamine tabs 250mg	4	PA
sps susp 15gm/60ml	1	
CONTRACEPTIVES		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
ANNOVERA MIS	0	QL (1 every 300 days)
apri	0	

Drug Name	Drug Tier	Requirements/Limits
aranelle	0	
ashlyna	0	
aviane	0	
azurette	0	
camila tabs .35mg	0	
CAYA DPR	0	QL (1 every 300 days)
chateal eq	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
cryselle-28	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
delyla	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 inj every 300 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
DUREX MIS REALFEEL	0	QL (12 condoms every 30 days), OTC
elinest	0	
ELLA TABS 30MG	0	
enpresse-28	0	
enskyce	0	
errin tabs .35mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	0	QL (13 every 300 days)
falmina	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
gemmily	0	
heather tabs .35mg	0	
introvale	0	

Drug Name	Drug Tier	Requirements/Limits
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 IUD 19.5MG	0	QL (1 every 300 days)
larin 1.5/30	0	
leena	0	
lessina	0	
levonest	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
levora 0.15/30-28	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
loryna	0	
low-ogestrel	0	
lutera	0	
marlissa	0	
medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml	0	QL (4 inj every 300 days)
microgestin 1.5/30	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
mono-linyah	0	
NATAZIA TAB	0	
necon 0.5/35-28	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	

Drug Name	Drug Tier	Requirements/Limits
nikki	0	
nora-be tabs .35mg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone (contraceptive) tabs .35mg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	
nortrel 0.5/35 (28)	0	
nortrel 1/35	0	
nortrel 7/7/7	0	
nylia 1/35	0	
ocella	0	
OMNIFLEX DPR	0	QL (1 every 300 days)
PARAGARD IUD T380A	0	QL (1 unit every 300 days)
portia-28	0	
reclipsen	0	
rivelsa	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
sprintec 28	0	
sronyx	0	
syeda	0	
take action tabs 1.5mg	0	OTC
tilia fe	0	
tri-linyah	0	
tri-sprintec	0	
trivora-28	0	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 30 days), OTC
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
velivet	0	
viorele	0	
vyfemla	0	
wera	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
xulane	0	
zovia 1/35	0	
DIABETIC SUPPLIES		
ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (150 Test Strips every 30 days), OTC
ALCOHOL PREP PAD	2	OTC
AUTOLET PLAT MIS 1.8MM	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
DEXCOM G5 MIS RECEIVER	2	
DEXCOM G5 MIS TRANSMIT	2	
DEXCOM G6 MIS RECEIVER	2	
DEXCOM G6 MIS SENSOR	2	QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	2	
DEXCOM G7 MIS RECEIVER	2	
DEXCOM G7 MIS SENSOR	2	QL (3 sensors every 30 days)
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 G6 KIT INTRO	2	
OMNIPOD 5 G6 MIS PODS	2	
OMNIPOD DASH KIT INTRO	2	
OMNIPOD DASH KIT PDM	2	
OMNIPOD DASH MIS PODS	2	
OMNIPOD MIS CLASSIC	2	
OMNIPOD PDM KIT CLASSIC	2	

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH BLOOD GLUCOSE TEST KITS	2	OTC
ONETOUCH BLOOD GLUCOSE TEST STRIPS	2	QL (150 Test Strips every 30 days), OTC
ONETOUCH SOL KIT COMPLETE	2	OTC
ONETOUCH SOL KIT FIT	2	OTC
ONETOUCH SOL KIT REFILL	2	OTC
ONETOUCH SOL KIT STARTER	2	OTC
SHARPS CONTAINER	2	OTC
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	1	
ORILISSA TABS 150MG, 200MG	2	
ENZYME REPLACEMENTS		
betaine anhy pow	4	PA
carglumic acid tbso 200mg	4	PA
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	PA
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (798g every 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs every 30 days)
ESTROGENS		
CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADIOL OIL 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
estradiol gel .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	PA; High Risk Medications require PA for members age 70 and older

Drug Name	Drug Tier	Requirements/Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal crea .1mg/gm	1	
estradiol valerate oil 20mg/ml, 40mg/ml	1	
ESTROGEL GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
EVAMIST SOLN 1.53MG/SPRAY	3	PA; High Risk Medications require PA for members age 70 and older
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	2	
IMVEXXY STARTER PACK INST 4MCG, 10MCG	2	
jinteli	1	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	PA; High Risk Medications require PA for members age 70 and older
mimvey	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
PREMARIN CREA .625MG/GM	3	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	PA; High Risk Medications require PA for members age 70 and older
yuvafem tabs 10mcg	1	
GLUCOCORTICOIDS		
DEPO-MEDROL SUSP 20MG/ML	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
EMFLAZA SUSP 22.75MG/ML	4	PA, QL (52 mL every 30 days)
EMFLAZA TABS 6MG	4	PA, QL (60 tabs every 30 days)
EMFLAZA TABS 18MG, 30MG, 36MG	4	PA, QL (30 tabs every 30 days)
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2MG	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
methylprednisolone acetate susp 40mg/ml, 80mg/ml	1	
methylprednisolone sod succ solr 125mg, 1000mg	1	
prednisolone soln 15mg/5ml	1	
prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5MG/ML	2	
SOLU-CORTEF SOLR 100MG, 250MG, 500MG, 1000MG	3	
SOLU-MEDROL SOLR 2GM	3	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna) kit 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
nitisinone caps 2mg, 5mg, 10mg, 20mg	4	PA
ORFADIN CAPS 20MG; SUSP 4MG/ML	4	PA
HUMAN GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	4	PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	4	PA
NORDIPEN 5 MIS DEVICE	2	
NORDIPEN DEL MIS SYSTEM	2	OTC
NORDITROPIN FLEXPRO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SYNAREL SOLN 2MG/ML	4	PA
TRIPTODUR SRER 22.5MG	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	3	PA
MISCELLANEOUS		
cabergoline tabs .5mg	1	
calcitonin (salmon) soln 200unit/act	1	
CHORIONIC GONADOTROPIN SOLR 10000UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SOLN 40MG/4ML	4	PA
INTRAROSA INST 6.5MG	3	
OSPHENA TABS 60MG	3	PA
PROLIA SOSY 60MG/ML	4	PA, QL (60mg every 24 weeks)
raloxifene hcl tabs 60mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	4	PA, QL (60 ampules every 30 days)
SUPPRELIN LA KIT 50MG	4	PA
tolvaptan tabs 15mg, 30mg	4	PA
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
lanthanum carbonate chew 500mg, 750mg, 1000mg	1	
PHOSLYRA SOLN 667MG/5ML	2	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	
VELPHORO CHEW 500MG	2	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate (appetite) susp 625mg/5ml	1	
norethindrone acetate tabs 5mg	1	
progesterone caps 100mg, 200mg	1	
THYROID AGENTS		
levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	1	
methimazole tabs 5mg, 10mg	1	
propylthiouracil tabs 50mg	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	

Drug Name	Drug Tier	Requirements/Limits
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	
VASOPRESSINS		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate sosy .25mg/5ml, 1mg/10ml	1	
dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	1	
glycopyrrolate soln 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg	1	
methscopolamine bromide tabs 2.5mg, 5mg	1	PA; High Risk Medications require PA for members age 70 and older
ANTIDIARRHEALS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS§		
AKYNZEO CAP 300-0.5	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 capsule therapy pack 80 & 125 mg	1	QL (2 packs every 28 days)
compro supp 25mg	1	
dronabinol caps 2.5mg, 5mg, 10mg	1	QL (60 caps every 30 days)
granisetron hcl soln 1mg/ml	1	QL (2 mL every 28 days)
granisetron hcl tabs 1mg	1	QL (12 tabs every 28 days)
meclizine hcl tabs 12.5mg, 25mg	1	
metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
ondansetron tbdp 4mg, 8mg	1	QL (18 tabs every 28 days)
ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml	1	QL (20 mL every 28 days)
ondansetron hcl soln 4mg/5ml	1	QL (200 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl tabs 4mg, 8mg	1	QL (18 tabs every 28 days)
ondansetron hcl tabs 24mg	1	QL (2 tabs every 28 days)
prochlorperazine supp 25mg	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg	1	
promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
promethegan supp 12.5mg, 25mg, 50mg	1	
SANCUSO PTCH 3.1MG/24HR	2	QL (2 patches every 28 days)
scopolamine pt72 1mg/3days	1	
trimethobenzamide hcl caps 300mg	1	
VARUBI TBPK 90MG	2	
H2-RECEPTOR ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
famotidine soln 20mg/2ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine caps 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium caps 750mg	1	
budesonide cpep 3mg; tb24 9mg	1	
DIPENTUM CAPS 250MG	3	PA
hydrocortisone (intrarectal) enem 100mg/60ml	1	
mesalamine cp24 .375gm; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg	1	
mesalamine w/ cleanser kit 4gm	1	
sulfasalazine tabs 500mg; tbec 500mg	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
lubiprostone caps 8mcg, 24mcg	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
alosetron hcl tabs .5mg, 1mg	1	PA
VIBERZI TABS 75MG, 100MG	2	PA
LAXATIVES		
CLENPIQ SOL	0	$0 copay for members age 45 through 75, Tier 2 for all others
enulose soln 10gm/15ml	1	
gavilyte-c	1	

Drug Name	Drug Tier	Requirements/Limits
gavilyte-g	1	
generlac soln 10gm/15ml	1	
lactulose soln 10gm/15ml	1	
OSMOPREP TAB 1.5GM	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	0	$0 copay for members age 45 through 75, otherwise not covered
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75, otherwise not covered
PLENVU SOL	0	$0 copay for members age 45 through 75, otherwise not covered
polyethylene glycol 3350 powd 17gm/scoop	1	OTC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	$0 copay for members age 45 through 75, otherwise not covered
SUFLAVE SOL	0	$0 copay for members age 45 through 75, otherwise not covered
SUTAB TAB	0	$0 copay for members age 45 through 75, otherwise not covered
MISCELLANEOUS		
cromolyn sodium (mastocytosis) conc 100mg/5ml	1	
misoprostol tabs 100mcg, 200mcg	1	
MOVANTIK TABS 12.5MG, 25MG	2	
SUCRAID SOLN 8500UNIT/ML	3	PA, QL (354 mL every 30 days)
sucralfate tabs 1gm	1	
ursodiol caps 300mg; tabs 250mg, 500mg	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA
PROTON PUMP INHIBITORS§		
esomeprazole magnesium cpdr 20mg, 40mg	1	QL (90 caps every 365 days)
esomeprazole magnesium pack 10mg	1	QL (90 packets every 365 days); Covered for age less than 1 year only
lansoprazole cpdr 15mg, 30mg	1	QL (90 caps every 365 days)
NEXIUM PACK 2.5MG, 5MG	3	QL (90 packets every 365 days); Covered for age less than 1 year only
omeprazole cpdr 10mg, 20mg, 40mg	1	QL (90 caps every 365 days)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	3	QL (90 packets every 365 days)
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	3	QL (90 packets every 365 days)
pantoprazole sodium tbec 20mg, 40mg	1	QL (90 tabs every 365 days)
rabeprazole sodium tbec 20mg	1	QL (90 tabs every 365 days)
RECTAL, CORTICOSTEROIDS		
hydrocortisone (rectal) crea 1%, 2.5%	1	
proctozone-hc crea 2.5%	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
HELIDAC MIS THERAPY	3	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl tb24 10mg	1	
CARDURA XL TB24 4MG, 8MG	3	ST; PA**
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	1	
dutasteride caps .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
silodosin caps 4mg, 8mg	1	

Drug Name	Drug Tier	Requirements/Limits
tadalafil tabs 2.5mg, 5mg	1	PA, QL (30 tabs every 30 days)
tamsulosin hcl caps .4mg	1	
terazosin hcl caps 1mg, 2mg, 5mg, 10mg	1	
CONTRACEPTIVES		
ENCARE SUPP 100MG	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
PHEXXI GEL	0	
TODAY SPONGE MISC 1000MG	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100MG	3	
phenazopyridine tab 95mg tabs 95mg	1	OTC
potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	1	
fesoterodine fumarate tb24 4mg, 8mg	1	
GEMTESA TABS 75MG	3	
MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG	2	
oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg	1	
solifenacin succinate tabs 5mg, 10mg	1	
tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg	1	
trospium chloride cp24 60mg; tabs 20mg	1	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100MG	2	
clindamycin phosphate vaginal crea 2%	1	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal gel .75%	1	
miconazole 3 supp 200mg	1	
terconazole vaginal crea .4%, .8%; supp 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate caps 150mg	1	
ELIQUIS TABS 2.5MG, 5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	3	
heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75MG, 110MG	3	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA
DOPTELET TAB 20MG (10 TABLETS) TABS 20MG	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (15 TABLETS) TABS 20MG	4	PA, QL (1 carton every 5 days)
DOPTELET TAB 20MG (30 TABLETS) TABS 20MG	4	PA, QL (2 cartons every 30 days)
FYLNETRA SOSY 6MG/0.6ML	4	PA, QL (2 syringes every 28 days)
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	4	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
NYVEPRIA SOSY 6MG/0.6ML	4	PA, QL (2 syringes every 28 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	4	PA
MISCELLANEOUS		
anagrelide hcl caps .5mg, 1mg	1	
cilostazol tabs 50mg, 100mg	1	
DROXIA CAPS 200MG, 300MG, 400MG	2	
pentoxifylline tbcr 400mg	1	
tranexamic acid soln 1000mg/10ml; tabs 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
clopidogrel bisulfate tabs 75mg, 300mg	1	
dipyridamole tabs 25mg, 50mg, 75mg	1	PA; High Risk Medications require PA for members age 70 and older
prasugrel hcl tabs 5mg, 10mg	1	
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA SOLN 80MG/4ML	4	ST, PA, QL (10 vials every 14 days)
ACTEMRA SOLN 200MG/10ML	4	ST, PA, QL (4 vials every 14 days)
ACTEMRA SOLN 400MG/20ML	4	ST, PA, QL (2 vials every 14 days)
INFLIXIMAB SOLR 100MG	4	PA, QL (5 vials every 42 days)
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL (200 mg every 8 weeks)
SKYRIZI SOLN 600MG/10ML	4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA SOSY 162MG/0.9ML	4	ST, PA, QL (4 syringes every 28 days)
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (Starter pack - initial dose only); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	4	PA, QL (Starter pack - initial dose only); (80mg single strength kit)
HUMIRA PEN PNKT 40MG/0.4ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEN PNKT 40MG/0.8ML	4	PA, QL (4 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80MG/0.8ML	4	PA, QL (2 pens every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (Starter pack - initial dose only)
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
HYRIMOZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
HYRIMOZ CROHN'S DISEASE A SOAJ 80MG/0.8ML	4	PA, QL (Starter pack - initial dose only)
HYRIMOZ PEDIATRIC CROHNS SOSY 80MG/0.8ML	4	PA, QL (Starter pack - initial dose only)
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PED INJ CROHNS	4	PA, QL (Starter pack - initial dose only)
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
OTEZLA TABS 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, Rheumatoid Arthritis, and Ulcerative Colitis.
RINVOQ TB24 30MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease and Ulcerative Colitis.

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 45MG	4	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	4	ST, PA, QL (1 injection every 28 days)
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
STELARA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ SOLN 1MG/ML	4	PA, QL (240 mL every 24 days)
XELJANZ TABS 5MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ TABS 10MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis.
XELJANZ XR TB24 11MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis and Ulcerative Colitis.
XELJANZ XR TB24 22MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.

Drug Name	Drug Tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tabs 200mg	1	
leflunomide tabs 10mg, 20mg	1	
methotrexate sodium tabs 2.5mg	1	
HEREDITARY ANGIOEDEMA		
HAEGARDA SOLR 2000UNIT, 3000UNIT	4	PA, QL (20 vials every 30 days)
icatibant acetate sosy 30mg/3ml	4	PA, QL (45 syringes every 90 days)
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000UNIT/0.5ML	4	PA
ARCALYST SOLR 220MG	4	PA, QL (8 vials every 28 days)
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	3	
azathioprine tabs 50mg, 75mg, 100mg	1	
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	3	
CELLCEPT INTRAVENOUS SOLR 500MG	3	
cyclosporine caps 25mg, 100mg; soln 50mg/ml	1	
cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml	1	
ENVARSUS XR TB24 .75MG, 1MG, 4MG	3	
everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg	1	
gengraf caps 25mg, 100mg; soln 100mg/ml	1	
mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg	1	
mycophenolate mofetil hcl solr 500mg	1	
mycophenolate sodium tbec 180mg, 360mg	1	
MYFORTIC TBEC 180MG, 360MG	3	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	3	
NULOJIX SOLR 250MG	3	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG; SOLN 5MG/ML	3	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	3	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
tacrolimus caps .5mg, 1mg, 5mg	1	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	3	
MISCELLANEOUS		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	2	
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	2	
ACTHIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY SUSR 120MCG/0.5ML	2	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	
FLUMIST	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML	0	
HEPLISAV-B SOSY 20MCG/0.5ML	0	
HIBERIX SOLR 10MCG	0	$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
INFLUENZA VACCINE	0	
IPOL INJ INACTIVE	0	$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	0	
NOVAVAX COVID-19 VACCINE SUSP 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	0	
PNEUMOVAX 23/1 DOSE INJ 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF	0	$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX INJ 1350PFU/0.5ML	0	
VAXELIS INJ	0	$0 copay for members age 18 and younger, otherwise not covered
VAXNEUVANCE INJ	0	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
effer-k tbef 25meq	1	
fluoritab soln .125mg/drop	0	$0 applies for ages 5 and under, otherwise not covered
klor-con 8 tbcr 8meq	1	
klor-con 10 tbcr 10meq	1	
klor-con m15 tbcr 15meq	1	
magnesium sulfate soln 2gm/50ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
monoject sodium chloride soln .9%	1	
nafrinse drops soln .125mg/drop	0	$0 applies for ages 5 and under, otherwise not covered
potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 20meq	1	
sodium chloride soln 2.5meq/ml	1	
sodium fluoride chew 1mg; tabs 1mg	1	
sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg	0	$0 applies for ages 5 and under, otherwise not covered
IV REPLACEMENT SOLUTIONS		
potassium chloride soln 2meq/ml	1	
sodium chloride soln .45%, .9%, 3%, 5%	1	
PRENATAL VITAMINS		
elite-ob	1	
inatal gt	1	

Drug Name	Drug Tier	Requirements/Limits
pnv-dha	1	
pnv-select	1	
prenatal 19	1	
trinate	1	
VITAMINS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
cyanocobalamin soln 1000mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
ergocalciferol caps 50000unit	1	
folic acid caps 800mcg	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	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
phytonadione tabs 5mg	1	
pyridoxine hcl tabs 25mg, 50mg	1	OTC
tri-vite/fluoride	1	
vitamin d3 caps 50000unit	1	OTC
vitamins a/c/d/fluoride	1	
westab max	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	2	
bacitracin (ophthalmic) oint 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
ciprofloxacin hcl (ophth) soln .3%	1	
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	1	
gentamicin sulfate (ophth) soln .3%	1	QL (20 mL every 30 days)
moxifloxacin hcl (ophth) soln .5%	1	
NATACYN SUSP 5%	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) soln .3%	1	
polycin	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) oint 10%; soln 10%	1	
tobramycin (ophth) soln .3%	1	
trifluridine soln 1%	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
bromfenac sodium (ophth) soln .09%	1	
dexamethasone sodium phosphate (ophth) soln .1%	1	
diclofenac sodium (ophth) soln .1%	1	
difluprednate emul .05%	1	
flurbiprofen sodium soln .03%	1	
ILEVRO SUSP .3%	2	
ketorolac tromethamine (ophth) soln .4%, .5%	1	
loteprednol etabonate susp .5%	1	
NEVANAC SUSP .1%	2	

Drug Name	Drug Tier	Requirements/Limits
prednisolone acetate (ophth) susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
azelastine hcl (ophth) soln .05%	1	
bepotastine besilate soln 1.5%	1	
cromolyn sodium (ophth) soln 4%	1	
epinastine hcl (ophth) soln .05%	1	
olopatadine hcl soln .1%, .2%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
apraclonidine hcl soln .5%	1	
betaxolol hcl (ophth) soln .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
brimonidine tartrate soln .1%, .15%, .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
brinzolamide susp 1%	1	
carteolol hcl (ophth) soln 1%	1	
dorzolamide hcl soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
IOPIDINE SOLN 1%	3	
latanoprost soln .005%	1	
levobunolol hcl soln .5%	1	
LUMIGAN SOLN .01%	2	ST; PA**
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl soln 1%	1	
SIMBRINZA SUS 1-0.2%	2	
tafluprost soln .015mg/ml	1	
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
travoprost soln .004%	1	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE EMUL .05%	2	Multi-dose vial remains on preferred brand tier
MISCELLANEOUS		
atropine sulfate (ophthalmic) soln 1%	1	
CYSTARAN SOLN .44%	4	PA, QL (4 bottles every 28 days)
phenylephrine hcl (mydriatic) soln 2.5%, 10%	1	
proparacaine hcl soln .5%	1	
tropicamide soln .5%, 1%	1	
OTHER		
IRRIGATION SOLUTIONS		
physiolyte	1	
physiosol irrigation	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	1	QL (4 auto-injectors every 30 days)
epinephrine (anaphylaxis) soaj .15mg/0.15ml	1	QL (4 auto-injectors every 30 days); (generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3MG/0.3ML	2	QL (4 auto-injectors every 30 days)
EPIPEN-JR 2-PAK SOAJ .15MG/0.3ML	2	QL (4 auto-injectors every 30 days)
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS§		
BEVESPI AER 9-4.8MCG	2	QL (1 package every 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (6 boxes every 30 days)
STIOLTO AER 2.5-2.5	2	QL (1 package every 30 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS§		
BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 30 days)
ANTICHOLINERGICS§		
ipratropium bromide soln .02%	1	QL (5 boxes every 30 days)
ipratropium bromide (nasal) soln .03%, .06%	1	
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (1 package every 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 30 days)
tiotropium bromide monohydrate caps 18mcg	1	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 30 days)
ANTIHISTAMINES§		
azelastine hcl soln .1%, .15%	1	QL (2 bottles every 30 days)
carbinoxamine maleate soln 4mg/5ml; tabs 4mg	1	
clemastine fumarate tabs 2.68mg	1	PA; High Risk Medications require PA for members age 70 and older
cyproheptadine hcl syrp 2mg/5ml; tabs 4mg	1	
desloratadine tabs 5mg; tbdp 2.5mg, 5mg	1	
diphenhydramine hcl elix 12.5mg/5ml	1	PA; High Risk Medications require PA for members age 70 and older
diphenhydramine hcl soln 50mg/ml	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
hydroxyzine pamoate caps 25mg, 50mg, 100mg	1	PA; High Risk Medications require PA for members age 70 and older
levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg	1	
olopatadine hcl (nasal) soln .6%	1	QL (1 container every 30 days)
ryclora soln 2mg/5ml	3	PA; High Risk Medications require PA for members age 70 and older
BETA AGONISTS§		
albuterol sulfate aers 108mcg/act	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 2mg/5ml; tabs 2mg, 4mg	1	
arformoterol tartrate nebu 15mcg/2ml	1	QL (60 vials every 30 days)
formoterol fumarate nebu 20mcg/2ml	1	QL (60 vials every 30 days)
levalbuterol hcl nebu 1.25mg/0.5ml	1	QL (45 mL every 30 days)
levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1	QL (300 mL every 30 days)
levalbuterol tartrate aero 45mcg/act	1	QL (2 inhalers every 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	2	QL (1 package every 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 30 days)

Drug Name	Drug Tier	Requirements/Limits
terbutaline sulfate tabs 2.5mg, 5mg	1	
COLD/COUGH		
benzonatate caps 100mg, 200mg	1	
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL every day), OTC; Subject to initial 7-day limit
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs every day); Subject to initial 7-day limit
hydromet	1	QL (30 mL every day); Subject to initial 7-day limit
promethazine vc	1	
promethazine vc/codeine	1	QL (30 mL every day); Subject to initial 7-day limit
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every day); Subject to initial 7-day limit
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUZISTRA XR SUS	3	QL (20 mL every day); Subject to initial 7-day limit
CYSTIC FIBROSIS		
CAYSTON SOLR 75MG	4	PA, QL (84 vials every 28 days)
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	PA, QL (56 packets every 28 days)
KALYDECO TABS 150MG	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 75-94MG	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 100-125	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
tobramycin nebu 300mg/4ml	4	PA, QL (224 mL every 28 days)
tobramycin nebu 300mg/5ml	4	PA, QL (280 mL every 28 days)
TRIKAFTA PAK 59.5MG	4	PA, QL (56 packets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	4	PA, QL (56 packets every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)
LEUKOTRIENE MODIFIERS		
zileuton tb12 600mg	3	PA
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	1	
MAST CELL STABILIZERS§		
cromolyn sodium nebu 20mg/2ml	1	QL (2 boxes every 30 days)
MISCELLANEOUS		
acetylcysteine soln 10%, 20%	1	
roflumilast tabs 250mcg, 500mcg	1	PA
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
NASAL STEROIDS§		
flunisolide (nasal) soln .025%	1	QL (3 containers every 30 days)
fluticasone propionate (nasal) susp 50mcg/act	1	QL (1 container every 30 days)
mometasone furoate (nasal) susp 50mcg/act	1	QL (2 packages every 30 days)
OMNARIS SUSP 50MCG/ACT	3	ST, QL (1 package every 30 days); PA**
triamcinolone acetonide (nasal) aero 55mcg/act	1	QL (1 package every 30 days), OTC
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	4	PA, QL (60 caps every 30 days)
pirfenidone caps 267mg	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		
ADULT RESPIRATORY MASK	2	
HOLD CHAMBER MIS MEDIUM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT SOSY 100MG/0.67ML	4	PA, QL (2 syringes every 28 days); Indicated for Asthma
FASENRA SOSY 30MG/ML	4	PA, QL (1 syringe every 56 days)
FASENRA PEN SOAJ 30MG/ML	4	PA, QL (1 syringe every 56 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
STEROID INHALANTS§		
ALVESCO AERS 80MCG/ACT	3	QL (3 packages every 30 days)
ALVESCO AERS 160MCG/ACT	3	QL (2 packages every 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 30 days)
budesonide (inhalation) susp 1mg/2ml	1	QL (1 box every 30 days)
budesonide (inhalation) susp .5mg/2ml	1	QL (2 boxes every 30 days)
budesonide (inhalation) susp .25mg/2ml	1	QL (3 boxes every 30 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	2	QL (2 packages every 30 days)
STEROID/BETA-AGONIST COMBINATIONS§		
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 30 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 30 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 packages every 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (1 package every 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (1 package every 30 days)
XANTHINES		
aminophylline soln 25mg/ml	1	
theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 300mg, 450mg; tb24 400mg, 600mg	1	
TOPICAL		
DERMATOLOGY, ACNE		
adapalene crea .1%; gel .1%, .3%	1	PA, QL (45g every 28 days); PA applies for members age 35 and older
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47g every 30 days)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45g every 30 days)
clindamycin phosphate (topical) foam 1%; swab 1%	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) gel 1%	1	QL (75g every 30 days)
clindamycin phosphate (topical) lotn 1%; soln 1%	1	QL (60 mL every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50g every 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50g every 30 days)
ery pads 2%	1	
erythromycin (acne aid) gel 2%	1	QL (60g every 30 days)
erythromycin (acne aid) soln 2%	1	QL (60 mL every 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	1	PA
sulfacetamide sodium (acne) lotn 10%	1	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%	1	PA; PA applies for members age 35 and older
tretinoin microsphere gel .04%, .1%	1	PA; PA applies for members age 35 and older
DERMATOLOGY, ACTINIC KERATOSIS		
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
imiquimod crea 5%	1	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) crea .1%; oint .1%	1	QL (120g every 30 days)
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	QL (30g every 30 days)
silver sulfadiazine crea 1%	1	
ssd crea 1%	1	
SULFAMYLON CREA 85MG/GM	3	
XEPI CREA 1%	3	PA, QL (30g every 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox gel .77%	1	QL (120g every 30 days)
ciclopirox sham 1%	1	QL (120 mL every 30 days)
ciclopirox soln 8%	1	
ciclopirox olamine crea .77%	1	QL (120g every 30 days)
ciclopirox olamine susp .77%	1	QL (120 mL every 30 days)
clotrimazole (topical) crea 1%	1	QL (120g every 30 days)
clotrimazole (topical) soln 1%	1	QL (120 mL every 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (60g every 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (60 mL every 30 days)
econazole nitrate crea 1%	1	QL (60g every 30 days)
ERTACZO CREA 2%	3	QL (60g every 30 days)
JUBLIA SOLN 10%	3	PA, QL (4 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ketoconazole (topical) crea 2%	1	QL (120g every 30 days)
luliconazole crea 1%	3	QL (60g every 30 days)
MENTAX CREA 1%	3	QL (60g every 30 days)
naftifine hcl crea 1%, 2%	1	QL (60g every 30 days)
nyamyc powd 100000unit/gm	1	QL (120g every 30 days)
nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	QL (120g every 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (60g every 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (60g every 30 days)
nystop powd 100000unit/gm	1	QL (120g every 30 days)
oxiconazole nitrate crea 1%	1	QL (60g every 30 days)
sulconazole nitrate crea 1%	1	QL (60g every 30 days)
sulconazole nitrate soln 1%	1	QL (60 mL every 30 days)
DERMATOLOGY, ANTIPRURITIC		
doxepin hcl (antipruritic) crea 5%	3	QL (45g every 30 days)
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene soln .005%	1	ST, QL (60 mL every 30 days); PA**
calcitriol (topical) oint 3mcg/gm	3	ST, QL (100g every 30 days); PA**
methoxsalen rapid caps 10mg	1	
tazarotene crea .1%; gel .05%, .1%	1	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	QL (120 mL every 30 days)
selenium sulfide lotn 2.5%	1	
DERMATOLOGY, ATOPIC DERMATITIS		
DUPIXENT SOPN 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOPN 300MG/2ML	4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOSY 200MG/1.14ML	4	PA, QL (2 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days); Indicated for Asthma and Atopic Dermatitis

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OINT 2%	2	ST, QL (60g every 30 days); PA**
pimecrolimus crea 1%	3	ST; PA**
tacrolimus (topical) oint .03%, .1%	3	ST; PA**
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort crea 1%	1	QL (120g every 30 days)
alclometasone dipropionate crea .05%; oint .05%	1	QL (120g every 30 days)
amcinonide lotn .1%	1	QL (120 mL every 30 days)
amcinonide oint .1%	1	QL (120g every 30 days)
betamethasone dipropionate (topical) crea .05%	1	QL (120g every 30 days)
betamethasone dipropionate (topical) lotn .05%	1	QL (120 mL every 30 days)
betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
betamethasone dipropionate augmented lotn .05%	1	QL (120 mL every 30 days)
betamethasone valerate crea .1%; foam .12%; oint .1%	1	QL (120g every 30 days)
betamethasone valerate lotn .1%	1	QL (120 mL every 30 days)
BRYHALI LOTN .01%	2	QL (120 mL every 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	ST, QL (60g every 30 days); PA**
clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
clobetasol propionate liqd .05%; lotn .05%; sham .05%; soln .05%	1	QL (120 mL every 30 days)
clobetasol propionate emollient base crea .05%	1	QL (120g every 30 days)
clocortolone pivalate crea .1%	3	QL (120g every 30 days)
desonide crea .05%; oint .05%	1	QL (120g every 30 days)
desonide lotn .05%	1	QL (120 mL every 30 days)
desoximetasone crea .05%, .25%; gel .05%; oint .25%	1	QL (120g every 30 days)
desoximetasone liqd .25%	3	QL (120 mL every 30 days)
diflorasone diacetate crea .05%; oint .05%	3	QL (120g every 30 days)
fluocinolone acetonide crea .01%, .025%; oint .025%	1	QL (120g every 30 days)
fluocinolone acetonide oil .01%; soln .01%	1	QL (120 mL every 30 days)
fluocinonide crea .05%; gel .05%; oint .05%	1	QL (120g every 30 days)
fluocinonide soln .05%	1	QL (120 mL every 30 days)
fluticasone propionate crea .05%; oint .005%	1	QL (120g every 30 days)
fluticasone propionate lotn .05%	1	QL (120 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate crea .05%; oint .05%	1	QL (120g every 30 days)
hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%	1	QL (120g every 30 days)
hydrocortisone (topical) lotn 2.5%	1	QL (120 mL every 30 days)
hydrocortisone butyrate crea .1%; oint .1%	1	QL (120g every 30 days)
hydrocortisone butyrate soln .1%	1	QL (120 mL every 30 days)
hydrocortisone valerate crea .2%; oint .2%	1	QL (120g every 30 days)
mometasone furoate crea .1%; oint .1%	1	QL (120g every 30 days)
mometasone furoate soln .1%	1	QL (120 mL every 30 days)
triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%	1	QL (120g every 30 days)
triamcinolone acetonide (topical) lotn .025%, .1%	1	QL (120 mL every 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine oint 5%	1	QL (50g every 30 days)
lidocaine ptch 5%	1	PA, QL (90 patches every 30 days)
lidocaine hcl prsy 2%	1	QL (60 mL every 30 days)
lidocaine hcl soln 4%	1	QL (50 mL every 30 days)
lidocaine pain relief pat ptch 4%	1	QL (30 patches every 30 days), OTC
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30g every 30 days)
SYNERA DIS 70-70MG	3	QL (2 patches every 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical crea 5%	3	
bexarotene (topical) gel 1%	4	PA
CONDYLOX GEL .5%	3	
diclofenac sodium (actinic keratoses) gel 3%	3	
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days)
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days), OTC
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	
penciclovir crea 1%	1	
podofilox gel .5%; soln .5%	1	
RECTIV OINT .4%	3	
VOLTAREN ARTHRITIS PAIN GEL 1%	1	QL (300g every 30 days), OTC
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
brimonidine tartrate (topical) gel .33%	1	PA
FINACEA FOAM 15%	2	

Drug Name	Drug Tier	Requirements/Limits
ivermectin (rosacea) crea 1%	1	PA
metronidazole (topical) crea .75%; gel .75%, 1%	1	QL (60g every 30 days)
metronidazole (topical) lotn .75%	1	QL (60 mL every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
crotan lotn 10%	1	
cvs ivermectin lice treat lotn .5%	1	OTC
cvs lice treatment liqd 1%	1	OTC
lice treatment lotn 1%	1	OTC
malathion lotn .5%	1	ST; PA**
permethrin crea 5%	1	
spinosad susp .9%	1	ST; PA**
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 30 days)
sodium chloride (gu irrigant) soln .9%	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl caps 30mg	1	
chlorhexidine gluconate (mouth-throat) soln .12%	1	
clotrimazole troc 10mg	1	QL (90 lozenges every 30 days)
lidocaine hcl (mouth-throat) soln 2%, 4%	1	
nystatin (mouth-throat) susp 100000unit/ml	1	
oralone dental paste pste .1%	1	
ORAVIG TABS 50MG	3	QL (14 tabs every 30 days)
periogard soln .12%	1	
pilocarpine hcl (oral) tabs 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) pste .1%	1	
OTIC		
acetic acid (otic) soln 2%	1	
ciprofloxacin hcl (otic) soln .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	
CORTISPORIN SUS -TC OTIC	3	
fluocinolone acetonide (otic) oil .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) soln .3%	1	

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Williams Center Tower II
Two West Second Street, Suite 100
Tulsa, Oklahoma 74103

918-594-5200
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