Illinois Individual and Family Plans 2026 Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of November 1, 2026 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

If you are a UnitedHealthcare member, please register or log on to **myuhc.com/exchange**, or call the toll-free number on your health plan ID card to find coverage documents and pharmacy information specific to your benefit plan. The current PDL can also be accessed online at **https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists/individual-exchange**.

Updated 11/01/2026

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Formulary by health product name

The same formulary (this PDL) applies to all health product names included below. You can reference your Summary of Benefits and Coverage (SBC) document, which includes your specific plan information. Your SBC includes your deductible and out of pocket maximums, cost-shares for each tier, and a link to your PDL.

2026 Health product name	SBC document
UHC BRONZE COPAY FOCUS (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070023-01.en.2026.pdf
UHC BRONZE COPAY FOCUS+ (DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080006-01.en.2026.pdf
UHC BRONZE ESSENTIAL (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070030-01.en.2026.pdf
UHC BRONZE STANDARD (NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070021-01.en.2026.pdf
UHC BRONZE VALUE (RX COPAY, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0070018-01.en.2026.pdf
UHC BRONZE VALUE+ (RX COPAY, DENTAL + VISION, NO REFERRALS)	https://www.uhc.com/ifp/sbc.42529IL0080003-01.en.2026.pdf
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Understand your medication options

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

Allowed amount means the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate." If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand-name drug means a drug that is marketed under a proprietary, trademark protected name. The brand name drug is listed in all capital letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care service. Typically, a copayment does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual means an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, or iii) a quantity of a drug above a quantity limit. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances are when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.

Formulary means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-formulary drug means a drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request."

Out-of-pocket costs means copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription Drug Product means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law. Medications which, due to their traits, are administered or directly supervised by a qualified provider or licensed/certified health professional will be covered under the medical benefit when medically necessary.

Prior authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the Prescription Drug List (PDL). It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the United States Pharmacopeia (USP) Pharmacologic-Therapeutic Classification System.

You may also find a Prescription Drug Product by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name Prescription Drug Product is not available on the market or is not covered, the Prescription Drug Product will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the PDL:

1. A drug is listed alphabetically by its brand and generic names or, if only the generic equivalent is covered under the plan, then just by its generic name, in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all bold and italicized lowercase letters;
3. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters; and;
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed in all CAPITAL letters after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Drug Name	Drug tier	Coverage requirements and limits
DILT-XR CAP 180MG ***(diltiazem hcl cap er 24hr 180 mg)***	2	
diltiazem hcl cap er 24hr 180 mg	2	

If your medication is not listed in this document, please visit **myuhc.com/exchange** or call the toll-free member phone number on your member ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

CM	Orally administered anti-cancer medication
PA	Prior authorization required
QL	Quantity limit
SM	Cost-share cap by state mandate applies when condition appropriate
SP	Specialty medication

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your health care provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

For orally administered anti-cancer Prescription Drug Products, there are no separate cost-sharing requirements or treatment limitations that do not also apply to intravenously injected or administered cancer Prescription Drug Products covered under your medical benefit.

Oral chemotherapeutic Prescription Drug Products will be provided at a level no less favorable than chemotherapeutic agents are provided, regardless of tier placement as described in the Policy under Pharmaceutical Products - Outpatient in Section 1: Covered Health Care Services.

Your drug list has the following tiers:

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic** medications.
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic** medications.
4	$$$	**Higher cost-share** Medications that provide **lower overall value,** which includes **non-preferred brand name** and **non-preferred generic** medications.
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value,** which includes most **specialty** medications.

Please note: Refer to your enrollment and plan materials on **myuhc.com/exchange**, or call the toll-free number on your member ID card for more information about your benefit plan. Your cost-share will not exceed the lesser of the cost-sharing amount or the retail price of the medication without the drug coverage.

When does the PDL change?

This PDL is required to be updated on a monthly basis.

- Medications may move to a lower tier or coverage may be added at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier, become non-formulary, or the dosage form covered may change
- Medications may become subject to new or revised utilization management procedures, such as prior authorization or quantity limits, at any time but most often upon FDA approval of the medication or its generic

When a medication changes tiers, you may have to pay a different amount for that medication. The presence of a Prescription Drug Product on the PDL does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

Utilization Management programs

Prior authorization required – Your doctor is required to provide additional information to us to determine coverage.

Quantity limit – Amount of medication covered per copayment or in a specific time period. Medications with quantity limits may be dispensed in greater quantities if medically necessary and with an exception.

Patient Protection and Affordable Care Act (PPACA) zero cost-share preventive care medication when age and/or condition appropriate – This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. PPACA zero cost-share preventive care medications can be obtained, free of charge, at network pharmacies with a prescription from a prescribing provider. A prescription will not be required to trigger coverage of over-the-counter FDA-approved contraceptive drugs, devices, and products. PPACA zero cost-share preventive care medications are obtained at a network pharmacy with a prescription order or refill from a physician and are payable at 100% of the prescription drug charge (without application of any Copayment, Coinsurance, Deductible) as required by applicable law under any of the following:

- Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force
- Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved
- With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration
- With respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration

State mandated $0 cost-share – The following drug categories are required by state mandate to be covered at $0 cost-share when condition appropriate:

- Abortion-related medications
- Continuous Glucose Monitors (CGMs)
- Gender Dysphoria medications
- Human Immunodeficiency Virus (HIV) Prevention medications
- Naloxone (single ingredient formulations)

State mandated cost-share caps - The following drug categories are subject to state mandated limits on cost-share:

- Asthma medications (including rescue and maintenance inhalers and nebulizers) - $25
- Epi-Pen - $60
- Insulin - $35

What medications are covered under my medical benefit?

Prescription Drug Products administered by a health care professional are generally covered under the medical benefit while Prescription Drug Products that are self-administered are covered under the pharmacy benefit. To learn about Prescription Drug Products covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program- Summary-Drug-List.pdf** The provider may contact UnitedHealthcare for more information or go to uhcprovider.com.

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

When a Prescription Drug Product is not on our PDL, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the toll-free number on your member ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

Urgent requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product including refills for the duration of the exigency.

External review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your member ID card. The Independent Review Organization (IRO will notify you of its determination within 72 hours.

Expedited external review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the toll-free number on your health plan ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.

If we deny your exception request, you may appeal. Please refer to your Evidence of Coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your health plan ID card.

Requesting a prior authorization exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain a prior authorization exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com**. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization requirements by going online at **myuhc.com/exchange** or by calling at the toll-free phone number on the back of your member ID card.

Approvals for maintenance medications used to treat a chronic or long-term condition will be valid for the lesser of 12 months or the length of treatment determined by the your prescribing provider. All other approvals, except for benzodiazepines and Schedule II narcotic drugs, will be valid for the lesser of six months the length of treatment determined by your prescribing provider, or the renewal of your plan.

In the case of a standard prior authorization exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your health plan ID card.

If a medical exception is approved, we will provide coverage for the medication for up to 12 months from the date of approval or until the renewal of your plan.

How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your health plan ID card to help locate a network pharmacy near you or visit our website at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy for an up-to-date list.

Prescription delivery options

You have choices on where to fill prescriptions you take regularly. You have the option to fill at a retail pharmacy or have them mailed to your home. It's up to you. Home Delivery Pharmacy is one of your network options. There may be other options in your network. Sign in at **myuhc.com/exchange** > Pharmacies & Prescriptions > Find a pharmacy.

How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program. Here's how to fill prescriptions through Home Delivery.

- **E-prescribe:** Ask your prescribing provider to electronically send new prescriptions to Home Delivery Pharmacy for up to a 90-day supply, or Home Delivery Pharmacy can call your doctor for you.
- **Online:** Visit **myuhc.com/exchange** > Pharmacies Prescriptions > Rx profile to set up an account.
- **Phone:** Call Home Delivery at the number on your health plan ID card, any day, time.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com/exchange** or call the toll-free member phone number on your health plan ID card for more current information.

You will receive sixty days notice if one of the following changes impacts you:

- A medication is moved to a higher tier*
- A medication becomes non-formulary*
- A medication becomes subject to new or revised utilization management procedures

*You may be able to continue coverage of the medication at the same cost-share if your prescriber provides notice of medical necessity.

Questions



Review your policy for more information about your pharmacy benefit.



Call the Member Services number on your health plan ID card.

Our customer service team is available during normal business hours to support you with questions about your Prescription Drug Product benefits. We can help with:

- Information about drugs covered under your medical benefit
- The actual dollar amount you'll pay for medications, including those subject to deductibles, copayments, coinsurance, or out-of-pocket limits
- How to request prior authorization or submit a formulary exception request



Register or login to your online account at **myuhc.com/exchange** to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Learn more

Call the toll-free member phone number on your health plan ID card, or visit **myuhc.com/exchange**.

State of Illinois

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Drug name	Tier	Coverage Requirements and Limits
Analgesics		
Nonsteroidal anti-inflammatory drugs		
aspirin low chw 81mg	1	$0 Copay for members between ages of 15 to 49 years.
aspirin low tab 81mg ec	1	$0 Copay for members between ages of 15 to 49 years.
celecoxib cap 100mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 200mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 400mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 50mg	2	QL; Maximum of 2 capsules per day.
diclofen pot tab 50mg	2	
diclofenac gel 1%	3	QL; Maximum of 300 grams per 30 days.
diclofenac tab 100mg er	3	
diclofenac tab 25mg dr	2	
diclofenac tab 50mg dr	2	
diclofenac tab 75mg dr	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	
diflunisal tab 500mg	2	
ec-naproxen tab 375mg	2	
ec-naproxen tab 500mg	2	
etodolac cap 200mg	2	
etodolac cap 300mg	2	
etodolac er tab 400mg	3	
etodolac er tab 500mg	3	
etodolac er tab 600mg	3	
etodolac tab 400mg	2	
etodolac tab 500mg	2	
fenoprofen tab 600mg	4	
flurbiprofen tab 100mg	2	
ibu tab 400mg	2	
ibu tab 600mg	2	
ibu tab 800mg	2	
ibuprofen tab 400mg	2	
ibuprofen tab 600mg	2	
ibuprofen tab 800mg	2	
indomethacin cap 25mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap 50mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap 75mg er	2	
ketoprofen cap 200mg er	4	
ketoprofen cap 25mg	3	
ketoprofen cap 50mg	3	
ketorolac tab 10mg	2	
meclofen sod cap 100mg	4	

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Drug name	Tier	Coverage Requirements and Limits
meclofen sod cap 50mg	4	
mefenam acid cap 250mg	4	
meloxicam tab 15mg	2	
meloxicam tab 7.5mg	2	
nabumetone tab 500mg	2	
nabumetone tab 750mg	2	
naproxen dr tab 375mg	2	
naproxen dr tab 500mg	2	
naproxen sod tab 275mg	2	
naproxen sod tab 550mg	2	
naproxen sus 125/5ml	4	PA
naproxen tab 250mg	2	
naproxen tab 375mg	2	
naproxen tab 500mg	2	
oxaprozin tab 600mg	3	
piroxicam cap 10mg	2	
piroxicam cap 20mg	2	
salsalate tab 500 mg	2	
salsalate tab 750 mg	2	
st joseph chw low 81mg	1	$0 Copay for members between ages of 15 to 49 years.
sulindac tab 150mg	2	
sulindac tab 200mg	2	
tolmetin sod cap 400mg	4	
tolmetin sod tab 600mg	4	
tramadol-acetaminophen tab 37.5-325 mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
Opioid Analgesics, Long-acting		
fentanyl citrate lozenge on a handle 1200 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 1600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 200 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 400 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 800 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl dis 100mcg/h	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 12mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 25mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 50mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
fentanyl dis 75mcg/hr	3	PA; QL; MME; 7D; Maximum of 15 patches per 30 days.
hydrocodone cap 10mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 15mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
hydrocodone cap 20mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 30mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 40mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydrocodone cap 50mg er	4	PA; QL; MME; 7D; Maximum of 2 capsules per day.
hydromorphon tab 12mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 16mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 32mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
hydromorphon tab 8mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
levorphanol tab 2mg	4	PA; QL; MME; 7D; Maximum of 6 tablets per day.
levorphanol tab 3mg	4	PA; QL; MME; 7D; Maximum of 6 tablets per day.
methadone con 10mg/ml	2	PA; QL; MME; 7D; Maximum of 12 ml per day.
methadone sol 10mg/5ml	2	PA; QL; MME; 7D; Maximum of 60 ml per day.
methadone sol 5mg/5ml	2	PA; QL; MME; 7D; Maximum of 120 ml per day.
methadone tab 10mg	2	PA; QL; MME; 7D; Maximum of 12 tablets per day.
methadone tab 5mg	2	PA; QL; MME; 7D; Maximum of 8 tablets per day.
morphine sul tab 100mg er	2	PA; QL; MME; 7D; Maximum of 3 tablets per day.
morphine sul tab 15mg er	2	PA; QL; MME; 7D; Maximum of 3 tablets per day.
morphine sul tab 200mg er	2	PA; QL; MME; 7D; Maximum of 2 tablets per day.
morphine sul tab 30mg er	2	PA; QL; MME; 7D; Maximum of 4 tablets per day.
morphine sul tab 60mg er	2	PA; QL; MME; 7D; Maximum of 4 tablets per day.
NUCYNTA ER TAB 100MG ***tapentadol hcl tab er 12hr 100 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 150MG ***tapentadol hcl tab er 12hr 150 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 200MG ***tapentadol hcl tab er 12hr 200 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 250MG ***tapentadol hcl tab er 12hr 250 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
NUCYNTA ER TAB 50MG ***tapentadol hcl tab er 12hr 50 mg***	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 10mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 15mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 20mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 30mg er	4	PA; QL; MME; 7D; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
oxymorphone tab 40mg er	4	PA; QL; MME; 7D; Maximum of 3 tablets per day.
oxymorphone tab 5mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
oxymorphone tab 7.5mg er	4	PA; QL; MME; 7D; Maximum of 2 tablets per day.
tramadol hcl tab 50 mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
tramadol hcl tab er 24hr 100 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 200 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 300 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 100 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 200 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 300 mg	3	PA; QL; MME; 7D; Maximum of 1 tablet per day.
XTAMPZA ER CAP 13.5MG ***oxycodone cap er 12hr abuse-deterrent 13.5 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 18MG ***oxycodone cap er 12hr abuse-deterrent 18 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XTAMPZA ER CAP 27MG ***oxycodone cap er 12hr abuse-deterrent 27 mg***	4	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 36MG ***oxycodone cap er 12hr abuse-deterrent 36 mg***	4	PA; QL; MME; 7D; Maximum of 6 capsules per day.
XTAMPZA ER CAP 9MG ***oxycodone cap er 12hr abuse-deterrent 9 mg***	4	PA; QL; MME; 7D; Maximum of 3 capsules per day.
XYVONA TAB 2MG ***levorphanol tartrate tab 2 mg***	4	PA; QL; Maximum of 6 capsules per day.
XYVONA TAB 3MG ***levorphanol tartrate tab 3 mg***	4	PA; QL; Maximum of 6 capsules per day.
Opioid Analgesics, Short-acting		
apap-caffein cap dihydroc	4	QL; MME; 7D; Maximum of 10 capsules per day.
apap/codeine sol 120-12/5	2	QL; MME; 7D; Maximum of 150 ml per day.
apap/codeine sol 300-30mg	2	QL; MME; 7D; Maximum of 150 ml per day.
apap/codeine tab 300-15mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
apap/codeine tab 300-30mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
apap/codeine tab 300-60mg	2	QL; MME; 7D; Maximum of 13 tablets per day.
ascomp/cod cap 30mg	3	QL; MME; 7D; Maximum of 6 capsules per day.
bac tab	2	QL; Maximum of 6 tablets per day.
but/apap/caf cap codeine	4	QL; MME; 7D; Maximum of 6 capsules per day.
but/apap/caf cap codeine	4	QL; MME; 7D; Maximum of 6 capsules per day.
but/apap/caf cap	4	QL; Maximum of 6 capsules per day.
but/apap/caf cap	4	QL; Maximum of 6 capsules per day.
but/apap/caf tab	2	QL; Maximum of 6 tablets per day.

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but/asa/caf/ cap codeine	3	QL; MME; 7D; Maximum of 6 capsules per day.
but/asa/caff cap	3	QL; Maximum of 6 capsules per day.
butal/apap tab 50-325mg	3	QL; Maximum of 6 tablets per day.
butalb/aceta tab 50-300mg	3	QL; Maximum of 6 tablets per day.
codeine sulfate tab 15 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
codeine sulfate tab 30 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
codeine sulfate tab 60 mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
endocet tab 10-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 2.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 5-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
endocet tab 7.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
hydro/aceta sol 10-325mg	2	QL; MME; 7D; Maximum of 90 ml per day.
hydro/apap sol 10-300 mg/15ml	2	QL; MME; 7D; Maximum of 195 ml per day.
hydroco/apap sol 7.5-325	2	QL; MME; 7D; Maximum of 90 ml per day.
hydroco/apap tab 10-325mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydroco/apap tab 2.5-325	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydroco/apap tab 5-325mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydroco/apap tab 7.5-325	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydrocodone-ibuprofen tab 10-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 5-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 7.5-200 mg	4	QL; MME; 7D; Maximum of 5 tablets per day.
hydromorphon tab 2mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydromorphon tab 4mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
hydromorphon tab 8mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
hydromorphone liq 1mg/ml	3	QL; MME; 7D; Maximum of 50 ml per day.
morphine sul sol 10/0.5ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul sol 100/5ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul sol 10mg/5ml	3	QL; MME; 7D; Maximum of 100 ml per day.
morphine sul sol 20mg/5ml	3	QL; MME; 7D; Maximum of 50 ml per day.
morphine sul sol 20mg/ml	3	QL; MME; 7D; Maximum of 10 ml per day.
morphine sul tab 15mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
morphine sul tab 30mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycod/apap tab 10-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 2.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 5-325mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycod/apap tab 7.5-325	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycodone cap 5mg	2	QL; MME; 7D; Maximum of 12 capsules per day.
oxycodone con 100/5ml	4	QL; MME; 7D; Maximum of 6 ml per day.

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oxycodone sol 5mg/5ml	2	QL; MME; 7D; Maximum of 130 ml per day.
oxycodone tab 10mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxycodone tab 15mg	2	QL; MME; 7D; Maximum of 8 tablets per day.
oxycodone tab 20mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycodone tab 30mg	2	QL; MME; 7D; Maximum of 6 tablets per day.
oxycodone tab 5mg	2	QL; MME; 7D; Maximum of 12 tablets per day.
oxymorphone tab hcl 10mg	3	QL; MME; 7D; Maximum of 6 tablets per day.
oxymorphone tab hcl 5mg	3	QL; MME; 7D; Maximum of 6 tablets per day.
pentaz/nalox tab 50-0.5mg	3	QL; MME; 7D; Maximum of 12 tablets per day.
TENCON TAB 50-325MG ***butalbital-acetaminophen tab 50-325 mg***	3	QL; Maximum of 6 tablets per day.
Anesthetics		
Local Anesthetics		
glydo gel 2%	2	
lido/prilocn cre 2.5-2.5%	2	
lidocaine dis 5% patch	3	PA; QL; Maximum of 3 patches per day.
lidocaine gel 2% jelly	2	
lidocaine gel 2% jelly	2	
lidocaine hcl laryngotracheal soln 4%	3	
lidocaine hcl soln 4%	3	
lidocaine sol 2% oral	2	
lidocaine sol 2% visc	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acampro cal tab 333mg	2	
disulfiram tab 250mg	2	
disulfiram tab 500mg	2	
naltrexone tab 50mg	2	
Opioid Dependence Treatments		
bupren/nalox mis 12-3mg	2	
bupren/nalox mis 2-0.5mg	2	
bupren/nalox mis 4-1mg	2	
bupren/nalox mis 8-2mg	2	
bupren/nalox sub 2-0.5mg	2	
bupren/nalox sub 8-2mg	2	
buprenorphin sub 2mg	2	
buprenorphin sub 8mg	2	
lofexidine tab 0.18mg	2	
LUCEMYRA TAB 0.18MG ***lofexidine hcl tab 0.18 mg ( )***	3	
SUBOXONE MIS 12-3MG ***buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)***	3	
SUBOXONE MIS 2-0.5MG ***buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)***	3	

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SUBOXONE MIS 4-1MG ***buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)***	3	
SUBOXONE MIS 8-2MG ***buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)***	3	
ZUBSOLV SUB 0.7-0.18 ***buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)***	3	
ZUBSOLV SUB 1.4-0.36 ***buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)***	3	
ZUBSOLV SUB 11.4-2.9 ***buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)***	3	
ZUBSOLV SUB 2.9-0.71 ***buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)***	3	
ZUBSOLV SUB 5.7-1.4 ***buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)***	3	
ZUBSOLV SUB 8.6-2.1 ***buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)***	3	
Opioid Reversal Agents		
KLOXXADO SPR 8MG ***naloxone hcl nasal spray 8 mg/0.1ml***	1	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naloxone hcl spr 4mg	1	
naloxone spr 4mg	1	
NARCAN SPR 4MG ***naloxone hcl nasal spray 4 mg/0.1ml***	1	
OPVEE SPR 2.7/0.1 ***nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)***	3	
REXTOVY SPR 4/0.25ML ***naloxone hcl nasal spray 4 mg/0.25ml***	1	
REZENOPY SPRAY 10MG ***naloxone hcl nasal spray 10 mg/0.11ml***	1	
ZIMHI SOL ***naloxone hcl soln prefilled syringe 5 mg/0.5ml***	1	
ZURNAI INJ 1.5/0.5 ***nalmefene hcl soln auto-injector 1.5 mg/0.5ml (base equiv)***	3	
Smoking Cessation Agents		
bupropion tab 150mg sr	1	
CHANTIX PAK 1MG ***varenicline tartrate tab 1 mg (base equiv)***	3	PA
CHANTIX TAB 0.5& 1MG ***varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack***	3	PA
CHANTIX TAB 0.5MG ***varenicline tartrate tab 0.5 mg (base equiv)***	3	PA
chantix tab 1mg	3	PA
NICODERM CQ DIS 14MG/24H ***nicotine td patch 24hr 14 mg/24hr***	1	
NICODERM CQ DIS 21MG/24H ***nicotine td patch 24hr 21 mg/24hr***	1	
NICODERM CQ DIS 7MG/24HR ***nicotine td patch 24hr 7 mg/24hr***	1	
NICORETTE GUM 2MG ***nicotine polacrilex gum 2 mg***	1	
NICORETTE GUM 4MG ***nicotine polacrilex gum 4 mg***	1	
NICORETTE LOZ 2MG MINT ***nicotine polacrilex lozenge 2 mg***	1	
NICORETTE LOZ 4MG MINT ***nicotine polacrilex lozenge 4 mg***	1	
nicotine dis 7mg/24hr	1	

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Drug name	Tier	Coverage Requirements and Limits
nicotine gum 2mg	1	
nicotine gum 4mg	1	
nicotine loz 2mg mint	1	
nicotine loz 4mg mint	1	
nicotine sys kit transder	1	
nicotine td dis 14mg/24h	1	
nicotine td dis 21mg/24h	1	
NICOTROL NS SPR 10MG/ML ***nicotine nasal spray 10 mg/ml (0.5 mg/spray)***	1	
THRIVE GUM 2MG MINT ***nicotine polacrilex gum 2 mg***	1	
varenicline tab 0.5& 1mg	1	
varenicline tab 0.5mg	1	
varenicline tab 1mg	1	
Antibacterials		
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAP 250MG ***paromomycin sulfate cap 250 mg***	4	
neomycin sulfate tab 500 mg	2	
Antibacterials, Other		
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin hcl cap 75 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	3	
clindamycin phosphate vaginal cream 2%	2	
fosfomycin tromethamine powd pack 3 gm ( )	4	
linezolid for susp 100 mg/5ml	4	QL; Maximum of 900 ml per 11 days.
linezolid tab 600mg	3	QL; Maximum of 2 tablets per day.
mafenide acetate packet for topical soln 5% (50 gm)	4	
methenamine hippurate tab 1 gm	3	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	2	
mupirocin calcium cream 2%	4	QL; Maximum of 15 grams per 30 days.
mupirocin oint 2%	2	QL; Maximum of 110 grams per 30 days.
NEO-SYNALAR CRE ***neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%***	4	QL; Maximum of 60 grams per 30 days.
NEO-SYNALAR KIT ****neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit****	4	QL; Maximum of 315 grams per 30 days.
nitrofurantoin macrocrystalline cap 100 mg	3	
nitrofurantoin macrocrystalline cap 25 mg	4	QL; Maximum of 4 capsules per day.
nitrofurantoin macrocrystalline cap 50 mg	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	2	
nitrofurantoin susp 25 mg/5ml	4	PA
nitrofurantoin susp 25 mg/5ml	4	PA

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Drug name	Tier	Coverage Requirements and Limits
silver sulfadiazine cream 1%	2	
silver sulfadiazine cream 1%	2	
SIVEXTRO TAB 200MG ***tedizolid phosphate tab 200 mg***	4	PA; QL; Maximum of 6 tablets per 30 days.
SULFAMYLON CRE 85MG/GM ***mafenide acetate cream 85 mg/gm***	4	
tinidazole tab 250mg	2	
tinidazole tab 500mg	2	
trimethoprim tab 100mg	2	
vancomycin cap 125mg	2	QL; Maximum of 4 capsules per day.
vancomycin cap 250mg	2	QL; Maximum of 8 capsules per day.
vancomycin sol 250/5ml	3	
vancomycin sol 25mg/ml	3	
vancomycin sol 50mg/ml	3	
vandazole gel 0.75%	3	
XEPI CRE 1% ***ozenoxacin cream 1%***	4	QL; Maximum of 30 grams per 30 days.
XIFAXAN TAB 200MG ***rifaximin tab 200 mg***	5	PA; QL; Maximum of 3 tablets per day.
XIFAXAN TAB 550MG ***rifaximin tab 550 mg***	5	PA; QL; Maximum of 3 tablets per day.
Beta-lactam, Cephalosporins		
azithromycin tab 600 mg	2	
BAXDELA TAB 450MG ***delafloxacin meglumine tab 450 mg (base equiv)***	4	
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	3	
cefaclor monohydrate tab er 12hr 500 mg	2	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	3	
cefadroxil tab 1 gm	2	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	3	
cefixime cap 400 mg	4	
cefixime for susp 100 mg/5ml	4	
cefixime for susp 200 mg/5ml	3	
cefpodoxime proxetil for susp 50 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cephalexin cap 250 mg	2	

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cephalexin cap 500 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
Beta-lactam, Penicillins		
amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
amoxicillin cap 250mg	2	
amoxicillin cap 500mg	2	
amoxicillin chw 125mg	2	
amoxicillin chw 250mg	2	
amoxicillin sus 125/5ml	2	
amoxicillin sus 200/5ml	2	
amoxicillin sus 250/5ml	2	
amoxicillin sus 400/5ml	2	
amoxicillin tab 500mg	2	
amoxicillin tab 875mg	2	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
Macrolides		
ampicillin cap 500mg	2	
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin powd pack for susp 1 gm	2	
azithromycin tab 250 mg	2	
azithromycin tab 250 mg	2	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 500 mg	2	
clarithromycin for susp 125 mg/5ml	4	
clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	2	

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clarithromycin tab 500 mg	2	
clarithromycin tab er 24hr 500 mg	3	
ERYTHROCIN TAB 250MG *erythromycin stearate tab 250 mg*	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin ethylsuccinate for susp 400 mg/5ml	4	
erythromycin ethylsuccinate tab 400 mg	4	
erythromycin tab 250 mg	3	
erythromycin tab 250 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab delayed release 250 mg	3	
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	4	
Quinolones		
ciprofloxacin hcl tab 100 mg (base equiv)	2	
ciprofloxacin hcl tab 250 mg (base equiv)	2	
ciprofloxacin hcl tab 500 mg (base equiv)	2	
ciprofloxacin hcl tab 750 mg (base equiv)	2	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250mg	2	
levofloxacin tab 500mg	2	
levofloxacin tab 750mg	2	
moxifloxacin tab 400mg	2	
ofloxacin tab 300 mg	3	
ofloxacin tab 400 mg	3	
Sulfonamides		
sulfadiazine tab 500mg	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
sulfatrim pd sus 200-40/5	2	
Tetracyclines		
demeclocycline hcl tab 150 mg	4	
demeclocycline hcl tab 300 mg	4	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	3	
doxycycline monohydrate tab 100 mg	2	

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doxycycline monohydrate tab 150 mg	2	
doxycycline monohydrate tab 150 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
doxycycline monohydrate tab 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
tetracycline cap 250mg	2	
tetracycline cap 500mg	2	
Anticonvulsants		
DIACOMIT CAP 250MG ***stiripentol cap 250 mg***	5	PA; QL; Maximum of 12 capsules per day.
DIACOMIT CAP 500MG ***stiripentol cap 500 mg***	5	PA; QL; Maximum of 6 capsules per day.
DIACOMIT PAK 250MG ***stiripentol packet 250 mg***	5	PA; QL; Maximum of 12 packets per day.
DIACOMIT PAK 500MG ***stiripentol packet 500 mg***	5	PA; QL; Maximum of 6 packets per day.
Anticonvulsants, Other		
brivaracetam tab 10mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 25mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 50mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 75mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam tab 100mg	4	PA; QL; Maximum of 2 tablets per day.
brivaracetam sol 10mg/ml	4	PA; QL; Maximum of 2 tablets per day.
EPIDIOLEX SOL 100MG/ML ***cannabidiol soln 100 mg/ml***	5	PA
levetiraceta sol 100mg/ml	2	
levetiraceta sol 500/5ml	2	
levetiraceta tab 1000mg	2	
levetiraceta tab 250mg	2	
levetiraceta tab 500mg er	2	
levetiraceta tab 500mg	2	
levetiraceta tab 750mg er	2	
levetiraceta tab 750mg	2	
perampanel tab 2mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 4mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 6mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 8mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 10mg	4	PA; QL; Maximum of 1 tablet per day.
perampanel tab 12mg	4	PA; QL; Maximum of 1 tablet per day.
ROWEEPRA TAB 500MG ***levetiracetam tab 500 mg***	2	
Calcium Channel Modifying Agents		
ethosuximide cap 250mg	3	
ethosuximide sol 250/5ml	3	
methsuximide cap 300mg	3	

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Drug name	Tier	Coverage Requirements and Limits
zonisamide cap 100mg	2	
zonisamide cap 25mg	2	
zonisamide cap 50mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam sus 2.5mg/ml	4	PA; QL; Maximum of 16 ml per day.
clobazam tab 10mg	4	PA; QL; Maximum of 2 tablets per day.
clobazam tab 20mg	4	PA; QL; Maximum of 2 tablets per day.
diazepam gel 10mg	3	QL; Maximum of 5 packages per 30 days.
diazepam gel 2.5mg	3	QL; Maximum of 5 packages per 30 days.
diazepam gel 20mg	3	QL; Maximum of 5 packages per 30 days.
divalproex cap 125mg dr	2	
divalproex cap 125mg dr	2	
divalproex tab 125mg dr	2	
divalproex tab 250mg dr	2	
divalproex tab 250mg er	2	
divalproex tab 500mg dr	2	
divalproex tab 500mg er	2	
gabapentin cap 100mg	2	
gabapentin cap 300mg	2	
gabapentin cap 400mg	2	
gabapentin sol 250/5ml	2	
gabapentin tab 600mg	2	
gabapentin tab 800mg	2	
NAYZILAM SPR 5MG ***midazolam nasal spray soln 5 mg/0.1 ml***	4	PA; QL; Maximum of 10 devices per 30 days.
phenobarb elx 20mg/5ml	2	
phenobarb elx 30/7.5ml	2	
phenobarb elx 60/15ml	2	
phenobarb sol 20mg/5ml	2	
phenobarb tab 100mg	2	
phenobarb tab 15mg	2	
phenobarb tab 16.2mg	2	
phenobarb tab 30mg	2	
phenobarb tab 32.4mg	2	
phenobarb tab 60mg	2	
phenobarb tab 64.8mg	2	
phenobarb tab 97.2mg	2	
primidone tab 125mg	2	
primidone tab 250mg	2	
primidone tab 50mg	2	
tiagabine tab 12mg	4	
tiagabine tab 16mg	4	
tiagabine tab 2mg	4	
tiagabine tab 4mg	4	

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valproic acd cap 250mg	2	
valproic acd sol 250/5ml	2	
valproic acd sol 500/10ml	2	
vigabatrin pak 500mg	5	PA; QL; Maximum of 6 packets per day.
vigabatrin tab 500mg	5	PA; QL; Maximum of 6 tablets per day.
VIGPODER POW 500MG ***vigabatrin powd pack 500 mg***	5	PA; QL; Maximum of 6 packets per day.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
gabapentin sol 300/6ml	2	
Glutamate Reducing Agents		
felbamate sus 600/5ml	4	
felbamate tab 400mg	4	
felbamate tab 600mg	4	
FYCOMPA SUS 0.5MG/ML ***perampanel susp 0.5 mg/ml***	4	PA; QL; Maximum of 24 ml per day.
lamotrigine chw 25mg	2	
lamotrigine chw 5mg	2	
lamotrigine tab 100mg	2	
lamotrigine tab 150mg	2	
lamotrigine tab 200mg	2	
lamotrigine tab 25mg	2	
SUBVENITE TAB 100MG ***lamotrigine tab 100 mg***	2	
SUBVENITE TAB 150MG ***lamotrigine tab 150 mg***	2	
SUBVENITE TAB 200MG ***lamotrigine tab 200 mg***	2	
SUBVENITE TAB 25MG ***lamotrigine tab 25 mg***	2	
topiramate cap 15mg	3	
topiramate cap 25mg	3	
topiramate cap 50mg	3	
topiramate tab 100mg	2	
topiramate tab 200mg	2	
topiramate tab 25mg	2	
topiramate tab 50mg	2	
Sodium Channel Agents		
carbamazepin cap 100mg er	3	
carbamazepin cap 200mg er	3	
carbamazepin cap 300mg er	3	
carbamazepin chw 100mg	2	
carbamazepin sus 100/5ml	3	
carbamazepin sus 200/10ml	3	
carbamazepin tab 100mg er	3	
carbamazepin tab 200mg er	3	
carbamazepin tab 200mg	2	
carbamazepin tab 400mg er	3	
DILANTIN CAP 30MG ***phenytoin sodium extended cap 30 mg***	4	
EPITOL TAB 200MG ***carbamazepine tab 200 mg***	2	

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eslicarbazepine acetate tab 200 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 400 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 600 mg	4	PA; QL; Maximum of 2 tablets per day.
eslicarbazepine acetate tab 800 mg	4	PA; QL; Maximum of 2 tablets per day.
lacosamide sol 100/10ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 10mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 150/15ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 200/20ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 50/5ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide sol 50mg/5ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide tab 100mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 150mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 200mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 50mg	2	QL; Maximum of 2 tablets per day.
oxcarbazepine sus 300/5ml	4	
oxcarbazepine tab 150mg	2	
oxcarbazepine tab 300mg	2	
oxcarbazepine tab 600mg	2	
PHENYTEK CAP 200MG ***phenytoin sodium extended cap 200 mg***	2	
PHENYTEK CAP 300MG ***phenytoin sodium extended cap 300 mg***	2	
phenytoin chw 50mg	2	
phenytoin ex cap 100mg	2	
phenytoin ex cap 200mg	2	
phenytoin ex cap 300mg	2	
phenytoin sus 125/5ml	2	
rufinamide sus 40mg/ml	4	PA
rufinamide tab 200mg	4	PA
rufinamide tab 400mg	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil tab 10mg	2	QL; Maximum of 2 tablets per day.
donepezil tab 5mg	2	QL; Maximum of 1 tablet per day.
donepezil tab odt 10mg	2	QL; Maximum of 2 tablets per day.
donepezil tab odt 5mg	2	QL; Maximum of 1 tablet per day.
galantamine cap 16mg er	3	QL; Maximum of 1 capsule per day.
galantamine cap 24mg er	3	QL; Maximum of 1 capsule per day.
galantamine cap 8mg er	3	QL; Maximum of 1 capsule per day.
galantamine sol 4mg/ml	4	QL; Maximum of 2 bottles (200 ml) per 30 days.
galantamine tab 12mg	3	QL; Maximum of 2 tablets per day.
galantamine tab 4mg	3	QL; Maximum of 2 tablets per day.
galantamine tab 8mg	3	QL; Maximum of 2 tablets per day.
rivastigmine cap 1.5mg	2	QL; Maximum of 2 capsules per day.
rivastigmine cap 3mg	2	QL; Maximum of 2 capsules per day.

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rivastigmine cap 4.5mg	2	QL; Maximum of 2 capsules per day.
rivastigmine cap 6mg	2	QL; Maximum of 2 capsules per day.
rivastigmine dis 13.3/24	4	QL; Maximum of 1 patch per day.
rivastigmine dis 4.6mg/24	4	QL; Maximum of 1 patch per day.
rivastigmine dis 9.5mg/24	4	QL; Maximum of 1 patch per day.
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memant titra pak 5-10mg	2	QL; Maximum of 1 pack per year.
memantine hc sol 2mg/ml	4	QL; Maximum of 10 ml per day.
memantine sol 2mg/ml	4	QL; Maximum of 10 ml per day.
MEMANTINE SOL 10MG/5ML ***memantine hcl oral solution 2mg/ml***	4	QL; Maximum of 10 ml per day.
memantine tab hcl 10mg	2	QL; Maximum of 2 tablets per day.
memantine tab hcl 5mg	2	QL; Maximum of 3 tablets per day.
Antidepressants		
Antidepressants, Other		
bupropion tab 100mg sr	2	
bupropion tab 100mg	2	
bupropion tab 150mg sr	2	
bupropion tab 150mg xl	2	QL; Maximum of 1 tablet per day.
bupropion tab 200mg sr	2	
bupropion tab 300mg xl	2	QL; Maximum of 1 tablet per day.
bupropion tab 75mg	2	
cdp/amitrip tab 10-25mg	3	
cdp/amitrip tab 5-12.5mg	3	
mirtazapine tab 15mg odt	3	
mirtazapine tab 15mg	2	
mirtazapine tab 30mg odt	3	
mirtazapine tab 30mg	2	
mirtazapine tab 45mg odt	3	
mirtazapine tab 45mg	2	
mirtazapine tab 7.5mg	2	
olanza/fluox cap 12-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 12-50mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 3-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 6-25mg	4	QL; Maximum of 1 capsule per day.
olanza/fluox cap 6-50mg	4	QL; Maximum of 1 capsule per day.
paroxetine tab 30mg	2	
paroxetine tab 40mg	2	
perphen/amit tab 2-10mg	3	
perphen/amit tab 2-25mg	3	
perphen/amit tab 4-10mg	3	
perphen/amit tab 4-25mg	3	
perphen/amit tab 4-50mg	3	
SPRAVATO SOL 56MG DOS ***esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)***	5	PA; QL; Maximum of 4 kits per 28 days.

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SPRAVATO SOL 84MG DOS ***esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)***	5	PA; QL; Maximum of 4 kits per 28 days.
Monoamine Oxidase Inhibitors		
EMSAM DIS 12MG/24H ***selegiline td patch 24hr 12 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 6MG/24HR ***selegiline td patch 24hr 6 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 9MG/24HR ***selegiline td patch 24hr 9 mg/24hr***	4	PA; QL; Maximum of 1 patch per day.
MARPLAN TAB 10MG ***isocarboxazid tab 10 mg***	4	
phenelzine sulfate tab 15 mg	2	
tranylcyprom tab 10mg	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/ Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram sol 10mg/5ml	3	
citalopram sol 20/10ml	3	
citalopram tab 10mg	1	
citalopram tab 20mg	1	
citalopram tab 40mg	1	
desvenlafax tab 100mg er	3	QL; Maximum of 4 tablets per day.
desvenlafax tab 25mg er	3	QL; Maximum of 1 tablet per day.
desvenlafax tab 50mg er	3	QL; Maximum of 1 tablet per day.
escitalopram sol 10/10ml	3	
escitalopram sol 5mg/5ml	3	
escitalopram tab 10mg	1	
escitalopram tab 20mg	1	
escitalopram tab 5mg	1	
FETZIMA CAP 120MG ***levomilnacipran hcl cap er 24hr 120 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 20MG ***levomilnacipran hcl cap er 24hr 20 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 40MG ***levomilnacipran hcl cap er 24hr 40 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 80MG ***levomilnacipran hcl cap er 24hr 80 mg (base equivalent)***	4	QL; Maximum of 1 capsule per day.
fluoxetine cap 10mg	1	
fluoxetine cap 20mg	1	
fluoxetine cap 40mg	1	
fluoxetine cap 90mg dr	3	QL; Maximum of 4 capsules per 28 days.
fluoxetine sol 20mg/5ml	2	
fluoxetine tab 10mg	3	QL; Maximum of 1 tablet per day.
fluoxetine tab 20mg	3	QL; Maximum of 1 tablet per day.
fluvoxamine cap 100mg er	4	QL; Maximum of 2 capsules per day.
fluvoxamine cap 150mg er	4	QL; Maximum of 2 capsules per day.
fluvoxamine tab 100mg	2	
fluvoxamine tab 25mg	2	
fluvoxamine tab 50mg	2	
nefazodone tab 100mg	3	
nefazodone tab 150mg	3	

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Drug name	Tier	Coverage Requirements and Limits
nefazodone tab 200mg	3	
nefazodone tab 250mg	3	
nefazodone tab 50mg	3	
paroxetin er tab 12.5mg	3	QL; Maximum of 1 tablet per day.
paroxetin er tab 37.5mg	3	QL; Maximum of 2 tablets per day.
paroxetine sus 10mg/5ml	4	
paroxetine tab 10mg	2	
paroxetine tab 20mg	2	
paroxetine tab 25mg er	3	QL; Maximum of 2 tablets per day.
sertraline con 20mg/ml	2	
sertraline tab 100mg	1	
sertraline tab 25mg	1	
sertraline tab 50mg	1	
trazodone tab 100mg	2	
trazodone tab 150mg	2	
trazodone tab 300mg	2	
trazodone tab 50mg	2	
venlafaxine cap 150mg er	2	
venlafaxine cap 37.5 er	2	
venlafaxine cap 75mg er	2	
venlafaxine tab 100mg	2	
venlafaxine tab 25mg	2	
venlafaxine tab 37.5mg	2	
venlafaxine tab 50mg	2	
venlafaxine tab 75mg	2	
vilazodone tab 10mg	4	QL; Maximum of 1 tablet per day.
vilazodone tab 20mg	4	QL; Maximum of 1 tablet per day.
vilazodone tab 40mg	4	QL; Maximum of 1 tablet per day.
Tricyclics		
amitriptylin tab 100mg	2	
amitriptylin tab 10mg	2	
amitriptylin tab 150mg	2	
amitriptylin tab 25mg	2	
amitriptylin tab 50mg	2	
amitriptylin tab 75mg	2	
amoxapine tab 100mg	2	
amoxapine tab 150mg	2	
amoxapine tab 25mg	2	
amoxapine tab 50mg	2	
clomipramine cap 25mg	4	
clomipramine cap 50mg	4	
clomipramine cap 75mg	4	
desipramine tab 100mg	3	

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desipramine tab 10mg	3	
desipramine tab 150mg	3	
desipramine tab 25mg	3	
desipramine tab 50mg	3	
desipramine tab 75mg	3	
doxepin hcl cap 100mg	2	
doxepin hcl cap 10mg	2	
doxepin hcl cap 150mg	2	
doxepin hcl cap 25mg	2	
doxepin hcl cap 50mg	2	
doxepin hcl cap 75mg	2	
doxepin hcl con 10mg/ml	2	
imipram hcl tab 10mg	2	
imipram hcl tab 25mg	2	
imipram hcl tab 50mg	2	
imipram pam cap 100mg	4	
imipram pam cap 125mg	4	
imipram pam cap 150mg	4	
imipram pam cap 75mg	4	
nortriptylin cap 10mg	2	
nortriptylin cap 25mg	2	
nortriptylin cap 50mg	2	
nortriptylin cap 75mg	2	
nortriptylin sol 10mg/5ml	3	
protriptylin tab 10mg	3	
protriptylin tab 5mg	3	
trimipramine cap 100mg	4	
trimipramine cap 25mg	4	
trimipramine cap 50mg	4	
Antiemetics		
Antiemetics, Other		
meclizine tab 25mg	2	
meclizine tab 50mg	3	
metoclopram sol 10/10ml	2	
metoclopram sol 5mg/5ml	2	
metoclopram tab 10mg	2	
metoclopram tab 5mg	2	
perphenazine tab 16mg	2	
perphenazine tab 2mg	2	
perphenazine tab 4mg	2	
perphenazine tab 8mg	2	
prochlorper sup 25mg	3	
prochlorper tab 10mg	2	

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Drug name	Tier	Coverage Requirements and Limits
prochlorper tab 5mg	2	
promethazine sol 6.25/5ml	2	
scopolamine dis 1mg/3day	3	
trimethobenz cap 300mg	2	
Emetogenic Therapy Adjuncts		
ANZEMET TAB 50MG ***dolasetron mesylate tab 50 mg***	4	QL; Maximum of 5 tablets per 30 days.
aprepitant cap 125mg	3	QL; Maxiumum of 2 capsules per 28 days.
aprepitant cap 40mg	3	QL; Maximum of 1 capsule per 30 days.
aprepitant cap 80mg	3	QL; Maxiumum of 4 capsules per 28 days.
aprepitant pak 125 & 80	3	QL; Maxiumum of 6 capsules (2 packs) per 28 days.
dronabinol cap 10mg	4	
dronabinol cap 2.5mg	4	
dronabinol cap 5mg	4	
granisetron tab 1mg	3	QL; Maximum of 2 tablets per day.
ondansetron sol 4mg/5ml	2	
ondansetron tab 24mg	2	
ondansetron tab 4mg odt	2	
ondansetron tab 4mg	2	
ondansetron tab 8mg odt	2	
ondansetron tab 8mg	2	
VARUBI TAB 90MG ***rolapitant hcl tab therapy pack 2 x 90 mg (base equiv)***	4	QL; Maximum of 4 tablets per 28 days.
Antifungals		
Antifungals		
CICLODAN SOL 8% ***ciclopirox solution 8%***	2	
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77%	2	
ciclopirox olamine susp 0.77%	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	
clotrim/beta cre diprop	2	QL; Maximum of 15 grams per 30 days.
clotrim/beta lot diprop	3	
clotrimazole tro 10mg	2	
econazole cre 1%	3	QL; Maximum of 90 grams per 30 days.
EXELDERM CRE 1% ***sulconazole nitrate cream 1%***	4	
EXELDERM SOL 1% ***sulconazole nitrate solution 1%***	4	
fluconazole sus 10mg/ml	2	
fluconazole sus 40mg/ml	2	
fluconazole tab 100mg	2	
fluconazole tab 150mg	2	
fluconazole tab 200mg	2	
fluconazole tab 50mg	2	
flucytosine cap 250mg	4	
flucytosine cap 500mg	4	

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griseofulvin sus 125/5ml	3	
griseofulvin tab micr 500	3	
griseofulvin tab ultr 125	3	
griseofulvin tab ultr 250	3	
GYNAZOLE-1 CRE 2% ***butoconazole nitrate (one dose) vaginal cream 2%***	4	
itraconazole cap 100mg	4	QL; Maximum of 4 capsules per day.
itraconazole sol 100/10ml	4	QL; Maximum of 1800 ml per year.
itraconazole sol 10mg/ml	4	QL; Maximum of 1800 ml per year.
ketoconazole cream 2%	2	QL; Maximum of 90 grams per 30 days.
ketoconazole shampoo 2%	2	
ketoconazole tab 200mg	2	
klayesta pow 100000	2	QL; Maximum of 120 grams per 30 days.
luliconazole cre 1%	4	QL; Maximum of 60 grams per 28 days.
miconazole 3 sup 200mg	2	
naftifine cre hcl 1%	4	
naftifine cre hcl 2%	4	
nyamyc pow 100000	2	QL; Maximum of 120 grams per 30 days.
nystat/triam cream	2	
nystat/triam ointment	2	
nystatin cre 100000	2	
nystatin oin 100000	2	
nystatin oin 100000u	2	
nystatin pow 100000	2	QL; Maximum of 120 grams per 30 days.
nystatin sus 100000	2	
nystatin tab 500000	2	
nystop pow 100000	2	QL; Maximum of 120 grams per 30 days.
posaconazole tab 100mg dr	3	QL; Maximum of 6 tablets per day.
sulconazole cre 1%	4	
sulconazole sol 1%	4	
tavaborole sol 5%	3	QL; Maximum of 4 ml per 30 days.
terbinafine tab 250mg	2	QL; Maximum of 90 tablets per year.
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	3	
voriconazole sus 40mg/ml	4	
voriconazole tab 200mg	4	QL; Maximum of 1 tablet per day.
voriconazole tab 50mg	4	QL; Maximum of 4 tablets per day.
Antigout Agents		
Antigout Agents		
allopurinol tab 100mg	2	
allopurinol tab 300mg	2	
colchicine tab 0.6mg	2	QL; Maximum of 4 tablets per day.
febuxostat tab 40mg	2	QL; Maximum of 1 tablet per day.

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febuxostat tab 80mg	2	QL; Maximum of 1 tablet per day.
proben/colch tab 500-0.5	2	
probenecid tab 500mg	2	
Antimigraine Agents		
Antimigraine Agents		
UBRELVY TAB 100MG ***ubrogepant tab 100 mg***	3	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG ***ubrogepant tab 50 mg***	3	PA; QL; Maximum of 16 tablets per 30 days.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
QULIPTA TAB 10MG ***atogepant tab 10 mg***	4	PA; QL; Maximum of 1 tablet per day.
QULIPTA TAB 30MG ***atogepant tab 30 mg***	4	PA; QL; Maximum of 1 tablet per day.
QULIPTA TAB 60MG ***atogepant tab 60 mg***	4	PA; QL; Maximum of 1 tablet per day.
Ergot Alkaloids		
digoxin tab 250 mcg (0.25 mg)	4	QL; Maximum of 24 ampules (24 ml) per 28 days.
ergomar sub 2mg	4	QL; Maximum of 20 tablets per 28 days.
ergot/caffen tab 1-100mg	4	
MIGERGOT SUP 2/100 ***ergotamine w/ caffeine suppos 2-100 mg***	4	
Prophylactic		
aimovig inj 140mg/ml	3	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
aimovig inj 70mg/ml	3	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
EMGALITY INJ 100MG/ML ***galcanezumab-gnlm subcutaneous soln pre-filled syr 100 mg/ml***	3	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln pre-filled syr 120 mg/ml***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotrip mal tab 12.5mg	3	QL; Maximum of 12 tablets per 30 days.
almotrip mal tab 6.25mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan tab 12.5mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan tab 6.25mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan tab 20mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan tab 40mg	3	QL; Maximum of 12 tablets per 30 days.
naratriptan tab 1mg	2	QL; Maximum of 12 tablets per 30 days.
naratriptan tab 2.5mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 10mg odt	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 10mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 5mg odt	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan tab 5mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan nasal spray 20 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan nasal spray 5 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan tab 100mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan tab 25mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan tab 50mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan-naproxen sodium tab 85-500 mg	4	QL; Maximum of 9 tablets per 30 days.
zolmitriptan spr 2.5mg	4	QL; Maximum of 18 devices per 30 days.
zolmitriptan spr 5mg	4	QL; Maximum of 12 devices per 30 days.
zolmitriptan tab 2.5 mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 2.5mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 5mg odt	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 5mg	3	QL; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigm tab 60mg	2	
pyridostigmi solution 60mg/5ml	4	
pyridostigmi tab er 180mg	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tab 100mg	2	
dapsone tab 25mg	2	
rifabutin cap 150mg	4	
Antituberculars		
cycloserine cap 250mg	4	
ethambutol tab 100mg	2	
ethambutol tab 400mg	2	
isoniazid syp 50mg/5ml	4	
isoniazid tab 100mg	2	
isoniazid tab 300mg	2	
priftin tab 150mg	3	
pyrazinamide tab 500mg	3	
rifampin cap 150mg	2	
rifampin cap 300mg	2	
rifapentine tab 150mg	3	
SIRTURO TAB 100MG ***bedaquiline fumarate tab 100 mg (base equiv)***	5	PA
SIRTURO TAB 20MG ***bedaquiline fumarate tab 20 mg (base equiv)***	5	PA

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Drug name	Tier	Coverage Requirements and Limits
TRECATOR TAB 250MG ***ethionamide tab 250 mg***	3	
Antineoplastics		
Alkylating Agents		
cyclophosph cap 25mg	4	CM
cyclophosph cap 50mg	4	CM
cyclophosph tab 25mg	4	CM
cyclophosph tab 50mg	4	CM
GLEOSTINE CAP 100MG ***lomustine cap 100 mg***	5	SP; CM
GLEOSTINE CAP 10MG ***lomustine cap 10 mg***	5	SP; CM
GLEOSTINE CAP 40MG ***lomustine cap 40 mg***	5	SP; CM
LEUKERAN TAB 2MG ***chlorambucil tab 2 mg***	4	CM
MATULANE CAP 50MG ***procarbazine hcl cap 50 mg***	5	SP; CM
myleran tab 2mg	4	CM
temozolomide cap 100mg	5	SP; CM
temozolomide cap 140mg	5	SP; CM
temozolomide cap 180mg	5	SP; CM
temozolomide cap 20mg	5	SP; CM
temozolomide cap 250mg	5	SP; CM
temozolomide cap 5mg	5	SP; CM
VALCHLOR GEL 0.016% ***mechlorethamine hcl gel 0.016% (base equivalent)***	5	PA; QL; SP; Maximum of 60 grams per 30 days.
Antiandrogens		
abiraterone tab 250mg	5	PA; QL; Maximum of 4 tablets per day; CM.
abiraterone tab 500mg	5	PA; QL; Maximum of 4 tablets per day; CM.
bicalutamide tab 50mg	2	CM
ERLEADA TAB 240MG ***apalutamide tab 240 mg***	5	PA; QL; Maximum of 1 tablet per day; CM
ERLEADA TAB 60MG ***apalutamide tab 60 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
nilutamide tab 150mg	5	CM
NUBEQA TAB 300MG ***darolutamide tab 300 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
XTANDI CAP 40MG ***enzalutamide cap 40 mg***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
XTANDI TAB 40MG ***enzalutamide tab 40 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
XTANDI TAB 80MG ***enzalutamide tab 80 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
Antiangiogenic Agents		
lenalidomide cap 10mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 15mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 2.5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 20mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 25mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
lenalidomide cap 5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
POMALYST CAP 1MG ***pomalidomide cap 1 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 2MG ***pomalidomide cap 2 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 3MG ***pomalidomide cap 3 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
POMALYST CAP 4MG ***pomalidomide cap 4 mg***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
thalomid cap 100mg	5	PA; QL; Maximum of 1 capsule per day; CM.
thalomid cap 150mg	5	PA; QL; Maximum of 2 capsules per day; CM.
thalomid cap 200mg	5	PA; QL; Maximum of 2 capsules per day; CM.
thalomid cap 50mg	5	PA; QL; Maximum of 1 capsule per day; CM.
Antiestrogens/Modifiers		
EMCYT CAP 140MG ***estramustine phosphate sodium cap 140 mg***	4	CM
tamoxifen tab 10mg	2	CM
tamoxifen tab 20mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
toremifene tab 60mg	4	CM
Antimetabolites		
capecitabine tab 150mg	5	CM
capecitabine tab 500mg	5	CM
DROXIA CAP 200MG ***hydroxyurea cap 200 mg***	4	CM
DROXIA CAP 300MG ***hydroxyurea cap 300 mg***	4	CM
DROXIA CAP 400MG ***hydroxyurea cap 400 mg***	4	CM
hydroxyurea cap 500mg	2	CM
mercaptopur tab 50mg	2	CM
TABLOID TAB 40MG ***thioguanine tab 40 mg***	5	CM
Antineoplastics, Other		
diclofenac gel 3%	4	QL; Maximum of 100 grams per 30 days.
fluorouracil cream 0.5%	4	QL; Maximum of 30 grams per 30 days.
fluorouracil cream 5%	2	QL; Maximum of 40 grams per 30 days.
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
KISQALI 200 PAK FEMARA ***ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (49 tablets) per 28 days; CM.
KISQALI 400 PAK FEMARA ***ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (70 tablets) per 28 days; CM.
KISQALI 600 PAK FEMARA ***ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk***	5	PA; QL; Maximum of 1 pack (91 tablets) per 28 days; CM.
KISQALI TAB 200DOSE ***ribociclib succinate tab pack 200 mg daily dose***	5	PA; QL; Maximum of 1 tablet per day; CM.
KISQALI TAB 400DOSE ***ribociclib succinate tab pack 400 mg daily dose (200 mg tab)***	5	PA; QL; Maximum of 2 tablets per day; CM.
KISQALI TAB 600DOSE ***ribociclib succinate tab pack 600 mg daily dose (200 mg tab)***	5	PA; QL; Maximum of 3 tablets per day; CM.
leucovor ca tab 10mg	2	CM
leucovor ca tab 15mg	2	CM
leucovor ca tab 25mg	2	CM

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leucovor ca tab 5mg	2	CM
LONSURF TAB 15-6.14 ***trifluridine-tipiracil tab 15-6.14 mg***	5	PA; QL; SP; Maximum of 10 tablets per day; CM.
LONSURF TAB 20-8.19 ***trifluridine-tipiracil tab 20-8.19 mg***	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
PIQRAY 200MG TAB DOSE ***alpelisib tab therapy pack 200 mg daily dose***	5	PA; QL; Maximum of 1 tablet per day; CM.
PIQRAY 250MG TAB DOSE ***alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)***	5	PA; QL; Maximum of 2 tablets per day; CM.
PIQRAY 300MG TAB DOSE ***alpelisib tab pack 300 mg daily dose (2x150 mg tab)***	5	PA; QL; Maximum of 2 tablets per day; CM.
ROZLYTREK CAP 100MG ***entrectinib cap 100 mg***	5	PA; QL; Maximum of 5 capsules per day; CM.
ROZLYTREK CAP 200MG ***entrectinib cap 200 mg***	5	PA; QL; Maximum of 3 capsules per day; CM.
ROZLYTREK PAK 50MG ***entrectinib pellet pack 50 mg***	5	PA; QL; Maximum of 12 packets per day; CM.
SYNRIBO INJ 3.5MG ***omacetaxine mepesuccinate for inj 3.5 mg***	5	QL; Maximum of 28 vials per 30 days; CM.
VERZENIO TAB 100MG ***abemaciclib tab 100 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 150MG ***abemaciclib tab 150 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 200MG ***abemaciclib tab 200 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VERZENIO TAB 50MG ***abemaciclib tab 50 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
ZOLINZA CAP 100MG ***vorinostat cap 100 mg***	5	QL; Maximum of 4 capsules per day; CM.
Aromatase Inhibitors, 3rd Generation		
anastrozole tab 1mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
exemestane tab 25mg	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
letrozole tab 2.5mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention; CM.
Enzyme Inhibitors		
etoposide cap 50mg	5	CM
hycamtin cap 0.25mg	5	PA; QL; Maximum of 6 capsules per day; CM.
hycamtin cap 1mg	5	PA; QL; Maximum of 6 capsules per day; CM.
TALZENNA CAP 0.1MG ***talazoparib tosylate cap 0.1 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.25MG ***talazoparib tosylate cap 0.25 mg (base equivalent)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
TALZENNA CAP 0.35MG ***talazoparib tosylate cap 0.35 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.5MG ***talazoparib tosylate cap 0.5 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 0.75MG ***talazoparib tosylate cap 0.75 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TALZENNA CAP 1MG ***talazoparib tosylate cap 1 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
Molecular Target Inhibitors		
ALECENSA CAP 150MG ***alectinib hcl cap 150 mg (base equivalent)***	5	PA; QL; Maximum of 8 capsules per day; CM.
bosulif cap 100mg	5	PA; QL; SP; Maximum of 6 capsules per day; CM.
bosulif cap 50mg	5	PA; QL; SP; Maximum of 11 capsules per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
bosulif tab 100mg	5	PA; QL; SP; Maximum of 6 tablets per day; CM.
bosulif tab 400mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
bosulif tab 500mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
BOSUTINIB TAB 100MG ***bosutinib tab 100 mg***	5	PA; QL; SP; Maximum of 6 tablets per day.
BOSUTINIB TAB 400MG ***bosutinib tab 400 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
BOSUTINIB TAB 500MG ***bosutinib tab 500 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
BRUKINSA CAP 80MG ***zanubrutinib cap 80 mg***	5	PA; QL; Maximum of 4 capsules per day; CM.
BRUKINSA TAB 160MG ***zanubrutinib tab 160 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 20MG ***cabozantinib s-malate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CABOMETYX TAB 40MG ***cabozantinib s-malate tab 40 mg (base equivalent)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CABOMETYX TAB 60MG ***cabozantinib s-malate tab 60 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
CALQUENCE TAB 100MG ***acalabrutinib maleate tab 100 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 100MG ***vandetanib tab 100 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
CAPRELSA TAB 300MG ***vandetanib tab 300 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
COMETRIQ KIT 100MG ***cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
COMETRIQ KIT 140MG ***cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
COMETRIQ KIT 60MG ***cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
COTELLIC TAB 20MG ***cobimetinib fumarate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
dasatinib tab 100mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 140mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 20mg	5	PA; QL; Maximum of 3 tablets per day; CM.
dasatinib tab 50mg	5	PA; QL; Maximum of 3 tablets per day; CM.
dasatinib tab 70mg	5	PA; QL; Maximum of 1 tablet per day; CM.
dasatinib tab 80mg	5	PA; QL; Maximum of 2 tablets per day; CM.
erlotinib tab 100mg	5	QL; SP; Maximum of 1 tablet per day; CM.
erlotinib tab 150mg	5	QL; SP; Maximum of 1 tablet per day; CM.
erlotinib tab 25mg	5	QL; SP; Maximum of 3 tablets per day; CM.
everolimus tab 10mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 2.5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
everolimus tab 7.5mg	5	PA; QL; Maximum of 1 tablet per day; CM.
gefitinib tab 250mg	5	PA; QL; Maximum of 2 tablets per day; CM.
GILOTRIF TAB 20MG ***afatinib dimaleate tab 20 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 30MG ***afatinib dimaleate tab 30 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
GILOTRIF TAB 40MG ***afatinib dimaleate tab 40 mg (base equivalent)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IBRANCE CAP 100MG ***palbociclib cap 100 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 125MG ***palbociclib cap 125 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IBRANCE CAP 75MG ***palbociclib cap 75 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.

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IBRANCE TAB 100MG ***palbociclib tab 100 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 125MG ***palbociclib tab 125 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IBRANCE TAB 75MG ***palbociclib tab 75 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 10MG ***ponatinib hcl tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 15MG ***ponatinib hcl tab 15 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 30MG ***ponatinib hcl tab 30 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
ICLUSIG TAB 45MG ***ponatinib hcl tab 45 mg***	5	PA; QL; SP; Maximum of 1 tablet per day; CM.
IDHIFA TAB 100MG ***enasidenib mesylate tab 100 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
IDHIFA TAB 50MG ***enasidenib mesylate tab 50 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
imatinib mes tab 100mg	5	QL; Maximum of 3 tablets per day; CM.
imatinib mes tab 400mg	5	QL; Maximum of 3 tablets per day; CM.
IMBRUVICA CAP 140MG ***ibrutinib cap 140 mg***	5	PA; QL; Maximum of 4 capsules per day; CM.
IMBRUVICA CAP 70MG ***ibrutinib cap 70 mg***	5	PA; QL; Maximum of 1 capsule per day; CM.
IMBRUVICA SUS 70MG/ML ***ibrutinib oral susp 70 mg/ml***	5	PA; QL; Maximum of 8 ml per day; CM.
IMBRUVICA TAB 140MG ***ibrutinib tab 140 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 280MG ***ibrutinib tab 280 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
IMBRUVICA TAB 420MG ***ibrutinib tab 420 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
INLYTA TAB 1MG ***axitinib tab 1 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
INLYTA TAB 5MG ***axitinib tab 5 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
JAKAFI TAB 10MG ***ruxolitinib phosphate tab 10 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 15MG ***ruxolitinib phosphate tab 15 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 20MG ***ruxolitinib phosphate tab 20 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 25MG ***ruxolitinib phosphate tab 25 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI TAB 5MG ***ruxolitinib phosphate tab 5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
JAKAFI XR TAB 11MG ***ruxolitinib phosphate tab er 24hr 11 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 22MG ***ruxolitinib phosphate tab er 24hr 22 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 33MG ***ruxolitinib phosphate tab er 24hr 33 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 44MG ***ruxolitinib phosphate tab er 24hr 44 mg***	5	PA; Maximum of 1 tablet per day.
JAKAFI XR TAB 55MG ***ruxolitinib phosphate tab er 24hr 55 mg***	5	PA; Maximum of 1 tablet per day.
lapatinib tab 250mg	5	PA; QL; Maximum of 6 tablets per day; CM.
LENVIMA CAP 10 MG ***lenvatinib cap therapy pack 10 mg (10 mg daily dose)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 12MG ***lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 14 MG ***lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 18 MG ***lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 20 MG ***lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
LENVIMA CAP 24 MG ***lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM.
LENVIMA CAP 4MG ***lenvatinib cap therapy pack 4 mg (4 mg daily dose)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
LENVIMA CAP 8 MG ***lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM.

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Drug name	Tier	Coverage Requirements and Limits
LORBRENA TAB 100MG ***lorlatinib tab 100 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
LORBRENA TAB 25MG ***lorlatinib tab 25 mg***	5	PA; QL; Maximum of 3 tablets per day; CM.
LYNPARZA TAB 100MG ***olaparib tab 100 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
LYNPARZA TAB 150MG ***olaparib tab 150 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
MEKINIST SOL 0.05/ML ***trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)***	5	PA; QL; Maximum of 40ml per day; CM.
MEKINIST TAB 0.5MG ***trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day; CM.
MEKINIST TAB 2MG ***trametinib dimethyl sulfoxide tab 2 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
sorafenib tab 200mg	5	PA; QL; Maximum of 4 tablets per day; CM.
STIVARGA TAB 40MG ***regorafenib tab 40 mg***	5	PA; QL; SP; Maximum of 4 tablets per day; CM.
sunitinib cap 12.5mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
sunitinib cap 25mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
sunitinib cap 37.5mg	5	PA; QL; SP; Maximum of 2 capsules per day; CM.
sunitinib cap 50mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM.
TAFINLAR CAP 50MG ***dabrafenib mesylate cap 50 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR CAP 75MG ***dabrafenib mesylate cap 75 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
TAFINLAR TAB 10MG ***dabrafenib mesylate tab for oral susp 10 mg***	5	PA; QL; Maximum of 30 Tablets per day; CM.
TAGRISSO TAB 40MG ***osimertinib mesylate tab 40 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
TAGRISSO TAB 80MG ***osimertinib mesylate tab 80 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day; CM.
TRUQAP PAK 160MG ***capivasertib tab therapy pack 160 mg***	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP PAK 200MG ***capivasertib tab therapy pack 200 mg***	5	PA; QL; Maximum of 1 pack (64 tablets) per 28 days; CM.
TRUQAP TAB 160MG ***capivasertib tab 160 mg***	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TRUQAP TAB 200MG ***capivasertib tab 200 mg***	5	PA; QL; Maximum of 64 tablets per 28 days; CM.
TUKYSA TAB 150MG ***tucatinib tab 150 mg***	5	PA; QL; Maximum of 4 tablets per day; CM.
TUKYSA TAB 50MG ***tucatinib tab 50 mg***	5	PA; QL; Maximum of 12 tablets per day; CM.
TURALIO CAP 125MG ***pexidartinib hcl cap 125 mg (base equivalent)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM.
VENCLEXTA TAB 100MG ***venetoclax tab 100 mg***	5	PA; QL; Maximum of 6 tablets per day; CM.
VENCLEXTA TAB 10MG ***venetoclax tab 10 mg***	5	PA; QL; Maximum of 2 tablets per day; CM.
VENCLEXTA TAB 50MG ***venetoclax tab 50 mg***	5	PA; QL; Maximum of 1 tablet per day; CM.
VENCLEXTA TAB START PK ***venetoclax tab therapy starter pack 10 & 50 & 100 mg***	5	PA; QL; Maximum of 42 tablets per year; CM.
VITRAKVI CAP 100MG ***larotrectinib sulfate cap 100 mg (base equivalent)***	5	PA; QL; Maximum of 4 capsules per day; CM.
VITRAKVI CAP 25MG ***larotrectinib sulfate cap 25 mg (base equivalent)***	5	PA; QL; Maximum of 6 capsules per day; CM.
VITRAKVI SOL 20MG/ML ***larotrectinib sulfate oral soln 20 mg/ml (base equivalent)***	5	PA; QL; Maximum of 20 ml per day; CM.
XOSPATA TAB 40MG ***gilteritinib fumarate tablet 40 mg (base equivalent)***	5	PA; QL; Maximum of 3 tablets per day; CM.
YULITHIRA TAB 2.5MG ***everolimus tab 2.5 mg***	5	PA; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
YULITHIRA TAB 5MG ***everolimus tab 5 mg***	5	PA; Maximum of 1 tablet per day.
YULITHIRA TAB 7.5MG ***everolimus tab 7.5 mg***	5	PA; Maximum of 1 tablet per day.
YULITHIRA TAB 10MG ***everolimus tab 10 mg***	5	PA; Maximum of 1 tablet per day.
ZELBORAF TAB 240MG ***vemurafenib tab 240 mg***	5	PA; QL; SP; Maximum of 8 tablets per day; CM.
ZYDELIG TAB 100MG ***idelalisib tab 100 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYDELIG TAB 150MG ***idelalisib tab 150 mg***	5	PA; QL; SP; Maximum of 2 tablets per day; CM.
ZYKADIA TAB 150MG ***ceritinib tab 150 mg***	5	PA; QL; SP; Maximum of 3 tablets per day; CM.
Retinoids		
bexarotene cap 75mg	5	CM
bexarotene gel 1%	5	QL; Maximum of 60 grams per 30 days.
tretinoin cap 10mg	5	QL; Maximum of 9 capsules per day; CM.
Treatment Adjuncts		
mesna tab 400mg	5	CM
Antiparasitics		
Anthelmintics		
albendazole tab 200mg	4	QL; Maximum of 16 tablets per day.
ivermectin lot 0.5%	4	QL; Maximum of 117 grams per 30 days.
ivermectin tab 3mg	2	PA; QL; Maximum of 20 tablets per 90 days.
praziquantel tab 600mg	4	
Antiprotozoals		
ALINIA SUS 100/5ML ***nitazoxanide for susp 100 mg/5ml***	3	QL; Maximum of 2 ml per day.
atovaq/progu tab 250-100	3	
atovaq/progu tab 62.5-25	3	
atovaquone sus 750/5ml	4	
benznidazole tab 100mg	3	QL; Maximum of 4 tablets per day.
benznidazole tab 12.5mg	3	QL; Maximum of 12 tablets per day.
chloroquine tab 250mg	2	QL; Maximum of 2 tablets per day.
chloroquine tab 500mg	2	QL; Maximum of 2 tablets per day.
hydroxychlor tab 100mg	2	QL; Maximum of 2 tablets per day.
hydroxychlor tab 200mg	2	QL; Maximum of 3 tablets per day.
mefloquine tab 250mg	2	
nitazoxanide tab 500mg	3	QL; Maximum of 6 tablets per 30 days.
pentamidine inh 300mg	3	QL; Maximum of 1 vial (300 mg) per 28 days.
primaquine tab 26.3mg	2	
pyrimethamin tab 25mg	5	PA
quinine sulf cap 324mg	3	
Pediculicides/Scabicides		
CROTAN LOT 10% ***crotamiton lotion 10%***	4	
malathion lot 0.5%	4	
permethrin cre 5%	2	
spinosad susp 0.9%	4	

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Antiparkinson Agents		
Anticholinergics		
benztropine tab 0.5mg	2	
benztropine tab 1mg	2	
benztropine tab 2mg	2	
trihexyphen sol 0.4mg/ml	2	
trihexyphen sol 2mg/5ml	2	
trihexyphen tab 2mg	2	
trihexyphen tab 5mg	2	
Antiparkinson Agents, Other		
amantadine cap 100mg	2	
amantadine sol 100/10ml	2	
amantadine sol 50mg/5ml	2	
amantadine tab 100mg	2	
entacapone tab 200mg	3	
tolcapone tab 100mg	4	QL; Maximum of 6 tablets per day.
Dopamine Agonists		
apomorphine inj 30mg/3ml	5	QL; Maximum of 3 ml per day.
bromocriptin cap 5mg	4	
bromocriptin tab 2.5mg	3	
carb/levo 50 tab /entacap	4	
carb/levo 75 tab /entacap	4	
NEUPRO DIS 2MG/24HR ***rotigotine td patch 24hr 2 mg/24hr***	4	
pramipexole tab 0.125mg	2	
pramipexole tab 0.25mg	2	
pramipexole tab 0.5mg	2	
pramipexole tab 0.75mg	2	
pramipexole tab 1.5mg	2	
pramipexole tab 1mg	2	
ropinirole tab 0.25mg	2	
ropinirole tab 0.5mg	2	
ropinirole tab 1mg	2	
ropinirole tab 2mg	2	
ropinirole tab 3mg	2	
ropinirole tab 4mg	2	
ropinirole tab 5mg	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carb/levo er tab 25-100mg	2	
carb/levo er tab 50-200mg	2	
carb/levo tab 10-100mg	2	
carb/levo tab 10-100mg	3	
carb/levo tab 25-100mg	2	
carb/levo tab 25-100mg	3	

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Drug name	Tier	Coverage Requirements and Limits
carb/levo tab 25-250mg	2	
carb/levo tab 25-250mg	3	
carb/levo100 tab /entacap	4	
carb/levo125 tab /entacap	4	
carb/levo150 tab /entacap	4	
carb/levo200 tab /entacap	4	
carbidopa tab 25mg	4	
DUOPA SUS 4.63-20 ***carbidopa-levodopa enteral susp 4.63-20 mg/ml***	5	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline tab 0.5mg	4	
rasagiline tab 1mg	4	
selegiline cap 5mg	3	
selegiline tab 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromaz tab 100mg	2	
chlorpromaz tab 10mg	2	
chlorpromaz tab 200mg	2	
chlorpromaz tab 25mg	2	
chlorpromaz tab 50mg	2	
fluphenazine con 5mg/ml	3	
fluphenazine elx 2.5/5ml	3	
fluphenazine tab 10mg	3	
fluphenazine tab 1mg	3	
fluphenazine tab 2.5mg	3	
fluphenazine tab 5mg	3	
haloperidol con 2mg/ml	2	
haloperidol tab 0.5mg	2	
haloperidol tab 10mg	2	
haloperidol tab 1mg	2	
haloperidol tab 20mg	2	
haloperidol tab 2mg	2	
haloperidol tab 5mg	2	
loxapine cap 10mg	2	
loxapine cap 25mg	2	
loxapine cap 50mg	2	
loxapine cap 5mg	2	
pimozide tab 1mg	3	
pimozide tab 2mg	3	
thioridazine tab 100mg	2	
thioridazine tab 10mg	2	
thioridazine tab 25mg	2	
thioridazine tab 50mg	2	

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Drug name	Tier	Coverage Requirements and Limits
thiothixene cap 10mg	2	
thiothixene cap 1mg	2	
thiothixene cap 2mg	2	
thiothixene cap 5mg	2	
trifluoperaz tab 10mg	2	
trifluoperaz tab 1mg	2	
trifluoperaz tab 2mg	2	
trifluoperaz tab 5mg	2	
2nd Generation/Atypical		
aripiprazole sol 1mg/ml	4	QL; Maximum of 25 ml per day.
aripiprazole tab 10mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 15mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 20mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 2mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 30mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 5mg	2	QL; Maximum of 1 tablet per day.
asenapine sub 10mg	4	QL; Maximum of 2 tablets per day.
asenapine sub 2.5mg	4	QL; Maximum of 2 tablets per day.
asenapine sub 5mg	4	QL; Maximum of 2 tablets per day.
lurasidone tab 120mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 20mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 40mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 60mg	2	QL; Maximum of 1 tablet per day.
lurasidone tab 80mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 10mg odt	3	QL; Maximum of 2 tablets per day.
olanzapine tab 10mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 15mg odt	3	QL; Maximum of 1 tablet per day.
olanzapine tab 15mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 2.5mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 20mg odt	3	QL; Maximum of 1 tablet per day.
olanzapine tab 20mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 5mg odt	3	QL; Maximum of 2 tablets per day.
olanzapine tab 5mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 7.5mg	2	QL; Maximum of 2 tablets per day.
paliperidone tab er 1.5mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 3mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 6mg	4	QL; Maximum of 2 tablets per day.
paliperidone tab er 9mg	4	QL; Maximum of 1 tablet per day.
quetiapine tab 100mg	2	QL; Maximum of 3 tablets per day.
quetiapine tab 150mg er	3	QL; Maximum of 1 tablet per day.
quetiapine tab 150mg	2	QL; Maximum of 3 tablets per day.
quetiapine tab 200mg er	3	QL; Maximum of 1 tablet per day.
quetiapine tab 200mg	2	QL; Maximum of 3 tablets per day.

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quetiapine tab 25mg	2	QL; Maximum of 4 tablets per day.
quetiapine tab 300mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 300mg	2	QL; Maximum of 2 tablets per day.
quetiapine tab 400mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 400mg	2	QL; Maximum of 2 tablets per day.
quetiapine tab 50mg er	3	QL; Maximum of 2 tablets per day.
quetiapine tab 50mg	2	QL; Maximum of 3 tablets per day.
risperidone sol 1mg/ml	2	
risperidone tab 0.25 odt	3	
risperidone tab 0.25mg	2	
risperidone tab 0.5mg odt	3	
risperidone tab 0.5mg	2	
risperidone tab 1mg odt	3	
risperidone tab 1mg	2	
risperidone tab 2mg odt	3	
risperidone tab 2mg	2	
risperidone tab 3mg odt	3	
risperidone tab 3mg	2	
risperidone tab 4mg odt	3	
risperidone tab 4mg	2	
vraylar cap 1.5mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 3mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 4.5mg	4	QL; Maximum of 1 capsule per day.
vraylar cap 6mg	4	QL; Maximum of 1 capsule per day.
ziprasidone cap 20mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 40mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 60mg	3	QL; Maximum of 2 capsules per day.
ziprasidone cap 80mg	3	QL; Maximum of 2 capsules per day.
Treatment-Resistant		
clozapine tab 100/odt	4	QL; Maximum of 9 tablets per day.
clozapine tab 100mg	2	
clozapine tab 12.5/odt	4	QL; Maximum of 2 tablets per day.
clozapine tab 150/odt	4	QL; Maximum of 6 tablets per day.
clozapine tab 200/odt	4	QL; Maximum of 4 tablets per day.
clozapine tab 200mg	2	
clozapine tab 25mg odt	4	QL; Maximum of 3 tablets per day.
clozapine tab 25mg	2	
clozapine tab 50mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclov sol 50mg/ml	4	QL; Maximum of 36 ml per day.
valganciclov tab 450mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
Anti-hepatitis B (HBV) Agents		
adefov dipiv tab 10mg	5	
BARACLUDE SOL ***entecavir oral soln 0.05 mg/ml***	5	
entecavir tab 0.5mg	3	
entecavir tab 1mg	3	
lamivudine tab 100mg	3	
VEMLIDY TAB 25MG ***tenofovir alafenamide fumarate tab 25 mg***	5	QL; Maximum of 1 tablet per day.
Anti-hepatitis C (HCV) Agents		
ledip-sofosb tab 90-400mg	4	PA; QL; Maximum of 1 tablet per day.
MAVYRET PAK 50-20MG ***glecaprevir-pibrentasvir pellet pack 50-20 mg***	4	PA; QL; Maximum of 5 packs per day.
MAVYRET TAB 100-40MG ***glecaprevir-pibrentasvir tab 100-40 mg***	4	PA; QL; Maximum of 3 tablets per day.
PEGASYS INJ ***peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml***	5	PA; QL; Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M ***peginterferon alfa-2a inj 180 mcg/ml***	5	PA; QL; Maximum of 4 ml per 28 days.
ribavirin cap 200mg	3	
ribavirin tab 200mg	3	
sofosbuvir-velpatasvir tab 400-100 mg	4	PA; QL; Maximum of 1 tablet per day.
SOVALDI PAK 150MG ***sofosbuvir pellet pack 150 mg***	5	PA; QL; Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG ***sofosbuvir pellet pack 200 mg***	5	PA; QL; Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG ***sofosbuvir tab 200 mg***	5	PA; QL; Maximum of 2 tablets per day.
SOVALDI TAB 400MG ***sofosbuvir tab 400 mg***	5	PA; QL; Maximum of 1 tablet per day.
ZEPATIER TAB 50-100MG ***elbasvir-grazoprevir tab 50-100 mg***	5	PA; QL; Maximum of 1 tablet per day.
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
DESCOVY TAB 200/25MG ***emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg***	4	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
GENVOYA TAB ***elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg***	4	QL; Maximum of 1 tablet per day; SM.
ISENTRESS CHW 100MG ***raltegravir potassium chew tab 100 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS CHW 25MG ***raltegravir potassium chew tab 25 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
ISENTRESS HD TAB 600MG ***raltegravir potassium tab 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
ISENTRESS POW 100MG ***raltegravir potassium packet for susp 100 mg***	4	QL; Maximum of 2 packets per day; SM.
ISENTRESS TAB 400MG ***raltegravir potassium tab 400 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
STRIBILD TAB ***elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TIVICAY PD TAB 5MG ***dolutegravir sodium tab for oral susp 5 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
TIVICAY TAB 10MG ***dolutegravir sodium tab 10 mg***	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 25MG ***dolutegravir sodium tab 25 mg***	4	QL; Maximum of 1 tablet per day; SM.
TIVICAY TAB 50MG ***dolutegravir sodium tab 50 mg***	4	QL; Maximum of 2 tablets per day; SM.
TRIUMEQ PD TAB ***abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
TRIUMEQ TAB ***abacavir-dolutegravir-lamivudine tab 600-50-300 mg***	4	QL; Maximum of 1 tablet per day; SM.
TYBOST TAB 150MG ***cobicistat tab 150 mg***	4	QL; Maximum of 1 tablet per day; SM.

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Drug name	Tier	Coverage Requirements and Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TAB ***emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
DELSTRIGO TAB ***doravirine-lamivudine-tenofovir df tab 100-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
DOVATO TAB 50-300MG ***dolutegravir sodium-lamivudine tab 50-300 mg (base eq)***	4	QL; Maximum of 1 tablet per day; SM.
EDURANT PED TAB 2.5MG ***rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)***	4	QL; Maximum of 6 tablets per day; SM.
EDURANT TAB 25MG ***rilpivirine hcl tab 25 mg (base equivalent)***	4	QL; Maximum of 1 tablet per day; SM.
efavir/emtri tab tenofovi	2	QL; Maximum of 1 tablet per day; SM.
efavir/lamiv tab tenofovi	3	QL; Maximum of 1 tablet per day; SM.
efavir/lamiv tab tenofovi	2	QL; Maximum of 1 tablet per day; SM.
efavirenz cap 200mg	2	QL; Maximum of 3 capsules per day; SM.
efavirenz cap 50mg	2	QL; Maximum of 3 capsules per day; SM.
efavirenz tab 600mg	2	QL; Maximum of 1 tablet per day; SM.
etravirine tab 100mg	4	QL; Maximum of 2 tablets per day; SM.
etravirine tab 200mg	4	QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 100MG ***etravirine tab 100 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 200MG ***etravirine tab 200 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
INTELENCE TAB 25MG ***etravirine tab 25 mg***	4	QL; Maximum of 4 tablets per day; SM.
JULUCA TAB 50-25MG ***dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)***	4	QL; Maximum of 1 tablet per day; SM.
nevirapine sus 50mg/5ml	2	QL; Maximum of 40 ml per day; SM.
nevirapine tab 200mg	2	QL; Maximum of 2 tablets per day; SM.
nevirapine tab 400mg er	2	QL; Maximum of 1 tablet per day; SM.
ODEFSEY TAB ***emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg***	4	QL; Maximum of 1 tablet per day; SM.
PIFELTRO TAB 100MG ***doravirine tab 100 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
RILPIVIRINE TAB 25MG	4	QL; Maximum of 1 tablet per day; SM.
SYMFI LO TAB ***efavirenz-lamivudine-tenofovir df tab 400-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
SYMFI TAB ***efavirenz-lamivudine-tenofovir df tab 600-300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sol 20mg/ml	3	QL; Maximum of 32 ml per day; SM.
abacavir sulfate-lamivudine tab 600-300 mg	2	QL; Maximum of 1 tablet per day; SM.
abacavir tab 300mg	2	QL; Maximum of 2 tablets per day; SM.
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg***	4	QL; Maximum of 1 tablet per day; SM.
BIKTARVY TAB ***bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg***	4	QL; Maximum of 1 tablet per day; SM.
CIMDUO TAB 300-300 ***lamivudine-tenofovir disoproxil fumarate tab 300-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
COMBIVIR TAB 150-300 ***lamivudine-zidovudine tab 150-300 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
DESCOVY TAB 120-15MG ***emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 100-150	2	QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 133-200	2	QL; Maximum of 1 tablet per day; SM.
emtr/ten df tab 167-250	2	QL; Maximum of 1 tablet per day; SM.

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emtr/tenofov tab 200-300	2	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
emtric/rilpi tab tenof df	4	QL; Maximum of 1 tablet per day; SM.
emtricitabin cap 200mg	3	QL; Maximum of 1 capsule per day; SM.
emtriva cap 200mg	4	PA; QL; Maximum of 1 capsule per day; SM.
emtriva sol 10mg/ml	4	PA; QL; Maximum of 5 bottles (850 ml) per 30 days; SM.
EPIVIR SOL 10MG/ML ***lamivudine oral soln 10 mg/ml***	4	PA; QL; Maximum of 32 ml per day; SM.
EPIVIR TAB 150MG ***lamivudine tab 150 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
EPIVIR TAB 300MG ***lamivudine tab 300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
EPZICOM TAB 600-300 ***abacavir sulfate-lamivudine tab 600-300 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
lamivud/zido tab 150-300	2	QL; Maximum of 2 tablets per day; SM.
lamivudine sol 10mg/ml	2	QL; Maximum of 32 ml per day; SM.
lamivudine sol 300/30ml	2	QL; Maximum of 32 ml per day; SM.
lamivudine tab 150mg	2	QL; Maximum of 2 tablets per day; SM.
lamivudine tab 300mg	2	QL; Maximum of 1 tablet per day; SM.
RETROVIR CAP 100MG ***zidovudine cap 100 mg***	4	PA; QL; Maximum of 6 capsules per day; SM.
RETROVIR SYP 50MG/5ML ***zidovudine syrup 10 mg/ml***	4	PA; QL; Maximum of 64 ml per day; SM.
tenofovir tab 300mg	2	QL; Maximum of 1 tablet per day. $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
TRUVADA TAB 100-150 ***emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 133-200 ***emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 167-250 ***emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
TRUVADA TAB 200-300 ***emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD POW 40MG/GM ***tenofovir disoproxil fumarate oral powder 40 mg/gm***	4	PA; QL; Maximum of 4 bottles (240 grams) per 30 days.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 150MG ***tenofovir disoproxil fumarate tab 150 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.

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VIREAD TAB 200MG ***tenofovir disoproxil fumarate tab 200 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 250MG ***tenofovir disoproxil fumarate tab 250 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
VIREAD TAB 300MG ***tenofovir disoproxil fumarate tab 300 mg***	4	PA; QL; Maximum of 1 tablet per day.$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection; SM.
ZIAGEN SOL 20MG/ML ***abacavir sulfate soln 20 mg/ml***	4	PA; QL; Maximum of 32 ml per day; SM.
ZIAGEN TAB 300MG ***abacavir sulfate tab 300 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
zidovudine cap 100mg	2	QL; Maximum of 6 capsules per day; SM.
zidovudine syp 50mg/5ml	2	QL; Maximum of 64 ml per day; SM.
zidovudine tab 300mg	2	QL; Maximum of 2 tablets per day; SM.
Anti-HIV Agents, Other		
FUZEON INJ 90MG ***enfuvirtide for inj 90 mg***	5	QL; Maximum of 2 vials per day; SM.
IDVYNSO TAB 100-0.25 ***doravirine-islatravir tab 100-0.25 mg***	4	Maximum of 1 tablet per day.
maraviroc tab 150mg	2	QL; Maximum of 2 tablets per day; SM.
maraviroc tab 300mg	2	QL; Maximum of 4 tablets per day; SM.
RUKOBIA TAB 600MG ER ***fostemsavir tromethamine tab er 12hr 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY SOL 20MG/ML ***maraviroc oral soln 20 mg/ml***	4	QL; Maximum of 8 bottles (1840 ml) per 30 days; SM.
SELZENTRY TAB 150MG ***maraviroc tab 150 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
SELZENTRY TAB 25MG ***maraviroc tab 25 mg***	4	QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 300MG ***maraviroc tab 300 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
SELZENTRY TAB 75MG ***maraviroc tab 75 mg***	4	QL; Maximum of 2 tablets per day; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab 300 mg***	4	PA; QL; Maximum of 5 tablets per year; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 4 x 300 mg***	4	PA; QL; Maximum of 4 tablets (1 pack) per year; SM.
SUNLENCA TAB 300MG ***lenacapavir sodium tab therapy pack 5 x 300 mg***	4	PA; QL; Maximum of 5 tablets (1 pack) per year; SM.
YEZTUGO TAB 300MG ***lenacapavir sodium tab 300 mg***	1	QL; Maximum of 4 tablets per year; SM.
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAP 250MG ***tipranavir cap 250 mg***	4	QL; Maximum of 4 capsules per day; SM.
atazanavir cap 150mg	2	QL; Maximum of 1 capsule per day; SM.
atazanavir cap 200mg	2	QL; Maximum of 2 capsules per day; SM.
atazanavir cap 300mg	2	QL; Maximum of 1 capsule per day; SM.
darunavir tab 600mg	2	QL; Maximum of 2 tablets per day; SM.
darunavir tab 800mg	2	QL; Maximum of 1 tablet per day; SM.
EVOTAZ TAB 300-150 ***atazanavir sulfate-cobicistat tab 300-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
fosamprenavir calcium tab 700 mg	4	QL; Maximum of 4 tablets per day; SM.

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KALETRA SOL ***lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)***	4	PA; QL; Maximum of 2 bottles (320 ml) per 30 days; SM.
KALETRA TAB 100-25MG ***lopinavir-ritonavir tab 100-25 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
KALETRA TAB 200-50MG ***lopinavir-ritonavir tab 200-50 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
LEXIVA SUS 50MG/ML ***fosamprenavir calcium susp 50 mg/ml***	4	QL; Maximum of 60 ml per day; SM.
LEXIVA TAB 700MG ***fosamprenavir calcium tab 700 mg***	4	PA; QL; Maximum of 4 tablets per day; SM.
lopin/riton tab 100-25mg	2	QL; Maximum of 2 tablets per day; SM.
lopin/riton tab 200-50mg	2	QL; Maximum of 4 tablets per day; SM.
NORVIR POW 100MG ***ritonavir powder packet 100 mg***	4	QL; Maximum of 12 packets per day; SM.
NORVIR TAB 100MG ***ritonavir tab 100 mg***	4	PA; QL; Maximum of 12 tablets per day; SM.
PREZCOBIX TAB 675/150 ***darunavir-cobicistat tab 675-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
PREZCOBIX TAB 800-150 ***darunavir-cobicistat tab 800-150 mg***	4	QL; Maximum of 1 tablet per day; SM.
PREZISTA SUS 100MG/ML ***darunavir oral susp 100 mg/ml***	4	QL; Maximum of 2 bottles (400 ml) per 30 days; SM.
PREZISTA TAB 150MG ***darunavir tab 150 mg***	4	PA; QL; Maximum of 6 tablets per day; SM.
PREZISTA TAB 600MG ***darunavir tab 600 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 75MG ***darunavir tab 75 mg***	4	PA; QL; Maximum of 2 tablets per day; SM.
PREZISTA TAB 800MG ***darunavir tab 800 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
REYATAZ CAP 200MG ***atazanavir sulfate cap 200 mg***	4	PA; QL; Maximum of 2 capsules per day; SM.
REYATAZ CAP 300MG ***atazanavir sulfate cap 300 mg***	4	PA; QL; Maximum of 1 capsule per day; SM.
REYATAZ POW 50MG ***atazanavir sulfate oral powder packet 50 mg***	4	QL; Maximum of 6 packets per day; SM.
ritonavir tab 100mg	2	QL; Maximum of 12 tablets per day; SM.
SYMTUZA TAB ***darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg***	4	PA; QL; Maximum of 1 tablet per day; SM.
VIRACEPT TAB 250MG ***nelfinavir mesylate tab 250 mg***	4	QL; Maximum of 10 tablets per day; SM.
VIRACEPT TAB 625MG ***nelfinavir mesylate tab 625 mg***	4	QL; Maximum of 4 tablets per day; SM.
Anti-influenza Agents		
oseltamivir cap 30mg	2	QL; Maximum of 2 capsules per day.
oseltamivir cap 45mg	2	QL; Maximum of 2 capsules per day.
oseltamivir cap 75mg	2	QL; Maximum of 2 capsules per day.
oseltamivir sus 6mg/ml	2	QL; Maximum of 26 ml per day.
RELENZA MIS DISKHALE ***zanamivir aerosol powder breath activated 5 mg/act***	4	QL; Maximum of 3 inhalers (60 blisters) per 30 days.
rimantadine tab 100mg	3	
Antiherpetic Agents		
acyclovir cap 200mg	2	
acyclovir oin 5%	3	QL; Maximum of 1 tube (30 grams) per 30 days.
acyclovir sus 200/5ml	2	
acyclovir sus 800/20ml	2	
acyclovir tab 400mg	2	
acyclovir tab 800mg	2	
famciclovir tab 125mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 250mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 500mg	2	QL; Maximum of 3 tablets per day.

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valacyclovir tab 1gm	2	QL; Maximum of 4 tablets per day.
valacyclovir tab 500mg	2	QL; Maximum of 2 tablets per day.
Anxiolytics		
Anxiolytics, Other		
buspirone tab 10mg	2	
buspirone tab 15mg	2	
buspirone tab 30mg	2	
buspirone tab 5mg	2	
buspirone tab 7.5mg	2	
hydroxyz hcl syp 10mg/5ml	2	
hydroxyz hcl tab 10mg	2	
hydroxyz hcl tab 25mg	2	
hydroxyz hcl tab 50mg	2	
hydroxyz pam cap 100mg	2	
hydroxyz pam cap 25mg	2	
hydroxyz pam cap 50mg	2	
hydroxyzine sol 50/25ml	2	
meprobamate tab 200mg	4	
meprobamate tab 400mg	4	
Benzodiazepines		
alprazolam con 1 mg/ml	3	QL; Maximum of 10 ml per day.
alprazolam tab 0.25 odt	3	QL; Maximum of 4 tablets per day.
alprazolam tab 0.25mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 0.5mg er	3	QL; Maximum of 1 tablet per day.
alprazolam tab 0.5mg od	3	QL; Maximum of 4 tablets per day.
alprazolam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 1mg er	3	QL; Maximum of 1 tablet per day.
alprazolam tab 1mg odt	3	QL; Maximum of 4 tablets per day.
alprazolam tab 1mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 2mg er	3	QL; Maximum of 5 tablets per day.
alprazolam tab 2mg odt	3	QL; Maximum of 5 tablets per day.
alprazolam tab 2mg	2	QL; Maximum of 5 tablets per day.
alprazolam tab 3mg er	3	QL; Maximum of 3 tablets per day.
chlordiazep cap 10mg	2	
chlordiazep cap 25mg	2	
chlordiazep cap 5mg	2	
clonazep odt tab 0.125mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 0.25mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 0.5mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 1mg	3	QL; Maximum of 4 tablets per day.
clonazep odt tab 2mg	3	QL; Maximum of 10 tablets per day.
clonazepam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
clonazepam tab 1mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
clonazepam tab 2mg	2	QL; Maximum of 10 tablets per day.
cloraz dipot tab 15mg	3	QL; Maximum of 6 tablets per day.
cloraz dipot tab 3.75mg	3	QL; Maximum of 24 tablets per day.
cloraz dipot tab 7.5mg	3	QL; Maximum of 12 tablets per day.
diazepam con 25mg/5ml	2	QL; Maximum of 8 ml per day.
diazepam con 5mg/ml	2	QL; Maximum of 8 ml per day.
diazepam sol 5mg/5ml	2	
diazepam tab 10mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 2mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 5mg	2	QL; Maximum of 4 tablets per day.
estazolam tab 1mg	2	QL; Maximum of 1 tablet per day.
estazolam tab 2mg	2	QL; Maximum of 1 tablet per day.
lorazepam con 2mg/ml	2	QL; Maximum of 5 ml per day.
lorazepam tab 0.5mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 1mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 2mg	2	QL; Maximum of 5 tablets per day.
oxazepam cap 10mg	2	
oxazepam cap 15mg	2	
oxazepam cap 30mg	2	
quazepam tab 15mg	4	
triazolam tab 0.125mg	2	QL; Maximum of 1 tablet per day.
triazolam tab 0.25mg	2	QL; Maximum of 2 tablets per day.
Benzodiazepines		
alprazolam tab 0.5mg xr	3	QL; Maximum of 1 tablet per day.
alprazolam tab 1mg xr	3	QL; Maximum of 1 tablet per day.
alprazolam tab 2mg xr	3	QL; Maximum of 5 tablets per day.
alprazolam tab 3mg xr	3	QL; Maximum of 3 tablets per day.
Bipolar Agents		
Mood Stabilizers		
lithium carb cap 150mg	2	
lithium carb cap 300mg	2	
lithium carb cap 600mg	2	
lithium carb tab 300mg er	2	
lithium carb tab 300mg	2	
lithium carb tab 450mg er	2	
lithium sol 8meq/5ml	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
accu-chek kit guide me	3	QL; Maximum of 1 device per year.
accu-chek kit guide	3	QL; Maximum of 1 device per year.
accu-chek test strips guide	3	QL; Maximum of 100 strips per month.
autopen mis 1-21unit	1	
contour next kit one	1	QL; Maximum of 1 device per year.

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ihealth liq control	1	QL; Maximum of 2 boxes per year.
lancet devic mis adjust	1	
lancets mis	1	
novopen echo mis	1	
prodigy auto kit monitor	4	PA; QL; Maximum of 1 device per year.
prodigy auto mis system	4	PA; QL; Maximum of 1 device per year.
prodigy kit no coding	4	PA; QL; Maximum of 1 device per year.
prodigy no tes coding	4	PA; QL; Maximum of 100 strips per month.
prodigy pocket kit meter	4	PA; QL; Maximum of 1 device per year.
prodigy voice kit meter	4	PA; QL; Maximum of 1 device per year.
select-lite kit dev/lanc	1	QL; Maximum of 1 device per year.
true metrix sol level 1	1	QL; Maximum of 2 boxes per year.
true metrix sol level 2	1	QL; Maximum of 2 boxes per year.
true metrix sol level 3	1	QL; Maximum of 2 boxes per year.
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tab 100mg	2	QL; Maximum of 3 tablets per day.
acarbose tab 25mg	2	QL; Maximum of 12 tablets per day.
acarbose tab 50mg	2	QL; Maximum of 6 tablets per day.
bydureon bc inj 2/0.85ml	3	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
DAPAG/MET ER TAB 5-1000MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
DAPAG/MET ER TAB 10-1000 ***dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
farxiga tab 10mg	3	QL; Maximum of 1 tablet per day.
farxiga tab 5mg	3	QL; Maximum of 1 tablet per day.
glimepiride tab 1mg	1	QL; Maximum of 8 tablets per day.
glimepiride tab 2mg	1	QL; Maximum of 4 tablets per day.
glimepiride tab 4mg	1	QL; Maximum of 2 tablets per day.
glip/metform tab 2.5-250	3	QL; Maximum of 8 tablets per day.
glip/metform tab 2.5-250m	3	QL; Maximum of 8 tablets per day.
glip/metform tab 2.5-500	3	QL; Maximum of 4 tablets per day.
glip/metform tab 2.5-500m	3	QL; Maximum of 4 tablets per day.
glip/metform tab 5-500mg	3	QL; Maximum of 4 tablets per day.
glipizide er tab 10mg	1	QL; Maximum of 2 tablets per day.
glipizide er tab 2.5mg	1	QL; Maximum of 8 tablets per day.
glipizide er tab 5mg	1	QL; Maximum of 4 tablets per day.
glipizide tab 10mg	1	QL; Maximum of 4 tablets per day.
glipizide tab 2.5mg	1	QL; Maximum of 8 tablets per day.
glipizide tab 5mg	1	QL; Maximum of 8 tablets per day.
glucagon emr sol 1mg	1	QL; Maximum of 2 kits per 30 days.
glyb/metform tab 1.25-250	2	QL; Maximum of 8 tablets per day.
glyb/metform tab 2.5-500	2	QL; Maximum of 4 tablets per day.
glyb/metform tab 5-500mg	2	QL; Maximum of 4 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
glyburid mcr tab 1.5mg	2	QL; Maximum of 8 tablets per day.
glyburid mcr tab 3mg	2	QL; Maximum of 4 tablets per day.
glyburid mcr tab 6mg	2	QL; Maximum of 2 tablets per day.
glyburide tab 1.25 mg	2	QL; Maximum of 16 tablets per day.
glyburide tab 2.5 mg	2	QL; Maximum of 8 tablets per day.
glyburide tab 5 mg	2	QL; Maximum of 4 tablets per day.
JARDIANCE TAB 10MG ***empagliflozin tab 10 mg***	3	QL; Maximum of 1 tablet per day.
JARDIANCE TAB 25MG ***empagliflozin tab 25 mg***	3	QL; Maximum of 1 tablet per day.
JENTADUETO TAB 2.5-1000 ***linagliptin-metformin hcl tab 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-500 ***linagliptin-metformin hcl tab 2.5-500 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB 2.5-850 ***linagliptin-metformin hcl tab 2.5-850 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
JENTADUETO TAB XR ***linagliptin-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 1 tablet per day.
metformin sol 500/5ml	4	QL; Maximum of 25.5 ml per day.
metformin tab 1000mg	1	QL; Maximum of 2.5 tablets per day.
metformin tab 500mg er	1	QL; Maximum of 4 tablets per day.
metformin tab 500mg	1	QL; Maximum of 5 tablets per day.
metformin tab 750mg er	1	QL; Maximum of 2 tablets per day.
metformin tab 850mg	1	QL; Maximum of 3 tablets per day.
miglitol tab 100mg	3	QL; Maximum of 3 tablets per day.
miglitol tab 25mg	3	QL; Maximum of 12 tablets per day.
miglitol tab 50mg	3	QL; Maximum of 6 tablets per day.
MOUNJARO INJ 10MG/0.5 ***tirzepatide soln auto-injector 10 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 12.5/0.5 ***tirzepatide soln auto-injector 12.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 15MG/0.5 ***tirzepatide soln auto-injector 15 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 2.5/0.5 ***tirzepatide soln auto-injector 2.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 5MG/0.5 ***tirzepatide soln auto-injector 5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 7.5/0.5 ***tirzepatide soln auto-injector 7.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
nateglinide tab 120mg	3	QL; Maximum of 3 tablets per day.
nateglinide tab 60mg	3	QL; Maximum of 6 tablets per day.
OZEMPIC INJ 2MG/3ML ***semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 4MG/3ML ***semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 8MG/3ML ***semaglutide soln pen-inj 2 mg/dose (8 mg/3ml)***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC TAB 1.5MG ***semaglutide tab 1.5 mg***	3	QL; Maximum of 1 tablet per day.
OZEMPIC TAB 4MG ***semaglutide tab 4 mg***	3	QL; Maximum of 1 tablet per day.
OZEMPIC TAB 9MG ***semaglutide tab 9 mg***	3	QL; Maximum of 1 tablet per day.
pioglita/met tab 15-500mg	3	QL; Maximum of 3 tablets per day.
pioglita/met tab 15-850mg	3	QL; Maximum of 3 tablets per day.
pioglitazone tab 15mg	1	QL; Maximum of 3 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
pioglitazone tab 30mg	1	QL; Maximum of 1 tablet per day.
pioglitazone tab 45mg	1	QL; Maximum of 1 tablet per day.
repaglinide tab 0.5mg	2	QL; Maximum of 32 tablets per day.
repaglinide tab 1mg	2	QL; Maximum of 16 tablets per day.
repaglinide tab 2mg	2	QL; Maximum of 8 tablets per day.
RYBELSUS TAB 14MG ***semaglutide tab 14 mg***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG ***semaglutide tab 3 mg***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG ***semaglutide tab 7 mg***	3	PA; QL; Maximum of 1 tablet per day.
saxagliptin tab 2.5mg	3	QL; Maximum of 1 tablet per day.
saxagliptin tab 5mg	3	QL; Maximum of 1 tablet per day.
SYNJARDY TAB ***empagliflozin-metformin hcl tab 12.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500 ***empagliflozin-metformin hcl tab 12.5-500 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG ***empagliflozin-metformin hcl tab 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG ***empagliflozin-metformin hcl tab 5-500 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB ***empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000 ***empagliflozin-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000 ***empagliflozin-metformin hcl tab er 24hr 25-1000 mg***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG ***empagliflozin-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
TRADJENTA TAB 5MG ***linagliptin tab 5 mg***	3	QL; Maximum of 1 tablet per day.
TRULICITY INJ 0.75/0.5 ***dulaglutide soln auto-injector 0.75 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 1.5/0.5 ***dulaglutide soln auto-injector 1.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5 ***dulaglutide soln auto-injector 3 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5 ***dulaglutide soln auto-injector 4.5 mg/0.5ml***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 2.5-1000 ***dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg***	3	QL; Maximum of 1 tablet per day.
Glycemic Agents		
baqsimi one pow 3mg/dose	1	QL; Maximum of 2 intranasal devices per month.
baqsimi two pow 3mg/dose	1	QL; Maximum of 2 intranasal devices per month.
diazoxide sus 50mg/ml	4	
glucagon inj 1mg	1	QL; Maximum of 2 devices per month.
glucagon inj 1mg	1	QL; Maximum of 2 devices per month.
GVOKE HYPO 1 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
GVOKE HYPO 1 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE HYPO 2 INJ 0.5/.1ML ***glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 2 INJ 1/0.2ML ***glucagon subcutaneous solution auto-injector 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
GVOKE KIT SOL 1/0.2ML ***glucagon subcutaneous soln 1 mg/0.2ml***	1	QL; Maximum of 2 kits (0.4 ml) per 30 days.
GVOKE PFS INJ 0.5/.1ML ***glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml***	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE PFS INJ 1/0.2ML ***glucagon subcutaneous soln pref syringe 1 mg/0.2ml***	1	QL; Maximum of 0.4 ml per 30 days.
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml***	1	QL; Maximum of 1.2 ml (2 pens) per month.
ZEGALOGUE INJ 0.6/0.6 ***dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml***	1	QL; Maximum of 1.2 ml (2 syringes) per month.
Insulins		
basaglar inj 100unit	1	QL; Maximum of 1.5 ml per day.
HUMALOG INJ 100/ML ***insulin lispro soln cartridge 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMALOG JR INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG KWIK INJ 200/ML ***insulin lispro soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 50/50 ***insulin lispro protamine & lispro inj 100 unit/ml (50-50)***	1	QL; Maximum of 1 ml per day.
HUMALOG MIX INJ 50/50KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX INJ 75/25KWP ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)***	1	QL; Maximum of 1.5 ml per day.
HUMALOG MIX SUS 75/25 ***insulin lispro prot & lispro inj 100 unit/ml (75-25)***	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30 ***insulin nph isophane & regular human inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
HUMULIN INJ 70/30KWP ***insulin nph & regular susp pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
HUMULIN N INJ U-100 ***insulin nph (human) (isophane) inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
HUMULIN N INJ U-100KWP ***insulin nph (human) (isophane) susp pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
HUMULIN R INJ U-100 ***insulin regular (human) inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
HUMULIN R INJ U-500 ***insulin regular (human) inj 500 unit/ml***	1	QL; Maximum of 0.66 ml per day.
HUMULIN R INJ U-500 ***insulin regular (human) soln pen-injector 500 unit/ml***	1	QL; Maximum of 0.2 ml per day.
INS DEGL FLX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
INS DEGL FLX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
INSULIN ASPA INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
INSULIN DEGL INJ 100UNIT ***insulin degludec inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML ***insulin lispro inj soln 100 unit/ml***	1	QL; Maximum of 1 ml per day.
INSULIN LISP INJ 100/ML ***insulin lispro soln pen-injector 100 unit/ml (1 unit dial)***	1	QL; Maximum of 1.5 ml per day.
INSULIN LISP INJ JUNIOR ***insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)***	1	QL; Maximum of 1.5 ml per day.

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Drug name	Tier	Coverage Requirements and Limits
INSULIN LISP INJ PROTAMIN ***insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)***	1	QL; Maximum of 1.5 ml per day.
LEVEMIR INJ ***insulin detemir inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
LEVEMIR INJ FLEXPEN ***insulin detemir soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEX REL ***insulin aspart soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEXPEN ***insulin aspart soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ PENFILL ***insulin aspart soln cartridge 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
NOVOLOG MIX INJ FLEX REL ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ FLEXPEN ***insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG RELI INJ 70/30 ***insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)***	1	QL; Maximum of 1 ml per day.
REZVOGLAR INJ 100UT/ML ***insulin glargine-aglr soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
SOLIQUA INJ 100/33 ***insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml***	3	QL; Maximum of 6 pens (18 ml) per 30 days.
TRESIBA FLEX INJ 100UNIT ***insulin degludec soln pen-injector 100 unit/ml***	1	QL; Maximum of 1.5 ml per day.
TRESIBA FLEX INJ 200UNIT ***insulin degludec soln pen-injector 200 unit/ml***	1	QL; Maximum of 1.5 ml per day.
TRESIBA INJ 100UNIT ***insulin degludec inj 100 unit/ml***	1	QL; Maximum of 1 ml per day.
XULTOPHY INJ 100/3.6 ***insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml***	3	QL; Maximum of 5 pens (15 ml) per 30 days.
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran cap 110mg	3	QL; Maximum of 2 capsules per day.
dabigatran cap 150mg	3	QL; Maximum of 2 capsules per day.
dabigatran cap 75mg	3	QL; Maximum of 2 capsules per day.
ELIQUIS CAP 0.15MG ***apixaban cap sprinkle 0.15 mg***	3	QL; Maximum of 2 capsules per day.
ELIQUIS ST P TAB 5MG ***apixaban tab starter pack 5 mg***	3	QL; Maximum of 1 pack per year.
ELIQUIS TAB 0.5MG ***apixaban tab for oral susp 0.5 mg***	3	QL; Maximum of 4 tablets per day.
ELIQUIS TAB 1.5MG ***apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)***	3	QL; Maximum of 12 tablets (4 packs) per day.
ELIQUIS TAB 2.5MG ***apixaban tab 2.5 mg***	3	QL; Maximum of 2 tablets per day.
ELIQUIS TAB 2MG ***apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)***	3	QL; Maximum of 16 tablets (4 packs) per day.
ELIQUIS TAB 5MG ***apixaban tab 5 mg***	3	QL; Maximum of 2 tablets per day.
enoxaparin inj 100mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin inj 120/0.8	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin inj 150mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin inj 30/0.3ml	3	QL; Maximum of 2 syringes (0.6 ml) per day.
enoxaparin inj 300/3ml	3	QL; Maximum of 1 vial (3 ml) per day.
enoxaparin inj 40/0.4ml	3	QL; Maximum of 2 syringes (0.8 ml) per day.
enoxaparin inj 60/0.6ml	3	QL; Maximum of 2 syringes (1.2 ml) per day.
enoxaparin inj 80/0.8ml	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin inj 80mg/0.8	3	QL; Maximum of 2 syringes (1.6 ml) per day.
fondaparinux inj 10/0.8ml	4	QL; Maximum of 24 ml per 30 days.

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fondaparinux inj 2.5/0.5	4	QL; Maximum of 15 ml per 30 days.
fondaparinux inj 5/0.4ml	4	QL; Maximum of 12 ml per 30 days.
fondaparinux inj 7.5/0.6	4	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 10000/ML ***dalteparin sodium soln prefilled syr 10000 unit/ml***	5	QL; Maximum of 30 ml per 30 days.
FRAGMIN INJ 12500UNT ***dalteparin sodium soln prefilled syr 12500 unit/0.5ml***	5	QL; Maximum of 15 ml per 30 days.
FRAGMIN INJ 15000UNT ***dalteparin sodium soln prefilled syr 15000 unit/0.6ml***	5	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 18000UNT ***dalteparin sodium soln prefilled syr 18000 unit/0.72ml***	5	QL; Maximum of 21.6 ml per 30 days.
FRAGMIN INJ 2500/0.2 ***dalteparin sodium soln prefilled syr 2500 unit/0.2ml***	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 2500/ML ***dalteparin sodium subcutaneous soln 10000 unit/4ml***	5	QL; Maximum of 4 ml per day.
FRAGMIN INJ 5000/0.2 ***dalteparin sodium soln prefilled syr 5000 unit/0.2ml***	5	QL; Maximum of 6 ml per 30 days.
FRAGMIN INJ 7500/0.3 ***dalteparin sodium soln prefilled syr 7500 unit/0.3ml***	5	QL; Maximum of 9 ml per 30 days.
FRAGMIN INJ 95000UNT ***dalteparin sodium subcutaneous soln 95000 unit/3.8ml***	5	QL; Maximum of 22.8 ml per 30 days.
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 1000 unit/ml	2	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj 5000 unit/ml	2	
heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml	2	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2	
heparin sodium (porcine) pf inj 5000 unit/ml	2	
JANTOVEN TAB 10MG ***warfarin sodium tab 10 mg***	2	
JANTOVEN TAB 1MG ***warfarin sodium tab 1 mg***	2	
JANTOVEN TAB 2.5MG ***warfarin sodium tab 2.5 mg***	2	
JANTOVEN TAB 2MG ***warfarin sodium tab 2 mg***	2	
JANTOVEN TAB 3MG ***warfarin sodium tab 3 mg***	2	
JANTOVEN TAB 4MG ***warfarin sodium tab 4 mg***	2	
JANTOVEN TAB 5MG ***warfarin sodium tab 5 mg***	2	
JANTOVEN TAB 6MG ***warfarin sodium tab 6 mg***	2	
JANTOVEN TAB 7.5MG ***warfarin sodium tab 7.5 mg***	2	
rivaroxaban sus 1mg/ml	3	QL; Maximum of 20 ml per day.
rivaroxaban tab 2.5mg	3	QL; Maximum of 2 tablets per day.
warfarin tab 10mg	2	
warfarin tab 1mg	2	
warfarin tab 2.5mg	2	
warfarin tab 2mg	2	

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Drug name	Tier	Coverage Requirements and Limits
warfarin tab 3mg	2	
warfarin tab 4mg	2	
warfarin tab 5mg	2	
warfarin tab 6mg	2	
warfarin tab 7.5mg	2	
XARELTO STAR TAB 15/20MG ***rivaroxaban tab starter therapy pack 15 mg & 20 mg***	3	QL; Maximum of 1 pack (51 tablets) per year.
XARELTO SUS 1MG/ML ***rivaroxaban for susp 1 mg/ml***	3	QL; Maximum of 20 ml per day.
XARELTO TAB 10MG ***rivaroxaban tab 10 mg***	3	QL; Maximum of 1 tablet per day.
XARELTO TAB 15MG ***rivaroxaban tab 15 mg***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 2.5MG ***rivaroxaban tab 2.5 mg***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 20MG ***rivaroxaban tab 20 mg***	3	QL; Maximum of 1 tablet per day.
Blood Formation Modifiers		
anagrelide cap 0.5mg	4	
anagrelide cap 1mg	4	
ARANESP INJ 100MCG ***darbepoetin alfa soln inj 100 mcg/ml***	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG ***darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml***	5	QL; Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG ***darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG ***darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml***	5	QL; Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG ***darbepoetin alfa soln inj 200 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG ***darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG ***darbepoetin alfa soln inj 25 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG ***darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml***	5	QL; Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG ***darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml***	5	QL; Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG ***darbepoetin alfa soln inj 40 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG ***darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml***	5	QL; Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG ***darbepoetin alfa soln prefilled syringe 500 mcg/ml***	5	QL; Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG ***darbepoetin alfa soln inj 60 mcg/ml***	5	QL; Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG ***darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml***	5	QL; Maximum of 1.2 ml per 28 days.
eltrombopag pow 12.5mg	5	PA; QL; Maximum of 6 packets per day.
eltrombopag pow 25mg	5	PA; QL; Maximum of 6 packets per day.
eltrombopag tab 12.5mg	5	PA; QL; Maximum of 1 tablet per day.
eltrombopag tab 25mg	5	PA; QL; Maximum of 1 tablet per day.
eltrombopag tab 50mg	5	PA; QL; Maximum of 2 tablets per day.
eltrombopag tab 75mg	5	PA; QL; Maximum of 2 tablets per day.
LEUKINE INJ 250MCG ***sargramostim lyophilized for inj 250 mcg***	5	
NEULASTA ***neulasta inj 4/0.4ml***		
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml***	5	
NEULASTA INJ 6MG/0.6M ***pegfilgrastim soln prefilled syringe 6 mg/0.6ml***	5	
plerixafor inj 24/1.2ml	5	

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RETACRIT INJ 10000UNT ***epoetin alfa-epbx inj 10000 unit/ml***	5	QL; Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI ***epoetin alfa-epbx inj 20000 unit/ml***	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT ***epoetin alfa-epbx inj 2000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT ***epoetin alfa-epbx inj 3000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
RETACRIT INJ 40000UNT ***epoetin alfa-epbx inj 40000 unit/ml***	5	QL; Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT ***epoetin alfa-epbx inj 4000 unit/ml***	5	QL; Maximum of 12 ml per 21 days.
ZARXIO INJ 300/0.5 ***filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml***	5	
ZARXIO INJ 480/0.8 ***filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml***	5	
Hemostasis Agents		
aminocapr ac tab 1000mg	4	
aminocapr ac tab 500mg	4	
aminocaproic sol 0.25/ml	4	
RECOTHROM SOL 20000UNT ***thrombin (recombinant) for soln 20000 unit***	4	
RECOTHROM SOL 5000UNIT ***thrombin (recombinant) for soln 5000 unit***	4	
thrombin kit 5000unit	4	
thrombin-jmi kit 20000unt	4	
thrombin-jmi kit 5000unit	4	
thrombin-jmi sol 20000unt	4	
thrombin-jmi sol 5000unit	4	
tranex acid tab 650mg	3	QL; Maximum of 6 tablets per day.
Platelet Modifying Agents		
asa/dipyrida cap 25-200mg	4	QL; Maximum of 2 capsules per day.
cilostazol tab 100mg	2	
cilostazol tab 50mg	2	
clopidogrel tab 300mg	2	QL; Maximum of 1 tablet per day.
clopidogrel tab 75mg	2	QL; Maximum of 4 tablets per day.
dipyridamole tab 25mg	2	
dipyridamole tab 50mg	2	
dipyridamole tab 75mg	2	
prasugrel tab 10mg	2	QL; Maximum of 1 tablet per day.
prasugrel tab 5mg	2	QL; Maximum of 1 tablet per day.
ticagrelor tab 60mg	4	QL; Maximum of 2 tablets per day.
ticagrelor tab 90mg	4	QL; Maximum of 2 tablets per day.
YOSPRALA TAB 325-40MG ***aspirin-omeprazole tab delayed release 325-40 mg***	3	QL; Maximum of 1 tablet per day.
YOSPRALA TAB 81-40MG ***aspirin-omeprazole tab delayed release 81-40 mg***	3	QL; Maximum of 1 tablet per day.
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine dis 0.1/24hr	3	
clonidine dis 0.2/24hr	3	
clonidine dis 0.3/24hr	3	
clonidine tab 0.1mg	2	
clonidine tab 0.2mg	2	
clonidine tab 0.3mg	2	

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Drug name	Tier	Coverage Requirements and Limits
guanfacine tab 1mg	2	QL; Maximum of 2 tablets per day.
guanfacine tab 2mg	2	QL; Maximum of 2 tablets per day.
methyldopa tab 250mg	2	
methyldopa tab 500mg	2	
midodrine tab 10mg	2	
midodrine tab 2.5mg	2	
midodrine tab 5mg	2	
Alpha-adrenergic Blocking Agents		
doxazosin tab 1mg	2	
doxazosin tab 2mg	2	
doxazosin tab 4mg	2	
doxazosin tab 8mg	2	
phenoxybenzamine cap 10mg	4	
prazosin hcl cap 1mg	2	
prazosin hcl cap 2mg	2	
prazosin hcl cap 5mg	2	
Angiotensin II Receptor Antagonists		
amlod/valsar tab 10-160mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 10-320mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 5-160mg	3	QL; Maximum of 1 tablet per day.
amlod/valsar tab 5-320mg	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 16-12.5	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 32-12.5	3	QL; Maximum of 1 tablet per day.
candesa/hctz tab 32-25mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 16mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 32mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 4mg	3	QL; Maximum of 1 tablet per day.
candesartan tab 8mg	3	QL; Maximum of 3 tablets per day.
irbesar/hctz tab 150-12.5	2	QL; Maximum of 1 tablet per day.
irbesar/hctz tab 300-12.5	2	QL; Maximum of 1 tablet per day.
irbesartan tab 150mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 300mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 75mg	2	QL; Maximum of 3 tablets per day.
losartan pot tab 100mg	1	QL; Maximum of 1 tablet per day.
losartan pot tab 25mg	1	QL; Maximum of 2 tablets per day.
losartan pot tab 50mg	1	QL; Maximum of 2 tablets per day.
losartan/hct tab 100-12.5	1	QL; Maximum of 1 tablet per day.
losartan/hct tab 100-25	1	QL; Maximum of 1 tablet per day.
losartan/hct tab 50-12.5	1	QL; Maximum of 2 tablets per day.
olm med/hctz tab 20-12.5	2	QL; Maximum of 1 tablet per day.
olm med/hctz tab 40-12.5	2	QL; Maximum of 1 tablet per day.
olm med/hctz tab 40-25mg	2	QL; Maximum of 1 tablet per day.
olmesa medox tab 20mg	2	QL; Maximum of 1 tablet per day.

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olmesa medox tab 40mg	2	QL; Maximum of 1 tablet per day.
olmesa medox tab 5mg	2	QL; Maximum of 2 tablets per day.
telmisartan tab 20mg	3	QL; Maximum of 1 tablet per day.
telmisartan tab 40mg	3	QL; Maximum of 1 tablet per day.
telmisartan tab 80mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 40-12.5 mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 80-12.5 mg	3	QL; Maximum of 2 tablets per day.
telmisartan-hydrochlorothiazide tab 80-25 mg	3	QL; Maximum of 1 tablet per day.
valsartan tab 160 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 320 mg	2	QL; Maximum of 1 tablet per day.
valsartan tab 40 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 80 mg	2	QL; Maximum of 2 tablets per day.
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 160-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	QL; Maximum of 1 tablet per day.
Angiotensin-converting Enzyme (ACE) Inhibitors		
amlod/benazp cap 10-20mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 10-40mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 2.5-10mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-10mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-20mg	2	QL; Maximum of 1 capsule per day.
amlod/benazp cap 5-40mg	2	QL; Maximum of 1 capsule per day.
benazep/hctz tab 10-12.5	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 20-12.5	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 20-25mg	3	QL; Maximum of 1 tablet per day.
benazep/hctz tab 5-6.25mg	3	QL; Maximum of 1 tablet per day.
benazepril tab 10mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 20mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 40mg	2	QL; Maximum of 2 tablets per day.
benazepril tab 5mg	2	QL; Maximum of 2 tablets per day.
captopr/hctz tab 25-15mg	3	QL; Maximum of 3 tablets per day.
captopr/hctz tab 25-25mg	3	QL; Maximum of 2 tablets per day.
captopr/hctz tab 50-15mg	3	QL; Maximum of 3 tablets per day.
captopr/hctz tab 50-25mg	3	QL; Maximum of 2 tablets per day.
captopril tab 100mg	2	QL; Maximum of 4 tablets per day.
captopril tab 12.5mg	2	QL; Maximum of 3 tablets per day.
captopril tab 25mg	2	QL; Maximum of 3 tablets per day.
captopril tab 50mg	2	QL; Maximum of 9 tablets per day.
enalapr/hctz tab 10-25mg	2	QL; Maximum of 2 tablets per day.
enalapr/hctz tab 5-12.5mg	2	QL; Maximum of 1 tablet per day.
enalapril tab 10mg	2	QL; Maximum of 2 tablets per day.

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enalapril tab 2.5mg	2	QL; Maximum of 2 tablets per day.
enalapril tab 20mg	2	QL; Maximum of 2 tablets per day.
enalapril tab 5mg	2	QL; Maximum of 2 tablets per day.
fosinop/hctz tab 10/12.5	3	QL; Maximum of 4 tablets per day.
fosinop/hctz tab 20/12.5	3	QL; Maximum of 4 tablets per day.
fosinopril tab 10mg	2	QL; Maximum of 2 tablets per day.
fosinopril tab 20mg	2	QL; Maximum of 2 tablets per day.
fosinopril tab 40mg	2	QL; Maximum of 2 tablets per day.
lisinop/hctz tab 20-12.5	1	QL; Maximum of 4 tablets per day.
lisinop/hctz tab 20-25mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 10mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 2.5mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 20mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 30mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 40mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 5mg	1	QL; Maximum of 2 tablets per day.
moexipril tab 15mg	2	QL; Maximum of 2 tablets per day.
moexipril tab 7.5mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 2mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 4mg	2	QL; Maximum of 2 tablets per day.
perindopril tab 8mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 10mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 20mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 40mg	2	QL; Maximum of 2 tablets per day.
quinapril tab 5mg	2	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 10-12.5 mg	3	QL; Maximum of 1 tablet per day.
quinapril-hydrochlorothiazide tab 20-12.5 mg	3	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 20-25 mg	3	QL; Maximum of 2 tablets per day.
ramipril cap 1.25mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 10mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 2.5mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 5mg	2	QL; Maximum of 2 capsules per day.
trandolapril tab 1mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 2mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 4mg	2	QL; Maximum of 2 tablets per day.
Antiarrhythmics		
amiodarone tab 100mg	2	
amiodarone tab 200mg	2	
amiodarone tab 400mg	2	
disopyramide cap 100mg	3	
disopyramide cap 150mg	3	
dofetilide cap 125mcg	4	QL; Maximum of 2 capsules per day.
dofetilide cap 250mcg	4	QL; Maximum of 2 capsules per day.

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dofetilide cap 500mcg	4	QL; Maximum of 2 capsules per day.
flecainide tab 100mg	2	
flecainide tab 150mg	2	
flecainide tab 50mg	2	
mexiletine cap 150mg	3	
mexiletine cap 200mg	3	
mexiletine cap 250mg	3	
MULTAQ TAB 400MG ***dronedarone hcl tab 400 mg (base equivalent)***	4	PA; QL; Maximum of 2 tablets per day.
NORPACE CAP 100MG CR ***disopyramide phosphate cap er 12hr 100 mg***	3	
NORPACE CAP 150MG CR ***disopyramide phosphate cap er 12hr 150 mg***	3	
propafenone cap 225mg er	4	
propafenone cap 325mg er	4	
propafenone cap 425mg er	4	
propafenone tab 150mg	2	
propafenone tab 225mg	2	
propafenone tab 300mg	2	
quinidine gl tab 324mg cr	2	
quinidine gl tab 324mg er	2	
quinidine su tab 200mg	2	
quinidine su tab 300mg	2	
sotalol af tab 120mg	2	
sotalol af tab 160mg	2	
sotalol af tab 80mg	2	
sotalol hcl tab 120mg	2	
sotalol hcl tab 160mg	2	
sotalol hcl tab 240mg	2	
sotalol hcl tab 80mg	2	
SOTYLIZE SOL 5MG/ML ***sotalol hcl oral solution 5 mg/ml***	4	PA
Beta-adrenergic Blocking Agents		
acebutolol cap 200mg	2	
acebutolol cap 400mg	2	
atenol/chlor tab 100-25mg	2	
atenol/chlor tab 50-25mg	2	
atenolol tab 100mg	2	
atenolol tab 25mg	2	
atenolol tab 50mg	2	
betaxolol tab 10mg	2	
betaxolol tab 20mg	2	
bisoprl/hctz tab 10/6.25	2	QL; Maximum of 2 tablets per day.
bisoprl/hctz tab 2.5/6.25	2	QL; Maximum of 2 tablets per day.
bisoprl/hctz tab 5-6.25mg	2	QL; Maximum of 2 tablets per day.
bisoprol fum tab 10mg	2	
bisoprol fum tab 2.5mg	2	

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bisoprol fum tab 5mg	2	
carvedilol tab 12.5mg	1	
carvedilol tab 25mg	1	
carvedilol tab 3.125mg	1	
carvedilol tab 6.25mg	1	
labetalol tab 100mg	2	
labetalol tab 200mg	2	
labetalol tab 300mg	2	
labetalol tab 400mg	2	
metoprl/hctz tab 100-25mg	3	
metoprl/hctz tab 100-50mg	3	
metoprl/hctz tab 50-25mg	3	
metoprolol succinate tab 100mg er	1	
metoprolol succinate tab 200mg er	1	
metoprolol succinate tab 25mg er	1	
metoprolol succinate tab 50mg er	1	
metoprolol tartrate tab 100mg	1	
metoprolol tartrate tab 25mg	1	
metoprolol tartrate tab 50mg	1	
nadolol tab 20mg	2	
nadolol tab 40mg	2	
nadolol tab 80mg	2	
nebivolol tab 10mg	2	QL; Maximum of 1 tablet per day.
nebivolol tab 2.5mg	2	QL; Maximum of 1 tablet per day.
nebivolol tab 20mg	2	QL; Maximum of 2 tablets per day.
nebivolol tab 5mg	2	QL; Maximum of 1 tablet per day.
pindolol tab 10mg	2	
pindolol tab 5mg	2	
propranolol cap 120mg er	2	
propranolol cap 160mg er	2	
propranolol cap 60mg er	2	
propranolol cap 80mg er	2	
propranolol sol 20mg/5ml	2	
propranolol sol 40mg/5ml	2	
propranolol tab 10mg	2	
propranolol tab 20mg	2	
propranolol tab 40mg	2	
propranolol tab 60mg	2	
propranolol tab 80mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
timolol maleate tab 5 mg	2	

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Calcium Channel Blocking Agents		
amlodipine tab 10mg	1	
amlodipine tab 2.5mg	1	
amlodipine tab 5mg	1	
amlodipine besylate/olmesartan tab 5-20mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 5-40mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 10-20mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate/olmesartan tab 10-40mg	3	QL; Maximum of 1 tablet per day.
CARTIA XT CAP 120/24HR ***diltiazem hcl coated beads cap er 24hr 120 mg***	2	
CARTIA XT CAP 180/24HR ***diltiazem hcl coated beads cap er 24hr 180 mg***	2	
CARTIA XT CAP 240/24HR ***diltiazem hcl coated beads cap er 24hr 240 mg***	2	
CARTIA XT CAP 300/24HR ***diltiazem hcl coated beads cap er 24hr 300 mg***	2	
DILT-XR CAP 120MG ***diltiazem hcl cap er 24hr 120 mg***	2	
DILT-XR CAP 180MG ***diltiazem hcl cap er 24hr 180 mg***	2	
DILT-XR CAP 240MG ***diltiazem hcl cap er 24hr 240 mg***	2	
diltiazem er tab 180mg	3	
diltiazem er tab 240mg	3	
diltiazem er tab 300mg	3	
diltiazem er tab 360mg	3	
diltiazem er tab 420mg	3	
diltiazem hcl cap er 12hr 120 mg	3	
diltiazem hcl cap er 12hr 60 mg	3	
diltiazem hcl cap er 12hr 90 mg	3	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem tab 120mg er	3	
diltiazem tab 120mg	2	
diltiazem tab 240mg er	3	
diltiazem tab 300mg er	3	
diltiazem tab 30mg	2	

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diltiazem tab 360mg er	3	
diltiazem tab 60mg	2	
diltiazem tab 90mg	2	
felodipine tab 10mg er	2	
felodipine tab 2.5mg er	2	
felodipine tab 5mg er	2	
isradipine cap 2.5mg	2	
isradipine cap 5mg	2	
MATZIM LA TAB 180MG/24 ***diltiazem hcl tab er 24hr 180 mg***	3	
MATZIM LA TAB 240MG/24 ***diltiazem hcl tab er 24hr 240 mg***	3	
MATZIM LA TAB 300MG/24 ***diltiazem hcl tab er 24hr 300 mg***	3	
MATZIM LA TAB 360MG/24 ***diltiazem hcl tab er 24hr 360 mg***	3	
MATZIM LA TAB 420MG/24 ***diltiazem hcl tab er 24hr 420 mg***	3	
nicardipine cap 20mg	3	
nicardipine cap 30mg	3	
nifedipine cap 10mg	2	
nifedipine cap 20mg	2	
nifedipine tab er 24hr 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 90 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 90 mg	2	QL; Maximum of 2 tablets per day.
nimodipine cap 30mg	4	
nisoldipine tab 17mg er	3	
nisoldipine tab 20mg er	3	
nisoldipine tab 25.5mg	3	
nisoldipine tab 30mg er	3	
nisoldipine tab 34mg er	3	
nisoldipine tab 40mg er	3	
nisoldipine tab 8.5mg er	3	
NYMALIZE SOL ***nimodipine oral soln 6 mg/ml***	3	
TAZTIA XT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg***	2	
TAZTIA XT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg***	2	
TAZTIA XT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg***	2	
TAZTIA XT CAP 300MG ER ***diltiazem hcl extended release beads cap er 24hr 300 mg***	2	
TAZTIA XT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg***	2	
TIADYLT CAP 120MG/24 ***diltiazem hcl extended release beads cap er 24hr 120 mg***	2	
TIADYLT CAP 180MG/24 ***diltiazem hcl extended release beads cap er 24hr 180 mg***	2	

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TIADYLT CAP 240MG/24 ***diltiazem hcl extended release beads cap er 24hr 240 mg***	2	
TIADYLT CAP 300MG/24 ***diltiazem hcl extended release beads cap er 24hr 300 mg***	2	
TIADYLT CAP 360MG/24 ***diltiazem hcl extended release beads cap er 24hr 360 mg***	2	
TIADYLT CAP 420MG/24 ***diltiazem hcl extended release beads cap er 24hr 420 mg***	2	
verapamil cap 100mg er	3	
verapamil cap 120mg er	3	
verapamil cap 120mg sr	3	
verapamil cap 180mg er	3	
verapamil cap 180mg sr	3	
verapamil cap 200mg er	3	
verapamil cap 240mg er	3	
verapamil cap 240mg sr	3	
verapamil cap 300mg er	3	
verapamil cap 360mg sr	3	
verapamil tab 120mg er	2	
verapamil tab 120mg	2	
verapamil tab 180mg er	2	
verapamil tab 240mg er	2	
verapamil tab 40mg	2	
verapamil tab 80mg	2	
Cardiovascular Agents, Other		
amiloride & hydrochlorothiazide tab 5-50 mg	2	
CORLANOR SOL 5MG/5ML ***ivabradine hcl oral soln 5 mg/5ml***	4	PA; QL; Maximum of 15 ml per day.
DAPAGLIFLOZI TAB 5MG ***dapagliflozin tab 5 mg***		
DAPAGLIFLOZI TAB 10MG ***dapagliflozin tab 10 mg***		
DAPAG/MET ER TAB 5-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg***		
DAPAG/MET ER TAB 10-500MG ***dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg***		
digoxin oral soln 0.05 mg/ml	4	
digoxin sol 50mcg/ml	3	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 62.5 mcg (0.0625 mg)	2	
ENTRESTO CAP 15-16MG ***sacubitril-valsartan sprinkle cap 15-16 mg***	4	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG ***sacubitril-valsartan sprinkle cap 6-6 mg***	4	PA; QL; Maximum of 8 capsules per day.
isoso/hydral tab 20-37.5	3	QL; Maximum of 6 tablets per day.
ivabradine tab 5mg	4	PA; QL; Maximum of 2 tablets per day.
ivabradine tab 7.5mg	4	PA; QL; Maximum of 2 tablets per day.
ranolazine tab 1000mg	4	QL; Maximum of 2 tablets per day.
ranolazine tab 500mg er	4	QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 24-26 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 49-51 mg	4	PA; QL; Maximum of 2 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
sacubitril-valsartan tab 97-103 mg	4	PA; QL; Maximum of 2 tablets per day.
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamid cap 500mg er	3	
acetazolamid tab 125mg	3	
acetazolamid tab 250mg	3	
methazolamid tab 25mg	4	
methazolamid tab 50mg	4	
Diuretics, Loop		
bumetanide tab 0.5mg	2	
bumetanide tab 1mg	2	
bumetanide tab 2mg	2	
ethacrynic tab acd 25mg	4	
furosemide sol 10mg/ml	2	
furosemide sol 40mg/5ml	2	
furosemide tab 20mg	1	
furosemide tab 40mg	1	
furosemide tab 80mg	1	
torsemide tab 100mg	2	
torsemide tab 10mg	2	
torsemide tab 20mg	2	
torsemide tab 5mg	2	
Diuretics, Potassium-sparing		
ALDACTONE TAB 100MG ***spironolactone tab 100 mg***	4	
ALDACTONE TAB 25MG ***spironolactone tab 25 mg***	4	
ALDACTONE TAB 50MG ***spironolactone tab 50 mg***	4	
amiloride tab 5mg	2	
CAROSPIR SUS 25MG/5ML ***spironolactone susp 25 mg/5ml***	4	
eplerenone tab 25mg	3	
eplerenone tab 50mg	3	
spironolactone susp 25 mg/5ml	4	
spironolactone tab 100 mg	2	
spironolactone tab 25 mg	2	
spironolactone tab 50 mg	2	
Diuretics, Thiazide		
chlorthalid tab 25mg	2	
chlorthalid tab 50mg	2	
DIURIL SUS 250/5ML ***chlorothiazide susp 250 mg/5ml***	3	
hydrochlorot tab 12.5mg	1	
hydrochlorot tab 25mg	1	

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hydrochlorot tab 50mg	1	
indapamide tab 1.25mg	2	
indapamide tab 2.5mg	2	
metolazone tab 10mg	2	
metolazone tab 2.5mg	2	
metolazone tab 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate cap 134mg	2	
fenofibrate cap 200mg	2	
fenofibrate cap 67mg	2	
fenofibrate tab 145mg	2	
fenofibrate tab 160mg	2	
fenofibrate tab 48mg	2	
fenofibrate tab 54mg	2	
gemfibrozil tab 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin tab 10mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 20mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 40mg	1	QL; Maximum of 1 tablet per day.
atorvastatin tab 80mg	1	QL; Maximum of 1 tablet per day.
fluvastatin cap 20mg	3	QL; Maximum of 1 capsule per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
fluvastatin cap 40mg	3	QL; Maximum of 2 capsules per day.$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin tab 10mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
lovastatin tab 20mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
lovastatin tab 40mg	2	QL; Maximum of 2 tablets per day. $0 Copay for members between ages 40 to 75 years.
pravastatin tab 10mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 20mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 40mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
pravastatin tab 80mg	2	QL; Maximum of 1 tablet per day.$0 Copay for members between ages 40 to 75 years.
rosuvastatin tab 10mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
rosuvastatin tab 20mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin tab 40mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin tab 5mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members between ages 40 to 75 years.
simvastatin tab 10mg	1	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
simvastatin tab 20mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 40mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 5mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 80mg	1	QL; Maximum of 1 tablet per day.
Dyslipidemics, Other		
cholestyram pow 4gm lite	3	
cholestyram pow 4gm	3	
colesevelam pak 3.75gm	3	
colesevelam tab 625mg	3	
colestipol gra 5gm	3	
colestipol tab 1gm	2	
ezetimibe tab 10 mg	2	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-10 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-20 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-40 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-80 mg	3	QL; Maximum of 1 tablet per day.
icosapent cap 0.5gm	4	PA
icosapent cap 1gm	4	PA
niacin er tab 1000mg	3	
niacin er tab 500mg	3	
niacin er tab 750mg	3	
niacin tab 500mg er	3	
niacin tab 500mg	3	
niacor tab 500mg	3	
omega-3-acid cap 1gm	2	PA; QL; Maximum of 4 capsules per day.
pentoxifylli tab 400mg er	2	
PREVALITE POW 4GM ***cholestyramine light powder 4 gm/dose***	3	
PREVALITE POW 4GM PK ***cholestyramine light powder packets 4 gm***	3	
REPATHA INJ 140MG/ML ***evolocumab subcutaneous soln prefilled syringe 140 mg/ml***	4	PA; QL; Maximum of 3 syringes (3 ml) per 28 days.
REPATHA PUSH INJ 420/3.5 ***evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml***	4	PA; QL; Maximum of 1 cartridge (3.5 ml) per 28 days.
REPATHA SURE INJ 140MG/ML ***evolocumab subcutaneous soln auto-injector 140 mg/ml***	4	PA; QL; Maximum of 3 pens (3 ml) per 28 days.
Vasodilators, Direct-acting Arterial		
hydralazine tab 100mg	2	
hydralazine tab 10mg	2	
hydralazine tab 25mg	2	
hydralazine tab 50mg	2	
minoxidil tab 10mg	2	
minoxidil tab 2.5mg	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorb din tab 10mg	2	
isosorb din tab 20mg	2	
isosorb din tab 30mg	2	

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Drug name	Tier	Coverage Requirements and Limits
isosorb din tab 5mg	2	
isosorb mono tab 10mg	2	
isosorb mono tab 120mg er	2	
isosorb mono tab 20mg	2	
isosorb mono tab 30mg er	2	
isosorb mono tab 60mg er	2	
NITRO-BID OIN 2% ***nitroglycerin oint 2%***	3	
NITRO-DUR DIS 0.3MG/HR ***nitroglycerin td patch 24hr 0.3 mg/hr***	4	
NITRO-DUR DIS 0.8MG/HR ***nitroglycerin td patch 24hr 0.8 mg/hr***	4	
nitroglycer dis 0.1mg/hr	2	
nitroglycer dis 0.2mg/hr	2	
nitroglycer dis 0.4mg/hr	2	
nitroglycer dis 0.6mg/hr	2	
nitroglyceri oin 0.4%	4	QL; Maximum of 30 grams per 30 days.
nitroglycerin oin 2%		
nitroglyceri sub 0.6mg	2	
nitroglycern sub 0.3mg	2	
nitroglycern sub 0.4mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphet/dextr cap 10mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 15mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 20mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 25mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 30mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr cap 5mg er	3	PA; QL; Maximum of 2 capsules per day.
amphet/dextr tab 10mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 12.5mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 15mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 20mg	2	PA; QL; Maximum of 3 tablets per day.
amphet/dextr tab 30mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 5mg	2	PA; QL; Maximum of 2 tablets per day.
amphet/dextr tab 7.5mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine tab 10mg	4	PA
amphetamine tab 5mg	4	PA
dextroamphetamine sulfate cap er 24hr 10 mg	3	PA; QL; Maximum of 6 capsules per day.
dextroamphetamine sulfate cap er 24hr 15 mg	3	PA; QL; Maximum of 4 capsules per day.
dextroamphetamine sulfate cap er 24hr 5 mg	3	PA; QL; Maximum of 3 capsules per day.
dextroamphetamine sulfate oral solution 5 mg/5ml	3	PA
dextroamphetamine sulfate tab 10 mg	2	PA; QL; Maximum of 6 tablets per day.
dextroamphetamine sulfate tab 5 mg	2	PA; QL; Maximum of 6 tablets per day.
lisdexamfeta cap 10mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 20mg	4	PA; QL; Maximum of 1 capsule per day.

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lisdexamfeta cap 30mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 40mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 50mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 60mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfeta cap 70mg	4	PA; QL; Maximum of 1 capsule per day.
methamphetam tab 5mg	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine cap 100mg	3	QL; Maximum of 1 capsule per day.
atomoxetine cap 10mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 18mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 25mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 40mg	3	QL; Maximum of 2 capsules per day.
atomoxetine cap 60mg	3	QL; Maximum of 1 capsule per day.
atomoxetine cap 80mg	3	QL; Maximum of 1 capsule per day.
clonidine tab 0.1mg er	3	
dexmethylphenidate hcl cap er 24 hr 10 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 15 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 20 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 25 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 30 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 35 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 40 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 5 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl tab 10 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 2.5 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 5 mg	2	PA; QL; Maximum of 2 tablets per day.
guanfacine tab 1mg er	2	QL; Maximum of 1 tablet per day.
guanfacine tab 2mg er	2	QL; Maximum of 1 tablet per day.
guanfacine tab 3mg er	2	QL; Maximum of 2 tablets per day.
guanfacine tab 4mg er	2	QL; Maximum of 1 tablet per day.
methylphenid cap 10mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 10mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 20mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 20mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 30mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 30mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 40mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 40mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 50mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg cd	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid cap 60mg la	3	PA; QL; Maximum of 1 capsule per day.
methylphenid chw 10mg	3	PA; QL; Maximum of 6 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
methylphenid chw 2.5mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenid chw 5mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenid sol 10mg/5ml	3	PA; QL; Maximum of 30 ml per day.
methylphenid sol 5mg/5ml	3	PA; QL; Maximum of 60 ml per day.
methylphenid tab 10mg er	3	PA; QL; Maximum of 4 tablets per day.
methylphenid tab 10mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 18mg osm	3	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 20mg er	3	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 20mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenid tab 27mg osm	3	PA; QL; Maximum of 2 tablets per day.
methylphenid tab 36mg osm	3	PA; QL; Maximum of 2 tablets per day.
methylphenid tab 54mg osm	3	PA; QL; Maximum of 1 tablet per day.
methylphenid tab 5mg	2	PA; QL; Maximum of 3 tablets per day.
Central Nervous System, Other		
AUSTEDO TAB 12MG ***deutetrabenazine tab 12 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO TAB 6MG ***deutetrabenazine tab 6 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO TAB 9MG ***deutetrabenazine tab 9 mg***	5	PA; QL; Maximum of 4 tablets per day.
AUSTEDO XR TAB 12MG ***deutetrabenazine tab er 24hr 12 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 18MG ***deutetrabenazine tab er 24hr 18 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 24MG ***deutetrabenazine tab er 24hr 24 mg***	5	PA; QL; Maximum of 2 tablets per day.
AUSTEDO XR TAB 30MG ER ***deutetrabenazine tab er 24hr 30 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 36MG ER ***deutetrabenazine tab er 24hr 36 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 42MG ER ***deutetrabenazine tab er 24hr 42 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 48MG ER ***deutetrabenazine tab er 24hr 48 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB 6MG ***deutetrabenazine tab er 24hr 6 mg***	5	PA; QL; Maximum of 1 tablet per day.
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg***	5	PA; QL; Maximum of 1 kit (28 tablets) per year.
AUSTEDO XR TAB TITR KIT ***deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg***	5	PA; QL; Maximum of 1 kit (42 tablets) per year.
caffeine cit sol 20mg/ml	2	
caffeine cit sol 60mg/3ml	2	
DAYBUE SOL 200MG/ML ***trofinetide oral soln 200 mg/ml***	5	PA; QL; Maximum of 120 mL per day.
INGREZZA CAP 40-80MG ***valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)***	5	PA; QL; Maximum of 1 pack (28 capsules) per 28 days.
INGREZZA CAP 40MG ***valbenazine tosylate cap 40 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 40MG ***valbenazine tosylate capsule sprinkle 40 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***valbenazine tosylate cap 60 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***valbenazine tosylate capsule sprinkle 60 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***valbenazine tosylate cap 80 mg***	5	PA; QL; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***valbenazine tosylate capsule sprinkle 80 mg***	5	PA; QL; Maximum of 1 capsule per day.
riluzole tab 50mg	4	
tetrabenazin tab 12.5mg	4	PA; QL; Maximum of 3 tablets per day.
tetrabenazin tab 25mg	4	PA; QL; Maximum of 4 tablets per day.
Fibromyalgia Agents		
duloxetine cap 20mg dr	2	QL; Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
duloxetine cap 30mg dr	2	QL; Maximum of 3 capsules per day.
duloxetine cap 60mg dr	2	QL; Maximum of 2 capsules per day.
MILNACIPRAN TAB 12.5MG ***milnacipran hcl tab 12.5 mg***		
MILNACIPRAN TAB 25MG ***milnacipran hcl tab 25 mg***		
MILNACIPRAN TAB 50MG ***milnacipran hcl tab 50 mg***		
MILNACIPRAN TAB 100MG ***milnacipran hcl tab 100 mg***		
MILNACIPRAN MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak***		
pregabalin cap 100mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 150mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 200mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 225mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 25mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 300mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 50mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 75mg	2	QL; Maximum of 3 capsules per day.
SAVELLA MIS TITR PAK ***milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak***	4	QL; Maximum of 55 tablets (1 pack) per year.
SAVELLA TAB 100MG ***milnacipran hcl tab 100 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 12.5MG ***milnacipran hcl tab 12.5 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 25MG ***milnacipran hcl tab 25 mg***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 50MG ***milnacipran hcl tab 50 mg***	4	QL; Maximum of 2 tablets per day.
Multiple Sclerosis Agents		
AVONEX PEN KIT 30MCG ***interferon beta-1a im auto-injector kit 30 mcg/0.5ml***	5	PA; QL; Maximum of 1 kit per 28 days.
AVONEX PREFL KIT 30MCG ***interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml***	5	PA; QL; Maximum of 1 kit per 28 days.
BETASERON INJ 0.3MG ***interferon beta-1b for inj kit 0.3 mg***	5	PA; QL; Maximum of 1 kit (15 vials) per 30 days.
dalfampridin tab 10mg er	4	PA; QL; Maximum of 2 tablets per day.
dimethyl fumarate capsule delayed release 120 mg	4	PA; QL; Maximum of 2 capsules per day.
dimethyl fumarate capsule delayed release 240 mg	4	PA; QL; Maximum of 2 capsules per day.
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA; QL; Maximum of 60 tablets (1 pack) per year.
fingolimod cap 0.5mg	5	PA; QL; Maximum of 1 pack (30 capsules) per 30 days.
glatiramer inj 20mg/ml	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
glatiramer inj 40mg/ml	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.
glatopa inj 20mg/ml	4	PA; QL; Maximum of 1 syringe (1 ml) per day.
glatopa inj 40mg/ml	4	PA; QL; Maximum of 12 syringes (12 ml) per 28 days.
teriflunomid tab 14mg	5	PA; QL; Maximum of 1 tablet per day.
teriflunomid tab 7mg	5	PA; QL; Maximum of 1 tablet per day.
ZEPOSIA CAP 0.92MG ***ozanimod hcl cap 0.92 mg***	5	PA; QL; Maximum of 1 capsule per day.
ZEPOSIA CAP STR KIT ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg***	5	PA; QL; Maximum of 1 pack per year.

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Drug name	Tier	Coverage Requirements and Limits
ZEPOSIA 7 DAY CAP STR PACK ***ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg***	5	PA; QL; Maximum of 1 pack per year.
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline cap 30mg	4	
chlorhex glu sol 0.12%	2	
periogard sol 0.12%	2	
pilocarpine tab 5mg	3	
pilocarpine tab 7.5mg	3	
triamcinolon pst 0.1%	2	
triamcinolon pst den 0.1%	2	
Dermatological Agents		
Acne and Rosacea Agents		
TRILITAS GEL 0.1% ***tazarotene gel 0.1%***	4	PA; QL; Maximum of 30 grams per 30 days.
Dermatological Agents		
accutane cap 10mg	4	
accutane cap 20mg	4	
accutane cap 30mg	4	
accutane cap 40mg	4	
acitretin cap 10mg	4	
acitretin cap 17.5mg	4	
acitretin cap 25mg	4	
adapalene cre 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3% pmp	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3%	4	PA; QL; Maximum of 45 grams per 30 days.
ammonium lac cre 12%	2	
amnesteem cap 10mg	4	
amnesteem cap 20mg	4	
amnesteem cap 30mg	4	
amnesteem cap 40mg	4	
azelaic acid gel 15%	4	QL; Maximum of 50 grams per 30 days.
benzoyl peroxide-erythromycin gel 5-3%	3	QL; Maximum of 46.6 grams per 30 days.
brimonidine gel 0.33%	4	QL; Maximum of 30 grams per 30 days.
calcipotrien sol 0.005%	3	QL; Maximum of 60 ml per 30 days.
calcipotriene cream 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene oint 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcitriol oin 3mcg/gm	4	QL; Maximum of 100 grams per 30 days.
claravis cap 10mg	4	
claravis cap 20mg	4	
claravis cap 30mg	4	
claravis cap 40mg	4	

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Drug name	Tier	Coverage Requirements and Limits
clindacin kit etz 1%	2	QL; Maximum of 1 kit per 30 days.
clindacin-p pad 1%	2	QL; Maximum of 69 pads per 30 days.
clindamy/ben gel 1.2-5%	3	QL; Maximum of 45 grams per 30 days.
clindamycin phosphate gel 1% (once-daily)	3	QL; Maximum of 75 grams per 30 days.
clindamycin phosphate gel 1% (twice-daily)	3	QL; Maximum of 60 grams per 30 days.
clindamycin phosphate lotion 1%	3	QL; Maximum of 2 ml per day.
clindamycin phosphate soln 1%	2	QL; Maximum of 30 ml per 30 days.
clindamycin phosphate swab 1%	2	QL; Maximum of 69 pads per 30 days.
doxepin hcl cre 5%	4	PA; QL; Maximum of 90 grams per 30 days.
DUPIXENT INJ 200/1.14 ***dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml***	5	PA; QL; Maximum of 4 syringes (4.56 ml) per 28 days.
DUPIXENT INJ 200MG ***dupilumab subcutaneous soln auto-injector 200 mg/1.14ml***	5	PA; QL; Maximum of 4 pens (4.56 ml) per 28 days.
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln auto-injector 300 mg/2ml***	5	PA; QL; Maximum of 4 pens (8 ml) per 28 days.
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln prefilled syringe 300 mg/2ml***	5	PA; QL; Maximum of 4 syringes (8 ml) per 28 days.
erythromycin gel 2%	3	
erythromycin pads 2%	2	
erythromycin sol 2%	3	
ESKATA SOL 40% ***hydrogen peroxide soln 40%***	4	
imiquimod cre 5%	2	QL; Maximum of 24 grams per 30 days.
isotretinoin cap 10mg	4	
isotretinoin cap 20mg	4	
isotretinoin cap 30mg	4	
isotretinoin cap 40mg	4	
ivermectin cre 1%	4	QL; Maximum of 45 grams per 30 days.
methoxsalen cap 10mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole lotion 0.75%	3	
pimecrolimus cre 1%	4	QL; Maximum of 100 grams per 30 days.
podofilox gel 0.5%	4	
podofilox sol 0.5%	2	
REGRANEX GEL 0.01% ***becaplermin gel 0.01%***	3	PA; QL; Maximum of 30 grams per 30 days.
selenium sulfide lotion 2.5%	2	
STEQEYMA INJ 45/0.5ML ***ustekinumab-stba soln prefilled syringe 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
STEQEYMA INJ 90MG/ML ***ustekinumab-stba soln prefilled syringe 90 mg/ml***	5	PA; QL; Maximum of 2 ml per 84 days.
sulfacetamid lot 10%	4	
tacrolimus oint 0.03%	4	QL; Maximum of 30 grams per 30 days.
tacrolimus oint 0.1%	4	QL; Maximum of 30 grams per 30 days.
TALTZ INJ 20/0.25 ***ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml***	5	PA; QL; Maximum of 0.25 ml per 28 days.
TALTZ INJ 40/0.5ML ***ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.

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TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln auto-injector 80 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
TALTZ INJ 80MG/ML ***ixekizumab subcutaneous soln prefilled syringe 80 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
tazarotene cream 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.05%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tretinoin cre 0.025%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cre 0.05%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cre 0.1%	3	PA; QL; Maximum of 45 grams per 30 days.
WEZLANA INJ 45/0.5ML ***ustekinumab-auub inj 45 mg/0.5ml***	5	
WEZLANA INJ 45/0.5ML ***ustekinumab-auub soln prefilled syringe 45 mg/0.5ml***	5	
WEZLANA INJ 90MG/ML ***ustekinumab-auub soln prefilled syringe 90 mg/ml***	5	
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
YESINTEK INJ 45/0.5ML ***ustekinumab-kfce subcutaneous soln 45 mg/0.5ml***	5	PA; QL; Maximum of 1 ml per 84 days.
YESINTEK INJ 90MG/ML ***ustekinumab-kfce soln prefilled syringe 90 mg/ml***	5	PA; QL; Maximum of 2 ml per 84 days.
zenatane cap 10mg	4	
zenatane cap 20mg	4	
zenatane cap 30mg	4	
zenatane cap 40mg	4	
Dermatological Agents, Other		
PELLIX SOL 0.005% ***calcipotriene soln 0.005% (50 mcg/ml)***	3	QL; Maximum of 60 ml per 30 days.
Pediculicides/Scabicides		
PRURADIK LOT 10% ***crotamiton lotion 10%***	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic tab 200mg	5	PA; SP
EFFER-K TAB 10MEQ ***potassium bicarbonate-citric acid effer tab 10 meq***	3	
EFFER-K TAB 20MEQ ***potassium bicarbonate-citric acid effer tab 20 meq***	3	
EFFER-K TAB 25MEQ EF ***potassium bicarbonate effer tab 25 meq***	2	
GALZIN CAP 25MG ***zinc acetate cap 25 mg (elemental zinc)***	4	
GALZIN CAP 50MG ***zinc acetate cap 50 mg (elemental zinc)***	4	
klor-con 10 tab 10meq er	2	
klor-con 8 tab 8meq er	2	
klor-con m10 tab 10meq er	2	
klor-con m15 tab 15meq er	2	
klor-con m20 tab 20meq er	2	
klor-con pak 20meq	4	
klor-con/ef tab 25meq	2	
levocarnitin sol 1gm/10ml	3	
levocarnitin tab 330mg	2	

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pot chloride cap 10meq er	2	
pot chloride cap 8meq er	2	
pot chloride pow 20meq	4	
pot chloride sol 10%	2	
pot chloride sol 20%	2	
pot chloride tab 10meq er	2	
pot chloride tab 15meq er	2	
pot chloride tab 20meq er	2	
pot chloride tab 8meq er	2	
pot citra er tab 540mg	3	
pot citra er tab 1080mg	3	
pot citrate er tab 1620mg	3	
pot cl micro tab 10meq cr	2	
pot cl micro tab 15meq er	2	
pot cl micro tab 20meq er	2	
potassium citrate er tab 1080mg	3	
sod fluoride chw 0.25mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride chw 0.5mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride dro 0.5mg/ml	1	$0 Copay for members ages 0 to 16 years.
sod fluoride tab 0.5mg f	1	$0 Copay for members ages 0 to 16 years.
sod fluoride tab 1mg f	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 0.25 mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 0.5 mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluoride chew tab 1 mg	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAP 100MG ***succimer cap 100 mg***	3	
deferasirox granules packet 180 mg	5	PA
deferasirox granules packet 360 mg	5	PA
deferasirox granules packet 90 mg	5	PA
deferasirox tab 125mg	5	PA
deferasirox tab 180mg	4	PA
deferasirox tab 250mg	5	PA
deferasirox tab 360mg	4	PA
deferasirox tab 500mg	5	PA
deferasirox tab 90mg	4	PA
LOKELMA PAK 10GM ***sodium zirconium cyclosilicate for susp packet 10 gm***	4	PA; QL; Maximum of 90 packets per 30 days.
LOKELMA PAK 5GM ***sodium zirconium cyclosilicate for susp packet 5 gm***	4	PA; QL; Maximum of 90 packets per 30 days.
sodium polystyrene sulfonate powder	2	
tolvaptan tab 15mg	4	PA; QL; Maximum of 2 tablets per day.
tolvaptan tab 30mg	4	PA; QL; Maximum of 2 tablets per day.
TRIENTINE CAP 250MG ***trientine hcl cap 250 mg***	5	PA; QL; Maximum of 8 capsules per day.
Phosphate Binders		
calc acetate cap 667mg	2	

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calc acetate tab 667mg	2	
ferric citrate tab 210mg	4	
FOSRENOL POW 1000MG ***lanthanum carbonate oral powder pack 1000 mg (elemental)***	4	
FOSRENOL POW 750MG ***lanthanum carbonate oral powder pack 750 mg (elemental)***	4	
lanthanum chw 1000mg	4	
lanthanum chw 500mg	4	
lanthanum chw 750mg	4	
sevelamer carbonate packet 0.8 gm	4	
sevelamer carbonate packet 2.4 gm	4	
sevelamer carbonate tab 800 mg	3	
VELPHORO CHW 500MG ***sucroferric oxyhydroxide chew tab 500 mg***	3	
Vitamins		
ATABEX EC TAB 29-1MG ****prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg******	2	
ATABEX OB TAB 29-1MG ****prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg******	2	
CO-NATAL FA TAB 29-1MG ****prenatal vit w/ fe fumarate-fa tab 29-1 mg******	2	
COMPLETE NAT PAK DHA ****prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk*****	2	
COMPLETENATE CHW ****prenatal vit w/ fe fumarate-fa chew tab 29-1 mg******	2	
cyanocobalam inj 10000mcg	2	
cyanocobalam inj 1000mcg	2	
cyanocobalam inj 30000mcg	2	
cyanocobalam sol 2000mcg	2	
DODEX INJ ***cyanocobalamin inj 1000 mcg/ml***	3	
ERGOCALCIFER CAP 1.25MG ***ergocalciferol cap 1.25 mg (50000 unit)***	2	
FA-8 CAP 800MCG ***folic acid cap 0.8 mg***	1	
folic acid tab 1000mcg	2	
folic acid tab 1mg	2	
folic acid tab 400mcg	1	
folic acid tab 800mcg	1	
FOLIVANE-OB CAP ****prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg******	2	
INATAL GT TAB ****prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg******	2	
M-NATAL PLUS TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL PLS TAB 27-1MG ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL TAB COMPLTE ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NEONATAL TAB PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
NIVA-PLUS TAB ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
ONE VITE TAB 1MG PLUS ****prenatal vit w/ fe fumarate-fa tab 27-1 mg******	2	
phytonadione tab 5mg	4	QL; Maximum of 2 tablets per day.
PNV 27-CA/FE TAB /FA ****prenatal vit w/ fe fumarate-fa tab 60-1 mg******	2	
PNV-DHA CAP DOCUSATE ****prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg****	2	
PRENATABS FA ***prenatabs fa tab 29-1 mg***	2	

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PRENATAL 19 TAB 29-1MG ***prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg****	2	
PRENATAL PLS MIS MV + DHA ***prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak**	2	
prenatal tab 27-1mg	2	
PRENATAL TAB PLUS ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PRENATAL-U CAP 106.5-1 ***prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg****	2	
PRENATRIX TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PRENATRYL TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
PROVIDA OB CAP ***prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg****	2	
SE-NATAL 19 CHW ***prenatal vit w/ fe fumarate-fa chew tab 29-1 mg****	2	
SE-NATAL 19 TAB ***prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg****	2	
TARON-C DHA CAP ***prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg****	2	
THRIVITE RX TAB 29-1MG ***prenatal vit w/ iron carbonyl-fa tab 29-1 mg****	2	
TRICARE TAB PRENATAL ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
TRINATAL RX TAB 1 ***prenatal vit w/ fe fumarate-fa tab 60-1 mg****	2	
TRINATE TAB ***prenatal vit w/ fe fumarate-fa tab 28-1 mg****	2	
vitamin d cap 1.25mg	2	
vitamin d cap 50000unt	2	
VITATHELY TAB ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
WESNATAL DHA PAK COMPLETE ***prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk****	2	
WESTAB PLUS TAB 27-1MG ***prenatal vit w/ fe fumarate-fa tab 27-1 mg****	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine cap 10mg	2	
dicyclomine sol 10mg/5ml	3	
dicyclomine tab 20mg	2	
glycopyrrol tab 1mg	2	
glycopyrrol tab 2mg	2	
methscopolam tab 2.5mg	3	
methscopolam tab 5mg	3	
Gastrointestinal Agents, Other		
alvimopan cap 12mg	4	
CROMOLYN SOD CON 100/5ML ***cromolyn sodium oral conc 100 mg/5ml***	4	
diphen/atrop liq 2.5/5	3	
diphen/atrop tab 2.5mg	2	
lansopr/amox pak /clarith	4	QL; Maximum of 112 capsules (1 kit) per 180 days.
loperamide cap 2mg	2	
opium tin 10mg/ml	4	QL; Maximum of 2.4 ml per day.
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)***	4	PA; QL; Maximum of 0.6 ml per day.
RELISTOR INJ 12/0.6ML ***methylnaltrexone bromide soln pref syr 12 mg/0.6ml***	4	PA; QL; Maximum of 0.6 ml per day.

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RELISTOR INJ 8/0.4ML ***methylnaltrexone bromide soln pref syr 8 mg/0.4ml***	4	PA; QL; Maximum of 0.4 ml per day.
SYMPROIC TAB 0.2MG ***naldemedine tosylate tab 0.2 mg (base equivalent)***	3	PA; QL; Maximum of 1 tablet per day.
ursodiol cap 300mg	2	
ursodiol tab 250mg	2	
ursodiol tab 500mg	2	
Histamine2 (H2) receptor Antagonists		
cimetidine sol 300/5ml	2	
cimetidine tab 200mg	2	
cimetidine tab 300mg	2	
cimetidine tab 400mg	2	
cimetidine tab 400mg	2	
cimetidine tab 800mg	2	
famotidine sus 40mg/5ml	3	
famotidine tab 20mg	2	
famotidine tab 40mg	2	
nizatidine cap 150mg	3	
nizatidine cap 300mg	3	
Irritable Bowel Syndrome Agents		
alosetron tab 0.5mg	4	PA; QL; Maximum of 2 tablets per day.
alosetron tab 1mg	4	PA; QL; Maximum of 2 tablets per day.
LINZESS CAP 145MCG ***linaclotide cap 145 mcg***	3	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 290MCG ***linaclotide cap 290 mcg***	3	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 72MCG ***linaclotide cap 72 mcg***	3	PA; QL; Maximum of 1 capsule per day.
lubiprostone cap 24mcg	4	QL; Maximum of 2 capsules per day.
lubiprostone cap 8mcg	4	QL; Maximum of 2 capsules per day.
VIBERZI TAB 100MG ***eluxadoline tab 100 mg***	4	PA; QL; Maximum of 2 tablets per day.
VIBERZI TAB 75MG ***eluxadoline tab 75 mg***	4	PA; QL; Maximum of 2 tablets per day.
Laxatives		
bisacodyl tab 5mg ec	1	QL; Maximum of 4 tablets per month.
CITROMA SOL LEMONY ***magnesium citrate soln***	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
CLEARLAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
CLENPIQ SOL ***sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml***	4	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CONSTULOSE SOL 10GM/15 ***lactulose solution 10 gm/15ml***	2	
CVS PURELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
enulose sol 10gm/15	2	
GAVILAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
GAVILYTE-C SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm***	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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GAVILYTE-G SOL ***peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm***	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GENERLAC SOL 10/15ML ***lactulose (encephalopathy) solution 10 gm/15ml***	2	
GENERLAC SOL 10GM/15 ***lactulose (encephalopathy) solution 10 gm/15ml***	2	
GENTLELAX POW ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
GLYCOLAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
KRISTALOSE PAK 10GM ***lactulose oral crystal packet 10 gm***	4	
KRISTALOSE PAK 20GM ***lactulose oral crystal packet 20 gm***	4	
lactulose pak 10gm	4	
lactulose pak 20gm	4	
lactulose sol 10/15ml	2	
lactulose sol 10gm/15	2	
lactulose sol 10gm/15	2	
lactulose sol 20/30ml	2	
mag citrate sol lemon	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
MIRALAX POW 3350 NF ***polyethylene glycol 3350 oral powder 17 gm/scoop***	1	QL; Maximum of 850 grams per month.
peg-3350 sol electrol	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/kcl sol /sodium	2	QL; Maximum of 4000 ml (1 jug) per 30 days.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg/nasul/c/ sol nacl/pot	4	QL; Maximum of 1 kit per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOL ***peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm***	4	QL; Maximum of 3 pouches (1 kit) per month.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyeth glyc pow 3350 nf	1	QL; Maximum of 850 grams per month.
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	QL; Maximum of 11.8 ml per day.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Protectants		
misoprostol tab 100mcg	2	
misoprostol tab 200mcg	2	
sucralfate sus 1gm/10ml	4	PA
sucralfate tab 1gm	2	
Proton Pump Inhibitors		
esomepra mag cap 20mg dr	2	QL; Maximum of 3 capsules per day.
esomepra mag cap 40mg dr	2	QL; Maximum of 2 capsules per day.
lansoprazole cap 15mg dr	2	QL; Maximum of 2 capsules per day.
lansoprazole cap 30mg dr	2	QL; Maximum of 2 capsules per day.
omeprazole cap 10mg	2	QL; Maximum of 3 capsules per day.

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omeprazole cap 20mg	2	
omeprazole cap 40mg	2	
pantoprazole tab 20mg	2	QL; Maximum of 3 tablets per day.
pantoprazole tab 40mg	2	QL; Maximum of 2 tablets per day.
rabeprazole tab 20mg	3	QL; Maximum of 1 tablet per day.
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine anhy pow	5	
CREON CAP 12000UNT ***pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit***	3	
CREON CAP 24000UNT ***pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit***	3	
CREON CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit***	3	
CREON CAP 36000UNT ***pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit***	3	
CREON CAP 6000UNIT ***pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit***	3	
CYSTAGON CAP 150MG ***cysteamine bitartrate cap 150 mg***	5	
CYSTAGON CAP 50MG ***cysteamine bitartrate cap 50 mg***	5	
MYALEPT INJ 11.3MG ***metreleptin for subcutaneous inj 11.3 mg***	5	PA; QL; SP; Maximum of 1 vial per day.
OCALIVA TAB 10MG ***obeticholic acid tab 10 mg***	5	PA; QL; Maximum of 1 tablet per day.
OCALIVA TAB 5MG ***obeticholic acid tab 5 mg***	5	PA; QL; Maximum of 1 tablet per day.
sapropterin pow 100mg	5	PA; QL; Maximum of 480 packets per 30 days.
sapropterin pow 500mg	5	PA; QL; Maximum of 120 packets per 30 days.
sapropterin tab 100mg	5	PA; QL; Maximum of 16 tablets per day.
ZELVYSIA POW 100MG ***sapropterin dihydrochloride powder packet 100 mg***	5	PA; QL; Maximum of 480 packets per 30 days.
ZELVYSIA POW 500MG ***sapropterin dihydrochloride powder packet 500 mg***	5	PA; QL; Maximum of 120 packets per 30 days.
ZENPEP CAP 10000UNT ***pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit***	3	
ZENPEP CAP 15000UNT ***pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit***	3	
ZENPEP CAP 20000UNT ***pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit***	3	
ZENPEP CAP 25000UNT ***pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit***	3	
ZENPEP CAP 3000UNIT ***pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit***	3	
ZENPEP CAP 40000UNT ***pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit***	3	
ZENPEP CAP 5000UNIT ***pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit***	3	
ZENPEP CAP 60000UNT ***pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit***	3	
Genitourinary Agents		
Genitourinary Agents, Other		
alfuzosin tab 10mg er	2	

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bethanechol tab 10mg	2	
bethanechol tab 25mg	2	
bethanechol tab 50mg	2	
bethanechol tab 5mg	2	
darifenacin tab 15mg er	3	QL; Maximum of 1 tablet per day.
darifenacin tab 7.5mg er	3	QL; Maximum of 1 tablet per day.
dutast/tamsu cap 0.5-0.4	4	
dutast/tamsu cap 0.5-0.4	4	
dutasteride cap 0.5mg	2	QL; Maximum of 1 capsule per day.
ELMIRON CAP 100MG ***pentosan polysulfate sodium caps 100 mg***	3	
ENCARE SUP 100MG ***nonoxynol-9 vaginal suppos 100 mg***	1	QL; Maximum of 36 suppositories per month.
fesoterodine tab 4mg er	4	QL; Maximum of 1 tablet per day.
fesoterodine tab 8mg er	4	QL; Maximum of 1 tablet per day.
finasteride tab 5mg	2	
flavoxate tab 100mg	2	
GYNOL II GEL 3% ***nonoxynol-9 gel 3%***	1	
oxybutynin sol 5mg/5ml	2	
oxybutynin tab 10mg er	2	QL; Maximum of 3 tablets per day.
oxybutynin tab 15mg er	2	QL; Maximum of 2 tablets per day.
oxybutynin tab 5mg er	2	QL; Maximum of 1 tablet per day.
oxybutynin tab 5mg	2	
penicillamin cap 250mg	5	
penicillamin tab 250mg	5	
phenazo tab 200mg	2	
phenazopyridine hcl tab 100 mg	2	
phenazopyridine hcl tab 200 mg	2	
silodosin cap 4mg	3	QL; Maximum of 1 capsule per day.
silodosin cap 8mg	3	QL; Maximum of 1 capsule per day.
solifenacin tab 10mg	2	QL; Maximum of 1 tablet per day.
solifenacin tab 5mg	2	QL; Maximum of 1 tablet per day.
tadalafil tab 2.5mg	4	QL; Maximum of 1 tablet per day.
tadalafil tab 5mg	4	QL; Maximum of 1 tablet per day.
tamsulosin cap 0.4mg	2	
terazosin cap 10mg	2	
terazosin cap 1mg	2	
terazosin cap 2mg	2	
terazosin cap 5mg	2	
TODAY SPONGE MIS ***nonoxynol-9 vaginal sponge 1000 mg***	1	
tolterodine cap 2mg er	3	
tolterodine cap 4mg er	3	
tolterodine tab 1mg	3	
tolterodine tab 2mg	3	

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Drug name	Tier	Coverage Requirements and Limits
trospium chl cap 60mg er	3	
trospium cl tab 20mg	3	
VCF VAGINAL GEL CONTRACE ***nonoxynol-9 gel 4%***	1	
VCF VAGINAL MIS CONTRACP ***nonoxynol-9 film 28%***	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometason cre 0.05%	2	
alclometason oin 0.05%	2	
amcinonide cream 0.1%	4	
amcinonide lotion 0.1%	4	
amcinonide oint 0.1%	4	
beta diprop cre 0.05%	3	
beta diprop gel 0.05%	3	
beta diprop lot 0.05%	3	
beta diprop oin 0.05%	3	
betameth dip cre 0.05%	3	
betameth dip lot 0.05%	3	
betameth dip oin 0.05%	3	
betameth val cre 0.1%	3	
betameth val lot 0.1%	3	
betameth val oin 0.1%	3	
clobetasol propionate cream 0.05%	3	QL; Maximum of 30 grams per 30 days.
clobetasol propionate emollient base cream 0.05%	4	QL; Maximum of 15 grams per 30 days.
clobetasol propionate gel 0.05%	3	QL; Maximum of 15 grams per 30 days.
clobetasol propionate oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
clobetasol propionate soln 0.05%	4	QL; Maximum of 25 ml per 30 days.
clocortolone cre 0.1%	4	QL; Maximum of 45 grams per 30 days.
desonide cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
desonide lotion 0.05%	3	QL; Maximum of 60 ml per 30 days.
desonide oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
desoximetasone cream 0.05%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone cream 0.25%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.25%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone spray 0.25%	3	QL; Maximum of 100 ml per 30 days.
dexamethasone conc 1 mg/ml	2	
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	

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dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
diflorasone cre 0.05%	4	QL; Maximum of 240 grams per 30 days.
fludrocort tab 0.1mg	2	
fluocin acet oil 0.01% body	3	QL; Maximum of 118.28 ml per 30 days.
fluocin acet oil 0.01% scalp	3	QL; Maximum of 118.28 ml per 30 days.
fluocin acet oin 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocin acet sol 0.01%	3	QL; Maximum of 60 ml per 30 days.
fluocinolone acetonide cream 0.01%	3	QL; Maximum of 15 grams per 30 days.
fluocinolone acetonide cream 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocinonide cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide emulsified base cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide soln 0.05%	3	QL; Maximum of 60 mls per 30 days.
flurandrenol lot 0.05%	4	QL; Maximum of 240 ml per 30 days.
fluticasone cre 0.05%	2	
fluticasone oin 0.005%	2	
halobetasol cre 0.05%	3	QL; Maximum of 15 grams per 30 days.
halobetasol oin 0.05%	3	QL; Maximum of 15 grams per 30 days.
hydrocortisone butyrate cream 0.1%	4	QL; Maximum of 60 grams per 30 days.
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	QL; Maximum of 60 grams per 30 days.
hydrocortisone butyrate oint 0.1%	4	
hydrocortisone butyrate soln 0.1%	4	
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone valerate cream 0.2%	3	QL; Maximum of 60 grams per 30 days.
hydrocortisone valerate oint 0.2%	3	QL; Maximum of 15 grams per 30 days.
methylpred tab 16mg	2	
methylpred tab 32mg	2	
methylpred tab 4mg	2	
methylpred tab 4mg	2	
methylpred tab 8mg	2	
mometasone cream 0.1%	2	
mometasone ointment 0.1%	2	
mometasone sol 0.1%	2	
pred sod pho sol 5mg/5ml	2	

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prednisolone sol 10mg/5ml	2	
prednisolone sol 15mg/5ml	2	
prednisolone sol 15mg/5ml	2	
prednisolone sol 20mg/5ml	2	
prednisolone sol 25mg/5ml	2	
prednisolone tab 10mg odt	4	
prednisolone tab 15mg odt	4	
prednisolone tab 30mg odt	4	
prednisolone tab 5mg	3	
prednisone con 5mg/ml	3	
prednisone sol 5mg/5ml	3	
prednisone tab 10mg	2	
prednisone tab 1mg	2	
prednisone tab 2.5mg	2	
prednisone tab 20mg	2	
prednisone tab 50mg	2	
prednisone tab 5mg	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
triamcinolon cre 0.025%	2	QL; Maximum of 80 grams per 30 days.
triamcinolon cre 0.1%	2	QL; Maximum of 80 grams per 30 days.
triamcinolon cre 0.5%	2	QL; Maximum of 15 grams per 30 days.
triamcinolon lot 0.025%	2	
triamcinolon lot 0.1%	2	
triamcinolon oin 0.025%	2	
triamcinolon oin 0.1%	2	
triamcinolon oin 0.5%	2	
triderm cre 0.5%	2	QL; Maximum of 15 grams per 30 days.
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
FOLLISTIM AQ INJ 300UNIT		
FOLLISTIM AQ INJ 300UNIT ***follitropin beta inj 300 unit/0.36ml***	5	PA
FOLLISTIM AQ INJ 600UNIT		
FOLLISTIM AQ INJ 600UNIT ***follitropin beta inj 600 unit/0.72ml***	5	PA
FOLLISTIM AQ INJ 900UNIT		
FOLLISTIM AQ INJ 900UNIT ***follitropin beta inj 900 unit/1.08ml***	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline tab 0.5mg	2	
desmopressin inj 40/10ml	4	
desmopressin inj 4mcg/ml (preservative free)	4	
desmopressin inj 4mcg/ml	4	
desmopressin spr 0.01%	3	

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desmopressin tab 0.1mg	2	
desmopressin tab 0.2mg	2	
INCRELEX INJ 40MG/4ML ***mecasermin inj 40 mg/4ml (10 mg/ml)***	5	PA; QL; SP; Maximum of 52 ml per 30 days.
MENOPUR INJ 75UNIT ***menotropins for subcutaneous inj 75 unit***	5	PA
milophene tab 50mg	3	PA
NORDITROPIN INJ 10/1.5ML ***somatropin solution pen-injector 10 mg/1.5ml***	4	PA; QL; Maximum of 0.45 ml per day.
NORDITROPIN INJ 15/1.5ML ***somatropin solution pen-injector 15 mg/1.5ml***	4	PA; QL; Maximum of 0.3 ml per day.
NORDITROPIN INJ 30/3ML ***somatropin solution pen-injector 30 mg/3ml***	4	PA; QL; Maximum of 0.3 ml per day.
NORDITROPIN INJ 5/1.5ML ***somatropin solution pen-injector 5 mg/1.5ml***	4	PA; QL; Maximum of 0.9 ml per day.
OMNITROPE INJ 10/1.5ML ***somatropin solution cartridge 10 mg/1.5ml***	4	PA; QL; Maximum of 0.45 ml per day.
OMNITROPE INJ 5.8MG ***somatropin for inj 5.8 mg***	4	PA; QL; Maximum of 16 vials per 30 days.
OMNITROPE INJ 5/1.5ML ***somatropin solution cartridge 5 mg/1.5ml***	4	PA; QL; Maximum of 0.9 ml per day.
PREGNYL INJ 10000UNT ***chorionic gonadotropin for im inj 10000 unit***	4	PA
Selective Estrogen Receptor Modifying Agents		
clomiphene tab 50mg	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX TAB 200MG ***mifepristone tab 200 mg***	3	
mifepristone tab 200mg	2	
PREPIDIL GEL 0.5MG/3G ***dinoprostone cervical gel 0.5 mg/3gm***	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
androgel gel 1.62%	4	PA; QL; Maximum of 150 grams (2 canisters) per month.
danazol cap 100mg	3	
danazol cap 200mg	3	
danazol cap 50mg	3	
DEPO-TESTOST INJ 100MG/ML ***testosterone cypionate im inj in oil 100 mg/ml***	4	PA
DEPO-TESTOST INJ 200MG/ML ***testosterone cypionate im inj in oil 200 mg/ml***	4	PA
FORTESTA GEL 10MG/ACT ***testosterone td gel 10mg/act (2%)***	4	PA; QL; Maximum of 120 grams (2 canisters) per month.
JATENZO CAP 158MG ***testosterone undecanoate cap 158 mg***	4	PA; QL; Maximum of 4 capsules per day.
JATENZO CAP 198MG ***testosterone undecanoate cap 198 mg***	4	PA; QL; Maximum of 4 capsules per day.
JATENZO CAP 237MG ***testosterone undecanoate cap 237 mg***	4	PA; QL; Maximum of 2 capsules per day.
KYZATREX CAP 100MG ***testosterone undecanoate cap 100 mg***	4	PA; QL; Maximum of 2 capsules per day.
KYZATREX CAP 150MG ***testosterone undecanoate cap 150 mg***	4	PA; QL; Maximum of 4 capsules per day.
KYZATREX CAP 200MG ***testosterone undecanoate cap 200 mg***	4	PA; QL; Maximum of 4 capsules per day.
METHITEST TAB 10MG ***methyltestosterone oral tab 10 mg***	4	
methyltestos cap 10mg	4	
NATESTO GEL 5.5MG ***testosterone nasal gel 5.5 mg/act***	4	PA; QL; Maximum of 33 grams (3 dispensers) per month.
TESTIM GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%)***	4	PA; QL; Maximum of 10 grams (2 units) per day.
testost cyp inj 100mg/ml	2	PA

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testost cyp inj 200mg/ml	2	PA
testost cyp inj 200mg/ml	2	PA
testost enan inj 200mg/ml	2	PA
testosterone gel pump 1%	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
testosterone sol 30mg/act	4	PA; QL; Maximum of 2 bottles (180 ml) per 30 days.
testosterone td gel 10mg/act (2%)	4	PA; QL; Maximum of 120 grams (2 canisters) per month.
testosterone td gel 20.25 mg/1.25gm (1.62%)	4	PA; QL; Maximum of 37.5 grams per 30 days.
testosterone td gel 20.25 mg/act (1.62%)	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
testosterone td gel 20.25 mg/act (1.62%)	3	PA; QL; Maximum of 150 grams (2 canisters) per month.
testosterone td gel 25 mg/2.5gm (1%)	4	PA; QL; Maximum of 2.5 grams (1 unit) per day.
testosterone td gel 40.5 mg/2.5gm (1.62%)	4	PA; QL; Maximum of 5 grams (2 units) per day.
testosterone td gel 50 mg/5gm (1%)	3	PA; QL; Maximum of 10 grams (2 units) per day.
TLANDO CAP 112.5 MG ***testosterone undecanoate cap 112.5 mg***	4	PA; QL; Maximum of 4 capsules per day.
UNDECATREX CAP 200MG ***testosterone undecanoate cap 200 mg***	4	PA; QL; Maximum of 4 capsules per day.
VOGELXO GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%)***	4	PA; QL; Maximum of 10 grams (2 units) per day.
VOGELXO GEL PUMP 1% ***testosterone td gel 12.5 mg/act (1%)***	4	PA; QL; Maximum of 300 grams (4 canisters) per month.
XYOSTED INJ 100/0.5 ***testosterone enanthate solution auto-injector 100 mg/0.5ml***	4	PA
XYOSTED INJ 50/0.5ML ***testosterone enanthate solution auto-injector 50 mg/0.5ml***	4	PA
XYOSTED INJ 75/0.5ML ***testosterone enanthate solution auto-injector 75 mg/0.5ml***	4	PA
Estrogens		
abigale lo tab 0.5-0.1	3	
abigale tab 1-0.5mg	3	
afirmelle tab 0.1-0.02	1	
alora dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
alora dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
alora dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
altavera tab	1	
alyacen tab 1/35	1	
alyacen tab 7/7/7	1	
amabelz tab 0.5-0.1	3	
amabelz tab 1-0.5mg	3	
amethyst tab 90-20mcg	1	
ANNOVERA MIS ***segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr***	1	QL; Maximum of 1 ring per year.
apri tab	1	
aranelle tab	1	
ashlyna tab	1	

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aubra eq tab 0.1-0.02	1	
aurovela 24 tab fe 1/20	1	
aurovela fe tab 1.5/30	1	
aurovela fe tab 1/20	1	
aurovela tab 1.5/30	1	
aurovela tab 1/20	1	
averi tab	1	
aviane tab	1	
ayuna tab	1	
azurette tab	1	
balziva tab	1	
BIJUVA CAP 0.5-100 ***estradiol-progesterone cap 0.5-100 mg***	4	
blisovi 24 tab fe 1/20	1	
blisovi fe tab 1.5/30	1	
blisovi fe tab 1/20	1	
briellyn tab	1	
camrese lo tab	1	
camrese tab	1	
charlotte 24 chw fe 1/20	1	
chateal eq tab 0.15/30	1	
CLIMARA DIS 0.025MG ***estradiol td patch weekly 0.025 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.0375MG ***estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.05MG ***estradiol td patch weekly 0.05 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.06MG ***estradiol td patch weekly 0.06 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.075MG ***estradiol td patch weekly 0.075 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA DIS 0.1MG ***estradiol td patch weekly 0.1 mg/24hr***	4	PA; QL; Maximum of 4 patches per 28 days.
CLIMARA PRO DIS WEEKLY ***estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day***	4	QL; Maximum of 4 patches per 28 days.
clomid tab 50 mg	3	PA
conj estrogn tab 0.3mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.45mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.625mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 0.9mg	4	PA; QL; Maximum of 1 tablet per day.
conj estrogn tab 1.25mg	4	PA; QL; Maximum of 1 tablet per day.
cryselle-28 tab 28 tabs	1	
cyred eq tab	1	
dasetta tab 1/35	1	
dasetta tab 7/7/7	1	
daysee tab	1	
delestrogen inj 10mg/ml	4	PA
delestrogen inj 20mg/ml	4	PA
delestrogen inj 40mg/ml	4	PA
delyla tab 0.1-0.02	1	

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depo-estradi inj 5mg/ml	4	PA
deso/ethinyl tab estradio	1	
divigel gel 0.25mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 0.5mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 0.75mg	4	PA; QL; Maximum of 30g (1 box) per month.
divigel gel 1.25mg	4	PA; QL; Maximum of 37.5g (1 box) per month.
divigel gel 1mg/gm	4	PA; QL; Maximum of 30g (1 box) per month.
dolishale tab 90-20mcg	1	
dotti dis 0.025mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.0375mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.05mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.075mg	3	QL; Maximum of 8 patches per 28 days.
dotti dis 0.1mg	3	QL; Maximum of 8 patches per 28 days.
dros/eth est tab levomefo	1	
dros/eth est tab levomefo	1	
drospir/ethi tab 3-0.02mg	1	
drospir/ethi tab 3-0.03mg	1	
drospirenone tab ethy est	1	
DUAVEE TAB 0.45-20 ***conjugated estrogens-bazedoxifene tab 0.45-20 mg***	4	QL; Maximum of 1 tablet per day.
ELESTRIN GEL 0.06% ***estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)***	4	PA; QL; Maximum of 52g (1 box) per month.
elinest tab	1	
eluryng mis	1	
enilloring mis	1	
enpresse-28 tab	1	
enskyce tab	1	
estarylla tab 0.25-35	1	
estra/noreth tab 0.5-0.1	3	
estra/noreth tab 1-0.5mg	3	
estrace tab 0.5mg	4	PA
estrace tab 1mg	4	PA
estrace tab 2mg	4	PA
estrad val inj 10mg/ml	2	
estrad val inj 20mg/ml	2	
estrad val inj 40mg/ml	2	
estradiol gel 0.25mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 0.5mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 0.75mg	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol gel 1.25mg	4	PA; QL; Maximum of 37.5g (1 box) per month.
estradiol gel 1mg/gm	4	PA; QL; Maximum of 30g (1 box) per month.
estradiol tab 0.5mg	2	
estradiol tab 10mcg	3	QL; Maxiumum of 18 tablets per 28 days.
estradiol tab 1mg	2	

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estradiol tab 2mg	2	
estradiol td patch twice weekly 0.025 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.0375 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.05 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.075 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch twice weekly 0.1 mg/24hr	4	PA; QL; Maximum of 50g (1 box) per month.
estradiol td patch weekly 0.025 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.05 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.06 mg/24hr	2	QL; Maximum of 4 patches per 28 days.
estradiol td patch weekly 0.075 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol td patch weekly 0.1 mg/24hr	3	QL; Maximum of 8 patches per 28 days.
estradiol vaginal cream 0.01%	2	QL; Maximum of 4 patches per 28 days.
ESTRING MIS 7.5/24HR ***estradiol vaginal ring 2 mg (7.5 mcg/24hrs)***	3	QL; Maximum of 1 ring per 90 days.
estrogel gel 0.06%	4	PA; QL; Maximum of 50g (1 box) per month.
ethy eth est tab 1-35	1	
ethynodiol tab 1-50	1	
etonogestrel mis ethy est	1	
falmina tab	1	
feirza tab 1.5/30	1	
feirza tab 1/20	1	
femlyv tab 1/0.02mg	1	
finzala chw fe 1/20	1	
fyavolv tab 0.5-2.5	3	
fyavolv tab 1-5	3	
galbriela chw	1	
gemmily cap 1/20	1	
hailey 24 tab fe	1	
hailey fe tab 1.5/30	1	
hailey fe tab 1/20	1	
hailey tab 1.5/30	1	
haloette mis	1	
iclevia tab	1	
introvale tab	1	
isibloom tab	1	
jaimiess tab	1	
jasmiel tab 3-0.02mg	1	
jinteli tab 1mg-5mcg	3	
jolessa tab	1	
joyeaux tab 0.1-20	1	
juleber tab	1	
junel 1.5/30 tab	1	
junel 1/20 tab	1	

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junel fe 24 tab 1/20	1	
junel fe tab 1.5/30	1	
junel fe tab 1/20	1	
kaitlib fe chw	1	
kalliga tab	1	
kariva tab 28 day	1	
kelnor 1/50 tab	1	
kelnor tab 1/35	1	
kurvelo tab 0.15/30	1	
larin 24 tab fe 1/20	1	
larin fe tab 1.5/30	1	
larin fe tab 1/20	1	
larin tab 1.5/30	1	
larin tab 1/20	1	
layolis fe chw	1	
leena tab	1	
lessina tab	1	
levo-eth est tab 90-20mcg	1	
levonest tab	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonor/ethi tab 0.1-0.02	1	
levonor/ethi tab 0.1-20	1	
levonor/ethi tab	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levora-28 tab 0.15/30	1	
lo loestrin tab 1-10-10	1	
lo-zumandimi tab 3-0.02mg	1	
lojaimiess tab	1	
loryna tab 3-0.02mg	1	
low-ogestrel tab	1	
luizza 1/20 tab	1	
luizza tab 1.5/30	1	
lutera tab	1	
lyllana dis 0.025mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.0375mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.05mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.075mg	3	QL; Maximum of 8 patches per 28 days.
lyllana dis 0.1mg	3	QL; Maximum of 8 patches per 28 days.
marlissa tab 0.15/30	1	
menest tab 0.3mg	4	PA

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Drug name	Tier	Coverage Requirements and Limits
menest tab 0.625mg	4	PA
menest tab 1.25mg	4	PA
menest tab 2.5mg	4	PA
menostar dis 14mcg	4	PA; QL; Maximum of 4 patches per 28 days.
merzee cap 1/20	1	
mibelas 24 chw fe	1	
microgestin tab 1.5/30	1	
microgestin tab 1/20	1	
microgestin tab fe 1/20	1	
microgestin tab fe1.5/30	1	
mili tab 0.25/35	1	
mimvey tab 1-0.5mg	3	
minivelle dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.0375mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.05mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
minivelle dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
minzoya tab 0.1-20	1	
mono-linyah tab 0.25-35	1	
natazia tab	1	
necon tab 0.5/35	1	
NEXTSTELLIS TAB 3-14.2MG ***drospirenone-estetrol tab 3-14.2 mg***	1	
nikki tab 3-0.02mg	1	
nor/est/ff tab 1.5/30	1	
nore/eth/fer cap 1/20	1	
nore/eth/fer chw 0.4mg-35	1	
norelge/ethi dis 150/35	1	
noreth/ethin chw fe 1/20	1	
noreth/ethin chw fe	1	
noreth/ethin tab 0.5-2.5	3	
noreth/ethin tab 1.5/30	1	
noreth/ethin tab 1/20	1	
noreth/ethin tab 1mg-5mcg	3	
noreth/ethin tab fe 1/20	1	
noreth/ethin tab fe	1	
norgest/ethi tab 0.25/35	1	
norgest/ethi tab estradio	1	
nortrel tab 0.5/35	1	
nortrel tab 1/35	1	
nortrel tab 7/7/7	1	
nylia tab 1/35	1	
nylia tab 7/7/7	1	
ocella tab 3-0.03mg	1	

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Drug name	Tier	Coverage Requirements and Limits
philith tab 0.4-35	1	
pimtrea tab	1	
portia-28 tab	1	
PREMARIN TAB 0.3MG ***estrogens, conjugated tab 0.3 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.45MG ***estrogens, conjugated tab 0.45 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.625MG ***estrogens, conjugated tab 0.625 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 0.9MG ***estrogens, conjugated tab 0.9 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN TAB 1.25MG ***estrogens, conjugated tab 1.25 mg***	4	PA; QL; Maximum of 1 tablet per day.
PREMARIN VAG CRE 0.625MG ***estrogens, conjugated vaginal cream 0.625 mg/gm***	4	
reclipsen tab	1	
rivelsa tab	1	
rosyrah tab	1	
setlakin tab	1	
simliya tab 28 day	1	
simpesse tab	1	
sprintec 28 tab 28 day	1	
sronyx tab	1	
syeda tab 3-0.03mg	1	
tarina 24 fe tab	1	
tarina fe tab 1/20 eq	1	
taysofy cap 1/20	1	
tilia fe tab	1	
tri-estaryll tab	1	
tri-legest tab fe	1	
tri-linyah tab	1	
tri-lo tab estaryll	1	
tri-lo- tab marzia	1	
tri-lo- tab sprintec	1	
tri-lo-mili tab	1	
tri-mili tab	1	
tri-sprintec tab	1	
tri-vylibra tab lo	1	
tri-vylibra tab	1	
trivora-28 tab	1	
turqoz tab	1	
TWIRLA DIS 120-30 ***levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr***	1	
TYBLUME CHW 0.1-0.02 ***levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg***	1	
tydemy tab	1	
valtya 1/35 tab	1	
valtya 1/50 tab	1	
velivet pak	1	

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vestura tab 3-0.02mg	1	
vienva tab 0.1-20	1	
viorele tab	1	
vivelle-dot dis 0.025mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.0375mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.05mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.075mg	4	PA; QL; Maximum of 8 patches per 28 days.
vivelle-dot dis 0.1mg	4	PA; QL; Maximum of 8 patches per 28 days.
volnea tab	1	
vyfemla tab 0.4-35	1	
vylibra tab 0.25-35	1	
wera tab 0.5/35	1	
wymzya fe chw 0.4mg-35	1	
xarah fe tab	1	
xelria fe chw 0.4mg-35	1	
xulane dis 150-35	1	
yuvafem tab 10mcg	3	QL; Maxiumum of 18 tablets per 28 days.
zafemy dis 150/35	1	
zovia 1/35 tab	1	
zumandimine tab 3-0.03mg	1	
Progestins		
aftera tab 1.5mg	1	
afterpill tab 1.5mg	1	
camila tab 0.35mg	1	
curae tab 1.5mg	1	
deblitane tab 0.35mg	1	
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp 150 mg/ml***	1	QL; Maximum of 5 ml per year.
DEPO-PROVERA INJ 150MG/ML ***medroxyprogesterone acetate im susp prefilled syr 150 mg/ml***	1	
DEPO-SQ PROV INJ 104 ***medroxyprogesterone acetate susp pref syr 104 mg/0.65ml***	1	QL; Maximum of 5 doses (520 mg) per year.
econtra os tab 1.5mg	1	
ella tab 30mg	1	QL; Maximum of 1 tablet per 21 days.
emzahh tab 0.35mg	1	
errin tab 0.35mg	1	
gallifrey tab 5mg	2	
heather tab 0.35mg	1	
her style tab 1.5mg	1	
incassia tab 0.35mg	1	
jencycla tab 0.35mg	1	
levonorgestr tab 1.5mg	1	
lyleq tab 0.35mg	1	
lyza tab 0.35mg	1	

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Drug name	Tier	Coverage Requirements and Limits
medroxypr ac inj 150mg/ml prefilled syr	1	
medroxypr ac inj 150mg/ml	1	QL; Maximum of 5 ml per year.
medroxypr ac tab 10mg	2	
medroxypr ac tab 2.5mg	2	
medroxypr ac tab 5mg	2	
megestrol ac sus 400/10ml	2	
megestrol ac sus 400mg/10	2	
megestrol ac sus 40mg/ml	2	
megestrol ac sus 800mg/20	2	
megestrol ac tab 20mg	2	
megestrol ac tab 40mg	2	
megestrol sus 625mg/5m	4	
meleya tab 0.35mg	1	
my choice tab 1.5mg	1	
my way tab 1.5mg	1	
new day tab 1.5mg	1	
nora-be tab 0.35mg	1	
norethin ace tab 5mg	2	
norethindron tab 0.35mg	1	
norlyroc tab 0.35mg	1	
opcicon tab 1.5mg	1	
opill tab 0.075mg	1	
option 2 tab 1.5mg	1	
orquidea tab 0.35mg	1	
PLAN B TAB 1.5MG ***levonorgestrel tab 1.5 mg***	1	
progesterone cap 100mg	2	
progesterone cap 200mg	2	
progesterone inj 50mg/ml	2	
prometrium cap 100mg	4	PA
prometrium cap 200mg	4	PA
provera tab 10mg	4	PA
provera tab 2.5mg	4	PA
provera tab 5mg	4	PA
react tab 1.5mg	1	
sharobel tab 0.35mg	1	
shewise tab 1.5mg	1	
SLYND TAB 4MG ***drospirenone tab 4 mg***	1	
TAKE ACTION TAB 1.5MG ***levonorgestrel tab 1.5 mg***	1	
Selective Estrogen Receptor Modifying Agents		
EVAMIST SPR 1.53MG ***estradiol transdermal spray 1.53 mg/spray***	4	PA
OSPHENA TAB 60MG ***ospemifene tab 60 mg***	4	PA; QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
raloxifene tab 60mg	2	QL; Maximum of 1 tablet per day. $0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYRO TAB 120MG ***thyroid tab 120 mg (2 grain)***	4	
ARMOUR THYRO TAB 15MG ***thyroid tab 15 mg (1/4 grain)***	4	
ARMOUR THYRO TAB 180MG ***thyroid tab 180 mg (3 grain)***	4	
ARMOUR THYRO TAB 240MG ***thyroid tab 240 mg (4 grain)***	4	
ARMOUR THYRO TAB 300MG ***thyroid tab 300 mg (5 grain)***	4	
ARMOUR THYRO TAB 30MG ***thyroid tab 30 mg (1/2 grain)***	4	
ARMOUR THYRO TAB 60MG ***thyroid tab 60 mg (1 grain)***	4	
ARMOUR THYRO TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)***	4	
euthyrox tab 100mcg	2	
euthyrox tab 112mcg	2	
euthyrox tab 125mcg	2	
euthyrox tab 137mcg	2	
euthyrox tab 150mcg	2	
euthyrox tab 175mcg	2	
euthyrox tab 200mcg	2	
euthyrox tab 25mcg	2	
euthyrox tab 50mcg	2	
euthyrox tab 75mcg	2	
euthyrox tab 88mcg	2	
levo-t tab 100mcg	2	
levo-t tab 112mcg	2	
levo-t tab 125mcg	2	
levo-t tab 137mcg	2	
levo-t tab 150mcg	2	
levo-t tab 175mcg	2	
levo-t tab 200mcg	2	
levo-t tab 25mcg	2	
levo-t tab 300 mcg	2	
levo-t tab 50mcg	2	
levo-t tab 75mcg	2	
levo-t tab 88mcg	2	
levothyroxin tab 100mcg	2	
levothyroxin tab 112mcg	2	
levothyroxin tab 125mcg	2	
levothyroxin tab 137mcg	2	
levothyroxin tab 150mcg	2	
levothyroxin tab 175mcg	2	
levothyroxin tab 200mcg	2	

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Drug name	Tier	Coverage Requirements and Limits
levothyroxin tab 25mcg	2	
levothyroxin tab 300mcg	2	
levothyroxin tab 50mcg	2	
levothyroxin tab 75mcg	2	
levothyroxin tab 88mcg	2	
levoxyl tab 100mcg	2	
levoxyl tab 112mcg	2	
levoxyl tab 125mcg	2	
levoxyl tab 137mcg	2	
levoxyl tab 150mcg	2	
levoxyl tab 175mcg	2	
levoxyl tab 200mcg	2	
levoxyl tab 25mcg	2	
levoxyl tab 50mcg	2	
levoxyl tab 75mcg	2	
levoxyl tab 88mcg	2	
liomny tab 25mcg	2	
liomny tab 50mcg	2	
liomny tab 5mcg	2	
liothyronine tab 25mcg	2	
liothyronine tab 50mcg	2	
liothyronine tab 5mcg	2	
NIVA THYROID TAB 120MG ***thyroid tab 120 mg (2 grain)***	4	
NIVA THYROID TAB 15MG ***thyroid tab 15 mg (1/4 grain)***	4	
NIVA THYROID TAB 30MG ***thyroid tab 30 mg (1/2 grain)***	4	
NIVA THYROID TAB 60MG ***thyroid tab 60 mg (1 grain)***	4	
NIVA THYROID TAB 90MG ***thyroid tab 90 mg (1 1/2 grain)***	4	
np thyroid tab 120mg	4	
np thyroid tab 15mg	4	
np thyroid tab 30mg	4	
np thyroid tab 60mg	4	
np thyroid tab 90mg	4	
SYNTHROID TAB 100MCG ***levothyroxine sodium tab 100 mcg***	3	
SYNTHROID TAB 112MCG ***levothyroxine sodium tab 112 mcg***	3	
SYNTHROID TAB 125MCG ***levothyroxine sodium tab 125 mcg***	3	
SYNTHROID TAB 137MCG ***levothyroxine sodium tab 137 mcg***	3	
SYNTHROID TAB 150MCG ***levothyroxine sodium tab 150 mcg***	3	
SYNTHROID TAB 175MCG ***levothyroxine sodium tab 175 mcg***	3	
SYNTHROID TAB 200MCG ***levothyroxine sodium tab 200 mcg***	3	
SYNTHROID TAB 25MCG ***levothyroxine sodium tab 25 mcg***	3	
SYNTHROID TAB 300MCG ***levothyroxine sodium tab 300 mcg***	3	
SYNTHROID TAB 50MCG ***levothyroxine sodium tab 50 mcg***	3	
SYNTHROID TAB 75MCG ***levothyroxine sodium tab 75 mcg***	3	

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Drug name	Tier	Coverage Requirements and Limits
SYNTHROID TAB 88MCG ***levothyroxine sodium tab 88 mcg***	3	
THYQUIDITY SOL 100/5ML ***levothyroxine sodium oral solution 100 mcg/5ml***	4	PA
THYQUIDITY SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/5ml***	4	PA
thyroid tab 120mg	4	
thyroid tab 15mg	4	
thyroid tab 30mg	4	
thyroid tab 60mg	4	
thyroid tab 90mg	4	
TIROSINT-SOL SOL 100MCG ***levothyroxine sodium oral solution 100 mcg/ml***	4	PA
TIROSINT-SOL SOL 112MCG ***levothyroxine sodium oral solution 112 mcg/ml***	4	PA
TIROSINT-SOL SOL 125MCG ***levothyroxine sodium oral solution 125 mcg/ml***	4	PA
TIROSINT-SOL SOL 137MCG ***levothyroxine sodium oral solution 137 mcg/ml***	4	PA
TIROSINT-SOL SOL 13MCG/ML ***levothyroxine sodium oral solution 13 mcg/ml***	4	PA
TIROSINT-SOL SOL 150MCG ***levothyroxine sodium oral solution 150 mcg/ml***	4	PA
TIROSINT-SOL SOL 175MCG ***levothyroxine sodium oral solution 175 mcg/ml***	4	PA
TIROSINT-SOL SOL 200MCG ***levothyroxine sodium oral solution 200 mcg/ml***	4	PA
TIROSINT-SOL SOL 25MCG/ML ***levothyroxine sodium oral solution 25 mcg/ml***	4	PA
TIROSINT-SOL SOL 37.5/ML ***levothyroxine sodium oral solution 37.5 mcg/ml***	4	PA
TIROSINT-SOL SOL 44MCG/ML ***levothyroxine sodium oral solution 44 mcg/ml***	4	PA
TIROSINT-SOL SOL 50MCG/ML ***levothyroxine sodium oral solution 50 mcg/ml***	4	PA
TIROSINT-SOL SOL 62.5/ML ***levothyroxine sodium oral solution 62.5 mcg/ml***	4	PA
TIROSINT-SOL SOL 75MCG/ML ***levothyroxine sodium oral solution 75 mcg/ml***	4	PA
TIROSINT-SOL SOL 88MCG/ML ***levothyroxine sodium oral solution 88 mcg/ml***	4	PA
unithroid tab 100mcg	2	
unithroid tab 112mcg	2	
unithroid tab 125mcg	2	
unithroid tab 137mcg	2	
unithroid tab 150mcg	2	
unithroid tab 175mcg	2	
unithroid tab 200mcg	2	
unithroid tab 25mcg	2	
unithroid tab 300mcg	2	
unithroid tab 50mcg	2	
unithroid tab 75mcg	2	

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Drug name	Tier	Coverage Requirements and Limits
unithroid tab 88mcg	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TAB 500MG ***mitotane tab 500 mg***	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
CAMCEVI INJ 42MG ***leuprolide mesylate (6 month) emulsion prefilled syr 42 mg***	5	PA
ELIGARD INJ 22.5MG ***leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg***	5	PA
ELIGARD INJ 30MG ***leuprolide acetate (4 month) for subcutaneous inj kit 30 mg***	5	PA
ELIGARD INJ 45MG ***leuprolide acetate (6 month) for subcutaneous inj kit 45 mg***	5	PA
ELIGARD INJ 7.5MG ***leuprolide acetate for subcutaneous inj kit 7.5 mg***	5	PA
ganirelix ac inj 250/0.5	5	PA
leuprolide inj 14 day	5	PA
leuprolide inj 1mg/0.2	5	PA
leuprolide inj 22.5mg	5	PA
leuprolide kit 14 day	5	PA
leuprolide kit 1mg/0.2	5	PA
LUTRATE DEPO INJ 22.5MG ***leuprolide acetate (3 month) for inj 22.5 mg***	5	PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA
ORILISSA TAB 150MG ***elagolix sodium tab 150 mg***	4	PA; QL; Maximum of 1 tablet per day.
ORILISSA TAB 200MG ***elagolix sodium tab 200 mg***	4	PA; QL; Maximum of 2 tablets per day.
SIGNIFOR INJ 0.3MG/ML ***pasireotide diaspartate inj 0.3 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.6MG/ML ***pasireotide diaspartate inj 0.6 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.9MG/ML ***pasireotide diaspartate inj 0.9 mg/ml***	5	PA; QL; SP; Maximum of 2 ml per day.
SOMAVERT INJ 10MG ***pegvisomant for inj 10 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 15MG ***pegvisomant for inj 15 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 20MG ***pegvisomant for inj 20 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 25MG ***pegvisomant for inj 25 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 30MG ***pegvisomant for inj 30 mg (as protein)***	5	PA; QL; SP; Maximum of 1 vial per day.
SYNAREL SOL 2MG/ML ***nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)***	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tab 10mg	2	
methimazole tab 5mg	2	

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propylthiour tab 50mg	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA INJ 2000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 2000 unit***	5	PA; QL; SP; Maximum of 24 vials per 28 days.
HAEGARDA INJ 3000UNIT ***c1 esterase inhibitor (human) for subcutaneous inj 3000 unit***	5	PA; QL; SP; Maximum of 16 vials per 28 days.
ICATIBANT INJ 30MG/3ML ***icatibant acetate subcutaneous soln pref syr 30 mg/3ml***	4	PA; QL; Maximum of 3 syringes (9 ml) per day.
Immune Suppressants		
ADALIMU-ADAZ INJ 10/0.1ML ***adalimumab-adaz soln prefilled syringe 10 mg/0.1ml***	5	PA; QL; Maximum of 2 syringes (0.2 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML ***adalimumab-adaz soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 2 pens (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***adalimumab-adaz soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 80/0.8ML ***adalimumab-adaz soln auto-injector 80 mg/0.8ml***	5	PA; QL; Maximum of 2 pens (1.6 ml) per 28 days.
ADALIMU-ADBM KIT 10/0.2ML ***adalimumab-adbm prefilled syringe kit 10 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 20/0.4ML ***adalimumab-adbm prefilled syringe kit 20 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm auto-injector kit 40 mg/0.4ml***	5	PA; QL; Maximum of 1 kit (2 pens) per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.4ml***	5	PA; QL; Maximum of 1 kit (2 syringes) per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm auto-injector kit 40 mg/0.8ml***	5	PA; QL; Maximum of 2 pens per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***adalimumab-adbm prefilled syringe kit 40 mg/0.8ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 20/0.2ML ***adalimumab-atto soln prefilled syringe 20 mg/0.2ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 2 pens per 28 days.
AMJEVITA INJ 40/0.4ML ***adalimumab-atto soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 80/0.8ML ***adalimumab-atto soln auto-injector 80 mg/0.8ml***	5	PA; QL; Maximum of 2 pens per 28 days.
azathioprine tab 50mg	2	
CIMZIA INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA KIT 200MG ***certolizumab pegol for inj kit 2 x 200 mg***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA PREFL KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.

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CIMZIA START KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA
cyclosporine cap 100mg md	2	
cyclosporine cap 100mg	4	
cyclosporine cap 25mg mod	2	
cyclosporine cap 25mg	4	
cyclosporine cap 50mg mod	2	
cyclosporine sol modified	3	
GENGRAF CAP 100MG ***cyclosporine modified cap 100 mg***	2	
GENGRAF CAP 25MG ***cyclosporine modified cap 25 mg***	2	
GENGRAF SOL 100MG/ML ***cyclosporine modified oral soln 100 mg/ml***	3	
HADLIMA INJ 40/0.4ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml***	5	PA; QL; Maximum of 6 syringes (2.4 ml) per 28 days.
HADLIMA INJ 40/0.8ML ***adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml***	5	PA; QL; Maximum of 2 syringes (1.6 ml) per 28 days.
HADLIMA PUSH INJ 40/0.4ML ***adalimumab-bwwd soln auto-injector 40 mg/0.4ml***	5	PA; QL; Maximum of 6 pens (2.4 ml) per 28 days.
HADLIMA PUSH INJ 40/0.8ML ***adalimumab-bwwd soln auto-injector 40 mg/0.8ml***	5	PA; QL; Maximum of 2 pens (1.6 ml) per 28 days.
methotrexate inj 1gm	2	
methotrexate inj 1gm/40ml	2	
methotrexate inj 250 mg/10ml (25 mg/ml)	2	
methotrexate inj 50 mg/2ml (25 mg/ml)	2	
methotrexate inj 50 mg/2ml (25 mg/ml)	2	
methotrexate inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate tab 2.5mg	2	
mycophenolate cap 250mg	2	
mycophenolate sus 200mg/ml	4	
mycophenolate tab 500mg	2	
mycophenolic tab 180mg dr	4	
mycophenolic tab 360mg dr	4	
OLUMIANT TAB 1MG ***baricitinib tab 1 mg***	5	PA; QL; Maximum of 1 tablet per day.
OLUMIANT TAB 2MG ***baricitinib tab 2 mg***	5	PA; QL; Maximum of 1 tablet per day.
OLUMIANT TAB 4MG ***baricitinib tab 4 mg***	5	PA; QL; Maximum of 1 tablet per day.
SANDIMMUNE SOL 100MG/ML ***cyclosporine oral soln 100 mg/ml***	5	
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln auto-injector 100 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
SIMPONI INJ 100MG/ML ***golimumab subcutaneous soln prefilled syringe 100 mg/ml***	5	PA; QL; Maximum of 1 ml per 28 days.
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln auto-injector 50 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.
SIMPONI INJ 50/0.5ML ***golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml***	5	PA; QL; Maximum of 0.5 ml per 28 days.
sirolimus sol 1mg/ml	5	
sirolimus tab 0.5mg	4	

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sirolimus tab 1mg	4	
sirolimus tab 2mg	4	
SKYRIZI INJ 150MG/ML ***risankizumab-rzaa soln prefilled syringe 150 mg/ml***	5	PA; QL; Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2 ***risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml***	5	PA; QL; Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4 ***risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml***	5	PA; QL; Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML ***risankizumab-rzaa soln auto-injector 150 mg/ml***	5	PA; QL; Maximum 1mL (1 auto-injector) per 84 days.
tacrolimus cap 0.5 mg	2	
tacrolimus cap 1 mg	2	
tacrolimus cap 5 mg	2	
XELJANZ SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml (base equivalent)***	5	PA; QL; Maximum of 10 ml per day.
XELJANZ TAB 10MG ***tofacitinib citrate tab 10 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ TAB 5MG ***tofacitinib citrate tab 5 mg (base equivalent)***	5	PA; QL; Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG ***tofacitinib citrate tab er 24hr 11 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG ***tofacitinib citrate tab er 24hr 22 mg (base equivalent)***	5	PA; QL; Maximum of 1 tablet per day.
Immunological Agents, Other		
SKYRIZI INJ 55/0.37 ***risankizumab-rzaa soln prefilled syringe 55 mg/0.37ml***	5	PA; QL; Maximum 0.37mL (1 prefilled syringe) per 84 days.
TOFACITINIB SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml***	5	PA; QL; Maximum of 10 ml per day.
TOFACITINIB TAB 10MG ***tofacitinib citrate tab 10 mg***	5	PA; QL; Maximum of 2 tablets per day.
TOFACITINIB TAB 11MG ER ***tofacitinib citrate tab er 24hr 11 mg***	5	PA; QL; Maximum of 1 tablet per day.
TOFACITINIB TAB 22MG ER ***tofacitinib citrate tab er 24hr 22 mg***	5	PA; QL; Maximum of 1 tablet per day.
TOFACITINIB TAB 5MG ***tofacitinib citrate tab 5 mg***	5	PA; QL; Maximum of 2 tablets per day.
Immunomodulators		
ACTEMRA INJ 162/0.9 ***tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN ***tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
ACTIMMUNE INJ 2MU/0.5 ***interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)***	5	PA; QL; SP; Maximum of 13 ml per 30 days.
AVTOZMA INJ 162/0.9 ***tocilizumab-anoh subcutaneous soln auto-inj 162 mg/0.9 ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
AVTOZMA INJ 162/0.9 ***tocilizumab-anoh subcutaneous soln pref syr 162 mg/0.9 ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
leflunomide tab 10mg	2	
leflunomide tab 20mg	2	
OTEZLA TAB 10/20 ***apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg***	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30 ***apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg***	5	PA; QL; Maximum of 55 tablets per year.
OTEZLA TAB 20MG ***apremilast tab 20 mg***	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA TAB 30MG ***apremilast tab 30 mg***	5	PA; QL; Maximum of 2 tablets per day.
OTEZLA/XR TAB 28 DAY ***apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg***	5	PA; QL; Maximum of 41 tablets per year.
OTEZLA XR TAB 75MG ***apremilast tab er 24hr 75 mg***	5	PA; QL; Maximum of 1 tablet per day.

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RINVOQ LQ SOL 1MG/ML ***upadacitinib oral soln 1 mg/ml***	5	PA; QL; Maximum of 12 ml per day.
RINVOQ TAB 15MG ER ***upadacitinib tab er 24hr 15 mg***	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER ***upadacitinib tab er 24hr 30 mg***	5	PA; QL; Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER ***upadacitinib tab er 24hr 45 mg***	5	PA; QL; Maximum of 1 tablet per day.
TYENNE INJ 162/0.9 ***tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG ***tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml***	5	PA; QL; Maximum of 3.6 ml per 28 days.
Immunosuppressants		
CIMZIA 2-SYR KIT 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
CIMZIA 1-SYR INJ 200MG/ML ***certolizumab pegol prefilled syringe kit 200 mg/ml***	5	PA; QL; Maximum of 1 kit per 28 days.
Vaccines		
ABRYSVO INJ ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
ABRYSVO INJ 120MCG ***rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
ACTHIB INJ ***haemophilus b polysaccharide conjugate vaccine for inj***	1	QL; 1 vaccination dose (1 injection) per day.
ADACEL INJ ***tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
ADACEL INJ ***tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
AFLURIA INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
AREXVY INJ 120MCG ***rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 50 years of age or older.
BEXSERO INJ ***meningococcal vac b (recomb omv adjuv) inj prefilled syringe***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 10 years of age or older.
BEYFORTUS INJ 100MG/ML ***nirsevimab-alip im soln prefilled syringe 100 mg/ml***	1	QL; 1 vaccination dose (2 ml) per day. $0 copay for members 19 months of age or younger.
BEYFORTUS INJ 50/0.5ML ***nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 19 months of age or younger.
BOOSTRIX INJ ***tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ ***tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
CAPVAXIVE INJ 0.5ML ***pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 19 years of age or older.
COMIRNATY 5- INJ 11/25-26 ***covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml***	1	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members between ages of 5 to 11 years.
COMIRNATY INJ 30/.3ML ***covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml***	1	QL; 1 vaccination dose (0.3 ml) per day. $0 copay for members 12 years of age or older.
DAPTACEL INJ ***diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
DENGVAXIA SUS ***dengue virus vaccine live tetravalent for subcutaneous susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members between ages of 9 to 16 years.
ENFLONSIA INJ 105MG ***clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml***	1	QL; 1 vaccination dose (0.7 ml) per day. $0 copay for members between ages of 0 to 7 months.

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ENGERIX-B INJ 10/0.5ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp 20 mcg/ml***	1	QL; 1 vaccination dose (2 ml) per day.
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml***	1	QL; 1 vaccination dose (2 ml) per day.
FLUAD INJ 2025-26 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUAD INJ 2026-27 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUARIX INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUARIX INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUBLOK INJ 2025-26 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day .$0 copay for members 9 years of age or older.
FLUBLOK INJ 2026-27 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day .$0 copay for members 9 years of age or older.
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUCELVAX INJ 2026-27 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLULAVAL INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLULAVAL INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUMIST NASA LIQ 2025-26 ***influenza virus vaccine live intranasal liquid***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members between ages of 2 to 49 years.
FLUMIST NASAL LIQUID 2026-27 ***influenza virus vaccine live intranasal liquid***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members between ages of 2 to 49 years.
FLUZONE HD INJ 2025-26 ***influenza virus vac split high-dose pf susp pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUZONE HD INJ 2026-27 ***influenza virus vac split high-dose pf susp pref syr 0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
FLUZONE INJ 2025-26 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2026-27 ***influenza virus vaccine split im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.
FLUZONE INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 months of age or older.

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GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac im susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members between ages of 9 to 45 years.
GARDASIL 9 INJ ***human papillomavirus (hpv) 9-valent recomb vac susp pref syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members between ages of 9 to 45 years.
HAVRIX INJ 1440UNIT ***hepatitis a vaccine susp prefilled syr 1440 el unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
HAVRIX INJ 720UNIT ***hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
HEPLISAV-B INJ 20/0.5ML ***hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 18 years of age or older.
HIBERIX SOL 10MCG ***haemophilus b polysaccharide conjugate vac for inj 10 mcg***	1	QL; 1 vaccination dose (1 injection) per day.
INFANRIX INJ ***diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
IPOL INJ INACTIVE ***poliovirus vaccine, ipv inj susp***	1	QL; 1 vaccination dose (0.5 ml) per day.
JYNNEOS INJ ***smallpox & monkeypox vac, live, non-replicating inj 0.5 ml***	1	QL; 1 vaccination dose (0.5ml) per day. $0 copay for members 18 years of age or older.
KINRIX INJ ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
M-M-R II INJ ***measles-mumps-rubella virus vaccines for inj soln***	1	QL; 1 vaccination dose (1 injection) per day.
MENQUADFI INJ ***meningococcal (a, c, y, and w-135) tetanus conjugate vaccine***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 2 months of age or older.
MENVEO INJ ***meningococcal (a, c, y, and w-135) oligo conj vac for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
MENVEO SOL ***meningococcal (a, c, y, and w-135) oligo conj vac im soln***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 2 months of age or older.
MNEXSPIKE INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml***	1	QL; 1 vaccination dose (0.2 ml) per day. $0 copay for members 12 years of age or older.
MRESVIA INJ 50MCG ***rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.$0 Copay for members 50 years of age or older.
NUVAXOVID INJ 2025-26 ***covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
PEDIARIX INJ 0.5ML ***diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 6 years of age or younger.
PEDVAX HIB INJ ***haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PEDVAXHIB INJ ***7.5mcg haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PENBRAYA INJ ***meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENMENVY INJ ***meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 10 years of age or older.
PENTACEL INJ ***diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PNEUMOVAX 23 INJ 25/0.5 ***pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
PREHEVBRIO SUS 10MCG/ML ***hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day. $0 copay for members 18 years of age or older.

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PREVNAR 20 INJ ***pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 1 month of age or older.
PRIORIX INJ ***measles-mumps-rubella virus vaccines for subcutaneous susp***	1	QL; 1 vaccination dose (1 injection) per day.
PROQUAD INJ ***measles-mumps-rubella-varicella virus vaccines for susp***	1	QL; 1 vaccination dose (1 injection) per day. $0 copay for members between ages of 1 to 12 years.
QUADRACEL INJ 0.5ML ***diph-tetanus tox ad-acell pert & polio virus, ipv vac inj***	1	QL; 1 vaccination dose (0.5 ml) per day.
QUADRACEL INJ 0.5ML ***diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA-HB INJ 40MCG/ML ***hepatitis b vaccine (recombinant) susp 40 mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
ROTARIX SUS ***rotavirus vaccine, live oral susp***	1	QL; 1 vaccination dose (1.5 ml) per day. $0 copay for members 8 months of age or younger.
ROTATEQ SOL ***rotavirus vaccine, live oral pentavalent soln***	1	QL; 1 vaccination dose (2 ml) per day. $0 copay for members 8 months of age or younger.
SHINGRIX INJ 50/0.5ML ***zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day. $0 Copay for members 19 years of age or older.
SPIKEVAX INJ 2025-26 ***covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml***	1	QL; 1 vaccination dose (0.25 ml) per day. $0 copay for members between ages of 6 months to 11 years.
SPIKEVAX INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 12 years of age or older.
TENIVAC INJ 5-2LF ***tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml***	1	QL; 1 vaccination dose (0.5 ml) per day.
TRUMENBA INJ ***meningococcal group b vac (recomb) im susp prefilled syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 Copay for members 10 years of age or older.
TWINRIX INJ ***hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml***	1	QL; 1 vaccination dose (1 ml) per day.
VAQTA INJ 25/0.5ML ***hepatitis a vaccine inj susp 25 unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 25/0.5ML ***hepatitis a vaccine susp prefilled syr 25 unit/0.5ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML ***hepatitis a vaccine inj susp 50 unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML ***hepatitis a vaccine susp prefilled syr 50 unit/ml***	1	QL; Maximum of 2 vaccines per lifetime.
VARIVAX INJ ***varicella virus vac live for inj 1350 pfu/0.5ml***	1	QL; 1 vaccination dose (1 injection) per day.
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 4 years of age or younger.
VAXELIS INJ ***diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 4 years of age or younger.
VAXNEUVANCE INJ ***pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml***	1	QL; 1 vaccination dose (0.5 ml) per day. $0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
BALSALAZIDE CAP 750MG ***balsalazide disodium cap 750 mg***	3	

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Drug name	Tier	Coverage Requirements and Limits
DIPENTUM CAP 250MG ***olsalazine sodium cap 250 mg***	4	
mesalamine cap 0.375gm	3	QL; Maximum of 4 capsules per day.
mesalamine ene 4gm	4	QL; Maximum of 1 bottle (60 ml) per day.
mesalamine kit 4gm	4	QL; Maximum of 4 kits (28 bottles) per 28 days.
mesalamine sup 1000mg	4	QL; Maximum of 1 suppository per day.
mesalamine tab 1.2gm	3	QL; Maximum of 4 tablets per day.
Glucocorticoids		
ANALPRAM-HC LOT 2.5% ***hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%***	4	
budesonide cap 3mg dr	4	
CORTIFOAM AER 90MG ***hydrocortisone acetate perianal foam 10% (90 mg/dose)***	3	
HC PRAMOXINE CRE 1-1% ***hydrocortisone acetate w/ pramoxine perianal cream 1-1%***	3	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 2.5%	2	
procto-med cre hc 2.5%	2	
Sulfonamides		
sulfasalazin tab 500mg dr	2	
sulfasalazin tab 500mg	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sol 70/75ml	3	
alendronate tab 10mg	2	QL; Maximum of 1 tablet per day.
alendronate tab 35mg	2	QL; Maximum of 8 tablets per 28 days.
alendronate tab 70mg	2	QL; Maximum of 4 tablets per 28 days.
calcitonin spr 200/act	2	QL; Maximum of 1 bottle per 28 days.
calcitriol cap 0.25mcg	2	
calcitriol cap 0.5mcg	2	
calcitriol sol 1mcg/ml	3	
cinacalcet tab 30mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet tab 60mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet tab 90mg	3	PA; QL; Maximum of 4 tablets per day.
doxercalcif cap 0.5mcg	4	
doxercalcif cap 1mcg	4	
doxercalcif cap 2.5mcg	4	
ibandronate tab 150mg	2	QL; Maximum of 1 tablet per 28 days.
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
risedronate tab 150mg	3	QL; Maximum of 1 tablet per 30 days.
risedronate tab 30mg	3	QL; Maximum of 1 tablet per day.
risedronate tab 35mg	3	QL; Maximum of 4 tablets per 28 days.
risedronate tab 5mg	3	QL; Maximum of 1 tablet per day.

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TYMLOS INJ ***abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml***	5	PA; QL; Maximum of 1.56 ml per 30 days.
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pad	1	
BD GLUCOSE CHW 5GM ***glucose chew tab 5 gm***	3	
CAYA DPR ****diaphragm arc-spring******	1	
CHEMSTRIP K TES ***acetone (urine) test strip***	1	
CHEMSTRIP TES MICRAL ***albumin (urine) test strip***	1	
COMFORT TOUC MIS 31GX4MM ***insulin pen needle 31 g x 4 mm (1/6" or 5/32")***	1	
COMFORT TOUC MIS 32GX8MM ***insulin pen needle 32 g x 8 mm (1/3" or 5/16")***	1	
COMFORT TOUC MIS 33GX1/4" ***insulin pen needle 33 g x 6 mm (1/4" or 15/64")***	1	
COMFORT TOUC MIS 33GX3/16 ***insulin pen needle 33 g x 5 mm (1/5" or 3/16")***	1	
COMFORT TOUC MIS 33GX5/32 ***insulin pen needle 33 g x 4 mm (1/6" or 5/32")***	1	
condoms mis	1	QL; Maximum of 36 condoms per month.
CONTOUR KIT NEXT ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT GEN ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT ONE ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE ****blood glucose monitoring kit w/ device******	1	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC ***glucose blood test strip***	1	QL; Maximum of 100 strips per month.
CONTOUR TES NEXT ***glucose blood test strip***	1	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS ****insulin administration supplies - misc******	1	
DEXCOM G6 MIS RECEIVER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G6 MIS SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 3 sensors per 30 days.
DEXCOM G6 MIS TRANSMIT ****continuous glucose system transmitter******	4	PA; QL; Maximum of 1 transmitter per 90 days.
DEXCOM G7 MIS 15 DAY ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 30 days.
DEXCOM G7 MIS RECEIVER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
DEXCOM G7 MIS SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 3 sensors per 30 days.
DIASCREEN MIS 1G ****urine glucose monitoring supplies******	1	
DIASTIX TES STRIPS ***glucose urine test-(glucose oxidase) strip***	1	
DROPLET MICR MIS 34GX9/64 ***insulin pen needle 34 g x 3.5 mm (9/64")***	1	
DUREX MIS REALFEEL ***condoms non-latex lubricated***	1	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL ***condoms latex lubricated***	1	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM ***insulin pen needle 29 g x 4 mm (1/6" or 5/32")***	1	
EASY TOUCH MIS 30G ***insulin pen needle 30 g x 6 mm (1/4" or 15/64")***	1	
ergoloid mes tab 1mg oral	4	
ethy alcohol sol 70% rub	1	
FC2 FEMALE MIS CONDOM ****condoms - female******	1	QL; Maximum of 36 condoms per month.
FEMCAP MIS 22MM ***cervical cap 22 mm***	1	

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FEMCAP MIS 26MM ***cervical cap 26 mm***	1	
FEMCAP MIS 30MM ***cervical cap 30 mm***	1	
FLEXICHAMBER MIS MASK SM ****spacer/aerosol-holding chamber supplies - masks******	2	QL; Maximum of 2 spacers per 180 days.
FREE LIBRE2 KIT PLUS/SEN ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREE LIBRE3 KIT PLUS/SEN ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 2 SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT 3 SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR KIT SENSOR ****continuous glucose system sensor******	4	PA; QL; Maximum of 2 sensors per 28 days.
FREESTY LIBR MIS 2 READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS 3 READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTY LIBR MIS READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
FREESTYLE MIS READER ****continuous glucose system receiver******	4	PA; QL; Maximum of 1 receiver per year.
gauze pad 2"x2"	3	
glucose bits chw 1gm	3	
glucose chew tab 4 gm raspbery	3	
glucose gel 15gm/33g	3	
glucose gel 40%	3	
GNP GLUCOSE CHW 2GM ***glucose chew tab 2 gm (carb equiv)***	3	
hydrogen peroxide soln 3%	1	
ins syr u500 mis 0.5/31g	1	
INSPIREASE MIS DD SYST ****spacer/aerosol-holding chambers - device******	2	QL; Maximum of 2 spacers per 180 days.
INSPIREASE MIS RES BAG ****spacer/aerosol-holding chamber supplies - bags******	2	QL; Maximum of 2 spacers per 180 days.
INSTA-GLUCOS GEL 77.4% ***glucose gel 77.4%***	3	
insulin pen needle 30 g x 8 mm (1/3" or 5/16")		
insulin syringe/needle u-100 0.3 ml 29 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 5/16"	1	
insulin syringe/needle u-100 0.3 ml 31 x 15/64"	1	
insulin syringe/needle u-100 0.3 ml 31 x 5/16"	1	
insulin syringe/needle u-100 0.5 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1 ml 27 x 5/8"	1	
insulin syringe/needle u-100 1 ml 28 x 1/2"	1	
insulin syringe/needle u-100 1 ml 28 x 5/16"	1	
insulin syringe/needle u-100 1 ml 29 x 1/2"	1	
insulin syringe/needle u-100 1 ml 29 x 5/16"	1	
insulin syringe/needle u-100 1 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1 ml 31 x 5/16"	1	
insulin syringe/needle u-100 1 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 28 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 29 x 1/2"	1	

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insulin syringe/needle u-100 1/2 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1/2 ml 31 x 5/16"	1	
isop alcohol sol 70% rub	1	
KETO-DIASTIX TES ****urine glucose-ketones test strips******	1	
LAGEVRIO CAP 200MG ***molnupiravir cap 200 mg***	4	QL; Maximum of 40 tablets (1 treatment course) per 30 days.
MASK VORTEX/ MIS FROG ****spacer/aerosol-holding chamber supplies - masks******	2	QL; Maximum of 2 spacers per 180 days.
MAXICOMFORT MIS 27GX1/2 ***insulin syringe/needle u-100 1/2 ml 27 x 1/2"***	1	
MAXICOMFORT MIS 27GX1/2" ***insulin syringe/needle u-100 1 ml 27 x 1/2"***	1	
METHYLERGON TAB 0.2MG ***methylergonovine maleate tab 0.2 mg***	4	QL; Maximum of 28 tablets per year.
NEEDLE COLLE MIS DISPOSAL ****sharps container - misc******	1	
NOVOFINE MIS 32GX6MM ***insulin pen needle 32 g x 6 mm (1/4" or 15/64")***	1	
NOVOFINE PLS MIS 32GX4MM ***insulin pen needle 32 g x 4 mm (1/6" or 5/32")***	1	
OMNIFLEX DPR ****diaphragms******	1	
OMNIPOD 5 DX KIT INT G7G6 ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 DX MIS POD G7G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6 ****insulin infusion disposable pump kit******	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6 ****insulin infusion disposable pump reservoir******	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 LIB KIT INTRO ***insulin infusion disposable pump kit***	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 LIB MIS PODS ***insulin infusion disposable pump reservoir***	4	PA; QL; Maximum of 10 pods per 30 days.
PAXLOVID PAK ***nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak***	4	QL; Maximum of 11 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 150-100 ***nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak***	4	QL; Maximum of 20 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 300-100 ***nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak***	4	QL; Maximum of 30 tablets (1 treatment course) per 30 days.
pen needle mis 29gx1/2"	1	
pen needle mis 29gx3/16	1	
pen needle mis 29gx5/16	1	
pen needles mis 29gx1/2"	1	
pen needles mis 31gx1/4"	1	
pen needles mis 31gx3/16	1	
pen needles mis 31gx5/16	1	
pentips mis 29gx12mm	1	
pentips mis 31gx5mm	1	
pentips mis 31gx8mm	1	
pentips mis 32gx4mm	1	

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Drug name	Tier	Coverage Requirements and Limits
PHEXX GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%***	1	QL; Maximum of 180 grams (36 packets) per month.
PHEXXI GEL ***lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%***	1	QL; Maximum of 180 grams (36 packets) per month.
PRECISN XTRA TES KETONE ***ketone blood test strip***	1	
QUICK TOUCH MIS 33GX8MM ***insulin pen needle 33 g x 8 mm (1/3" or 5/16")***	1	
RA URINARY TES TRACT IN ****urinary tract infection (uti) test strip******	3	
RADIOGARDASE CAP 0.5GM ***prussian blue insoluble cap 0.5 gm***	5	
TRUEPLS GLUC GEL 15/32ML ***glucose gel 15 gm/32ml***	3	
TRUEPLUS CHW GLUCOSE ***glucose chew tab 4 gm (rounded)***	3	
ULTICARE MIS 30GX3/16 ***insulin pen needle 30 g x 5 mm (1/5" or 3/16")***	1	
UTI HOME TES TEST ****urinary tract infection (uti) test******	3	
WIDE-SEAL DPR KIT 60 ***diaphragm wide seal 60 mm***	1	
WIDE-SEAL DPR KIT 65 ***diaphragm wide seal 65 mm***	1	
WIDE-SEAL DPR KIT 70 ***diaphragm wide seal 70 mm***	1	
WIDE-SEAL DPR KIT 75 ***diaphragm wide seal 75 mm***	1	
WIDE-SEAL DPR KIT 80 ***diaphragm wide seal 80 mm***	1	
WIDE-SEAL DPR KIT 85 ***diaphragm wide seal 85 mm***	1	
WIDE-SEAL DPR KIT 90 ***diaphragm wide seal 90 mm***	1	
WIDE-SEAL DPR KIT 95 ***diaphragm wide seal 95 mm***	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sol 0.3% op	2	
neo/poly/gra sol op	2	
tobra/dexame sus 0.3-0.1%	3	
tobramycin sol 0.3% op	2	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN GEL 0.15% ***ganciclovir ophth gel 0.15%***	4	
Antibacterials, Other		
bacit/polymy oin op	2	
bacitracin oin op	3	
BETADINE SOL 5% OP ***povidone-iodine ophth soln 5%***	4	
neo/bac/poly oin op	2	
neo/poly/bac oin /hc 1%op	3	
neo/poly/dex oin 0.1% op	2	
neo/poly/dex sus 0.1% op	2	
neo/poly/hc sus op	3	
polymyxin b/ sol trimethp	2	
Antifungals		
NATACYN SUS 5% OP ***natamycin ophth susp 5%***	4	
Antiherpetic Agents		
trifluridine sol 1% op	3	
Macrolides		
AZASITE SOL 1% ***azithromycin ophth soln 1%***	4	

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erythromycin oin 5mg/gm	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN GEL 3.5% OP ***lidocaine hcl ophth gel 3.5%***	4	
ALTACAINE SOL 0.5% OP ***tetracaine hcl ophth soln 0.5%***	2	
atropine sul sol 1% op	2	
cyclomydril sol op	4	
cyclopentol sol 1% op	2	
MITOSOL KIT 0.2MG ***mitomycin for ophth soln kit 0.2 mg***	4	
proparacaine sol 0.5% op	2	
sulf/pred na sol op	2	
tetracaine ophthalmic soln 0.5% op	2	
ZYLET SUS 0.5-0.3% ***loteprednol etabonate-tobramycin ophth susp 0.5-0.3%***	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOL 2% ***nedocromil sodium ophth soln 2%***	4	
ALOMIDE SOL 0.1% OP ***lodoxamide tromethamine ophth soln 0.1%***	4	
ALTAFRIN SOL 10% OP ***phenylephrine hcl ophth soln 10%***	2	
ALTAFRIN SOL 2.5% OP ***phenylephrine hcl ophth soln 2.5%***	2	
azelastine dro 0.05%	2	
bepotastine dro 1.5% op	4	QL; Maximum of 5 ml per 25 days.
ciprofloxacn sol 0.3% op	2	
cromolyn sod sol 4% op	2	
epinastine hcl ophth soln 0.05%	2	QL; Maximum of 5 ml per 25 days.
LASTACAFT SOL 0.25% ***alcaftadine ophth soln 0.25%***	4	QL; Maximum of 3 ml per 30 days.
phenylephrine sol 10% op	2	
phenylephrine sol 2.5% op	2	
Ophthalmic Anti-inflammatories		
bromfenac dro 0.09% op	3	QL; Maximum of 1.7 ml per 17 days.
cyclosporine emu 0.05% op	4	PA; QL; Maximum of 2 vials per day.
dexameth pho sol 0.1% op	2	
diclofenac sol 0.1% op	2	
difluprednat emu 0.05%	4	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sol 0.03% op	2	
INVELTYS SUS 1% ***loteprednol etabonate ophth susp 1%***	4	QL; Maximum of 2.8 ml per 7 days.
ketorolac sol 0.4% op	2	
ketorolac sol 0.5% op	2	
LOTEMAX OIN 0.5% ***loteprednol etabonate ophth oint 0.5%***	4	
LOTEMAX SM GEL 0.38% ***loteprednol etabonate ophth gel 0.38%***	4	QL; Maximum of 5 grams per prescription.
LOTEPREDNOL SUS 0.5% ***loteprednol etabonate ophth susp 0.5%***	4	QL; Maximum of 5 ml per prescription.
pred sod pho sol 1% op	2	
prednisolone sus 1% op	2	

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Ophthalmic Antiglaucoma Agents		
apraclonidin sol 0.5% op	2	
betaxolol sol 0.5% op	2	
brimo/timolo sol 0.2/0.5%	3	QL; Maximum of 5 ml per 25 days.
brimonidine sol 0.15% op	2	QL; Maximum of 30 ml per 30 days.
brimonidine sol 0.2% op	2	QL; Maximum of 30 ml per 30 days.
brinzolamide sus 1% op	3	QL; Maximum of 10 ml per 30 days.
brinzolamide sus 1%	3	QL; Maximum of 10 ml per 30 days.
dorzol/timol sol 2-0.5%op	2	QL; Maximum of 10 ml per 30 days.
dorzol/timol sol 2%-0.5%	3	QL; Maximum of 60 vials per 30 days.
dorzolamide sol 2% op	2	
iopidine sol 1% op	4	
levobunolol sol 0.5% op	2	
phospholine sol 0.125%op	3	
pilocarpine sol 1% op	2	
pilocarpine sol 2% op	2	
pilocarpine sol 4% op	2	
SIMBRINZA SUS 1-0.2% ***brinzolamide-brimonidine tartrate ophth susp 1-0.2%***	4	QL; Maximum of 8 ml per 30 days.
timolol maleate ophth soln 0.25%	2	
timolol maleate ophth soln 0.5% (once-daily)	3	
timolol maleate ophth soln 0.5%	2	
timolol ophth soln 0.5%	3	QL; Maximum of 5 ml per 25 days.
Ophthalmic Beta-Adrenergic Blocking Agents		
timolol maleate ophth soln 0.5% (once-daily)	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost sol 0.01% op		
latanoprost sol 0.005%	2	
LUMIGAN SOL 0.01% OP ***bimatoprost ophth soln 0.01%***	3	QL; Maximum of 5 ml per 30 days.
tafluprost sol 0.0015%	4	QL; Maximum of 30 vials per 30 days.
travoprost dro 0.004%	3	QL; Maximum of 2.5 ml per 25 days.
Quinolones		
carteolol sol 1% op	2	
gatifloxacin sol 0.5%	3	
levofloxacin sol 0.5%	2	
levofloxacin sol 1.5%	2	
moxifloxacin sol 0.5%	2	
ofloxacin dro 0.3% op	2	
Sulfonamides		
sulfacet sod oin 10% op	2	
sulfacet sod sol 10% op	2	
Otic Agents		
Otic Agents		
acetic acid sol 2% otic	2	

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cipro/dexa sus 0.3-0.1%	4	
cipro/fluoc dro pf	4	
ciprofloxacn sol 0.2%	3	
cortisporin sus -tc otic	4	
flac oil 0.01%	3	
fluocin acet oil ear 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neo/poly/hc sol 1% otic	2	
neo/poly/hc sus 1% otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin dro 0.3%otic	2	
OTOVEL DRO ***ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%***	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AER 160MCG ***ciclesonide inhal aerosol 160 mcg/act***	4	QL; Maximum of 6 inhalers (36.6 grams) per prescription.
ALVESCO AER 80MCG ***ciclesonide inhal aerosol 80 mcg/act***	4	QL; Maximum of 3 inhalers (18.3 grams) per prescription.
ARNUITY ELPT INH 100MCG ***fluticasone furoate aerosol powder breath activ 100 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 200MCG ***fluticasone furoate aerosol powder breath activ 200 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ARNUITY ELPT INH 50MCG ***fluticasone furoate aerosol powder breath activ 50 mcg/act***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription.
ASMANEX 120 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 14 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 110MCG ***mometasone furoate inhal powd 110 mcg/act (breath activated)***	3	QL; Maximum of 6 inhalers per prescription.
ASMANEX 30 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX 60 AER 220MCG ***mometasone furoate inhal powd 220 mcg/act (breath activated)***	3	QL; Maximum of 3 inhalers per prescription.
ASMANEX HFA AER 100 MCG ***mometasone furoate inhal aerosol suspension 100 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
ASMANEX HFA AER 200 MCG ***mometasone furoate inhal aerosol suspension 200 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
ASMANEX HFA AER 50MCG ***mometasone furoate inhal aerosol suspension 50 mcg/act***	3	QL; Maximum of 3 inhalers (39 grams) per prescription.
BEVESPI AER 9-4.8MCG ***glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
BREYNA AER 160/4.5 ***budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act***	4	QL; Maximum of 3 inhalers per prescription.
BREYNA AER 80/4.5 ***budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act***	4	QL; Maximum of 3 inhalers per prescription.
budes/formot aer 160-4.5	4	QL; Maximum of 3 inhalers per prescription.
budes/formot aer 80-4.5	4	QL; Maximum of 3 inhalers per prescription.
budesonide sus 0.25mg/2	3	QL; Maximum of 360 ml per prescription.
budesonide sus 0.5mg/2	3	QL; Maximum of 360 ml per prescription.
budesonide sus 1mg/2ml	3	QL; Maximum of 180 ml per prescription.

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Drug name	Tier	Coverage Requirements and Limits
flunisolide nasal soln 25 mcg/act (0.025%)	3	
fluticasone spr 50mcg	2	QL; Maximum of 16 grams per 30 days.
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL; Maximum of 3 inhalers per prescription.
mometasone spr 50mcg	3	QL; Maximum of 17 grams per 30 days.
QVAR REDIHA AER 80MCG ***beclomethasone diprop hfa breath act inh aer 80 mcg/act***	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
QVAR REDIHAL AER 40MCG ***beclomethasone diprop hfa breath act inh aer 40 mcg/act***	3	QL; Maximum of 6 inhalers (63.6 grams) per prescription.
WIXELA INHUB AER 100/50 ***fluticasone-salmeterol aer powder ba 100-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 250/50 ***fluticasone-salmeterol aer powder ba 250-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
WIXELA INHUB AER 500/50 ***fluticasone-salmeterol aer powder ba 500-50 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription.
Antihistamines		
azelastine spr 0.1%	2	QL; Maximum of 30 ml per 25 day.
carbinoxamin sol 4mg/5ml	2	
carbinoxamin tab 4mg	2	
clemastine tab 2.68mg	2	
cyproheptad syp 2mg/5ml	2	
cyproheptad tab 4mg	2	
desloratadin tab 5mg	3	
levocetirizi sol 2.5/5ml	3	
levocetirizi tab 5mg	2	QL; Maximum of 1 tablet per day.
olopatadine spr 0.6%	3	QL; Maximum of 30.5 grams per 30 days.
prometh vc syp 6.25-5/5	2	
prometh/pe sol 6.25-5/5	2	
promethazine sol 12.5/10	2	
promethazine sol 6.25/5ml	2	
promethazine sup 12.5mg	3	QL; Maximum of 6 suppositories per day.
promethazine sup 25mg	3	QL; Maximum of 4 suppositories per day.
promethazine tab 12.5mg	2	
promethazine tab 25mg	2	
promethazine tab 50mg	2	
Antihistamines		
diphenhydram elx 12.5/5ml	2	
Antileukotrienes		
montelukast chw 4mg	2	QL; Maximum of 1 tablet per day.
montelukast chw 5mg	2	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
montelukast gra 4mg	2	QL; Maximum of 1 packet per day.
montelukast tab 10mg	2	QL; Maximum of 1 tablet per day.
zafirlukast tab 10mg	3	QL; Maximum of 2 tablets per day.
zafirlukast tab 20mg	3	QL; Maximum of 2 tablets per day.
zileuton er tab 600mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AER 17MCG ***ipratropium bromide hfa inhal aerosol 17 mcg/act***	4	QL; Maximum of 6 inhalers per prescription; SM..
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription; SM.
BREZTRI AERO AER SPHERE ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act.***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription; SM.
INCRUSE ELPT INH 62.5MCG ***umeclidinium br aero powd breath act 62.5 mcg/act (base eq)***	3	QL; Maximum of 3 inhalers (90 blisters) per prescription; SM.
ipratropium bromide hfa inhal aerosol 17mcg/act	4	QL; Maximum of 6 inhalers per prescription; SM.
ipratropium sol 0.02%inh	2	SM
ipratropium spr 0.03%	2	SM
ipratropium spr 0.06%	2	SM
ipratropium/ sol albuter	2	SM
SPIRIVA RESP AER 1.25MCG ***tiotropium bromide inhal aerosol 1.25 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
STIOLTO AER 2.5-2.5 ***tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM.
tiotropium bromide inhal cap 18 mcg	3	QL; Maximum of 90 capsules per prescription; SM.
TRELEGY AER 100MCG ***fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription; SM.
TRELEGY AER 200MCG ***fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act***	3	QL; Maximum of 3 inhalers (180 blisters) per prescription; SM.
Bronchodilators, Sympathomimetic		
albuterol aer hfa	1	
albuterol neb 0.083%	1	
albuterol neb 0.5%	1	
albuterol neb 0.63mg/3	1	
albuterol neb 1.25mg/3	1	
albuterol syp 2mg/5ml	3	
albuterol syp 8mg/20ml	3	
albuterol tab 2mg	3	
albuterol tab 4mg	3	
arformoterol neb 15/2ml	4	QL; Maximum of 180 vials (360ml) per prescription; SM..
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.

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epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days.
formoterol neb 20/2ml	4	QL; Maximum of 180 vials (360ml) per prescription; SM..
levalbuterol neb 0.31mg	3	QL; Maximum of 1620 ml per prescription;SM.
levalbuterol neb 0.63mg	3	QL; Maximum of 1620 ml per prescription: SM..
levalbuterol neb 1.25/0.5	3	QL; Maximum of 270 vials per prescription; SM..
levalbuterol neb 1.25mg	3	QL; Maximum of 810 ml per prescription; SM.
STRIVERDI AER 2.5MCG ***olodaterol hcl inhal aerosol soln 2.5 mcg/act***	3	QL; Maximum of 3 inhalers (12 grams) per prescription; SM
SYMJEPI INJ 0.15MG ***epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)***	1	QL; Maximum of 4 syringes per 30 days.
SYMJEPI INJ 0.3MG ***epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)***	1	QL; Maximum of 4 syringes per 30 days.
terbutaline tab 2.5mg	4	
terbutaline tab 5mg	4	
VENTOLIN HFA AER ***albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)***	1	
Cystic Fibrosis Agents		
ORKAMBI GRA 100-125 ***lumacaftor-ivacaftor granules packet 100-125 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188 ***lumacaftor-ivacaftor granules packet 150-188 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG ***lumacaftor-ivacaftor granules packet 75-94 mg***	5	PA; QL; Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125 ***lumacaftor-ivacaftor tab 100-125 mg***	5	PA; QL; Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125 ***lumacaftor-ivacaftor tab 200-125 mg***	5	PA; QL; Maximum of 112 tablets per 28 days.
PULMOZYME SOL 1MG/ML ***dornase alfa inhal soln 2.5 mg/2.5ml***	5	PA; QL; Maximum of 2 ampules (5 ml) per day.
tobramycin neb 300/5ml	5	PA; QL; Maximum of 2 ampules (10 ml) per day.
Mast Cell Stabilizers		
cromolyn sod neb 20mg/2ml	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin elx 80/15ml	3	
roflumilast tab 250mcg	4	QL; Maximum of 1 tablet per day.
roflumilast tab 500mcg	4	QL; Maximum of 1 tablet per day.
THEO-24 CAP 100MG CR ***theophylline cap er 24hr 100 mg***	4	
THEO-24 CAP 200MG CR ***theophylline cap er 24hr 200 mg***	4	
THEO-24 CAP 300MG CR ***theophylline cap er 24hr 300 mg***	4	
THEO-24 CAP 400MG ER ***theophylline cap er 24hr 400 mg***	4	
theophylline elx 80/15ml	3	
theophylline sol 80/15ml	3	
theophylline tab 100mg er	2	
theophylline tab 200mg er	2	
theophylline tab 300mg er	2	
theophylline tab 400mg er	2	
theophylline tab 450mg er	2	
theophylline tab 600mg er	2	

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Drug name	Tier	Coverage Requirements and Limits
Pulmonary Antihypertensives		
ADEMPAS TAB 0.5MG ***riociguat tab 0.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG ***riociguat tab 1.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 1MG ***riociguat tab 1 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG ***riociguat tab 2.5 mg***	5	PA; QL; Maximum of 3 tablets per day.
ADEMPAS TAB 2MG ***riociguat tab 2 mg***	5	PA; QL; Maximum of 3 tablets per day.
ALYQ TAB 20MG ***tadalafil tab 20 mg (pah)***	5	PA; QL; Maximum of 2 tablets per day.
ambrisentan tab 10mg	5	PA; QL; Maximum of 1 tablet per day.
ambrisentan tab 5mg	5	PA; QL; Maximum of 1 tablet per day.
bosentan tab 125mg	5	PA; QL; Maximum of 2 tablets per day.
bosentan tab 62.5mg	5	PA; QL; Maximum of 2 tablets per day.
MACITENTAN TAB 10MG ***macitentan tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
OPSUMIT TAB 10MG ***macitentan tab 10 mg***	5	PA; QL; SP; Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG ***treprostinil diolamine tab er 0.125 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG ***treprostinil diolamine tab er 0.25 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 1MG ***treprostinil diolamine tab er 1 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 2.5MG ***treprostinil diolamine tab er 2.5 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB 5MG ***treprostinil diolamine tab er 5 mg***	5	PA; QL; Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1 ***treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg***	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2 ***treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg***	5	PA; QL; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3 ***treprostinil tab er titr pk(mo3)126x0.125mg&42 x0.25mg&84x1mg***	5	PA; QL; Maximum of 1 titration kit per year.
sildenafil sus 10mg/ml	5	PA; QL; Maximum of 6 ml per day.
sildenafil tab 20mg	4	PA; QL; Maximum of 3 tablets per day.
tadalafil tab 20mg	5	PA; QL; Maximum of 2 tablets per day.
TYVASO DPI POW 16-32-48 ***treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg***	5	PA; QL; SP; Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG ***treprostinil inh powder 112 x 16mcg & 84 x 32mcg***	5	PA; QL; Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG ***treprostinil inh powder 16 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG ***treprostinil inh powder 32 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG ***treprostinil inh powder 48 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48-80MCG ***treprostinil inh powder 112 x 48mcg & 112 x 80mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW 64MCG ***treprostinil inh powder 64 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 80MCG ***treprostinil inh powder 80 mcg/cartridge***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 32mcg & 112 x 64mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO DPI POW MAIN KIT ***treprostinil inh powder 112 x 48mcg & 112 x 64mcg***	5	PA; QL; SP; Maximum of 224 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.

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Drug name	Tier	Coverage Requirements and Limits
TYVASO SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO ST KT SOL 0.6MG/ML ***treprostinil inhalation solution 0.6 mg/ml***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
UPTRAVI PACK TAB 200/800 ***selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)***	5	PA; QL; Maximum of 200 tablets per year.
UPTRAVI TAB 100MCG ***selexipag tab 100 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 150MCG ***selexipag tab 150 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1000MCG ***selexipag tab 1000 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1200MCG ***selexipag tab 1200 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1400MCG ***selexipag tab 1400 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 1600MCG ***selexipag tab 1600 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 200MCG ***selexipag tab 200 mcg***	5	PA; QL; Maximum of 5 tablets per day.
UPTRAVI TAB 400MCG ***selexipag tab 400 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 600MCG ***selexipag tab 600 mcg***	5	PA; QL; Maximum of 2 tablets per day.
UPTRAVI TAB 800MCG ***selexipag tab 800 mcg***	5	PA; QL; Maximum of 2 tablets per day.
VENTAVIS SOL 10MCG/ML ***iloprost inhalation solution 10 mcg/ml***	5	PA; QL; SP; Maximum of 7 ml per day.
VENTAVIS SOL 20MCG/ML ***iloprost inhalation solution 20 mcg/ml***	5	PA; QL; SP; Maximum of 3 ml per day.
Pulmonary Fibrosis Agents		
NINTEDANIB CAP 100MG ***nintedanib esylate cap 100 mg***		
NINTEDANIB CAP 150MG ***nintedanib esylate cap 150 mg***		
OFEV CAP 100MG ***nintedanib esylate cap 100 mg (base equivalent)***	5	PA; QL; Maximum of 2 capsules per day.
OFEV CAP 150MG ***nintedanib esylate cap 150 mg (base equivalent)***	5	PA; QL; Maximum of 2 capsules per day.
pirfenidone cap 267mg	4	PA; QL; Maximum of 9 capsules per day.
pirfenidone tab 267mg	4	PA; QL; Maximum of 9 tablets per day.
pirfenidone tab 534mg	4	PA; QL; Maximum of 3 tablets per day.
pirfenidone tab 801mg	4	PA; QL; Maximum of 3 tablets per day.
Respiratory Tract Agents, Other		
ACETYLCYST SOL 10% ***acetylcysteine inhal soln 10%***	2	
ACETYLCYST SOL 20% ***acetylcysteine inhal soln 20%***	2	
AIRSUPRA AER 90-80MCG ***albuterol-budesonide inhalation aerosol 90-80 mcg/act***	4	
benzonatate cap 100mg	2	
benzonatate cap 200mg	2	
bpm-pse-dm syp 2-30-10	2	
BREZTRI AERO AER 9MCG ***budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
BREZTRI AERO AER 18MCG ***budesonide-glycopyrrolate-formoterol aers 160-18-4.8 mcg/act***	3	QL; Maximum of 3 inhalers (32.1 grams) per prescription.
brom/pse/dm syp 2-30-10	2	
gg/codeine sol 100-10/5	2	PA; QL; Maximum of 360 ml per 30 days.
GILTUSS TAB 10-388MG ***phenylephrine-guaifenesin tab 10-388 mg***	4	
hydroc/homat tab 5-1.5mg	2	PA; QL; Maximum of 12 tablets per day.
hydrocod/hom sol 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.
hydrocod/hom syp 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.
hydromet syp 5-1.5/5	2	PA; QL; Maximum of 12 ml per day.

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HYPERSAL NEB 3.5% ***sodium chloride soln nebu 3.5%***	3	
HYPERSAL NEB 7% ***sodium chloride soln nebu 7%***	3	
NEBUSAL NEB 3% ***sodium chloride soln nebu 3%***	3	
NEBUSAL NEB 6% ***sodium chloride soln nebu 6%***	3	
prometh/cod sol 6.25-10	2	PA; QL; Maximum of 36 ml per day.
promethazine sol dm	2	
promethazine syp dm	2	
PULMOSAL NEB 7% ***sodium chloride soln nebu 7%***	3	
sod chloride neb 0.9%	2	
sod chloride neb 10%	2	
sod chloride neb 3%	2	
sod chloride neb 7%	2	
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln auto-injector 150 mg/ml***	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML ***omalizumab subcutaneous soln prefilled syringe 150 mg/ml***	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln auto-injector 300 mg/2ml***	5	PA; QL; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln prefilled syringe 300 mg/2ml***	5	PA; QL; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln auto-injector 75 mg/0.5ml***	5	PA; QL; Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml***	5	PA; QL; Maximum of 1ml (2 syringes) per 28 days.
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
baclofen tab 10mg	2	
baclofen tab 20mg	2	
baclofen tab 5mg	2	
carisoprodol tab 350mg	2	QL; Maximum of 4 tablets per day.
chlorzoxazon tab 500mg	3	
cyclobenzapr tab 10mg	2	
cyclobenzapr tab 5mg	2	
cyclobenzapr tab 7.5mg	2	
dantrolene cap 100mg	3	
dantrolene cap 25mg	3	
dantrolene cap 50mg	3	
metaxalone tab 800mg	3	
methocarbam tab 500mg	2	
methocarbam tab 750mg	2	
orphenadrine tab 100mg er	2	
tizanidine cap 2mg	3	
tizanidine cap 4mg	3	
tizanidine cap 6mg	3	
tizanidine tab 2mg	2	
tizanidine tab 4mg	2	

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Drug name	Tier	Coverage Requirements and Limits
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone tab 1mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 2mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 3mg	2	QL; Maximum of 1 tablet per day.
flurazepam cap 15mg	2	QL; Maximum of 1 capsule per day.
flurazepam cap 30mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 15mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 22.5mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 30mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 7.5mg	2	QL; Maximum of 1 capsule per day.
zaleplon cap 10mg	2	QL; Maximum of 2 capsules per day.
zaleplon cap 5mg	2	QL; Maximum of 1 capsule per day.
zolpidem er tab 12.5mg	3	QL; Maximum of 1 tablet per day.
zolpidem er tab 6.25mg	3	QL; Maximum of 1 tablet per day.
zolpidem tab 10mg	2	QL; Maximum of 1 tablet per day.
zolpidem tab 5mg	2	QL; Maximum of 1 tablet per day.
Sleep Disorders, Other		
armodafinil tab 150mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 200mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 250mg	3	QL; Maximum of 1 tablet per day.
armodafinil tab 50mg	3	QL; Maximum of 2 tablets per day.
BELSOMRA TAB 10MG ***suvorexant tab 10 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 15MG ***suvorexant tab 15 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 20MG ***suvorexant tab 20 mg***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 5MG ***suvorexant tab 5 mg***	4	QL; Maximum of 1 tablet per day.
doxepin tab 3mg	4	QL; Maximum of 1 tablet per day.
doxepin tab 6mg	4	QL; Maximum of 1 tablet per day.
modafinil tab 100mg	2	QL; Maximum of 1 tablet per day.
modafinil tab 200mg	2	QL; Maximum of 2 tablets per day.
ramelteon tab 8mg	4	QL; Maximum of 1 tablet per day.
sodium oxybate oral solution 500 mg/ml	5	PA; QL; SP; Maximum of 18 ml per day.
SUNOSI TAB 150MG ***solriamfetol hcl tab 150 mg (base equiv)***	4	PA; QL; Maximum of 1 tablet per day.
SUNOSI TAB 75MG ***solriamfetol hcl tab 75 mg (base equiv)***	4	PA; QL; Maximum of 1 tablet per day.
tasimelteon cap 20mg	5	PA; QL; Maximum of 1 capsule per day.
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Vaccines		
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KEY: **CM** ..... Orally administered anti-cancer medication
PA..... Prior authorization required
QL ..... Quantity limit
SM..... Cost-share cap by state mandate applies when condition appropriate
SP..... Specialty medication

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DIACOMIT CAP 500MG ***stiripentol cap 500 mg*** ... 26
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diazepam gel 10mg ... 27
diazepam gel 20mg ... 27
diazepam sol 5mg/5ml ... 55
diazepam tab 2mg ... 55
diazepam tab 5mg ... 55
diazepam tab 10mg ... 55
diazoxide sus 50mg/ml ... 58
diclofenac gel 1% ... 15
diclofenac gel 3% ... 39
diclofenac sol 0.1% op ... 118
diclofenac tab 25mg dr ... 15
diclofenac tab 50mg dr ... 15
diclofenac tab 75mg dr ... 15
diclofenac tab 100mg er ... 15
diclofenac w/ misoprostol tab delayed release 50-0.2 mg ... 15
diclofenac w/ misoprostol tab delayed release 75-0.2 mg ... 15
diclofen pot tab 50mg ... 15
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dicloxacillin sodium cap 500 mg ... 24
dicyclomine cap 10mg ... 84
dicyclomine sol 10mg/5ml ... 84
dicyclomine tab 20mg ... 84
diflorasone cre 0.05% ... 90
diflunisal tab 500mg ... 15
difluprednat emu 0.05% ... 118
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digoxin sol 50mcg/ml ... 71
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digoxin tab 125 mcg (0.125 mg) ... 71
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diltiazem er tab 240mg ... 69
diltiazem er tab 300mg ... 69
diltiazem er tab 360mg ... 69
diltiazem er tab 420mg ... 69
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diltiazem hcl cap er 24hr 180 mg ... 69
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diltiazem hcl coated beads cap er 24hr 180 mg ... 69
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diltiazem hcl coated beads cap er 24hr 300 mg ... 69
diltiazem hcl coated beads cap er 24hr 360 mg ... 69
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diltiazem tab 30mg ... 69
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diltiazem tab 90mg ... 70
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diphen/atrop tab 2.5mg ... 84
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dipyridamole tab 25mg ... 63
dipyridamole tab 50mg ... 63
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disopyramide cap 100mg ... 66
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disulfiram tab 250mg ... 20
disulfiram tab 500mg ... 20
DIURIL SUS 250/5ML ***chlorothiazide susp 250 mg/5ml.*** ... 72
divalproex cap 125mg dr ... 27
divalproex cap 125mg dr ... 27
divalproex tab 125mg dr ... 27
divalproex tab 250mg dr ... 27
divalproex tab 250mg er ... 27
divalproex tab 500mg dr ... 27
divalproex tab 500mg er ... 27
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divigel gel 0.25mg ... 95
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divigel gel 1.25mg ... 95
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dofetilide cap 250mcg ... 66
dofetilide cap 500mcg ... 67
dolishale tab 90-20mcg ... 95
donepezil tab 5mg ... 29
donepezil tab 10mg ... 29
donepezil tab odt 5mg ... 29
donepezil tab odt 10mg ... 29
dorzolamide sol 2% op ... 119
dorzol/timol sol 2%-0.5% ... 119
dorzol/timol sol 2-0.5%op ... 119
dotti dis 0.1mg ... 95
dotti dis 0.05mg ... 95
dotti dis 0.025mg ... 95
dotti dis 0.075mg ... 95
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DOVATO TAB 50-300MG ***dolutegravir sodium-lamivudine tab 50-300 mg (base eq)*** ... 50
doxazosin tab 1mg ... 64
doxazosin tab 2mg ... 64
doxazosin tab 4mg ... 64
doxazosin tab 8mg ... 64
doxepin hcl cap 10mg ... 33
doxepin hcl cap 25mg ... 33
doxepin hcl cap 50mg ... 33
doxepin hcl cap 75mg ... 33
doxepin hcl cap 100mg ... 33

doxepin hcl cap 150mg 33
doxepin hcl con 10mg/ml 33
doxepin hcl cre 5% 80
doxepin tab 3mg 127
doxepin tab 6mg 127
doxercalcif cap 0.5mcg 113
doxercalcif cap 1mcg 113
doxercalcif cap 2.5mcg 113
doxycycline hyclate cap 50 mg 25
doxycycline hyclate cap 100 mg 25
doxycycline hyclate tab 20 mg 25
doxycycline hyclate tab 100 mg 25
doxycycline monohydrate cap 50 mg. 25
doxycycline monohydrate cap 100 mg 25
doxycycline monohydrate for susp 25 mg/5ml 25
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doxycycline monohydrate tab 75 mg . 26
doxycycline monohydrate tab 75 mg . 26
doxycycline monohydrate tab 100 mg 25
doxycycline monohydrate tab 150 mg 26
doxycycline monohydrate tab 150 mg 26
dronabinol cap 2.5mg 34
dronabinol cap 5mg 34
dronabinol cap 10mg 34
DROPLET MICR MIS 34GX9/64 ***insulin pen needle 34 g x 3.5 mm (9/64")*** 114
dros/eth est tab levomefo 95
dros/eth est tab levomefo 95
drospirenone tab ethy est 95
drospir/ethi tab 3-0.02mg 95
drospir/ethi tab 3-0.03mg 95
DROXIA CAP 200MG ***hydroxyurea cap 200 mg*** 39
DROXIA CAP 300MG ***hydroxyurea cap 300 mg*** 39
DROXIA CAP 400MG ***hydroxyurea cap 400 mg*** 39
DUAVEE TAB 0.45-20 ***conjugated estrogens-bazedoxifene tab 0.45-20 mg*** 95
duloxetine cap 20mg dr 77
duloxetine cap 30mg dr 78
duloxetine cap 60mg dr 78
DUOPA SUS 4.63-20 ***carbidopa-levodopa enteral susp 4.63-20 mg/ml*** 46
DUPIXENT INJ 200/1.14 ***dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml*** 80
DUPIXENT INJ 200MG ***dupilumab subcutaneous soln auto-injector 200 mg/1.14ml*** 80
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln auto-injector 300 mg/2ml*** 80
DUPIXENT INJ 300/2ML ***dupilumab subcutaneous soln prefilled syringe 300 mg/2ml*** 80
DUREX MIS REALFEEL ***condoms non-latex lubricated*** 114
DUREX MIS TROPICAL ***condoms latex lubricated*** 114
dutasteride cap 0.5mg 88
dutast/tamsu cap 0.5-0.4 88
dutast/tamsu cap 0.5-0.4 88
EASY COMFORT MIS 29GX4MM ***insulin pen needle 29 g x 4 mm (1/6" or 5/32")*** 114
EASY TOUCH MIS 30G ***insulin pen needle 30 g x 6 mm (1/4" or 15/64")*** 114
ec-naproxen tab 375mg 15
ec-naproxen tab 500mg 15
econazole cre 1% 34
econtra os tab 1.5mg 100
EDURANT PED TAB 2.5MG ***rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)*** 50
EDURANT TAB 25MG ***rilpivirine hcl tab 25 mg (base equivalent)*** 50
efavir/emtri tab tenofovi 50
efavirenz cap 50mg 50
efavirenz cap 200mg 50
efavirenz tab 600mg 50
efavir/lamiv tab tenofovi 50
efavir/lamiv tab tenofovi 50
EFFER-K TAB 10MEQ ***potassium bicarbonate-citric acid effer tab 10 meq*** 81
EFFER-K TAB 20MEQ ***potassium bicarbonate-citric acid effer tab 20 meq*** 81
EFFER-K TAB 25MEQ EF ***potassium bicarbonate effer tab 25 meq*** 81
ELESTRIN GEL 0.06% ***estradiol gel 0.06% (0.52 mg/0.87 gm metered-dose pump)*** 95
eletriptan tab 20mg 36
eletriptan tab 40mg 36
ELIGARD INJ 7.5MG ***leuprolide acetate for subcutaneous inj kit 7.5 mg*** 105
ELIGARD INJ 22.5MG ***leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg*** 105
ELIGARD INJ 30MG ***leuprolide acetate (4 month) for subcutaneous inj kit 30 mg*** 105
ELIGARD INJ 45MG ***leuprolide acetate (6 month) for subcutaneous inj kit 45 mg*** 105
elinest tab 95
ELIQUIS CAP 0.15MG ***apixaban cap sprinkle 0.15 mg*** 60
ELIQUIS ST P TAB 5MG ***apixaban tab starter pack 5 mg*** 60
ELIQUIS TAB 0.5MG ***apixaban tab for oral susp 0.5 mg*** 60
ELIQUIS TAB 1.5MG ***apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg)*** 60
ELIQUIS TAB 2.5MG ***apixaban tab 2.5 mg*** 60
ELIQUIS TAB 2MG ***apixaban tab for oral susp pack 4 x 0.5 mg (2 mg)*** 60
ELIQUIS TAB 5MG ***apixaban tab 5 mg*** 60
elixophyllin elx 80/15ml 123
ella tab 30mg 100
ELMIRON CAP 100MG ***pentosan polysulfate sodium caps 100 mg*** 88
eltrombopag pow 12.5mg 62
eltrombopag pow 25mg 62
eltrombopag tab 12.5mg 62
eltrombopag tab 25mg 62
eltrombopag tab 50mg 62
eltrombopag tab 75mg 62
eluryng mis 95
EMCYT CAP 140MG ***estramustine phosphate sodium cap 140 mg*** 39
EMGALITY INJ 100MG/ML ***galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml*** 36
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml*** 36
EMGALITY INJ 120MG/ML ***galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml*** 36
EMSAM DIS 6MG/24HR ***selegiline td patch 24hr 6 mg/24hr*** 31
EMSAM DIS 9MG/24HR ***selegiline td patch 24hr 9 mg/24hr*** 31
EMSAM DIS 12MG/24H ***selegiline td patch 24hr 12 mg/24hr*** 31
emtricitabin cap 200mg 51
emtric/rilpi tab tenof df 51
emtriva cap 200mg 51
emtriva sol 10mg/ml 51
emtr/ten df tab 100-150 50
emtr/ten df tab 133-200 50
emtr/ten df tab 167-250 50
emtr/tenofov tab 200-300 51
emzahh tab 0.35mg 100
enalapr/hctz tab 5-12.5mg 65
enalapr/hctz tab 10-25mg 65
enalapril tab 2.5mg 66
enalapril tab 5mg 66
enalapril tab 10mg 65
enalapril tab 20mg 66
ENCARE SUP 100MG ***nonoxynol-9 vaginal suppos 100 mg*** 88
endocet tab 2.5-325 19
endocet tab 5-325mg 19
endocet tab 7.5-325 19
endocet tab 10-325mg 19

ENFLONSIA INJ 105MG ***clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml*** 109
ENGERIX-B INJ 10/0.5ML ***hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml*** 110
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp 20 mcg/ml*** 110
ENGERIX-B INJ 20MCG/ML ***hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml*** 110
enilloring mis 95
enoxaparin inj 30/0.3ml 60
enoxaparin inj 40/0.4ml 60
enoxaparin inj 60/0.6ml 60
enoxaparin inj 80/0.8ml 60
enoxaparin inj 80mg/0.8 60
enoxaparin inj 100mg/ml 60
enoxaparin inj 120/0.8 60
enoxaparin inj 150mg/ml 60
enoxaparin inj 300/3ml 60
enpresse-28 tab 95
enskyce tab 95
entacapone tab 200mg 45
entecavir tab 0.5mg 49
entecavir tab 1mg 49
ENTRESTO CAP 6-6MG ***sacubitril-valsartan sprinkle cap 6-6 mg*** 71
ENTRESTO CAP 15-16MG ***sacubitril-valsartan sprinkle cap 15-16 mg*** 71
enulose sol 10gm/15 85
EPIDIOLEX SOL 100MG/ML ***cannabidiol soln 100 mg/ml*** 26
epinastine hcl ophth soln 0.05% 118
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) 123
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) 122
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) 122
EPITOL TAB 200MG ***carbamazepine tab 200 mg*** 28
EPIVIR SOL 10MG/ML ***lamivudine oral soln 10 mg/ml*** 51
EPIVIR TAB 150MG ***lamivudine tab 150 mg*** 51
EPIVIR TAB 300MG ***lamivudine tab 300 mg*** 51
eplerenone tab 25mg 72
eplerenone tab 50mg 72
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ergomar sub 2mg 36
ergot/caffen tab 1-100mg 36
ERLEADA TAB 60MG ***apalutamide tab 60 mg*** 38
ERLEADA TAB 240MG ***apalutamide tab 240 mg*** 38
erlotinib tab 25mg 41
erlotinib tab 100mg 41
erlotinib tab 150mg 41
errin tab 0.35mg 100
ERYTHROCIN TAB 250MG ***erythromycin stearate tab 250 mg*** ... 25
erythromycin ethylsuccinate for susp 200 mg/5ml 25
erythromycin ethylsuccinate for susp 400 mg/5ml 25
erythromycin ethylsuccinate tab 400 mg 25
erythromycin gel 2% 80
erythromycin oin 5mg/gm 118
erythromycin pads 2% 80
erythromycin sol 2% 80
erythromycin tab 250 mg 25
erythromycin tab 250 mg 25
erythromycin tab 500 mg 25
erythromycin tab 500 mg 25
erythromycin tab delayed release 250 mg 25
erythromycin tab delayed release 333 mg 25
erythromycin tab delayed release 500 mg 25
erythromycin w/ delayed release particles cap 250 mg 25
escitalopram sol 5mg/5ml 31
escitalopram sol 10/10ml 31
escitalopram tab 5mg 31
escitalopram tab 10mg 31
escitalopram tab 20mg 31
ESKATA SOL 40% ***hydrogen peroxide soln 40%*** 80
eslicarbazepine acetate tab 200 mg .. 29
eslicarbazepine acetate tab 400 mg .. 29
eslicarbazepine acetate tab 600 mg .. 29
eslicarbazepine acetate tab 800 mg .. 29
esomepra mag cap 20mg dr 86
esomepra mag cap 40mg dr 86
estarylla tab 0.25-35 95
estazolam tab 1mg 55
estazolam tab 2mg 55
estrace tab 0.5mg 95
estrace tab 1mg 95
estrace tab 2mg 95
estradiol gel 0.5mg 95
estradiol gel 0.25mg 95
estradiol gel 0.75mg 95
estradiol gel 1.25mg 95
estradiol gel 1mg/gm 95
estradiol tab 0.5mg 95
estradiol tab 1mg 95
estradiol tab 2mg 96
estradiol tab 10mcg 95
estradiol td patch twice weekly 0.1 mg/24hr 96
estradiol td patch twice weekly 0.05 mg/24hr 96
estradiol td patch twice weekly 0.025 mg/24hr 96
estradiol td patch twice weekly 0.075 mg/24hr 96
estradiol td patch twice weekly 0.0375 mg/24hr 96
estradiol td patch weekly 0.1 mg/24hr 96
estradiol td patch weekly 0.05 mg/24hr 96
estradiol td patch weekly 0.06 mg/24hr 96
estradiol td patch weekly 0.025 mg/24hr 96
estradiol td patch weekly 0.075 mg/24hr 96
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 96
estradiol vaginal cream 0.01% 96
estrad val inj 10mg/ml 95
estrad val inj 20mg/ml 95
estrad val inj 40mg/ml 95
estra/noreth tab 0.5-0.1 95
estra/noreth tab 1-0.5mg 95
ESTRING MIS 7.5/24HR ***estradiol vaginal ring 2 mg (7.5 mcg/24hrs)*** 96
estrogel gel 0.06% 96
eszopiclone tab 1mg 127
eszopiclone tab 2mg 127
eszopiclone tab 3mg 127
ethacrynic tab acd 25mg 72
ethambutol tab 100mg 37
ethambutol tab 400mg 37
ethosuximide cap 250mg 26
ethosuximide sol 250/5ml 26
ethy alcohol sol 70% rub 114
ethy eth est tab 1-35 96
ethynodiol tab 1-50 96
etodolac cap 200mg 15
etodolac cap 300mg 15
etodolac er tab 400mg 15
etodolac er tab 500mg 15
etodolac er tab 600mg 15
etodolac tab 400mg 15
etodolac tab 500mg 15
etonogestrel mis ethy est 96
etoposide cap 50mg 40
etravirine tab 100mg 50
etravirine tab 200mg 50
euthyrox tab 25mcg 102
euthyrox tab 50mcg 102

euthyrox tab 75mcg 102
euthyrox tab 88mcg 102
euthyrox tab 100mcg 102
euthyrox tab 112mcg 102
euthyrox tab 125mcg 102
euthyrox tab 137mcg 102
euthyrox tab 150mcg 102
euthyrox tab 175mcg 102
euthyrox tab 200mcg 102
EVAMIST SPR 1.53MG ***estradiol transdermal spray 1.53 mg/spray*** 101
everolimus tab 2.5mg 41
everolimus tab 5mg 41
everolimus tab 7.5mg 41
everolimus tab 10mg 41
EVOTAZ TAB 300-150 ***atazanavir sulfate-cobicistat tab 300-150 mg*** 52
EXELDERM CRE 1% ***sulconazole nitrate cream 1%*** 34
EXELDERM SOL 1% ***sulconazole nitrate solution 1%*** 34
exemestane tab 25mg 40
ezetimibe-simvastatin tab 10-10 mg 74
ezetimibe-simvastatin tab 10-20 mg 74
ezetimibe-simvastatin tab 10-40 mg 74
ezetimibe-simvastatin tab 10-80 mg 74
ezetimibe tab 10 mg 74
FA-8 CAP 800MCG ***folic acid cap 0.8 mg*** 83
falmina tab 96
famciclovir tab 125mg 53
famciclovir tab 250mg 53
famciclovir tab 500mg 53
famotidine sus 40mg/5ml 85
famotidine tab 20mg 85
famotidine tab 40mg 85
farxiga tab 5mg 56
farxiga tab 10mg 56
FC2 FEMALE MIS CONDOM ****condoms - female****** 114
febuxostat tab 40mg 35
febuxostat tab 80mg 36
feirza tab 1.5/30 96
feirza tab 1/20 96
felbamate sus 600/5ml 28
felbamate tab 400mg 28
felbamate tab 600mg 28
felodipine tab 2.5mg er 70
felodipine tab 5mg er 70
felodipine tab 10mg er 70
FEMCAP MIS 22MM ***cervical cap 22 mm*** 114
FEMCAP MIS 26MM ***cervical cap 26 mm*** 115
FEMCAP MIS 30MM ***cervical cap 30 mm*** 115
femlyv tab 1/0.02mg 96
fenofibrate cap 67mg 73
fenofibrate cap 134mg 73
fenofibrate cap 200mg 73
fenofibrate tab 48mg 73
fenofibrate tab 54mg 73
fenofibrate tab 145mg 73
fenofibrate tab 160mg 73
fenoprofen tab 600mg 15
fentanyl citrate lozenge on a handle 200 mcg 16
fentanyl citrate lozenge on a handle 400 mcg 16
fentanyl citrate lozenge on a handle 600 mcg 16
fentanyl citrate lozenge on a handle 800 mcg 16
fentanyl citrate lozenge on a handle 1200 mcg 16
fentanyl citrate lozenge on a handle 1600 mcg 16
fentanyl dis 12mcg/hr 16
fentanyl dis 25mcg/hr 16
fentanyl dis 50mcg/hr 16
fentanyl dis 75mcg/hr 16
fentanyl dis 100mcg/h 16
ferric citrate tab 210mg 83
fesoterodine tab 4mg er 88
fesoterodine tab 8mg er 88
FETZIMA CAP 20MG ***levomilnacipran hcl cap er 24hr 20 mg (base equivalent)*** 31
FETZIMA CAP 40MG ***levomilnacipran hcl cap er 24hr 40 mg (base equivalent)*** 31
FETZIMA CAP 80MG ***levomilnacipran hcl cap er 24hr 80 mg (base equivalent)*** 31
FETZIMA CAP 120MG ***levomilnacipran hcl cap er 24hr 120 mg (base equivalent)*** 31
finasteride tab 5mg 88
fingolimod cap 0.5mg 78
finzala chw fe 1/20 96
flac oil 0.01% 120
flavoxate tab 100mg 88
flecainide tab 50mg 67
flecainide tab 100mg 67
flecainide tab 150mg 67
FLEXICHAMBER MIS MASK SM ****spacer/aerosol-holding chamber supplies - masks****** 115
FLUAD INJ 2025-26 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml*** 110
FLUAD INJ 2026-27 ***influenza vac type a&b surface ant adj susp pref syr 0.5 ml*** 110
FLUARIX INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUARIX INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUBLOK INJ 2025-26 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml*** 110
FLUBLOK INJ 2026-27 ***influenza virus vacc recombinant ha pf soln pref syr 0.5 ml*** 110
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit im susp*** 110
FLUCELVAX INJ 2025-26 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml*** 110
FLUCELVAX INJ 2026-27 ***influenza virus vac tiss-cult subunit susp pref syr 0.5 ml*** 110
fluconazole sus 10mg/ml 34
fluconazole sus 40mg/ml 34
fluconazole tab 50mg 34
fluconazole tab 100mg 34
fluconazole tab 150mg 34
fluconazole tab 200mg 34
flucytosine cap 250mg 34
flucytosine cap 500mg 34
fludrocort tab 0.1mg 90
FLULAVAL INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLULAVAL INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUMIST NASA LIQ 2025-26 ***influenza virus vaccine live intranasal liquid*** 110
FLUMIST NASAL LIQUID 2026-27 ***influenza virus vaccine live intranasal liquid*** 110
flunisolide nasal soln 25 mcg/act (0.025%) 121
fluocin acet oil 0.01% body 90
fluocin acet oil 0.01% scalp 90
fluocin acet oil ear 0.01% 120
fluocin acet oin 0.025% 90
fluocin acet sol 0.01% 90
fluocinolone acetonide cream 0.01% 90
fluocinolone acetonide cream 0.025% 90
fluocinolone acetonide (otic) oil 0.01% 120
fluocinonide cream 0.05% 90
fluocinonide emulsified base cream 0.05% 90
fluocinonide gel 0.05% 90
fluocinonide oint 0.05% 90
fluocinonide soln 0.05% 90
fluorometholone ophth susp 0.1% 118
fluorouracil cream 0.5% 39

fluorouracil cream 5% 39
fluorouracil soln 2% 39
fluorouracil soln 5% 39
fluoxetine cap 10mg 31
fluoxetine cap 20mg 31
fluoxetine cap 40mg 31
fluoxetine cap 90mg dr 31
fluoxetine sol 20mg/5ml 31
fluoxetine tab 10mg 31
fluoxetine tab 20mg 31
fluphenazine con 5mg/ml 46
fluphenazine elx 2.5/5ml 46
fluphenazine tab 1mg 46
fluphenazine tab 2.5mg 46
fluphenazine tab 5mg 46
fluphenazine tab 10mg 46
flurandrenol lot 0.05% 90
flurazepam cap 15mg 127
flurazepam cap 30mg 127
flurbiprofen sol 0.03% op 118
flurbiprofen tab 100mg 15
fluticasone cre 0.05% 90
fluticasone oin 0.005% 90
fluticasone-salmeterol aer powder ba 55-14 mcg/act 121
fluticasone-salmeterol aer powder ba 100-50 mcg/act 121
fluticasone-salmeterol aer powder ba 113-14 mcg/act 121
fluticasone-salmeterol aer powder ba 232-14 mcg/act 121
fluticasone-salmeterol aer powder ba 250-50 mcg/act 121
fluticasone-salmeterol aer powder ba 500-50 mcg/act 121
fluticasone spr 50mcg 121
fluvastatin cap 20mg 73
fluvastatin cap 40mg 73
fluvoxamine cap 100mg er 31
fluvoxamine cap 150mg er 31
fluvoxamine tab 25mg 31
fluvoxamine tab 50mg 31
fluvoxamine tab 100mg 31
FLUZONE HD INJ 2025-26 ***influenza virus vac split high-dose pf susp pref syr 0.5ml*** 110
FLUZONE HD INJ 2026-27 ***influenza virus vac split high-dose pf susp pref syr 0.5ml*** 110
FLUZONE INJ 2025-26 ***influenza virus vaccine split im susp*** 110
FLUZONE INJ 2025-26 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
FLUZONE INJ 2026-27 ***influenza virus vaccine split im susp*** 110
FLUZONE INJ 2026-27 ***influenza virus vaccine split pf susp pref syringe 0.5 ml*** 110
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sod fluoride dro 0.5mg/ml 82
sod fluoride tab 0.5mg f 82
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sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 86
sofosbuvir-velpatasvir tab 400-100 mg 49
solifenacin tab 5mg 88
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SOLIQUA INJ 100/33 ***insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml*** 60
SOMAVERT INJ 10MG ***pegvisomant for inj 10 mg (as protein)*** 105
SOMAVERT INJ 15MG ***pegvisomant for inj 15 mg (as protein)*** 105
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SPIKEVAX INJ 2025-26 ***covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml*** 112
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SPIRIVA RESP AER 1.25MCG ***tiotropium bromide inhal aerosol 1.25 mcg/act*** 122
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act*** 122
SPIRIVA RESP AER 2.5MCG ***tiotropium bromide inhal aerosol 2.5 mcg/act*** 122
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spironolactone susp 25 mg/5ml 72
spironolactone tab 25 mg 72
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SPRAVATO SOL 56MG DOS ***esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)*** 30
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sprintec 28 tab 28 day 99
sronyx tab 99
STEQEYMA INJ 45/0.5ML ***ustekinumab-stba soln prefilled syringe 45 mg/0.5ml*** 80
STEQEYMA INJ 90MG/ML ***ustekinumab-stba soln prefilled syringe 90 mg/ml*** 80
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STIVARGA TAB 40MG ***regorafenib tab 40 mg*** 43
st joseph chw low 81mg 16
STRIBILD TAB ***elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg*** 49
STRIVERDI AER 2.5MCG ***olodaterol hcl inhal aerosol soln 2.5 mcg/act*** 123
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SUBOXONE MIS 4-1MG ***buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)*** 21
SUBOXONE MIS 8-2MG ***buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)*** 21
SUBOXONE MIS 12-3MG ***buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)*** 20
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SUBVENITE TAB 100MG ***lamotrigine tab 100 mg*** 28
SUBVENITE TAB 150MG ***lamotrigine tab 150 mg*** 28
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sucralfate sus 1gm/10ml 86
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sulconazole cre 1% 35
sulconazole sol 1% 35
sulfacetamid lot 10% 80
sulfacet sod oin 10% op 119
sulfacet sod sol 10% op 119
sulfadiazine tab 500mg 25
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 25
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sulfamethoxazole-trimethoprim tab 800-160 mg 25
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sumatriptan succinate inj 6 mg/0.5ml 36
sumatriptan succinate inj 6 mg/0.5ml 36
sumatriptan succinate inj 6 mg/0.5ml 37
sumatriptan succinate solution auto-injector 4 mg/0.5ml 37
sumatriptan succinate solution auto-injector 6 mg/0.5ml 37
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sumatriptan tab 100mg 37
sunitinib cap 12.5mg 43
sunitinib cap 25mg 43
sunitinib cap 37.5mg 43
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SUNLENCA TAB 300MG ***lenacapavir sodium tab 300 mg*** 52
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SUNOSI TAB 75MG ***solriamfetol hcl tab 75 mg (base equiv)*** 127
SUNOSI TAB 150MG ***solriamfetol hcl tab 150 mg (base equiv)*** 127
syeda tab 3-0.03mg 99
SYMFI LO TAB ***efavirenz-lamivudine-tenofovir df tab 400-300-300 mg*** 50
SYMFI TAB ***efavirenz-lamivudine-tenofovir df tab 600-300-300 mg*** 50
SYMJEPI INJ 0.3MG ***epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)*** 123

SYMJEPI INJ 0.15MG ***epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)*** 123
SYMPROIC TAB 0.2MG ***naldemedine tosylate tab 0.2 mg (base equivalent)*** 85
SYMTUZA TAB ***darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg*** 53
SYNAREL SOL 2MG/ML ***nafarelin acetate nasal soln 2 mg/ml (200 mcg/act) (base eq)***. 105
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vigabatrin tab 500mg 28
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VITRAKVI CAP 25MG ***larotrectinib sulfate cap 25 mg (base equivalent)*** 43
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VITRAKVI SOL 20MG/ML ***larotrectinib sulfate oral soln 20 mg/ml (base equivalent)*** 43
vivelle-dot dis 0.1mg 100
vivelle-dot dis 0.05mg 100
vivelle-dot dis 0.025mg 100
vivelle-dot dis 0.075mg 100
vivelle-dot dis 0.0375mg 100
VOGELXO GEL 1%(50MG) ***testosterone td gel 50 mg/5gm (1%).*** 93
VOGELXO GEL PUMP 1% ***testosterone td gel 12.5 mg/act (1%).*** 93
volnea tab 100
voriconazole sus 40mg/ml 35
voriconazole tab 50mg 35
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vraylar cap 1.5mg 48
vraylar cap 3mg 48
vraylar cap 4.5mg 48
vraylar cap 6mg 48
vyfemla tab 0.4-35 100
vylibra tab 0.25-35 100
warfarin tab 1mg 61
warfarin tab 2.5mg 61
warfarin tab 2mg 61
warfarin tab 3mg 62
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warfarin tab 5mg 62
warfarin tab 6mg 62
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WESNATAL DHA PAK COMPLETE ****prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk***** 84
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WIDE-SEAL DPR KIT 75 ***diaphragm wide seal 75 mm*** 117
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WIXELA INHUB AER 250/50 ***fluticasone-salmeterol aer powder ba 250-50 mcg/act*** 121
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xarah fe tab 100
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XELJANZ SOL 1MG/ML ***tofacitinib citrate oral soln 1 mg/ml (base equivalent)*** 108
XELJANZ TAB 5MG ***tofacitinib citrate tab 5 mg (base equivalent)*** .. 108
XELJANZ TAB 10MG ***tofacitinib citrate tab 10 mg (base equivalent)*** . 108
XELJANZ XR TAB 11MG ***tofacitinib citrate tab er 24hr 11 mg (base equivalent)*** 108
XELJANZ XR TAB 22MG ***tofacitinib citrate tab er 24hr 22 mg (base equivalent)*** 108
xelria fe chw 0.4mg-35 100

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XIFAXAN TAB 550MG ***rifaximin tab 550 mg*** 23
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XIGDUO XR TAB 5-1000MG ***dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg*** 58
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XOLAIR INJ 75/0.5 ***omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*** 126
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XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln auto-injector 300 mg/2ml*** 126
XOLAIR INJ 300/2ML ***omalizumab subcutaneous soln prefilled syringe 300 mg/2ml*** 126
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XTANDI TAB 40MG ***enzalutamide tab 40 mg*** 38
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Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deitsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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Online: **https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

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