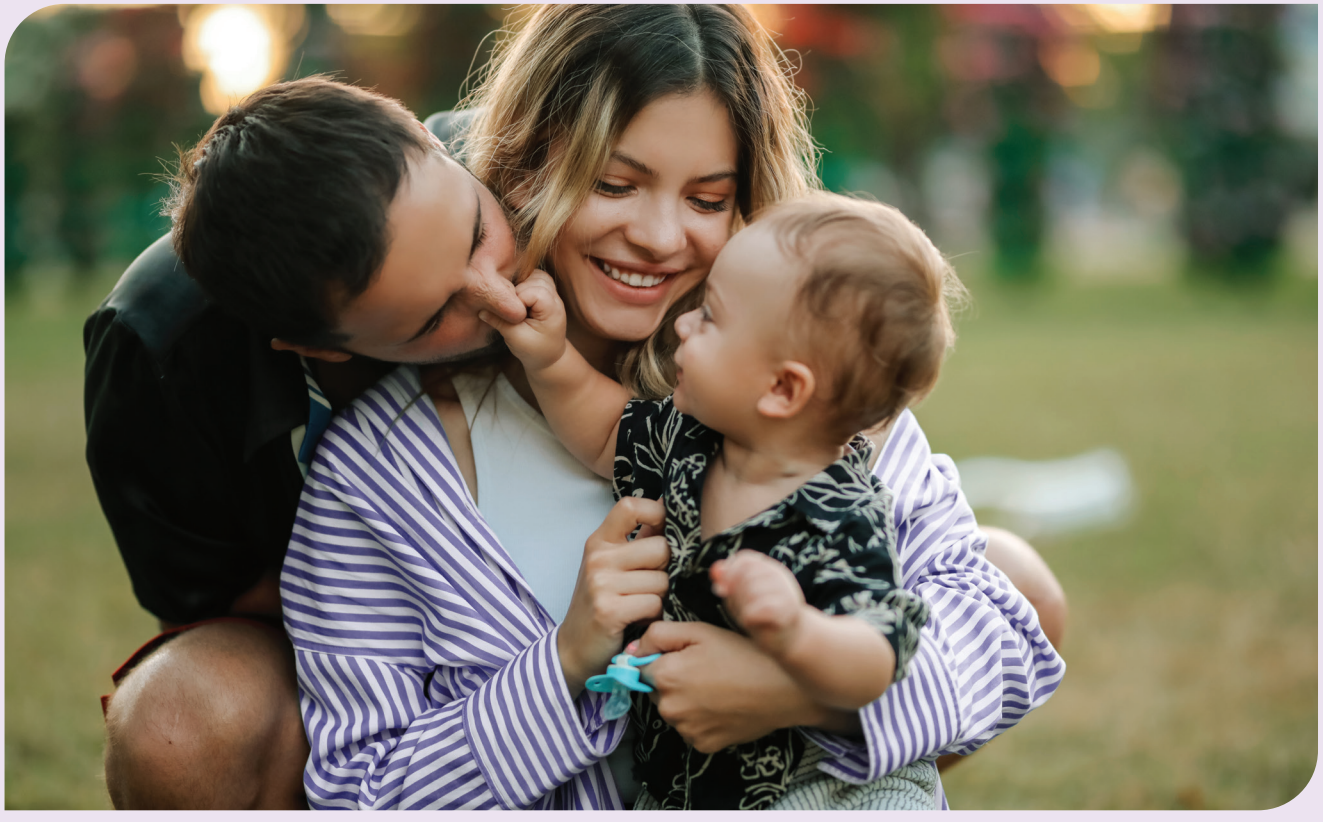
CHRISTUS Health Plan

TEXAS HEALTH EXCHANGE
LOUISIANA HEALTH EXCHANGE

2026 Standard Plans Formulary



CHRISTUS STANDARD PLANS FORMULARY COVERS MEMBERS WITH THE FOLLOWING PLANS:

- Standard Expanded Bronze
- Standard Expanded Bronze Limited
- Standard Gold
- Standard Gold Limited
- Standard Silver
- Standard Silver 73
- Standard Silver 87
- Standard Silver 94
- Standard Silver Limited

CHRISTUS Health Plan

2026 Standard Plans Formulary

Revised: October 01, 2025

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

This formulary was updated on 10/1/2025. For more recent information or other questions, please contact CHRISTUS Health Plan Member Services at 1-844-282-3025 (TTY users should call 711), 8 a.m. – 5 p.m. (local time), Monday - Friday, or visit www.christushealthplan.org.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this "Drug List" (formulary) refers to "we", "us", or "our", it means CHRISTUS Health Plan.

This document includes a "Drug List" (formulary) for our plan which is current as of 10/1/2025. For an updated "Drug List" (formulary), please contact us. Our contact information, along with the date we last updated the "Drug List" (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the CHRISTUS Health Plan Formulary?

In this document, we use the terms "Drug List" and formulary to mean the same thing. A formulary is a list of covered drugs selected by CHRISTUS Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CHRISTUS Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CHRISTUS Health Plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but CHRISTUS Health Plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. Updates to the formulary are posted monthly to our website here: https://www.christushealthplan.org/member-resources/coverage/individual-family-plans/medications-covered.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CHRISTUS Health Plan’s Formulary?”

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also

include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CHRISTUS Health Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/1/2025. To get updated information about the drugs covered by CHRISTUS Health Plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antihypertensive Therapy. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more

complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CHRISTUS Health Plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan before you fill your prescriptions. If you don't get approval, CHRISTUS Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 10 tablets per 30 day prescription for a specific medication. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, CHRISTUS Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CHRISTUS Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CHRISTUS Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CHRISTUS Health Plan's formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CHRISTUS Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CHRISTUS Health Plan.

- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CHRISTUS Health Plan's Formulary?

You can ask CHRISTUS Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If a similar drug is available on a lower tier the cost can be requested to match the cost of that lower tier.

Generally, CHRISTUS Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

For more information

For more detailed information about your CHRISTUS Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

CHRISTUS Health Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CHRISTUS Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan has any special requirements for coverage of your drug.

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-282-3025 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-844-282-3025 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-844-282-3025 (711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-844-282-3025（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-282-3025 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-844-282-3025 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 844-282-3025 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 844-282-3025 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
日本語 Japanese	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-844-282-3025（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 844-282-3025 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Effective 1/1/2026.
MC7029

ລາວ Laotian	ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-844-282-3025 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-844-282-3025 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Portugês Portuguese	ATENÇÃO: Se você fala Portugês, serviços gratuitos de assestência lingüística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-844-282-3025 (TTY: 711) ou fale com seu proveedor.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-844-282-3025 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-844-282-3025 (TTY: 711) o makipag-usap sa iyong provider.
ไทย Thai	หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-844-282-3025 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-844-282-3025 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-844-282-3025 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Effective 1/1/2026.
MC7029

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Cost-Sharing Tiers for Drugs on the Standard Plan Formulary

Every drug on our plan's Formulary is in a cost-sharing tier. In general, the higher the tier, the higher your cost for the drug. The amount you pay for drugs in each cost-sharing tier is shown in your Summary of Benefits and Coverage.

Standard Plan Drug Tiering		
	Cost-Sharing Tier	**Drugs Included in Cost-Sharing Tier**
Lowest Cost-Sharing Tier	1	Generic Drugs
	2	Preferred Brand Drugs
	3	Non-Preferred Brand Drugs
Highest Cost-Sharing Tier	4	Specialty Drugs

EXCH_CVSC 4T STND Effective 01/01/2026

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		
diclofenac potassium tabs 50mg	1	
diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg	1	
diclofenac sodium (topical) gel 1%	1	QL (300g every 30 days), OTC
etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg	1	
flurbiprofen tabs 50mg	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	
VOLTAREN ARTHRITIS PAIN GEL 1%	1	QL (300g every 30 days), OTC
NSAIDS, COMBINATIONS		
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	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
acetaminophen w/ codeine tab 300-15 mg	1	ST, QL (400 tabs every 30 days); Subject to initial 7-day limit

Drug Name	Drug Tier	Requirements/Limits
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
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 2.5-325 mg	1	ST, QL (240 tabs 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

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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
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 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

Drug Name	Drug Tier	Requirements/Limits
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
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%; sosy 100mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
KRINTAFEL TABS 150MG	3	
mefloquine hcl tabs 250mg	1	
primaquine phosphate tabs 26.3mg	1	
quinine sulfate caps 324mg	1	

Drug Name	Drug Tier	Requirements/Limits
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)
APRETUDE SUER 600MG/3ML	0	QL (2 vials every 90 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)
darunavir tabs 800mg	1	QL (30 tabs every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
EDURANT PED TBSO 2.5MG	2	QL (180 tabs 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)
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)
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 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)
tenofovir disoproxil fumarate tabs 300mg	1	QL (30 tabs every 30 days)
TIVICAY TABS 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)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
CABENUVA SUS 400-600	4	PA, QL (1 kit every 30 days)
CABENUVA SUS 600-900	4	PA, QL (1 kit every 60 days); Loading dose of 1 kit in 30 days allowed for initial fill
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DELSTRIGO TAB	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
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	0	QL (30 tabs every 30 days); $0 copay when medically necessary for pre-exposure prophylaxis; copay applies for treatment
GENVOYA TAB	2	QL (30 tabs every 30 days)
KALETRA SOL	2	QL (480 ml every 30 days)
lamivudine-zidovudine tab 150-300 mg	1	QL (60 tabs every 30 days)
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 675/150	3	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	3	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
PRIFTIN TABS 150MG	2	
pyrazinamide tabs 500mg	1	
rifabutin caps 150mg	1	
rifampin caps 150mg, 300mg; solr 600mg	1	
SIRTURO TABS 20MG, 100MG	3	
TRECATOR TABS 250MG	2	
ANTIVIRALS		
acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg	1	
cidofovir soln 75mg/ml	1	
famciclovir tabs 125mg, 250mg, 500mg	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 PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	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)
XERESE CRE 5-1%	3	PA
CEPHALOSPORINS		
cefaclor caps 250mg, 500mg; susr 250mg/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	

Drug Name	Drug Tier	Requirements/Limits
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	
tazicef solr 1gm	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin 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
e.e.s. 400 tabs 400mg	1	
erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml	1	
fidaxomicin tabs 200mg	1	PA
ZITHROMAX PACK 1GM	2	
FLUOROQUINOLONES		
BAXDELA TABS 450MG	3	
CIPRO SUSR 500MG/5ML	3	
ciprofloxacin hcl tabs 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 B		
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN .05MG/ML	4	PA, QL (630 mL every 30 days)
entecavir tabs .5mg, 1mg	4	PA, QL (30 tabs every 30 days)
lamivudine (hbv) tabs 100mg	1	
HEPATITIS C		
EPCLUSA PAK 150-37.5	3	PA, QL (28 pellets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PAK 200-50MG	3	PA, QL (56 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 (56 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	4	ST, PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	4	ST, PA, QL (56 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)
MISCELLANEOUS		
atovaquone susp 750mg/5ml	1	
aztreonam solr 1gm, 2gm	1	
clindamycin hcl caps 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	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
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

Drug Name	Drug Tier	Requirements/Limits
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
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
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 for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
cyclophosphamide solr 1gm, 2gm, 500mg	4	
dacarbazine solr 100mg, 200mg	1	
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 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 susp 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	

Drug Name	Drug Tier	Requirements/Limits
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	
NIPENT SOLR 10MG	2	
pemetrexed disodium solr 100mg, 500mg	4	
TABLOID TABS 40MG	2	
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)
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)
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)
THALOMID CAPS 50MG	4	PA, QL (28 caps every 28 days)
THALOMID CAPS 100MG	4	PA, QL (112 caps every 28 days)
TICE BCG SUSR 50MG	2	
BIOSIMILARS		
GAZYVA SOLN 1000MG/40ML	4	PA
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	3	PA
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 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)
BRAFTOVI CAPS 75MG	4	PA, QL (180 caps every 30 days)
BRUKINSA CAPS 80MG	4	PA, QL (120 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)
dasatinib tabs 20mg	4	PA, QL (90 tabs every 30 days)
dasatinib tabs 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs every 30 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
ITOVEBI TABS 3MG	4	PA, QL (60 tabs every 30 days)
ITOVEBI TABS 9MG	4	PA, QL (30 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)
MEKTOVI TABS 15MG	4	PA, QL (180 tabs every 30 days)
nilotinib hcl caps 50mg, 150mg, 200mg	4	PA, QL (120 caps 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)

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 20MG	4	PA, QL (60 tabs every 30 days)
SCEMBLIX TABS 40MG	4	PA, QL (240 tabs every 30 days)
SCEMBLIX TABS 100MG	4	PA, QL (120 tabs every 30 days)
sorafenib tosylate tabs 200mg	4	PA, QL (120 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)
TAGRISSO TABS 40MG, 80MG	4	PA, QL (30 tabs every 30 days)
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	4	PA, QL (64 tabs 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)
VITRAKVI SOLN 20MG/ML	4	PA, QL (300 mL 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)
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)
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)
ONCASPAR SOLN 750UNIT/ML	4	PA
PHOTOFRIN SOLR 75MG	2	
POLIVY SOLR 30MG, 140MG	4	PA
tretinoin (chemotherapy) caps 10mg	1	
VISTOGARD PACK 10GM	4	QL (20 packets every 5 days)
ZEJULA TABS 100MG, 200MG, 300MG	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)
MITOTIC INHIBITORS		
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	
vinblastine sulfate soln 1mg/ml	1	
vincristine sulfate soln 1mg/ml	1	
vinorelbine tartrate soln 10mg/ml, 50mg/5ml	1	
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; tabs 400mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
KERENDIA TABS 10MG, 20MG, 40MG	3	PA
spironolactone tabs 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
prazosin hcl caps 1mg, 2mg, 5mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
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	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
telmisartan-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	
dofetilide caps 125mcg, 250mcg, 500mcg	1	
flecainide acetate tabs 50mg, 100mg, 150mg	1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
MULTAQ TABS 400MG	2	PA
NORPACE CR CP12 100MG, 150MG	2	

Drug Name	Drug Tier	Requirements/Limits
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, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	3	PA
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		
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
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

Drug Name	Drug Tier	Requirements/Limits
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, 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, MISCELLANEOUS		
niacin (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAPS .5GM, 1GM	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOSY 140MG/ML	2	QL (3 syringes every 28 days)
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	2	QL (1 injection every 28 days)
REPATHA SURECLICK SOAJ 140MG/ML	2	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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 & 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	2	
ENTRESTO CAP 6-6MG	3	
ENTRESTO CAP 15-16MG	3	
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 97-103MG	3	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
ivabradine hcl tabs 5mg, 7.5mg	1	
sacubitril-valsartan tab 24-26 mg	1	
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 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)
ranolazine tb12 500mg, 1000mg	1	ST; PA**
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	
isosorbide mononitrate 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)
bosentan tbso 32mg	4	PA, QL (112 tabs every 28 days)
OPSUMIT TABS 10MG	4	PA, QL (30 tabs every 30 days)
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)
treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	PA
TYVASO SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL KIT SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER KIT SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

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

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

riluzole tabs 50mg	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	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	1	

Drug Name	Drug Tier	Requirements/Limits
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
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	(generic of Pristiq)
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

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	
FETZIMA CAP TITRATIO	3	
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	
vilazodone hcl tabs 10mg, 20mg, 40mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg	1	
APOKYN SOCT 30MG/3ML	4	ST, 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ERZOFRI SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 351MG/2.25ML	2	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
RYKINDO SRER 25MG, 37.5MG, 50MG	2	
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**
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	1	
ANTISEIZURE AGENTS		
carbamazepine chew 100mg, 200mg; 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	
ethosuximide caps 250mg; soln 250mg/5ml	1	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	1	
fosphenytoin sodium soln 100mgpe/2ml, 500mgpe/10ml	1	
FYCOMPA SUSP .5MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
methsuximide caps 300mg	1	
NAYZILAM SOLN 5MG/0.1ML	2	QL (10 units every 30 days)
oxcarbazepine susp 300mg/5ml; tabs 150mg, 300mg, 600mg	1	
perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	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	
topiramate cpsp 15mg, 25mg, 50mg; 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 25MG, 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 DISORDER		
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	
lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg	1	QL (60 caps every 30 days)
lisdexamfetamine dimesylate caps 40mg, 50mg, 60mg, 70mg	1	QL (30 caps every 30 days)
lisdexamfetamine dimesylate chew 10mg, 20mg, 30mg	1	QL (60 chew tabs every 30 days)
lisdexamfetamine dimesylate chew 40mg, 50mg, 60mg	1	QL (30 chew tabs every 30 days)
methamphetamine hcl 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)
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**

Drug Name	Drug Tier	Requirements/Limits
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)
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)
MIGRAINE - ERGOTAMINE DERIVATIVES		
dihydroergotamine mesylate soln 1mg/ml	1	
ERGOMAR SUBL 2MG	3	
ergotamine w/ caffeine tab 1-100 mg	3	
MIGRAINE - MISCELLANEOUS		
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, QL (30 tabs every 30 days); PA**
UBRELVY TABS 50MG, 100MG	2	ST, QL (16 tabs every 30 days); PA**
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	ST, QL (1 injection every 30 days); PA**
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	ST, QL (1 injection every 30 days); PA**; Loading dose of 2 injections in 30 days allowed for initial fill
EMGALITY SOSY 100MG/ML	2	ST, QL (3 injections every 30 days); PA**
MIGRAINE - TRIPTANS AND COMBINATIONS		
almotriptan malate tabs 6.25mg, 12.5mg	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tabs 20mg, 40mg	1	QL (12 tabs every 30 days)
naratriptan hcl tabs 1mg, 2.5mg	1	QL (12 tabs every 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
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**
zolmitriptan soln 5mg	1	QL (12 sprays every 30 days)
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)
EVRYSDI TABS 5MG	4	PA, QL (30 tabs every 30 days)
MOOD STABILIZERS		
lithium soln 8meq/5ml	1	
lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg	1	
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG	4	PA, QL (60 tabs every 30 days)
AUSTEDO TABS 9MG, 12MG	4	PA, QL (120 tabs every 30 days)
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)
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)
KESIMPTA SOAJ 20MG/0.4ML	4	PA, QL (1 pen every 28 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

Drug Name	Drug Tier	Requirements/Limits
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	
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 tab	3	PA; High Risk Medications require PA for members age 70 and older
orphenadrine citrate soln 30mg/ml	1	
orphenadrine citrate tb12 100mg	1	PA; High Risk Medications require PA for members age 70 and older
tizanidine hcl tabs 2mg, 4mg	1	
MYASTHENIA GRAVIS		
pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbcr 180mg	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)
XYWAV SOL 0.5GM/ML	4	PA, QL (540 ml 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)

Drug Name	Drug Tier	Requirements/Limits
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	1	OTC
naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml	1	
naltrexone hcl tabs 50mg	0	$0 copay
NARCAN LIQD 4MG/0.1ML	1	OTC
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
lofexidine hcl tabs .18mg	1	
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

Drug Name	Drug Tier	Requirements/Limits
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
nicotine transdermal syst 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
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); $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		
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	

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (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**
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	1	ST; PA**
JANUVIA TABS 25MG, 50MG, 100MG	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide sopn 18mg/3ml	1	ST, QL (3 pens every 30 days); PA**
MOUNJARO SOAJ 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, 4MG/3ML, 8MG/3ML	2	ST, QL (3 mL every 28 days); PA**
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	ST, QL (4 pens every 28 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	
FIASP PUMPCART 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	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered

Drug Name	Drug Tier	Requirements/Limits
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**
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	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs every 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES		
alendronate sodium soln 70mg/75ml; tabs 10mg, 35mg, 70mg	1	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
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 REGULATORS, MISCELLANEOUS		
calcitonin (salmon) soln 200unit/act	1	
PROLIA SOSY 60MG/ML	4	PA, QL (60mg every 24 weeks)
CALCIUM REGULATORS, PARATHYROID HORMONES		
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
CENTRAL PRECOCIOUS PUBERTY		
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG	4	PA
LUPRON DEPOT-PED (6-MONTH KIT 45MG	4	PA
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	4	PA
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	
CONTRACEPTIVES		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethyst tab 90-20mcg	0	
ANNOVERA MIS	0	QL (1 every 300 days)
apri	0	
aranelle	0	
ashlyna	0	
AVERI TAB	0	
aviane	0	
azurette	0	
camila tabs .35mg	0	

Drug Name	Drug Tier	Requirements/Limits
camrese tab	0	
CAYA DPR	0	QL (1 every 300 days)
chateal eq tab 0.15/30	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 0.12-0.015 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)
FEMLYV TAB 1/0.02MG	0	
galbriela chw	0	
gemmily	0	
heather tabs .35mg	0	
introvale	0	
jolessa	0	
junel 1.5/30	0	
junel 1/20	0	
junel fe 1.5/30	0	
junel fe 1/20	0	
junel fe 24	0	
kariva	0	

Drug Name	Drug Tier	Requirements/Limits
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)
MIUDELLA IUD COPPER	0	QL (1 unit 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	
nikki	0	
nora-be tabs .35mg	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	

Drug Name	Drug Tier	Requirements/Limits
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)
OPILL TABS .075MG	0	OTC
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	
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 30 days), OTC
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)
xelria fe chw 0.4mg-35	0	
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
ACCU-CHEK LIQ COMPACT	2	OTC
ACCU-CHEK LIQ GUIDE	2	OTC
ACCU-CHEK LIQ SMART	2	OTC
ACCU-CHEK SOL	2	OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOL COMPACT	2	OTC
ALCOHOL PREP PAD	2	OTC
CHEMSTRIP 2 TES GP	3	OTC
CHEMSTRIP 5 TES OB	3	OTC
CHEMSTRIP 7 TES	3	OTC
CHEMSTRIP 9 TES STRIPS	3	OTC
CHEMSTRIP 10 TES MD	3	OTC
CHEMSTRIP K TES	3	OTC
CHEMSTRIP TES -10 SG	3	OTC
CHEMSTRIP TES UGK	3	OTC
CVS KETONE TES CARE	3	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)
DIASCREEN 3 MIS	3	OTC
DIASCREEN 5 MIS	3	OTC
DIASCREEN 6 MIS	3	OTC
DIASCREEN 7 MIS	3	OTC
DIASCREEN 8 MIS	3	OTC
DIASCREEN 9 MIS	3	OTC
DIASCREEN 10 MIS	3	OTC
DIASCREEN MIS 1B	3	OTC
DIASCREEN MIS 1G	3	OTC
DIASCREEN MIS 1K	3	OTC
DIASCREEN MIS 2GK	3	OTC
DIASCREEN MIS 2GP	3	OTC
DIASCREEN MIS 4NL	3	OTC
DIASCREEN MIS 4OBL	3	OTC
DIASCREEN MIS 4PH	3	OTC
DIASCREEN MIS CONTROL	3	OTC
DIASTIX TES STRIPS	3	OTC
FASTCLIX MIS LANCETS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE TES	3	OTC
KETONE TEST TES	3	OTC
NOVOFINE PEN NEEDLES	2	OTC
OMNIPOD 5 DX KIT INT G7G6	2	
OMNIPOD 5 DX MIS POD G7G6	2	
OMNIPOD 5 G7 KIT INTRO	2	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G7 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	
SHARPS CONTAINER	2	OTC
SOFTCLIX MIS LANCETS	2	OTC
TWIIST KIT REFILL	2	
TWIIST KIT STARTER	2	
TWIIST REFIL KIT INFUSION	2	
ENDOMETRIOSIS		
danazol caps 50mg, 100mg, 200mg	1	
ORILISSA TABS 150MG, 200MG	2	
SYNAREL SOLN 2MG/ML	4	PA
GLUCOCORTICOIDS		
deflazacort susp 22.75mg/ml	4	PA, QL (52 mL every 30 days)
deflazacort tabs 6mg	4	PA, QL (60 tabs every 30 days)
deflazacort tabs 18mg, 30mg, 36mg	4	PA, QL (30 tabs every 30 days)
DEPO-MEDROL 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; sosy 4mg/ml	1	
fludrocortisone acetate tabs .1mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate solr 100mg	1	
MEDROL TABS 2MG	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
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 250MG, 500MG, 1000MG	3	
SOLU-MEDROL SOLR 2GM	3	
GLUCOSE ELEVATING AGENTS		
glucagon (rdna) kit 1mg	1	

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	2	
GVOKE KIT SOLN 1MG/0.2ML	2	
GVOKE PFS SOSY 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 SUSP 4MG/ML	4	PA
HUMAN GROWTH HORMONES		
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
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
MENOPAUSAL SYMPTOM AGENTS		
BIJUVA CAP 0.5-100	3	PA; High Risk Medications require PA for members age 70 and older
BIJUVA CAP 1-100MG	3	PA; High Risk Medications require PA for members age 70 and older
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 .06%, .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
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
MISCELLANEOUS		
betaine anhy pow	4	PA
cabergoline tabs .5mg	1	
CHORIONIC GONADOTROPIN SOLR 10000UNIT	4	PA
CORTROPHIN GEL 80UNIT/ML	4	PA, QL (35 mL every 21 days)
CORTROPHIN PRSY 40UNIT/0.5ML, 80UNIT/ML	4	PA, QL (28 syringes every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
INCRELEX SOLN 40MG/4ML	4	PA
INTRAROSA INST 6.5MG	3	
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
OSPHENA TABS 60MG	3	PA
raloxifene hcl tabs 60mg	1	$0 copay for women ages 35 and older for the primary prevention of breast cancer
sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg	4	PA
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	4	PA, QL (60 ampules every 30 days)
tolvaptan tabs 15mg, 30mg	4	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) caps 667mg; tabs 667mg	1	
lanthanum carbonate chew 500mg, 750mg, 1000mg	1	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	1	
VELPHORO CHEW 500MG	3	ST; PA**
POTASSIUM-REMOVING AGENTS		
sps susp 15gm/60ml	1	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	1	
megestrol acetate susp 40mg/ml	1	
megestrol acetate (appetite) susp 625mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1	
UREA CYCLE DISORDER		
carglumic acid tbso 200mg	4	PA
PHEBURANE PLLT 483MG/GM	4	PA, QL (672g every 30 days)
sodium phenylbutyrate powd 3gm/tsp	4	PA, QL (798g every 30 days)
sodium phenylbutyrate tabs 500mg	4	PA, QL (1200 tabs every 30 days)
VASOPRESSINS		
desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
VITAMIN D ANALOGS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
atropine sulfate sosy 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	

Drug Name	Drug Tier	Requirements/Limits
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)
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 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	1	PA; High Risk Medications require PA for members age 70 and older
promethazine hcl soln 25mg/ml, 50mg/ml; supp 12.5mg, 25mg	1	
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	
CORTIFOAM FOAM 10%	2	
DIPENTUM CAPS 250MG	3	
hydrocortisone (intrarectal) enem 100mg/60ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	
gavilyte-g	1	
generlac soln 10gm/15ml	1	
lactulose soln 10gm/15ml	1	
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	
IQIRVO TABS 80MG	4	PA, QL (30 tabs every 30 days)
misoprostol tabs 100mcg, 200mcg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
VOWST CAP	4	PA, QL (12 caps every 30 days)
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
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 2.5mg, 5mg, 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)
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	

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TB24 4MG, 8MG	3	
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	
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
ERECTILE DYSFUNCTION		
avanafil tabs 50mg, 100mg, 200mg	1	PA, QL (6 tabs every 30 days)
MISCELLANEOUS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100MG	3	
eq urinary pain relief tabs 95mg	1	OTC
potassium citrate (alkalinizer) tbcr 10meq, 15meq, 540mg	1	
URINARY ANTISPASMODICS		
darifenacin hydrobromide tb24 7.5mg, 15mg	1	
fesoterodine fumarate tb24 4mg, 8mg	1	
mirabegron tb24 25mg, 50mg	1	
MYRBETRIQ SRER 8MG/ML	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	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate caps 75mg, 110mg, 150mg	1	
ELIQUIS TABS 2.5MG, 5MG	2	
ELIQUIS STARTER PACK TBPK 5MG	2	
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	
rivaroxaban susr 1mg/ml; tabs 2.5mg	1	
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1MG/ML; TABS 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
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 12MG/0.4ML, 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	
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	
SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ TABS 9MG, 54MG	4	PA, QL (60 tabs every 30 days)
ALVAIZ TABS 18MG, 36MG	4	PA, QL (90 tabs every 30 days)
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)
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA SOLN 80MG/4ML	4	ST, PA, QL (20 vials every 28 days)
ACTEMRA SOLN 200MG/10ML	4	ST, PA, QL (8 vials every 28 days)
ACTEMRA SOLN 400MG/20ML	4	ST, PA, QL (4 vials every 28 days)
ENTYVIO SOLR 300MG	4	PA, QL (1 vial every 56 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 (6 vials every 56 days)
TREMFYA SOLN 200MG/20ML	4	PA, QL (One time induction dose only)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA SOSY 162MG/0.9ML	4	ST, PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	4	ST, PA, QL (4 injections every 28 days)
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days)
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML	4	PA, QL (2 syringes every 28 days)
ADALIMUMAB-ADAZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days)
ADALIMUMAB-FKJP AJKT 40MG/0.8ML	4	PA, QL (4 auto-injectors every 28 days)
ADALIMUMAB-FKJP PSKT 20MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 syringes every 28 days)
CIMZIA PSKT 200MG/ML	4	PA, QL (2 kits every 28 days); Preferred agent for NRAXSPA
CIMZIA STARTER KIT PSKT 200MG/ML	4	PA, QL (1 kit every 28 days); Preferred agent for NRAXSPA
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX SOSY 150MG/ML	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300 mg every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Hidradenitis Suppurativa, NRAXSPA, and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
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
ENTYVIO PEN SOAJ 108MG/0.68ML	4	PA, QL (2 pens every 28 days)
HYRIMOZ SOAJ 40MG/0.4ML	4	PA, QL (4 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SOSY 20MG/0.2ML, 40MG/0.4ML	4	PA, QL (4 syringes every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY CD/UC/ SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	4	PA, QL (2 auto-injectors every 28 days); except NDCs 61314-XXXX-XX
HYRIMOZ-PLAQ INJ PSORIASI	4	PA, QL (Starter pack - initial dose only); except NDCs 61314-XXXX-XX
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

Drug Name	Drug Tier	Requirements/Limits
LITFULO CAPS 50MG	4	PA, QL (28 caps every 28 days); Preferred agent for Alopecia Areata
OLUMIANT TABS 1MG, 2MG, 4MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Alopecia Areata
OTEZLA TABS 20MG, 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 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
PYZCHIVA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
PYZCHIVA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, NRAXSPA, 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.
RINVOQ TB24 45MG	4	PA, QL (One time induction dose for CD/UC diagnosis only); Preferred agent for Crohn's Disease and Ulcerative Colitis.
RINVOQ LQ SOLN 1MG/ML	4	PA, QL (360 mL every 30 days); Preferred agent for Psoriatic Arthritis
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	4	ST, PA, QL (1 injection every 28 days)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease and Ulcerative Colitis
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
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TALTZ SOSY 20MG/0.25ML, 40MG/0.5ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Psoriasis
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
TREMFYA SOAJ 200MG/2ML; SOSY 200MG/2ML	4	PA, QL (1 injection every 28 days); Preferred agent for Crohn's Disease and Ulcerative Colitis
TREMFYA PEN SOAJ 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
VELSIPITY TABS 2MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis
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.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TB24 22MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis.
YESINTEK SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
YESINTEK SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tabs 200mg	1	
leflunomide tabs 10mg, 20mg	1	
methotrexate sodium tabs 2.5mg	1	
HEREDITARY ANGIOEDEMA		
icatibant acetate sosy 30mg/3ml	4	PA, QL (45 syringes every 90 days)
TAKHZYRO SOLN 300MG/2ML	4	PA, QL (2 vials every 28 days)
TAKHZYRO SOSY 150MG/ML, 300MG/2ML	4	PA, QL (2 syringes every 28 days)
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100MCG/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	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	

Drug Name	Drug Tier	Requirements/Limits
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	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML	3	
sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg	1	
tacrolimus caps .5mg, 1mg, 5mg	1	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	3	
MISCELLANEOUS		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	$0 copay for members age 18 and younger, otherwise not covered
ENFLONSIA SOSY 105MG/0.7ML	0	$0 copay for members age 18 and younger, otherwise not covered
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AREXVY SUSR 120MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
BEXSERO SUSY .5ML	0	
BOOSTRIX INJ	0	
CAPVAXIVE SOSY .5ML	0	
COMIRNATY SUSP 10MCG/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 SUSP .5ML; SUSY .5ML	0	
HAVRIX SUSP 1440ELU/ML; SUSY 720ELU/0.5ML	0	

Drug Name	Drug Tier	Requirements/Limits
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	
JYNNEOS SUSP .5ML	0	
KINRIX INJ	0	$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENQUADFI SOLN .5ML	0	
MENVEO INJ	0	
MENVEO SOL	0	
MNEXSPIKE COVID-19 VACCIN SUSY 10MCG/0.2ML	0	
MRESVIA SUSY 50MCG/0.5ML	0	$0 copay for members age 19 and older, otherwise not covered
NUVAXOVID COVID-19 VACCIN SUSY 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	
PENMENVY INJ	0	
PENTACEL INJ	0	$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML	0	
PNEUMOVAX 23 SOSY 25MCG/0.5ML	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	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	

Drug Name	Drug Tier	Requirements/Limits
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 SUSY 25MCG/0.25ML, 50MCG/0.5ML	0	
TENIVAC INJ 5-2LF	0	$0 copay for members age 19 and older, otherwise not covered
TRUMENBA SUSY .5ML	0	
TWINRIX INJ	0	$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX SUSR 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	
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	
potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10%, 20%; tbcr 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er tbcr 10meq, 20meq	1	
sodium chloride soln .45%, .9%, 2.5meq/ml, 3%, 5%	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

PRENATAL VITAMINS

elite-ob	1	
inatal gt tab	1	
pnv-dha cap	1	

Drug Name	Drug Tier	Requirements/Limits
pnv-select tab	1	
prenatal 19 chw tab	1	
trinate tab	1	
VITAMINS		
cholecalciferol caps 50000unit	1	OTC
cyanocobalamin soln 1000mcg/ml	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	
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	
phytonadione tabs 5mg	1	
pyridoxine hcl tabs 25mg, 50mg	1	OTC
tri-vite/fluoride	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	
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	

Drug Name	Drug Tier	Requirements/Limits
erythromycin (ophth) oint 5mg/gm	1	
gatifloxacin (ophth) soln .5%	1	
gentamicin sulfate (ophth) soln .3%	1	
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	
prednisolone acetate (ophth) susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIL SOLN 2%	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 .2%	1	
ZERVIATE SOLN .24%	3	
ANTIGLAUCOMA BETA-BLOCKERS		
betaxolol hcl (ophth) soln .5%	1	
BETOPTIC-S SUSP .25%	2	
carteolol hcl (ophth) soln 1%	1	
levobunolol hcl soln .5%	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%	1	
ANTIGLAUCOMA COMBINATION AGENTS		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
SIMBRINZA SUS 1-0.2%	2	
CARBONIC ANHYDRASE INHIBITORS		
brinzolamide susp 1%	1	
dorzolamide hcl soln 2%	1	
DRY EYE DISEASE		
cyclosporine (ophth) emul .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	
TRYPTYR SOLN .003%	2	
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	
PHOSPHOLINE IODIDE SOLR .125%	3	
pilocarpine hcl soln 1%	1	
proparacaine hcl soln .5%	1	
tropicamide soln .5%, 1%	1	
PROSTAGLANDINS		
latanoprost soln .005%	1	
LUMIGAN SOLN .01%	2	ST; PA**
tafluprost soln .015mg/ml	1	
travoprost soln .004%	1	
SYMPATHOMIMETICS		
apraclonidine hcl soln .5%	1	
brimonidine tartrate soln .1%, .15%, .2%	1	
IOPIDINE SOLN 1%	3	
OTHER		
IRRIGATION SOLUTIONS		
physiolyte	1	
physiosol irrigation	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml	1	QL (4 auto-injectors every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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 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)
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 30 days)
ANTIHISTAMINES		
azelastine hcl soln .1%	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

Drug Name	Drug Tier	Requirements/Limits
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)
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 & phenylephrine syrup 6.25-5 mg/5ml	1	
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	
TUXARIN ER TAB 54.3-8MG	3	QL (2 tabs 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	
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	QL (1 package every 30 days)
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	

Drug Name	Drug Tier	Requirements/Limits
HOLD CHAMBER MIS MEDIUM	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
SEVERE ASTHMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
DUPIXENT SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days); Indicated for Asthma and Atopic Dermatitis
NUCALA SOAJ 100MG/ML	4	PA, QL (3 autoinjectors every 28 days)
NUCALA SOSY 40MG/0.4ML	4	PA, QL (1 syringe every 28 days)
NUCALA SOSY 100MG/ML	4	PA, QL (3 syringes every 28 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)
STEROID INHALANTS		
ALVESCO 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)
ASMANEX HFA AERO 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)
fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act	1	QL (1 package every 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
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)
breyna aer 80/4.5	1	QL (3 packages every 30 days)
breyna aer 160/4.5	1	QL (3 packages every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	
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		
diclofenac sodium (actinic keratoses) gel 3%	3	
fluorouracil (topical) crea 5%; soln 2%, 5%	1	
imiquimod crea 5%	1	
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) crea .1%; oint .1%	1	
IV PREP WIPE PAD	2	OTC
mupirocin oint 2%	1	QL (30g every 30 days)
silver sulfadiazine crea 1%	1	

Drug Name	Drug Tier	Requirements/Limits
ssd crea 1%	1	
SULFAMYLON CREA 85MG/GM	3	
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)
ketoconazole (topical) crea 2%	1	QL (120g every 30 days)
luliconazole 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	
DERMATOLOGY, ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
calcipotriene soln .005%	1	ST, QL (60 mL every 30 days); PA**
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	3	ST, QL (60g every 30 days); PA**
calcitriol (topical) oint 3mcg/gm	3	ST, QL (100g every 30 days); PA**
methoxsalen rapid caps 10mg	1	
tazarotene crea .05%, .1%; gel .05%, .1%	1	PA
ZORYVE CREA .3%	2	
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole (topical) sham 2%	1	QL (120 mL every 30 days)
selenium sulfide lotn 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, 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
EBGLYSS SOAJ 250MG/2ML	4	PA, QL (2 pens every 28 days)
EBGLYSS SOSY 250MG/2ML	4	PA, QL (2 syringes every 28 days)
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 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)
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 emo 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)
halobetasol propionate crea .05%; oint .05%	1	QL (120g every 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical crea 5%	3	
bexarotene (topical) gel 1%	4	PA
lactic acid (ammonium lactate) crea 12%; lotn 12%	1	
nitroglycerin (intra-anal) oint .4%	1	
penciclovir crea 1%	1	
podofilox gel .5%; soln .5%	1	
DERMATOLOGY, ROSACEA		
azelaic acid gel 15%	1	
brimonidine tartrate (topical) gel .33%	1	PA
FINACEA FOAM 15%	2	
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
malathion lotn .5%	1	
permethrin crea 5%	1	
spinosad susp .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 30 days)
sodium chloride (gu irrigant) soln .9%	1	

Drug Name	Drug Tier	Requirements/Limits
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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