



2024 Comprehensive Formulary

(List of Covered Drugs)



Commercial

Effective 9/01/2024

PHM-23-67097/CS/TZ/12-23

PRESCRIPTION DRUG BENEFITS

The following is a comprehensive listing by drug class of formulary medications approved under the SummaCare Prescription Drug Benefit. Brand name drugs are capitalized and generic drugs are listed in lower case. SummaCare tiered prescription drug benefits are generic-based. Prescription drug benefits vary, but in most cases, brand name medications that have a generic equivalent require the patient to pay a Tier 3 copay or the difference in cost between the brand and generic medication. Some benefits may exclude certain drugs on this list. Refer to your Prescription Drug Benefit Rider or plan documents for more coverage information.

ABOUT TIERS

SummaCare members pay a Tier 1 copay for most generic drugs and selected over-the-counter drugs. Members pay a Tier 2 copay for higher cost generic drugs and preferred brand name drugs. Members pay a Tier 3 copay for non-preferred brand name drugs. Note: Some benefits may require a deductible be met before copays apply and/or have a Tier 4 copay level. Refer to your plan documents for further information.

OVER-THE-COUNTER (OTC) DRUG COVERAGE

SummaCare's Prescription Drug Formulary includes selected OTC drugs that are covered when they are presented to a pharmacy with a written prescription.

USING YOUR SUMMACARE ID CARD

It is important to show your SummaCare ID card when filling prescriptions. By showing your SummaCare ID card, safety checks are performed such as drug-drug interactions, therapeutic duplications and dose checks, even if you use multiple pharmacies including mail order.

MEDIMPACT

MedImpact is SummaCare's Pharmacy Benefit Manager and is responsible for processing pharmacy claims for SummaCare members. MedImpact also handles pharmacy benefit customer service and utilization management requests on SummaCare's behalf. To reach MedImpact, members should call the SummaCare customer service number on the back of their ID card.

PHARMACY UTILIZATION PROGRAMS

SummaCare's Prescription Drug Benefit incorporates utilization management programs (prior authorization, step therapy and quantity limits). Drugs requiring utilization management are indicated in the "Requirements/Limits" column of the formulary document and will be indicated with PA, QL or ST. If you are prescribed one of these drugs, the prescriber may need

to contact MedImpact to provide supporting medical information.

Prior Authorization= PA

Prior authorization requirements are placed on medications when they have limited conditions for which they are prescribed, special monitoring or dispensing requirement or an extremely high cost. Guidelines for approving coverage for prior authorization drugs are developed and approved by a panel of practicing physicians and pharmacists.

Prior Authorization for New Starts Only = PA NSO

If you are a new member, you may be required to get Prior Authorization on particular drugs before you fill your prescription. In this scenario, the same requirements as listed above under Prior Authorization would apply.

StepTherapy = ST

Step Therapy is the practice of initiating drug therapy for a medical condition with the most cost-effective and safest drug and progressing to other more costly or risky therapy, only if necessary (i.e., you must try drug "A" before you can get drug "B"). The goal is to control costs and minimize risks. Step therapy is an automated process. If you present a prescription for a "step therapy" drug (i.e., "B") to a pharmacy, an automated check of your prescription history will occur. If the system finds that you have received the qualifying drug(s) (i.e., "A"), your prescription will be processed. If the system does not find that you received a qualifying drug (i.e., "A") in recent history, a prior authorization will be necessary.

Quantity Limits= QL

When a drug has a Quantity Limit, the amount of medication per prescription is limited to a specified amount per prescription or within a specific time frame. These limitations are usually in place due to safety issues or because the use of a dose higher than what is recommended has been shown to result in minimal additional benefit to the patient.

Opioid Edits:

SummaCare has implemented the following opioid edits:

Enhanced Opioid Cumulative Dosing: This limit is based on MME (Morphine Milligram Equivalent), which is the calculated amount of opioids that you are taking per day. Your opioid prescription will deny at the pharmacy if your total MME is greater than 80 MME. This means that you will need to get approval from SummaCare to fill your opioid prescription(s).

Days Supply Limit Edit: If the course of your opioid treatment continues for more than a 90 days then your opioid prescription will deny at the pharmacy. If you need more than a 90 day supply, you will need to get approval from SummaCare to fill your opioid prescription.

Specialty Drugs

Specialty drugs are designated as such because they may require special handling, are expensive and/or special monitoring of the patient receiving the drug may be appropriate. Distribution is often restricted to a Specialty pharmacy. Some benefits may cover these drugs at a higher copay level. Refer to your plan documents for more information. These drugs are indicated by *May have Specialty Costshare.

Employers and Members needing further information regarding the SummaCare prescription drug benefit please refer to the number on the back of your Member ID card or call Group Customer Service at 800-996-8701. Providers, please call Provider Services at 800-996-8401. TTY/TDD users should call 800-750-0750.

**TO VIEW THE MOST RECENT FORMULARY, PLEASE VISIT
WWW.SUMMACARE.COM.**

Exceptions

If you are prescribed a drug that is not listed on the formulary, you can ask us to make an exception. Your prescriber will need to tell us why making an exception is medically necessary for you. If the exception is approved, this drug will be covered at a predetermined cost-sharing level. Generally, SummaCare will only approve your request for an exception if the alternative drugs included on the formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Your prescriber must submit a supporting statement by completing the Provider Individual and Group MedImpact Medication Request form, which is available on our website at www.summacare.com, under the Find a Document section. The Medication Request can be sent via phone, mail or fax to:

MedImpact Healthcare Systems, Inc.
10181 Scripps Gateway Court
San Diego, CA 92131
Phone: 800-788-2949
Fax: 858-790-7100

Revised 11/23



**SummaCare/Apex Medication Request Form
Commercial/Marketplace/MEWA
Attn: Prior Authorization Department
Fax: 858-790-7100**

REQUEST FOR EXPEDITED (URGENT) REVIEW: BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Date: _____

Time MRF was taken: _____

Physician Signature: _____

Physician Cell Phone #: _____

Medication Request Information (please complete each section of this form prior to transmittal): *Denotes Required Fields

Status		
Patient did not meet Guideline # for the following reason:		
PATIENT INFORMATION	PHYSICIAN INFORMATION	
*Name:	*Name:	
*ID#:	*Specialty:	
*Date of Birth:	*ID# / DEA#:	
*HQ:	*Phone: () -	*Fax: () -
Diagnosis (ICD-10 Code, if known):		
PHARMACY INFORMATION (If provided)		
*Pharmacy Name:	*Phone: () -	*Fax: () -
REQUESTED DRUG INFORMATION		
*Requested Drug:		
*Dose:	*Strength:	
*Quantity: (per month)	*Dosage Form: (Oral, Injection, etc)	*Length of Treatment: (Please be specific.)
Comments		
Reason for Medication Request (Please be specific, give detail.):		
Other Medications Tried and/or Failed including OTC (Please be specific, give detail. Chart notes preferred):		
Other Pertinent History (Relative or pertaining to this request.):		

**Note: Specialty Vendor for SUM01, 02, 06, 07, 11, 16 is AcariaHealth: 833-626-8417

Specialty Vendor for SUM14, SUM15 is SummaHealth Specialty Pharmacy: 888-874-8134

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5 ml	1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	1	QL (180 per 30 days)
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg, 16.2-60 mg	2	
<i>buprenorphine hcl buccal film</i> 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg (Belbuca)	2	QL (60 per 30 days)
<i>buprenorphine transdermal patch</i> weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-300-40-30 mg (Fioricet with Codeine)	2	QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule</i> 50-325-40-30 mg	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet</i> 50-300 mg	1	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet</i> 50-325 mg (Tencon)	1	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-300-40 mg (Fioricet)	2	
<i>butalbital-acetaminophen-caff oral capsule</i> 50-325-40 mg (Esgic)	2	
<i>butalbital-acetaminophen-caff oral tablet</i> 50-325-40 mg (Esgic)	1	
<i>butalbital-aspirin-caffeine oral capsule</i> 50-325-40 mg	2	
<i>butalbital-aspirin-caffeine oral tablet</i> 50-325-40 mg	1	
<i>butorphanol nasal spray, non-aerosol</i> 10 mg/ml	1	
<i>codeine sulfate oral tablet</i> 15 mg, 30 mg	1	QL (360 per 30 days)
<i>codeine sulfate oral tablet</i> 60 mg	1	QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	(Ascomp with Codeine)	2	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(oxycodone-acetaminophen)	1	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		1	PA; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>		2	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>		2	QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	(Hysingla ER)	2	QL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>		2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>		2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>		2	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		1	
<i>hydromorphone oral liquid 1 mg/ml</i>	(Dilaudid)	2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	(Dilaudid)	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>		2	PA; QL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>		2	PA; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>		1	

Drug Name		Drug Tier	Requirements/Limits
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	(hydrocodone-acetaminophen)	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	(hydrocodone-acetaminophen)	2	QL (360 per 30 days)
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>		1	
<i>meperidine injection cartridge 10 mg/ml</i>		1	
<i>meperidine oral solution 50 mg/5 ml</i>		1	QL (900 per 30 days)
<i>meperidine oral tablet 50 mg</i>		1	QL (180 per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	(Methadone Intensol)	1	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>		1	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>		1	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>		1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>		1	QL (240 per 30 days)
<i>methadone oral tablet, soluble 40 mg</i>	(Methadose)	1	QL (30 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	(methadone)	1	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>		1	PA
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>		2	QL (60 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		2	QL (30 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>		1	
MORPHINE ORAL TABLET 15 MG, 30 MG		2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	(MS Contin)	2	QL (90 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		3	ST; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		3	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	
<i>oxycodone oral tablet, oral only 15 mg</i> (RoxyBond)	1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	2	QL (60 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	1	
<i>tramadol oral capsule, er biphase 24 hr 25-75 150 mg</i>	2	QL (30 per 30 days)
<i>tramadol oral tablet 100 mg</i>	2	
<i>tramadol oral tablet 25 mg</i>	1	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (330 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	2	
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 50 mg</i> (Celebrex)	2	PA; QL (60 per 30 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i> (Celebrex)	2	PA; QL (30 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	2	
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>kiprofen oral capsule 25 mg</i> (ketoprofen)	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	
<i>piroxicam oral capsule 10 mg</i>	2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	2	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	2	
Anesthetics		
Local Anesthetics		
<i>ana-lex kit rectal kit 2-2 %</i> (lidocaine-hydrocortisone-aloe)	2	
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)</i>	2	
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i> (Suboxone)	2	PA; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i> (Suboxone)	2	PA; QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	PA; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60 per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/lactuation</i> (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL (336 per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	QL (4 per 30 days)
<i>varenicline oral tablet 0.5 mg</i>	0	QL (672 per 365 days)
<i>varenicline oral tablet 1 mg</i> (Chantix)	0	QL (336 per 365 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg</i> (Doral)	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	1	
<i>triazolam oral tablet 0.125 mg</i>	1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	
Antibacterials		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	2	PA; *May have Specialty Costshare
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	2	PA; *May have Specialty Costshare
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	1	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i> (methen-sod phos-meth blue-hyos)	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 30 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	2	QL (280 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	2	QL (600 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; *May have Specialty Costshare; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DIFICID ORAL TABLET 200 MG	3	PA; QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg</i> (erythromycin)	1	
<i>ery-tab oral tablet, delayed release (drlec) 500 mg</i> (erythromycin)	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 500 mg</i> (Ery-Tab)	1	
<i>erythromycin oral tablet, delayed release (drlec) 333 mg</i> (Ery-Tab)	2	
Miscellaneous B-Lactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	3	PA; *May have Specialty Costshare; QL (84 per 56 days)
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i> (doxycycline monohydrate)	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	2	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	2	PA; *May have Specialty Costshare; QL (90 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	3	PA; *May have Specialty Costshare
ALECENSA ORAL CAPSULE 150 MG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	3	PA; *May have Specialty Costshare
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	2	PA; *May have Specialty Costshare; QL (420 per 30 days)
<i>bexarotene topical gel 1%</i> (Targretin)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	PA
BOSULIF ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX ORAL TABLET 20 MG, 60 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	2	PA; *May have Specialty Costshare; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	2	PA; *May have Specialty Costshare; QL (112 per 21 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	3	PA; *May have Specialty Costshare; QL (112 per 28 days)
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA; *May have Specialty Costshare
DAURISMO ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	2	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>etoposide oral capsule 50 mg</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	2	PA; *May have Specialty Costshare
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	PA; QL (30 per 30 days)
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	3	PA; *May have Specialty Costshare
<i>gefitinib oral tablet 250 mg</i> (Iressa)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	PA; *May have Specialty Costshare
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	3	PA; *May have Specialty Costshare
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	2	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	2	PA; *May have Specialty Costshare; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	3	PA; *May have Specialty Costshare; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	3	PA; *May have Specialty Costshare; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; *May have Specialty Costshare
MATULANE ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>melphalan oral tablet 2 mg</i> (Alkeran)	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	3	*May have Specialty Costshare
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	2	*May have Specialty Costshare; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; *May have Specialty Costshare
<i>pazopanib oral tablet 200 mg</i> (Votrient)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (21 per 28 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STIVARGA ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	3	*May have Specialty Costshare
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	2	PA; *May have Specialty Costshare
TIBSOVO ORAL TABLET 250 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>toremifene oral tablet 60 mg</i> (Fareston)	2	PA; *May have Specialty Costshare
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare
<i>torpenz oral tablet 2.5 mg, 5 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>torpenz oral tablet 7.5 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	PA; *May have Specialty Costshare
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; *May have Specialty Costshare
TURALIO ORAL CAPSULE 125 MG, 200 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	3	PA; *May have Specialty Costshare; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; *May have Specialty Costshare; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; *May have Specialty Costshare
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; *May have Specialty Costshare
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
XOSPATA ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; *May have Specialty Costshare
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	1
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	(Cuvposa)	2
Anticonvulsants		
Anticonvulsants		
BRIVIACT ORAL SOLUTION 10 MG/ML	2	*May have Specialty Costshare; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	1
<i>carbamazepine oral tablet 200 mg</i>	(Epilex)	1
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	1
<i>carbamazepine oral tablet, chewable 100 mg</i>		1
<i>clobazam oral tablet 10 mg, 20 mg</i>	(Onfi)	2
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	1

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral tablet 400 mg</i> (Felbatol)	1	QL (270 per 30 days)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	1	QL (180 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i> (Gralise)	2	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (gabapentin)	3	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; QL (90 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; QL (60 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	PA; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	PA; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet 25 mg</i> (Subvenite)	1	QL (180 per 30 days)
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	

Drug Name		Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i>	(Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	(Lamictal XR)	2	QL (90 per 30 days)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	(Lamictal XR)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	(Lamictal XR)	2	QL (180 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal)	1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	(Lamictal ODT)	2	QL (90 per 30 days)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	(Lamictal ODT)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	(Lamictal ODT)	2	QL (180 per 30 days)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i>	(Subvenite Starter (Blue) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	(Subvenite Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	(Subvenite Starter (Green) Kit)	1	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	2	
<i>methsuximide oral capsule 300 mg</i>	(Celontin)	2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>		1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	2	PA; QL (240 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i> (lamotrigine)	1	
<i>subvenite oral tablet 25 mg</i> (lamotrigine)	1	QL (180 per 30 days)
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i> (lamotrigine)	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (lamotrigine)	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (lamotrigine)	1	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	2	QL (120 per 30 days)
<i>tiagabine oral tablet 16 mg</i>	2	QL (90 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	2	QL (60 per 30 days)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	2	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)	2	QL (120 per 30 days)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	QL (30 per 30 days)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> (Qudexy XR)	2	QL (60 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigpoder)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	ST; QL (30 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	2	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	2	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 200 MG	2	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	ST; QL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram oral tablet 10 mg, 20 mg, (Celexa) 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 (Anafranil) mg, 75 mg</i>	2	
<i>desipramine oral tablet 10 mg, 25 (Norpramin) mg</i>	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	2	ST; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet (Pristiq) extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	ST; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed (Cymbalta) release(drlec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 (Lexapro) mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 (Prozac) mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	2	QL (30 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	ST; QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	2	QL (30 per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	2	QL (60 per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg</i>	2	QL (30 per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	2	QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	ST; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	ST; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone-metformin oral tablet</i> 15-500 mg	1	
<i>pioglitazone-metformin oral tablet</i> (Actoplus MET) 15-850 mg	1	
<i>repaglinide oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
<i>saxagliptin oral tablet</i> 2.5 mg	2	QL (30 per 30 days)
<i>saxagliptin oral tablet</i> 5 mg (Onglyza)	2	QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er</i> <i>multiphase 24 hr</i> 2.5-1,000 mg, 5- 1,000 mg, 5-500 mg	2	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5- 1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5- 1,000 MG, 12.5-2.5-1,000 MG, 25- 5-1,000 MG, 5-2.5-1,000 MG	2	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS (liraglutide) PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; QL (9 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	2	QL (30 per 30 days)
Insulins		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (12 per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL (30 per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)

Drug Name	Drug Tier	Requirements/Limits	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL (40 per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL (24 per 28 days)	
<i>insulin lispro protamin-lispro</i> <i>subcutaneous insulin pen 100 unit/ml</i> (75-25)	(Humalog Mix 75-25 KwikPen)	2	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin</i> <i>pen 100 unit/ml</i>	(Admelog SoloStar U- 100 Insulin)	2	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin</i> <i>pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	2	QL (30 per 28 days)
<i>insulin lispro subcutaneous solution</i> <i>100 unit/ml</i>	(Admelog U-100 Insulin lispro)	2	QL (40 per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (30 per 28 days)	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (12 per 28 days)	
LYUMJEV TEMPO PEN(U- 100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	QL (30 per 28 days)	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)	

Drug Name	Drug Tier	Requirements/Limits
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn) 2	QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn) 2	QL (30 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	ST; QL (30 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc) 2	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) 2	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) 2	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) 2	QL (18 per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec) 2	QL (18 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
Antifungals		
Antifungals		
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	QL (90 per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	QL (19.8 per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	QL (90 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
EXELDERM TOPICAL CREAM (sulconazole) 1 %	3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>luliconazole topical cream 1 %</i> (Luzu)	2	ST; QL (60 per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	2	QL (180 per 30 days)
<i>naftifine topical gel 1 %</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>oxiconazole topical cream 1 %</i>	2	QL (180 per 30 days)
<i>sulconazole topical cream 1 %</i> (Exelderm)	2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	2	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	2	PA; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	2	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
Antihistamines		
Antihistamines		
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	1	
<i>alavert oral tablet, disintegrating 10 mg</i> (loratadine)	1	
<i>all day allergy (cetirizine) oral capsule 10 mg</i>	1	
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (fexofenadine)	1	
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 60-120 MG (fexofenadine-pseudoephedrine)	1	
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (fexofenadine-pseudoephedrine)	1	
<i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>	1	
<i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i> (loratadine-pseudoephedrine)	1	
<i>aller-ease oral tablet 180 mg</i> (fexofenadine)	1	
<i>aller-ease oral tablet 60 mg</i> (fexofenadine)	1	
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	(fexofenadine)	1	
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	(fexofenadine)	1	
<i>allergy relief (loratadine) oral tablet 10 mg</i>	(loratadine)	1	
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	(loratadine)	1	
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg</i>	(fexofenadine-pseudoephedrine)	1	
<i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>	(cetirizine-pseudoephedrine)	1	
<i>aller-tec oral tablet 10 mg</i>	(cetirizine)	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>		1	
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	
<i>cetiri-d oral tablet extended release 12 hr 5-120 mg</i>	(cetirizine-pseudoephedrine)	1	
<i>cetirizine oral solution 1 mg/ml</i>	(All Day Allergy (cetirizine))	1	
<i>cetirizine oral solution 5 mg/5 ml</i>		1	
<i>cetirizine oral tablet 10 mg</i>	(Aller-Tec)	1	
<i>cetirizine oral tablet 5 mg</i>	(Allergy Relief (cetirizine))	1	
<i>cetirizine oral tablet, chewable 10 mg</i>	(Children's Wal-Zyr)	1	
<i>cetirizine oral tablet, chewable 5 mg</i>	(Children's Cetirizine)	1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	(Aller-Tec D)	1	
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	1	
<i>children's allegra allergy oral suspension 30 mg/5 ml</i>	(fexofenadine)	1	QL (300 per 30 days)
<i>children's allegra allergy oral tablet, disintegrating 30 mg</i>		1	
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>	(fexofenadine)	1	QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>children's allergy relief(lor) oral tablet,chewable 5 mg</i>	1	
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	
<i>children's cetirizine oral solution 1 mg/ml</i> (cetirizine)	1	
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML (loratadine)	1	
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG	1	
<i>children's wal-fex oral suspension 30 mg/5 ml</i> (fexofenadine)	1	QL (300 per 30 days)
<i>children's wal-zyr oral solution 1 mg/ml</i> (cetirizine)	1	
<i>children's wal-zyr oral tablet,chewable 10 mg</i> (cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML (cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG	1	
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i> (cetirizine)	1	
CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG (loratadine)	1	
CLARITIN ORAL TABLET 10 MG (loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG (loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG	1	
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	1	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine-pseudoephedrine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	2	ST; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	ST; QL (30 per 30 days)
<i>fexofenadine oral tablet 180 mg, 60 mg</i> (Allegra Allergy)	1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i> (Allegra-D 12 Hour)	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	QL (300 per 30 days)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	QL (30 per 30 days)
<i>loradamed oral tablet 10 mg</i> (loratadine)	1	
<i>lorata-d oral tablet extended release 24 hr 10-240 mg</i> (loratadine-pseudoephedrine)	1	
<i>loratadine oral solution 5 mg/5 ml</i> (Children's Claritin)	1	
<i>loratadine oral tablet 10 mg</i> (Allergy Relief (loratadine))	1	
<i>loratadine oral tablet, disintegrating 10 mg</i> (Alavert)	1	
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1	
<i>loratadine-d oral tablet extended release 24 hr 10-240 mg</i> (loratadine-pseudoephedrine)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i> (promethazine-phenylephrine)	1	
<i>respa-ar oral tablet extended release 12 hr 8-90-0.24 mg</i>	2	
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i> (fexofenadine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg</i> (fexofenadine-pseudoephedrine)	1	
<i>wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg</i> (fexofenadine-pseudoephedrine)	1	
<i>wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg</i>	1	
<i>wal-itin d oral tablet extended release 24 hr 10-240 mg</i> (loratadine-pseudoephedrine)	1	
<i>wal-itin oral solution 5 mg/5 ml</i> (loratadine)	1	
<i>wal-itin oral tablet 10 mg</i> (loratadine)	1	
<i>wal-zyr (cetirizine) oral capsule 10 mg</i>	1	
<i>wal-zyr (cetirizine) oral tablet 10 mg</i> (cetirizine)	1	
<i>wal-zyr d oral tablet extended release 12 hr 5-120 mg</i> (cetirizine-pseudoephedrine)	1	
ZYRTEC ORAL CAPSULE 10 MG	1	
ZYRTEC ORAL TABLET 10 MG (cetirizine)	1	
ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine-pseudoephedrine)	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	2	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (12 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	ST; QL (15 per 14 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	2	ST; QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	2	ST; QL (12 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA
<i>ergotamine-caffeine oral tablet 1- 100 mg</i>	1	QL (40 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	2	ST; QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (1 per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG	2	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i>	1	QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i> (Zomig)	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (188 per 168 days)

Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET 20 MG	3	PA; *May have Specialty Costshare; QL (940 per 168 days)
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; QL (1 per 21 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (1 per 1 day)
<i>aprepitant oral capsule 40 mg</i>	2	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA; QL (2 per 1 day)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA; QL (3 per 1 day)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	2	QL (120 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (8 per 28 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 16 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>phenadoz rectal suppository 25 mg</i> (promethazine)	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	2	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg</i>	1	QL (36 per 16 days)
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	3	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	1	QL (60 per 30 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	3	QL (4 per 30 days)
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	2	QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	QL (1 per 28 days)
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	ST; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	2	QL (30 per 30 days)
<i>pramipexole oral tablet extended (Mirapex ER) release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	2	QL (30 per 30 days)
<i>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	1	QL (30 per 30 days)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg (Tasmar)</i>	2	QL (90 per 30 days)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral tablet 10 mg, 15 (Abilify) mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	2	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet (Saphris) 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg (Clozaril)</i>	1	QL (270 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 200 mg</i> (Clozaril)	1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	1	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	QL (90 per 30 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	PA NSO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	PA NSO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 150 mg</i>	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; *May have Specialty Costshare; QL (30 per 30 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	3	*May have Specialty Costshare; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	*May have Specialty Costshare; QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	3	*May have Specialty Costshare; QL (60 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	*May have Specialty Costshare; QL (380 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	2	*May have Specialty Costshare; QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	2	*May have Specialty Costshare; QL (60 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	*May have Specialty Costshare
<i>efavirenz oral tablet 600 mg</i>	2	*May have Specialty Costshare
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	2	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	2	*May have Specialty Costshare; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	QL (720 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intence)	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intence)	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	2	*May have Specialty Costshare; QL (120 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
INVIRASE ORAL TABLET 500 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	*May have Specialty Costshare; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	2	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	*May have Specialty Costshare; QL (1800 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	*May have Specialty Costshare; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	*May have Specialty Costshare; QL (240 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	3	*May have Specialty Costshare; QL (60 per 30 days)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	3	*May have Specialty Costshare; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	3	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	*May have Specialty Costshare; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	*May have Specialty Costshare; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	2	*May have Specialty Costshare; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	2	*May have Specialty Costshare; QL (480 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	3	*May have Specialty Costshare; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	*May have Specialty Costshare; QL (930 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	*May have Specialty Costshare; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	3	PA; *May have Specialty Costshare
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	*May have Specialty Costshare; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	*May have Specialty Costshare; QL (180 per 30 days)
TRIUMEQ ORAL TABLET 600- 50-300 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRUVADA ORAL TABLET 167- (emtricitabine- 250 MG tenofovir (tdf))	3	*May have Specialty Costshare; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	*May have Specialty Costshare
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	*May have Specialty Costshare; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	QL (1920 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 per 30 days)
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (20 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	2	QL (10 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (180 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days); AGE (Min 12 Years)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL (2 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; *May have Specialty Costshare; QL (30 per 29 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
EPCLUSA ORAL TABLET 200- 50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	3	PA; *May have Specialty Costshare
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	3	PA; *May have Specialty Costshare
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; *May have Specialty Costshare
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	*May have Specialty Costshare; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	*May have Specialty Costshare; QL (630 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	*May have Specialty Costshare; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>lagevrio (eua) oral capsule 200 mg</i>	2	QL (40 per 5 days); AGE (Min 18 Years)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
Blood		
Products/Modifiers/Volume		
Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	*May have Specialty Costshare
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	*May have Specialty Costshare; QL (24 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	*May have Specialty Costshare; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 5 mg/0.4 ml	2	*May have Specialty Costshare; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	2	*May have Specialty Costshare; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	1	
<i>heparin (porcine) injection solution</i> 5,000 unit/ml	1	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	1	
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (warfarin)	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (900 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days)
Blood Formation Modifiers		
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; *May have Specialty Costshare
LEUKINE INJECTION RECON SOLN 250 MCG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; *May have Specialty Costshare; QL (0.6 per 28 days)
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; *May have Specialty Costshare
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; *May have Specialty Costshare
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	PA; *May have Specialty Costshare
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; *May have Specialty Costshare
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; *May have Specialty Costshare
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; *May have Specialty Costshare
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; *May have Specialty Costshare
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; *May have Specialty Costshare
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid oral solution 250 (Amicar) mg/ml (25 %)</i>	2	
<i>aminocaproic acid oral tablet 1,000 (Amicar) mg, 500 mg</i>	1	
<i>anagrelide oral capsule 0.5 mg (Agrylin)</i>	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 8 mg</i> (Cardura)	1	
<i>doxazosin oral tablet 4 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	PA; *May have Specialty Costshare
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	ST
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	ST
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	ST
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sorine oral tablet 120 mg, 160 mg, 240 mg</i> (sotalol)	1	
<i>sorine oral tablet 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 1 day)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	3	PA; *May have Specialty Costshare
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i> (Demser)	2	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	ST; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	ST; QL (120 per 30 days)
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-benazepril oral capsule</i> 2.5-10 mg, 5-40 mg	1	
<i>amlodipine-olmesartan oral tablet</i> (Azor) 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	
<i>amlodipine-valsartan oral tablet</i> 10- (Exforge) 160 mg, 10-320 mg, 5-160 mg, 5-320 mg	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet</i> 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg (Exforge HCT)	2	
<i>felodipine oral tablet extended release</i> 24 hr 10 mg, 2.5 mg, 5 mg	1	
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	1	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	1	
<i>nifedipine oral capsule</i> 10 mg, 20 mg	1	
<i>nifedipine oral tablet extended release</i> 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	1	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg	1	
<i>nimodipine oral capsule</i> 30 mg	1	
<i>nisoldipine oral tablet extended release</i> 24 hr 17 mg, 34 mg, 8.5 mg (Sular)	1	
<i>nisoldipine oral tablet extended release</i> 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	1	
Diuretics		
<i>amiloride oral tablet</i> 5 mg	1	
<i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg	1	
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	1	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	1	
<i>ethacrynic acid oral tablet</i> 25 mg (Edecrin)	2	PA
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	2	PA; *May have Specialty Costshare; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	2	PA; *May have Specialty Costshare; QL (60 per 365 days)
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg</i> (Soanz)	1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	0	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder in packet 4 gram</i>	(cholestyramine-aspartame)	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	2	
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	2	
<i>colestipol oral packet 5 gram</i>		1	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	(Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	(Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin 10-40)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin 10-80)	2	PA NSO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>		2	
<i>fenofibrate micronized oral capsule 67 mg</i>		1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	1	
<i>fenofibrate oral capsule 50 mg</i>	(Lipofen)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	(Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	(Fibricor)	1	
<i>fluvastatin oral capsule 20 mg</i>		2	QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>		2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	(Lescol XL)	2	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		0	QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG		2	PA

Drug Name	Drug Tier	Requirements/Limits
NEXLIZET ORAL TABLET 180-10 MG	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	0	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	0	QL (30 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	0	PA NSO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	PA NSO; QL (30 per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	ST

Drug Name	Drug Tier	Requirements/Limits
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	2	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (nitroglycerin)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i> (nitroglycerin)	1	
Central Nervous System Agents		
Central Nervous System Agents		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	2	PA; QL (120 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 6 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; *May have Specialty Costshare; QL (14 per 28 days)
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	2	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	2	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	2	PA NSO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	2	PA NSO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	*May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	1	PA NSO
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	1	PA NSO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAYZENT ORAL TABLET 0.25 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT ORAL TABLET 1 MG, 2 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	PA; *May have Specialty Costshare; QL (7 per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	PA; *May have Specialty Costshare; QL (12 per 1 day)
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	PA; QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	PA NSO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	PA NSO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	PA NSO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate transdermal patch (Daytrana) 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	PA NSO; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i> (Lyrica CR)	2	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG	3	PA NSO; QL (30 per 30 days)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG	3	PA NSO; QL (60 per 30 days)
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	3	PA NSO; QL (60 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	3	PA; *May have Specialty Costshare
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; *May have Specialty Costshare
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	3	PA NSO; QL (30 per 30 days)
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	0	
<i>after pill oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>aftera oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>amethia lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (l norgest/e.estradiol- e.estradiol)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	0	QL (91 per 91 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		2	QL (1 per 365 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estradiol)	0	QL (91 per 91 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		0	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0	
<i>camila oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) 175 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (norgestrel-ethinyl estradiol)	0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>cyred eq oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>deblitane oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i> (Azurette (28))	0	

Drug Name		Drug Tier	Requirements/Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	0	
<i>econtra one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
ELLA ORAL TABLET 30 MG		2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	0	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE CONDOM	2	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) 175 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)175 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>gianvi (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
GYNOL II VAGINAL GEL 3 %	2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)175 mg (4)</i> (norethindrone-e.estradiol-iron)	0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)175 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)175 mg (7)</i> (norethindrone-e.estradiol-iron)	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i> (norethindrone ac-eth estradiol)	0	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> (etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>her style oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)
<i>incassia oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>isibloom oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)110 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>jencycla oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgestrel-eth.estradiol-iron)	0	QL (28 per 28 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		2	
<i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	0	QL (91 per 91 days)
<i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	0	
<i>l norgestle.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	0	QL (91 per 91 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	0	QL (91 per 91 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	

Drug Name		Drug Tier	Requirements/Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		2	
<i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol- e.estradiol)	0	QL (91 per 91 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
<i>lo-zumandimine (28) oral tablet 3- 0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>luteru (28) oral tablet 0.1-20 mg- mcg</i>	(levonorgestrel-ethinyl estradiol)	0	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estradiol)	0	
<i>melodetta 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone- e.estradiol-iron)	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone- e.estradiol-iron)	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>microgestin 1/20 (21) oral tablet 1- 20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>microgestin 24 fe oral tablet 1 mg- 20 mcg (24)/75 mg (4)</i>	(norethindrone- e.estradiol-iron)	0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone- e.estradiol-iron)	0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	2	
<i>mono-linyah oral tablet 0.25-35 mg- mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>my choice oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>my way oral tablet 1.5 mg</i> (levonorgestrel)	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	
<i>new day oral tablet 1.5 mg</i> (levonorgestrel)	0	
NEXPLANON SUBDERMAL IMPLANT 68 MG	0	QL (1 per 365 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	
<i>nikki (28) oral tablet 3-0.02 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>nora-be oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	0	QL (3 per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmiily)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	0	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ocella oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		2	
<i>opcicon one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	

Drug Name	Drug Tier	Requirements/Limits
<i>option-2 oral tablet 1.5 mg</i> (levonorgestrel)	0	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estrad)	0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	0	
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estrad)	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol-e.estrad)	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog-e.estradiol/e.estradiol)	0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	
SLYND ORAL TABLET 4 MG (28)	2	QL (28 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>syeda oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>take action oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/175 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
<i>trivora (28) oral tablet 50-30</i> (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	0	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	0	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	0	
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>turqoz (28) oral tablet 0.3-30 mg- mcg</i>	(norgestrel-ethinyl estradiol)	0	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>		0	
<i>tydemy oral tablet 3-0.03-0.451 mg</i> (21) (7)	(drospirenone- e.estradiol-lm.fa)	0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		2	
<i>vcf contraceptive gel vaginal gel 4 %</i>		2	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>		0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>vienna oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog- e.estradiol/e.estradiol)	0	
<i>vyfemla (28) oral tablet 0.4-35 mg- mcg</i>		0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>wera (28) oral tablet 0.5-35 mg- mcg</i>		0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		2	

Drug Name		Drug Tier	Requirements/Limits
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
Cough And Cold Products			
Cough And Cold Products			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		1	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i>	(brompheniramine-pseudoeph-dm)	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>		2	QL (300 per 30 days); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	(Hydromet)	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	1	QL (180 per 30 days); AGE (Min 18 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	(hydrocodone-homatropine)	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>		1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>		1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		1	
Dental And Oral Agents			
Dental And Oral Agents			
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acitretin oral capsule 22.5 mg</i>	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 7 days)
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	PA
<i>azelaic acid topical gel 15 %</i>	2	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	2	
<i>bpo topical gel 4 %, 8 %</i> (benzoyl peroxide)	2	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	2	QL (30 per 30 days)
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	2	
<i>calcipotriene topical ointment 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
<i>cem-urea topical gel 45 %</i> (urea)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
<i>cleansing wash topical cleanser 10-4-10 %</i> (sulfacetamide sod-sulfur-urea)	2	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	3	
<i>exoderm topical lotion 25-1 %</i>	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	PA
<i>fluorouracil topical solution 2 %</i>	1	
<i>fluorouracil topical solution 5 %</i>	1	PA
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	2	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	2	PA
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	2	PA
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
OPZELURA TOPICAL CREAM 1.5 %	3	PA; *May have Specialty Costshare
<i>podocon topical liquid 25 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	QL (15 per 30 days)
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>salicylic acid topical foam 6 %</i> (Salvax)	2	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	1	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	QL (2838 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	2	
<i>sulfacetamide-niacinamide topical cream 10-4 %</i> (Eceoxia)	2	
TOLAK TOPICAL CREAM 4 %	2	
<i>urea nail stick topical solution 50 %</i> (urea)	1	
<i>urea topical cream 40 %, 47 %</i>	1	
<i>urea topical cream 45 %</i> (Uramaxin)	1	
<i>urea topical foam 35 %</i> (Hydro 35)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>urea topical gel 45 %</i> (CEM-Urea)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	2	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	2	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	
CORTISPORIN TOPICAL OINTMENT 1 %	3	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (120 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	
<i>gentamicin topical cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	2	QL (90 per 30 days)
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (90 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	2	
<i>amcinonide topical ointment 0.1 %</i>	2	
<i>anucort-hc rectal suppository 25 mg</i> (hydrocortisone acetate)	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol topical spray, non-aerosol 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i> (Chlohux)	2	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i> (Chlooxia)	2	
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i> (Chlooxia)	2	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i> (Chlooxia)	2	
<i>clocortolone pivalate topical cream 0.1 %</i>	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical gel 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone-niacinamide topical ointment 0.05-4 %</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinolone-niacinamide topical cream 0.01-4 %</i> (Tetoxia)	2	
<i>fluocinolone-niacinamide topical cream 0.025-4 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	2	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	2	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	2	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	2	QL (120 per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	2	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	2	PA
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i> (hydrocortisone)	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	

Drug Name		Drug Tier	Requirements/Limits
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	(Kenalog)	2	
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	(Triderm)	1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	(Triderm)	1	QL (454 per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		1	
<i>triamcinolone-niacinamide topical cream 0.1-4 %</i>		1	
<i>triderm topical cream 0.1 %</i>	(triamcinolone acetonide)	1	
<i>triderm topical cream 0.5 %</i>	(triamcinolone acetonide)	1	QL (454 per 30 days)
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene topical gel 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene topical gel 0.3 %</i>		1	AGE (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	(Epiduo)	2	QL (45 per 30 days); AGE (Max 25 Years)
<i>avita topical cream 0.025 %</i>	(tretinoin)	1	AGE (Max 25 Years)
<i>avita topical gel 0.025 %</i>	(tretinoin)	1	AGE (Max 25 Years)
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	(Tazorac)	2	
TAZORAC TOPICAL CREAM 0.05 %		3	AGE (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	(Retin-A Micro)	2	AGE (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	(Retin-A Micro Pump)	2	AGE (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i>	(Avita)	1	AGE (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	AGE (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	AGE (Max 25 Years)

Drug Name		Drug Tier	Requirements/Limits
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	AGE (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	AGE (Max 25 Years)
Scabicides And Pediculicides			
<i>ivermectin topical lotion 0.5 %</i>	(Sklice)	2	QL (117 per 30 days)
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 %</i>	(Aveidaoxia)	1	
<i>lindane topical shampoo 1 %</i>		1	
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	1	
SOOLANTRA TOPICAL CREAM 1 %	(ivermectin)	2	
<i>spinosad topical suspension 0.9 %</i>	(Natroba)	2	
Devices			
Devices			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN		2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1"		2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 X 5/8 "		2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	
INJECT-EASE DEVICE		2	

Drug Name	Drug Tier	Requirements/Limits
LANCING DEVICE WITH LANCETS KIT (Accu-Chek FastClix Lancing Dev)	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	3	PA; *May have Specialty Costshare
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; *May have Specialty Costshare
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	3	PA; *May have Specialty Costshare
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	3	PA; *May have Specialty Costshare
<i>yargesa oral capsule 100 mg</i> (miglustat)	3	*May have Specialty Costshare; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	QL (40 per 30 days)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i> (Astepro Allergy) <i>205.5 mcg (0.15 %)</i>	2	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	QL (12 per 30 days)
<i>azelastine-fluticasone nasal</i> (Dymista) <i>spray,non-aerosol 137-50 mcg/spray</i>	2	ST; QL (23 per 30 days)
<i>ciprofloxacin-fluocinolone otic</i> (Otovel) <i>(ear) solution 0.3-0.025 % (0.25 ml)</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	QL (50 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	PA; *May have Specialty Costshare; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops</i> 0.05 %	2	QL (10 per 30 days)
<i>homatropaire ophthalmic (eye)</i> (homatropine hbr) <i>drops 5 %</i>	1	
<i>ipratropium bromide nasal</i> <i>spray,non-aerosol 21 mcg (0.03 %),</i> <i>42 mcg (0.06 %)</i>	1	
<i>levofloxacin ophthalmic (eye) drops</i> 1.5 %	2	
<i>olopatadine nasal spray,non-aerosol</i> (Patanase) 0.6 %	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops</i> 0.1 %	2	(Eye Allergy Itch- Redness Rlf)
<i>olopatadine ophthalmic (eye) drops</i> 0.2 %	2	(Eye Allergy Itch Relief) QL (2.5 per 25 days)
<i>phenylephrine hcl ophthalmic (eye)</i> <i>drops 10 %, 2.5 %</i>	1	
<i>phenyleph-tropicamide in water</i> <i>ophthalmic (eye) drops 2.5-1 %</i>	2	
<i>proparacaine ophthalmic (eye)</i> (Alcaine) <i>drops 0.5 %</i>	1	
ZADITOR OPHTHALMIC (ketotifen fumarate) (EYE) DROPS 0.025 % (0.035 %)	1	
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye)</i> <i>ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>(eye) ointment 500-10,000</i> <i>unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	
<i>bleph-10 ophthalmic (eye) drops 10</i> (sulfacetamide sodium) %	2	

Drug Name	Drug Tier	Requirements/Limits
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	(neomycin-bacitracin-poly-hc) 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	(Ocuflox) 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	(bacitracin-polymyxin b) 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	QL (3.4 per 16 days)
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i>	2	ST; QL (17.2 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	QL (30 per 28 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	QL (10 per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	2	QL (20 per 28 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 per 30 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	QL (20 per 28 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (6.8 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (20 per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	QL (7 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	1	QL (20 per 14 days)
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Allergy Nasal (mometasone))	2	QL (17 per 30 days)
<i>nasal allergy nasal aerosol,spray 55 mcg</i> (triamcinolone acetonide)	1	QL (16.9 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	QL (40 per 28 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	QL (40 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	QL (112 per 10 days)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i> (Nexium)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)
<i>esomeprazole strontium oral capsule,delayed release(drlec) 49.3 mg</i>	2	ST; QL (30 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	

Drug Name		Drug Tier	Requirements/Limits
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i>	(Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i>	(Prevacid)	1	QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	(Prevacid SoluTab)	1	ST; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		2	
<i>nizatidine oral solution 150 mg/10 ml</i>		2	
<i>omeprazole oral capsule, delayed release(drlec) 10 mg, 20 mg, 40 mg</i>		1	QL (30 per 30 days)
<i>omeprazole oral tablet, delayed release (drlec) 20 mg</i>		1	
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>		1	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	(Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	2	ST; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	(Protonix)	1	QL (30 per 30 days)
PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	(omeprazole magnesium)	1	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	(AcipHex Sprinkle)	2	ST; QL (30 per 30 days)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	(AcipHex)	2	ST; QL (30 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	(Carafate)	1	
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	1	
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM	(omeprazole-sodium bicarbonate)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	3	PA; *May have Specialty Costshare
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	1	
<i>hyosyne oral drops 0.125 mg/ml</i> (hyoscyamine sulfate)	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i> (hyoscyamine sulfate)	1	
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (120 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (30 per 30 days)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i> (hyoscyamine sulfate)	1	
<i>propantheline oral tablet 15 mg</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	3	PA; *May have Specialty Costshare
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	2	PA; *May have Specialty Costshare
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
<i>gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74- 6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>laxaclear oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>natura-lax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>peg-prep oral kit 5-210 mg-gram</i>	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (LaxaClear)	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (Powderlax)	1	
<i>polyethylene glycol 3350 oral powder in packet 4 gram, 4.25 gram</i>	1	
<i>polyethylene glycol 3350 oral powder in packet 8.5 gram</i> (Gavilax)	1	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	1	
<i>powderlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>powderlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder 17 gram/dose</i> (polyethylene glycol 3350)	1	
<i>smoothlax oral powder in packet 17 gram</i> (polyethylene glycol 3350)	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	1	

Drug Name	Drug Tier	Requirements/Limits
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>lanthanum oral tablet,chewable</i> (Fosrenol) 1,000 mg, 500 mg, 750 mg	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	ST; QL (30 per 30 days)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	ST; QL (30 per 30 days)
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	2	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	QL (60 per 30 days)
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	2	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	2	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	2	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	3	PA; *May have Specialty Costshare
<i>deferasirox oral tablet 180 mg</i> (Jadenu)	3	PA; *May have Specialty Costshare
<i>deferasirox oral tablet 360 mg, 90 mg</i> (Jadenu)	2	PA; *May have Specialty Costshare
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	2	PA; *May have Specialty Costshare
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	(estrogens-methyltestosterone)	1
<i>covaryx oral tablet 1.25-2.5 mg</i>	(estrogens-methyltestosterone)	1
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		1
<i>estratest f.s. oral tablet 1.25-2.5 mg</i>	(estrogens-methyltestosterone)	1
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	1
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	1
<i>methyltestosterone oral capsule 10 mg</i>		2
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	(Oxandrin)	1
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	(Depo-Testosterone)	1
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>		1
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>		2
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	(Vogelxo)	2
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	(AndroGel)	2
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1.62% (40.5 mg/2.5 gram)</i>	(AndroGel)	2
<i>testosterone transdermal gel in packet 1% (50 mg/5 gram)</i>	(AndroGel)	2

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	2	PA NSO; QL (37.5 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	2	PA NSO; QL (180 per 30 days)
Estrogens And Antiestrogens		
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	2	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	QL (1 per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
INTRAROSA VAGINAL INSERT 6.5 MG	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	1	
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 per 30 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	PA; QL (30 per 30 days)
<i>yuvafem vaginal tablet 10 mcg</i> (estradiol)	1	
Glucocorticoids/Mineralocorticoids		
<i>cortisone oral tablet 25 mg</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone oral tablet 5 mg</i> (Millipred)	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	
PREDNISON ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1</i> <i>ml), 500 mcg/ml (1 ml)</i>	2	PA; *May have Specialty Costshare
ORGOVYX ORAL TABLET 120 MG	3	PA; *May have Specialty Costshare
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1- 0.5MG(AM) /300 MG(PM)	2	PA
ORILISSA ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; *May have Specialty Costshare
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; *May have Specialty Costshare
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
ENDOMETRIN VAGINAL INSERT 100 MG	2	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (levothyroxine)	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg</i>	2	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (thyroid (pork))	2	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<i>sSKI oral solution 1 gram/ml</i> (potassium iodide)	2	
SYNTHROID ORAL TABLET (levothyroxine) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	2	
<i>westhroid oral tablet 32.5 mg, 65 mg</i>	1	
<i>wp thyroid oral tablet 113.75 mg, 130 mg, 16.25 mg, 32.5 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg</i>	2	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	2	PA; *May have Specialty Costshare; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (1.6 per 28 days)
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	1	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	
<i>cyclosporine modified oral capsule 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	*May have Specialty Costshare
CYLTEZO(CF) PEN CROHN'S- UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; *May have Specialty Costshare; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; *May have Specialty Costshare; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; *May have Specialty Costshare
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	*May have Specialty Costshare
<i>everolimus (immunosuppressive)</i> <i>oral tablet 0.25 mg, 0.5 mg, 0.75</i> <i>mg, 1 mg</i> (Zortress)	3	*May have Specialty Costshare
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	ST
<i>mycophenolate mofetil oral capsule</i> (CellCept) 250 mg	2	
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	2	
<i>mycophenolate mofetil oral tablet</i> (CellCept) 500 mg	2	
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (drlec) 180</i> <i>mg, 360 mg</i>	2	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA NSO; *May have Specialty Costshare; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA NSO; *May have Specialty Costshare; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; *May have Specialty Costshare; QL (55 per 28 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; *May have Specialty Costshare; QL (27 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	*May have Specialty Costshare
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	
SIMLANDI(CF) (adalimumab-ryvk) AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR, KIT 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
<i>sirolimus oral solution 1 mg/ml</i>	3	*May have Specialty Costshare
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	*May have Specialty Costshare
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; *May have Specialty Costshare
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 84 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	*May have Specialty Costshare
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	0	PA; QL (1 per 365 days); AGE (Min 60 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Drug Name	Drug Tier	Requirements/Limits
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	0	AGE (Min 60 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 10 Years and Max 25 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	QL (2 per 365 days)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (1 per 365 days)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	PA

Drug Name	Drug Tier	Requirements/Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	QL (0.5 per 30 days); AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 365 days)
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	0	AGE (Min 60 Years)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	0	QL (1 per 365 days)
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	0	QL (1 per 365 days)
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1 per 365 days)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4- 4.2- 3.3CCID50/0.5ML	0	QL (2 per 365 days)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3- 4.3-3- 3.99 TCID50/0.5	0	QL (2 per 365 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 50 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	0	PA

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1.5 per 365 days); AGE (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	QL (4 per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	QL (2 per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	QL (2 per 365 days)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	QL (2 per 365 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	QL (1 per 365 days); AGE (Min 60 Years)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	QL (90 per 30 days)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	2	QL (30 per 30 days)
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	ST

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	2	ST
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 30 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	3	*May have Specialty Costshare; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	3	*May have Specialty Costshare; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (teriparatide)	2	PA; *May have Specialty Costshare; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>ibandronate oral tablet 150 mg</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; *May have Specialty Costshare; QL (1.56 per 28 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	PA; *May have Specialty Costshare; QL (12 per 30 days)
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	3	PA; *May have Specialty Costshare
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	3	PA
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	QL (2 per 28 days)
<i>guanidine oral tablet 125 mg</i>	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML	2	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 1 MG/0.2 ML	2	QL (0.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.8 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	QL (0.4 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>hydroxyzine pamoate oral capsule</i> 100 mg, 50 mg	1	
<i>hydroxyzine pamoate oral capsule</i> (Vistaril) 25 mg	1	
<i>leucovorin calcium oral tablet</i> 10 mg, 15 mg, 25 mg, 5 mg	1	PA
<i>methylergonovine oral tablet</i> 0.2 mg	1	QL (28 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; *May have Specialty Costshare; QL (1 per 1 day)
<i>paroxetine mesylate(menop.sym)</i> <i>oral capsule</i> 7.5 mg	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral syrup</i> (Mestinon) 60 mg/5 ml	2	
<i>pyridostigmine bromide oral tablet</i> 30 mg	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) 60 mg	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release</i> 180 mg	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	3	*May have Specialty Costshare; QL (24 per 14 days)
VOWST ORAL CAPSULE	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
ALPHAGAN P OPHTHALMIC (brimonidine) (EYE) DROPS 0.1 %	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops (Alphagan P) 0.1 %, 0.15 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (Combigan) (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) (Azopt) drops,suspension 1 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) (Cosopt (PF)) ophthalmic (eye) dropperette 2-0.5 %</i>	2	QL (60 per 30 days)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (Cosopt) (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	2	QL (30 per 30 days)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	2	QL (60 per 30 days)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	2	QL (2.5 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>effer-k oral tablet, effervescent 25 meq</i> (potassium bicarb-citric acid)	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (potassium chloride)	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (potassium chloride)	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (potassium chloride)	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	2	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	2	QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcglactuation, 80-4.5 mcglactuation</i> (Breyna)	2	
<i>fluticasone propionate inhalation blister with device 100 mcglactuation, 50 mcglactuation</i>	1	QL (60 per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcglactuation</i>	1	QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcglactuation, 220 mcglactuation, 44 mcglactuation</i>	2	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	2	QL (60 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (21.2 per 25 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion-salmeterol)	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
Bronchodilators		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i> (Ventolin HFA)	1	QL (17 per 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	2	QL (120 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	1	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg (2.5 mg base)/3 ml</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol tartrate inhalation hfa</i> (Xopenex HFA) <i>aerosol inhaler 45 mcg/actuation</i>	2	QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO- INJECTOR 30 MG/ML	3	*May have Specialty Costshare; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>nebusal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; *May have Specialty Costshare; QL (1 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; *May have Specialty Costshare; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	3	PA; *May have Specialty Costshare; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	3	PA; *May have Specialty Costshare; QL (21 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	1	

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; *May have Specialty Costshare; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; *May have Specialty Costshare
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	3	PA; *May have Specialty Costshare; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; *May have Specialty Costshare; QL (5 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; *May have Specialty Costshare; QL (5 per 28 days)

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>baclofen oral tablet 15 mg</i>	1	QL (160 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>baclofen oral tablet 5 mg</i>	1	QL (480 per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg (Soma)</i>	2	QL (120 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (240 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL (120 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg</i>	1	QL (120 per 30 days)
<i>dantrolene oral capsule 25 mg (Dantrium)</i>	1	QL (90 per 30 days)
<i>dantrolene oral capsule 50 mg</i>	1	QL (90 per 30 days)
<i>metaxall oral tablet 800 mg (metaxalone)</i>	2	QL (120 per 30 days)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	QL (120 per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	1	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol oral tablet 750 mg</i>	1	QL (180 per 30 days)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	QL (60 per 30 days)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	2	QL (120 per 30 days)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	2	QL (120 per 30 days)
<i>orphengesic forte oral tablet 50-770-60 mg</i> (orphenadrine-asa-caffeine)	2	QL (120 per 30 days)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	2	QL (540 per 30 days)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	2	QL (270 per 30 days)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	2	QL (180 per 30 days)
<i>tizanidine oral tablet 2 mg</i>	1	QL (540 per 30 days)
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	2	PA; QL (90 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	ST; QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	ST; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	ST; QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; *May have Specialty Costshare; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	2	QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	3	PA; *May have Specialty Costshare; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (HetlioZ)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML	2	PA; *May have Specialty Costshare
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	ST; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; *May have Specialty Costshare
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	3	PA; *May have Specialty Costshare; QL (224 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; *May have Specialty Costshare; QL (200 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>folic acid oral tablet 1 mg</i>	1	
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i> (multivit-min-ferrous gluconate)	1	

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