Rocky Mountain Health Plans
A UnitedHealthcare Company

Colorado
Individual & Family plans

2027 Prescription Drug List

Effective as of Jan. 1, 2027

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual & Family plan Pharmacy Management Committee. This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. You can also search for medications at **myuhc.com/exchange** and find the PDL in the **Pharmacies & Prescriptions** section.

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 may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care provider if a lower-tier medication can work 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 that can work for your condition.

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes medications for **preventive care.**
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 **good overall value,** which includes **preferred specialty** medications.
5	$$$$	**Higher cost-share** Medications that provide the **lowest overall value,** which includes **non-preferred brand name** medications.

Can the PDL change?

Most changes in drug coverage typically happen on January 1st. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the Prior authorization and exception requests section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the "Prior authorization and exception requests" section. For more information about quantity limits, please visit: **https://welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=GPX527CO&infoid=GPX527CO&page=insert&par=**

PA	**Prior authorization required**
	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limit**
	A restriction on the quantity of medication covered by your plan.
ST	**Step therapy**
	Requires you to try one or more medications before the medication you are requesting may be covered.
SP	**Specialty medication**
	Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	**Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently**
	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	**7 day limit if you have not filled an opioid prescription recently**
	If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force and the Health Resources and Services Administration.

Preventive medications are listed as Tier 1 or are noted as $0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the "Prior authorization and exception requests" section. If you qualify, you can receive these drugs at $0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf**

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
  - 7-day supply limit for members who have not filled an opioid prescription recently or
  - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- Online: **professionals.optumrx.com/prior-authorization.html**
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information.

We'll send written notification of the decision to both you and your health care provider. If your health care provider does not agree with the decision, the notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your health care provider can learn more and find clinical criteria by visiting **uhcprovider.com/exchange**.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my health care provider writes a brand-name prescription?

If your health care provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your health care provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

1. By category – the drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. By alphabet – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



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

Drug name	Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin low chewable 81mg	1	
aspirin low tablet 81mg enteric coated	1	
celecoxib capsule 100mg	2	
celecoxib capsule 200mg	2	
celecoxib capsule 400mg	2	
celecoxib capsule 50mg	2	
diclo/misopr tablet 50-0.2mg	3	
diclo/misopr tablet 75-0.2mg	3	
diclofenac tablet 25mg dr	2	
diclofenac tablet 50mg dr	2	
diclofenac tablet 75mg dr	2	
etodolac capsule 200mg	2	
etodolac capsule 300mg	2	
etodolac tablet 400mg	2	
etodolac tablet 500mg	2	
ibu tablet 400mg	2	
ibu tablet 600mg	2	
ibu tablet 800mg	2	
ibuprofen tablet 400mg	2	
ibuprofen tablet 600mg	2	
ibuprofen tablet 800mg	2	
indomethacin capsule 25mg	2	
indomethacin capsule 50mg	2	
ketorolac tablet 10mg	2	
meloxicam tablet 15mg	2	
meloxicam tablet 7.5mg	2	
nabumetone tablet 500mg	2	
nabumetone tablet 750mg	2	
naproxen tablet 250mg	2	
naproxen tablet 375mg	2	
naproxen tablet 500mg	2	
salsalate tablet 500mg	2	
salsalate tablet 750mg	2	
ST JOSEPH CHEWABLE LOW 81MG	1	
sulindac tablet 150mg	2	
sulindac tablet 200mg	2	
Opioid Analgesics, Long-acting		
fentanyl patch 100mcg/h	3	PA; MME; 7D; QL; Maximum quantity 10 patches per 30 days without additional quantity notification.
fentanyl patch 12mcg/hr	3	PA; MME; 7D; QL; Maximum quantity 15 patches per 30 days without additional quantity notification.
fentanyl patch 25mcg/hr	3	PA; MME; 7D; QL; Maximum quantity 15 patches per 30 days without additional quantity notification.
fentanyl patch 50mcg/hr	3	PA; MME; 7D; QL; Maximum quantity 10 patches per 30 days without additional quantity notification.
fentanyl patch 75mcg/hr	3	PA; MME; 7D; QL; Maximum quantity 10 patches per 30 days without additional quantity notification.
hydrocodone capsule 10mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
hydrocodone capsule 15mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
hydrocodone capsule 20mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
hydrocodone capsule 30mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
hydrocodone capsule 40mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
hydrocodone capsule 50mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
methadone solution 10mg/5ml	2	PA; MME; 7D; QL; Maximum quantity 350 ml per 30 days without additional quantity notification.
methadone solution 5mg/5ml	2	PA; MME; 7D; QL; Maximum quantity 700 ml per 30 days without additional quantity notification.
methadone tablet 10mg	2	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
methadone tablet 5mg	2	PA; MME; 7D; QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
morphine sul tablet 100mg xr	2	PA; MME; 7D; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
morphine sul tablet 15mg xr	2	PA; MME; 7D; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
morphine sul tablet 200mg xr	2	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
morphine sul tablet 30mg xr	2	PA; MME; 7D; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
morphine sul tablet 60mg xr	2	PA; MME; 7D; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
oxymorphone tablet 10mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet 15mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet 20mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet 30mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet 40mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
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Drug name	Tier	Notes
oxymorphone tablet 5mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet 7.5mg xr	4	PA; MME; 7D; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
oxymorphone tablet hcl 10mg	3	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
oxymorphone tablet hcl 5mg	3	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
tramadol hcl tablet 100mg xr	3	PA; MME; 7D; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
tramadol hcl tablet 200mg xr	3	PA; MME; 7D; QL; Benefit maximum quantity 30 tablets per 30 days.
tramadol hcl tablet 300mg xr	3	PA; MME; 7D; QL; Benefit maximum quantity 30 tablets per 30 days.
tramadol hcl tablet 50mg	2	MME; 7D; QL; Benefit maximum quantity 240 tablets per 30 days.
XTAMPZA XR CAPSULE 13.5MG	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
XTAMPZA XR CAPSULE 18MG	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
XTAMPZA XR CAPSULE 27MG	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
XTAMPZA XR CAPSULE 36MG	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
XTAMPZA XR CAPSULE 9MG	4	PA; MME; 7D; QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
Opioid Analgesics, Short-acting		
apap/codeine solution 120-12/5	2	MME; 7D; QL; Maximum quantity 4500 ml per 30 days without additional quantity notification.
apap/codeine solution 300-30mg	2	MME; 7D; QL; Maximum quantity 4500 ml per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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Drug name	Tier	Notes
apap/codeine tablet 300-15mg	2	MME; 7D; QL; Maximum quantity 390 tablets per 30 days without additional quantity notification.
apap/codeine tablet 300-30mg	2	MME; 7D; QL; Maximum quantity 390 tablets per 30 days without additional quantity notification.
apap/codeine tablet 300-60mg	2	MME; 7D; QL; Maximum quantity 390 tablets per 30 days without additional quantity notification.
ascomp/cod capsule 30mg	3	MME; 7D; QL; Maximum quantity 180 capsules per 30 days without additional quantity notification.
but/apap/caf capsule codeine	4	MME; 7D; QL; Maximum quantity 180 capsules per 30 days without additional quantity notification.
but/asa/caf/ capsule codeine	3	MME; 7D; QL; Maximum quantity 180 capsules per 30 days without additional quantity notification.
codeine sulf tablet 15mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
codeine sulf tablet 30mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
codeine sulf tablet 60mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
endocet tablet 10-325mg	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
endocet tablet 2.5-325	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
endocet tablet 5-325mg	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
endocet tablet 7.5-325	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
hydro/aceta solution 10-325mg	2	MME; 7D; QL; Maximum quantity 2700 ml per 30 days without additional quantity notification.
hydro/apap solution	2	MME; 7D; QL; Maximum quantity 5850 ml per 30 days without additional quantity notification.
hydroco/apap solution 7.5-325	2	MME; 7D; QL; Maximum quantity 2700 ml per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
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Drug name	Tier	Notes
hydroco/apap tablet 10-325mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
hydroco/apap tablet 2.5-325	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
hydroco/apap tablet 5-325mg	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
hydroco/apap tablet 7.5-325	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
hydromorphon liquid 1mg/ml	3	MME; 7D; QL; Maximum quantity 1500 ml per 30 days without additional quantity notification.
hydromorphon tablet 2mg	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
hydromorphon tablet 4mg	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
hydromorphon tablet 8mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
morphine sul solution 10/0.5ml	3	MME; 7D; QL; Maximum quantity 300 ml per 30 days without additional quantity notification.
morphine sul solution 100/5ml	3	MME; 7D; QL; Maximum quantity 300 ml per 30 days without additional quantity notification.
morphine sul solution 10mg/5ml	3	MME; 7D; QL; Maximum quantity 3000 ml per 30 days without additional quantity notification.
morphine sul solution 20mg/5ml	3	MME; 7D; QL; Maximum quantity 1500 ml per 30 days without additional quantity notification.
morphine sul solution 20mg/ml	3	MME; 7D; QL; Maximum quantity 300 ml per 30 days without additional quantity notification.
morphine sul tablet 15mg	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
morphine sul tablet 30mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
oxycod/apap tablet 10-325mg	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
oxycod/apap tablet 2.5-325	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
oxycod/apap tablet 5-325mg	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
oxycod/apap tablet 7.5-325	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
oxycodone capsule 5mg	2	MME; 7D; QL; Maximum quantity 360 capsules per 30 days without additional quantity notification.
oxycodone con 100/5ml	4	MME; 7D; QL; Maximum quantity 180 ml per 30 days without additional quantity notification.
oxycodone solution 5mg/5ml	2	MME; 7D; QL; Maximum quantity 3900 ml per 30 days without additional quantity notification.
OXYCODONE TABLET 10MG	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
oxycodone tablet 15mg	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
oxycodone tablet 20mg	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
OXYCODONE TABLET 30MG	2	MME; 7D; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
OXYCODONE TABLET 5MG	2	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
pentaz/nalox tablet 50-0.5mg	3	MME; 7D; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
tramadl/apap tablet 37.5-325	2	MME; 7D; QL; Maximum quantity 240 tablets per 30 days without additional quantity notification.
Anesthetics		
Local Anesthetics		
ethy alcohol solution 70% rub	1	
glydo gel 2%	2	
isop alcohol solution 70% rub	1	
lido/prilocn cream 2.5-2.5%	2	
lidocaine gel 2% jelly	2	
lidocaine patch 5% patch	3	PA; QL; Benefit maximum quantity 90 patches per 30 days.
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acampro cal tablet 333mg	3	
disulfiram tablet 250mg	2	
disulfiram tablet 500mg	2	
naltrexone tablet 50mg	2	
Opioid Dependence		
buprenorphin sublingual 2mg	2	

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ST.....Step therapy

Drug name	Tier	Notes
buprenorphin sublingual 8mg	2	
Opioid Dependence Treatments		
bupren/nalox 12-3mg	4	
bupren/nalox 2-0.5mg	4	
bupren/nalox 4-1mg	4	
bupren/nalox 8-2mg	4	
bupren/nalox sublingual 2-0.5mg	2	
bupren/nalox sublingual 8-2mg	2	
Opioid Reversal Agents		
naloxone hcl injection 0.4mg/ml	2	
naloxone hcl injection 1mg/ml	2	
naloxone hcl injection 2mg/2ml	2	
naloxone hcl spray 4mg	1	
naloxone injection 0.4mg/ml	2	
naloxone injection 4mg/10ml	2	
naloxone spray 4mg	1	
NARCAN SPRAY 4MG	1	
OPVEE SPRAY 2.7/0.1	4	
REXTOVY SPRAY 4/0.25ML	1	
Smoking Cessation Agents		
bupropion tablet 150mg sustained release	1	
NICODERM CQ PATCH 14MG/24H	1	
NICODERM CQ PATCH 21MG/24H	1	
NICODERM CQ PATCH 7MG/24HR	1	
NICORETTE GUM 2MG	1	
NICORETTE GUM 4MG	1	
NICORETTE LOZENGE 2MG MINT	1	
NICORETTE LOZENGE 4MG MINT	1	
nicotine gum 2mg	1	
nicotine gum 4mg	1	
nicotine lozenge 2mg mint	1	
nicotine lozenge 4mg mint	1	
nicotine patch 7mg/24hr	1	
nicotine sys kit transder	1	
nicotine td patch 14mg/24h	1	
nicotine td patch 21mg/24h	1	
NICOTROL NS SPRAY 10MG/ML	1	
THRIVE GUM 2MG MINT	1	
varenicline tablet 0.5& 1mg	1	
varenicline tablet 0.5mg	1	
varenicline tablet 1mg	1	
Antibacterials		
Aminoglycosides		
gentamicin cream 0.1%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
gentamicin ointment 0.1%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
HUMATIN CAPSULE 250MG	4	
neomycin tablet 500mg	2	
Antibacterials, Other		
clindacin-p pad 1%	2	
clindamycin 1%	2	
clindamycin capsule 150mg	2	
clindamycin capsule 300mg	2	
clindamycin capsule 75mg	2	
clindamycin cream 2% vag	2	
clindamycin solution 75mg/5ml	3	
hydrogen per solution 3%	1	
linezolid suspension 100/5ml	4	
linezolid tablet 600mg	3	
metronidazol gel 0.75%vag	2	
metronidazol tablet 250mg	2	
metronidazol tablet 500mg	2	
nitrofur mac capsule 100mg	3	
nitrofur mac capsule 25mg	4	
nitrofur mac capsule 50mg	3	
nitrofurantn capsule 100mg	2	
nitrofurantn suspension 25mg/5ml	4	PA; PA
nitrofurantn suspension 50/10ml	4	PA; PA
tinidazole tablet 250mg	2	
tinidazole tablet 500mg	2	
trimethoprim tablet 100mg	2	
vancomycin capsule 125mg	2	
vancomycin capsule 250mg	2	
vancomycin solution 250/5ml	3	
vancomycin solution 50mg/ml	3	
VANDAZOLE GEL 0.75%	3	
Beta-lactam, Cephalosporins		
cefadroxil capsule 500mg	2	
cefadroxil suspension 250/5ml	2	
cefadroxil suspension 500/5ml	2	
cefadroxil tablet 1gm	3	
cefdinir capsule 300mg	2	
cefdinir suspension 125/5ml	2	
cefdinir suspension 250/5ml	2	
cefuroxime tablet 250mg	2	
cefuroxime tablet 500mg	2	
cephalexin capsule 250mg	2	
cephalexin capsule 500mg	2	
cephalexin suspension 125/5ml	2	
cephalexin suspension 250/5ml	2	
Beta-lactam, Penicillins		
amox/k clav chewable 200mg	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
amox/k clav chewable 400mg	2	
amox/k clav suspension 200/5ml	2	
amox/k clav suspension 250/5ml	2	
amox/k clav suspension 400/5ml	2	
amox/k clav suspension 600/5ml	2	
amox/k clav tablet 250-125	2	
amox/k clav tablet 500-125	2	
amox/k clav tablet 875-125	2	
amoxicillin capsule 250mg	2	
amoxicillin capsule 500mg	2	
amoxicillin chewable 125mg	2	
amoxicillin chewable 250mg	2	
amoxicillin suspension 125/5ml	2	
amoxicillin suspension 200/5ml	2	
amoxicillin suspension 250/5ml	2	
amoxicillin suspension 400/5ml	2	
amoxicillin tablet 500mg	2	
amoxicillin tablet 875mg	2	
ampicillin capsule 500mg	2	
dicloxacill capsule 250mg	2	
dicloxacill capsule 500mg	2	
penicilln vk solution 125/5ml	2	
penicilln vk solution 250/5ml	2	
penicilln vk tablet 250mg	2	
penicilln vk tablet 500mg	2	
Macrolides		
azithromycin powder 1gm packet	2	
azithromycin suspension 100/5ml	2	
azithromycin suspension 200/5ml	2	
azithromycin tablet 250mg	2	
azithromycin tablet 500mg	2	
azithromycin tablet 600mg	2	
clarithromyc suspension 125/5ml	4	
clarithromyc suspension 250/5ml	4	
clarithromyc tablet 250mg	2	
clarithromyc tablet 500mg	2	
clarithromyc tablet 500mg xr	3	
ERYTHROCIN TABLET 250MG	4	
erythrom eth suspension 200/5ml	4	
erythrom eth suspension 400/5ml	4	
erythrom eth tablet 400mg	4	
erythromycin capsule 250mg dr	4	
erythromycin tablet 250mg bs	3	
erythromycin tablet 250mg enteric coated	3	
erythromycin tablet 333mg enteric coated	3	
erythromycin tablet 500mg bs	3	
erythromycin tablet 500mg enteric coated	3	
Quinolones		
ciprofloxacn tablet 250mg	2	
ciprofloxacn tablet 500mg	2	
ciprofloxacn tablet 750mg	2	
levofloxacin solution 25mg/ml	4	
levofloxacin tablet 250mg	2	
levofloxacin tablet 500mg	2	
levofloxacin tablet 750mg	2	
moxifloxacin tablet 400mg	2	
ofloxacin tablet 300mg	3	
ofloxacin tablet 400mg	3	
Sulfonamides		
smz-tmp suspension 200-40/5	2	
smz-tmp tablet 400-80mg	2	
smz/tmp ds tablet 800-160	2	
sulfacetamid lotion 10%	4	
sulfatrim pd suspension 200-40/5	2	
Tetracyclines		
doxycyc mono capsule 100mg	2	
doxycyc mono capsule 50mg	2	
doxycyc mono tablet 100mg	2	
doxycyc mono tablet 150mg	2	
doxycyc mono tablet 50mg	2	
doxycyc mono tablet 75mg	2	
doxycycl hyc capsule 100mg	2	
doxycycl hyc capsule 50mg	2	
doxycycl hyc tablet 100mg	2	
doxycycline suspension 25mg/5ml	3	
minocycline capsule 100mg	2	
minocycline capsule 50mg	2	
minocycline capsule 75mg	2	
tetracycline capsule 250mg	2	
tetracycline capsule 500mg	2	
Anticonvulsants		
Anticonvulsants, Other		
EPIDIOLEX SOLUTION 100MG/ML	5	PA; SP;
felbamate suspension 600/5ml	4	
felbamate tablet 400mg	4	
felbamate tablet 600mg	4	
lamotrigine chewable 25mg	2	
lamotrigine chewable 5mg	2	
lamotrigine tablet 100mg	2	
lamotrigine tablet 150mg	2	
lamotrigine tablet 200mg	2	
lamotrigine tablet 25mg	2	
levetiraceta solution 100mg/ml	2	
levetiraceta solution 500/5ml	2	
levetiraceta tablet 1000mg	2	
levetiraceta tablet 250mg	2	
levetiraceta tablet 500mg	2	
levetiraceta tablet 500mg xr	2	
levetiraceta tablet 750mg	2	
levetiraceta tablet 750mg xr	2	
roweepra tablet 500mg	2	
subvenite tablet 100mg	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
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ST.....Step therapy

Drug name	Tier	Notes
subvenite tablet 150mg	2	
subvenite tablet 200mg	2	
subvenite tablet 25mg	2	
topiramate capsule 15mg	3	
topiramate capsule 25mg	3	
topiramate capsule 50mg	3	
topiramate tablet 100mg	2	
topiramate tablet 200mg	2	
topiramate tablet 25mg	2	
topiramate tablet 50mg	2	
Calcium Channel Modifying Agents		
ethosuximide capsule 250mg	3	
ethosuximide solution 250/5ml	3	
methsuximide capsule 300mg	3	
zonisamide capsule 100mg	2	
zonisamide capsule 25mg	2	
zonisamide capsule 50mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
diazepam gel 10mg	3	QL; Maximum quantity 1 box (2 doses per box) per 30 days without additional quantity notification.
diazepam gel 2.5mg	3	QL; Maximum quantity 1 box (2 doses per box) per 30 days without additional quantity notification.
diazepam gel 20mg	3	QL; Maximum quantity 1 box (2 doses per box) per 30 days without additional quantity notification.
gabapentin capsule 100mg	2	
gabapentin capsule 300mg	2	
gabapentin capsule 400mg	2	
gabapentin solution 250/5ml	2	
gabapentin solution 300/6ml	2	
gabapentin tablet 600mg	2	
gabapentin tablet 800mg	2	
phenobarb elx 20mg/5ml	2	
phenobarb elx 30/7.5ml	2	
phenobarb elx 60/15ml	2	
phenobarb solution 20mg/5ml	2	
phenobarb tablet 100mg	2	
phenobarb tablet 15mg	2	
phenobarb tablet 16.2mg	2	
phenobarb tablet 30mg	2	
phenobarb tablet 32.4mg	2	
phenobarb tablet 60mg	2	
phenobarb tablet 64.8mg	2	
phenobarb tablet 97.2mg	2	
primidone tablet 125mg	2	
primidone tablet 250mg	2	
primidone tablet 50mg	2	
valproic acd capsule 250mg	2	
valproic acd solution 250/5ml	2	
valproic acd solution 500/10ml	2	
vigabatrin packet 500mg	4	PA; SP; QL; Maximum quantity 180 packets per 30 days without additional quantity notification.
vigabatrin tablet 500mg	4	PA; SP; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clonazepam tablet 0.5mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
clonazepam tablet 1mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
clonazepam tablet 2mg	2	QL; Maximum quantity 300 tablets per 30 days without additional quantity notification.
divalproex capsule 125mg dr	2	
divalproex tablet 125mg dr	2	
divalproex tablet 250mg dr	2	
divalproex tablet 250mg xr	2	
divalproex tablet 500mg dr	2	
divalproex tablet 500mg xr	2	

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Drug name	Tier	Notes
pregabalin capsule 100mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
pregabalin capsule 150mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
pregabalin capsule 200mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
pregabalin capsule 225mg	2	QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
pregabalin capsule 25mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
pregabalin capsule 300mg	2	QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
pregabalin capsule 50mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
pregabalin capsule 75mg	2	QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
vigpoder powder 500mg	4	PA; SP; QL; Maximum quantity 180 packets per 30 days without additional quantity notification.

Drug name	Tier	Notes
Sodium Channel Agents		
carbamazepin capsule 100mg xr	3	
carbamazepin capsule 200mg xr	3	
carbamazepin capsule 300mg xr	3	
carbamazepin chewable 100mg	2	
carbamazepin suspension 100/5ml	3	
carbamazepin suspension 200/10ml	3	
carbamazepin tablet 100mg xr	3	
carbamazepin tablet 200mg	2	
carbamazepin tablet 200mg xr	3	
carbamazepin tablet 400mg xr	3	
DILANTIN CAPSULE 30MG	4	
epitol tablet 200mg	2	
lacosamide solution 100/10ml	4	PA; PA
lacosamide solution 10mg/ml	4	PA; PA
lacosamide solution 150/15ml	4	PA; PA
lacosamide solution 200/20ml	4	PA; PA
lacosamide solution 50/5ml	4	PA; PA
lacosamide solution 50mg/5ml	4	PA; PA
lacosamide tablet 100mg	2	
lacosamide tablet 150mg	2	
lacosamide tablet 200mg	2	
lacosamide tablet 50mg	2	
oxcarbazepin suspension 300/5ml	4	
oxcarbazepin tablet 150mg	2	
oxcarbazepin tablet 300mg	2	
oxcarbazepin tablet 600mg	2	
phenytek capsule 200mg	2	
phenytek capsule 300mg	2	
phenytoin chewable 50mg	2	
phenytoin ex capsule 100mg	2	
phenytoin ex capsule 200mg	2	
phenytoin ex capsule 300mg	2	
phenytoin suspension 125/5ml	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mes tablet 1mg oral	4	
Cholinesterase Inhibitors		
donepezil tablet 10mg	2	
donepezil tablet 10mg orally disintegrating tablet	2	
donepezil tablet 5mg	2	
donepezil tablet 5mg orally disintegrating tablet	2	
donepezil tablet orally disintegrating tablet 10mg	2	
donepezil tablet orally disintegrating tablet 5mg	2	
galantamine capsule 16mg xr	3	
galantamine capsule 24mg xr	3	
galantamine capsule 8mg xr	3	
galantamine solution 4mg/ml	4	
galantamine tablet 12mg	3	

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Drug name	Tier	Notes
galantamine tablet 4mg	3	
galantamine tablet 8mg	3	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memant titra packet 5-10mg	2	
memantine hc solution 2mg/ml	4	
memantine solution 10mg/5ml	4	
memantine solution 2mg/ml	4	
memantine tablet hcl 10mg	2	
memantine tablet hcl 5mg	2	
Antidepressants		
Antidepressants, Other		
bupropion tablet 100mg	2	
bupropion tablet 100mg sustained release	2	
bupropion tablet 150mg sustained release	2	
bupropion tablet 150mg xr	2	
bupropion tablet 200mg sustained release	2	
bupropion tablet 300mg xr	2	
bupropion tablet 75mg	2	
cdp/amitrip tablet 10-25mg	3	
cdp/amitrip tablet 5-12.5mg	3	
mirtazapine tablet 15mg	2	
mirtazapine tablet 15mg orally disintegrating tablet	3	
mirtazapine tablet 30mg	2	
mirtazapine tablet 30mg orally disintegrating tablet	3	
mirtazapine tablet 45mg	2	
mirtazapine tablet 45mg orally disintegrating tablet	3	
mirtazapine tablet 7.5mg	2	
olanza/fluox capsule 12-25mg	4	QL; Benefit maximum quantity 30 capsules per 30 days.
olanza/fluox capsule 12-50mg	4	QL; Benefit maximum quantity 30 capsules per 30 days.
olanza/fluox capsule 3-25mg	4	QL; Benefit maximum quantity 30 capsules per 30 days.
olanza/fluox capsule 6-25mg	4	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
olanza/fluox capsule 6-50mg	4	QL; Benefit maximum quantity 30 capsules per 30 days.
perphen/amit tablet 2-10mg	3	
perphen/amit tablet 2-25mg	3	
perphen/amit tablet 4-10mg	3	
perphen/amit tablet 4-25mg	3	
perphen/amit tablet 4-50mg	3	
quetiapine tablet 150mg	2	
Monoamine Oxidase Inhibitors		
MARPLAN TABLET 10MG	3	
phenelzine tablet 15mg	2	
tranylcyprom tablet 10mg	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
duloxetine capsule 20mg dr	2	
duloxetine capsule 30mg dr	2	
duloxetine capsule 60mg dr	2	
fluoxetine capsule 10mg	1	
fluoxetine capsule 20mg	1	
fluoxetine capsule 40mg	1	
fluoxetine capsule 90mg dr	3	QL; Benefit maximum quantity 4 capsules per 28 days.
fluoxetine solution 20mg/5ml	2	
fluoxetine tablet 10mg	3	
fluoxetine tablet 20mg	3	
fluvoxamine capsule 100mg xr	4	
paroxetine tablet 10mg	2	
paroxetine tablet 20mg	2	
paroxetine tablet 30mg	2	
paroxetine tablet 40mg	2	
sertraline con 20mg/ml	2	
sertraline tablet 100mg	1	
sertraline tablet 25mg	1	
sertraline tablet 50mg	1	
trazodone tablet 100mg	2	
trazodone tablet 150mg	2	
trazodone tablet 300mg	2	
trazodone tablet 50mg	2	
venlafaxine capsule 150mg xr	2	
venlafaxine capsule 37.5 xr	2	
venlafaxine capsule 75mg xr	2	
venlafaxine tablet 100mg	2	
venlafaxine tablet 25mg	2	
venlafaxine tablet 37.5mg	2	
venlafaxine tablet 50mg	2	
venlafaxine tablet 75mg	2	

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Drug name	Tier	Notes
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram solution 10mg/5ml	3	
citalopram solution 20/10ml	3	
citalopram tablet 10mg	1	
citalopram tablet 20mg	1	
citalopram tablet 40mg	1	
escitalopram solution 10/10ml	3	
escitalopram solution 5mg/5ml	3	
escitalopram tablet 10mg	1	
escitalopram tablet 20mg	1	
escitalopram tablet 5mg	1	
Tricyclics		
amitriptylin tablet 100mg	2	
amitriptylin tablet 10mg	2	
amitriptylin tablet 150mg	2	
amitriptylin tablet 25mg	2	
amitriptylin tablet 50mg	2	
amitriptylin tablet 75mg	2	
desipramine tablet 100mg	3	
desipramine tablet 10mg	3	
desipramine tablet 150mg	3	
desipramine tablet 25mg	3	
desipramine tablet 50mg	3	
desipramine tablet 75mg	3	
doxepin hcl capsule 100mg	2	
doxepin hcl capsule 10mg	2	
doxepin hcl capsule 150mg	2	
doxepin hcl capsule 25mg	2	
doxepin hcl capsule 50mg	2	
doxepin hcl capsule 75mg	2	
doxepin hcl con 10mg/ml	2	
imipram hcl tablet 10mg	2	
imipram hcl tablet 25mg	2	
imipram hcl tablet 50mg	2	
imipram pam capsule 100mg	4	
imipram pam capsule 125mg	4	
imipram pam capsule 150mg	4	
imipram pam capsule 75mg	4	
nortriptylin capsule 10mg	2	
nortriptylin capsule 25mg	2	
nortriptylin capsule 50mg	2	
nortriptylin capsule 75mg	2	
nortriptylin solution 10mg/5ml	3	
protriptylin tablet 10mg	3	
protriptylin tablet 5mg	3	
Antiemetics		
Antiemetics, Other		
meclizine tablet 50mg	3	
prochlorper suppository 25mg	3	
prochlorper tablet 10mg	2	
prochlorper tablet 5mg	2	

Drug name	Tier	Notes
promethazine solution 12.5/10	2	
promethazine solution 6.25/5ml	2	
promethazine suppository 12.5mg	3	
promethazine suppository 25mg	3	
promethazine tablet 12.5mg	2	
promethazine tablet 25mg	2	
promethazine tablet 50mg	2	
scopolamine patch 1mg/3day	3	
trimethobenz capsule 300mg	2	
Emetogenic Therapy Adjuncts		
aprepitant capsule 125 & 80	3	QL; Maximum quantity 3 capsules per 28 days without additional quantity notification.
aprepitant capsule 125mg	3	QL; Maximum quantity 1 capsules per 28 days without additional quantity notification.
aprepitant capsule 40mg	3	QL; Maximum quantity 1 capsules per 28 days without additional quantity notification.
aprepitant capsule 80mg	3	QL; Maximum quantity 2 capsules per 28 days without additional quantity notification.
dronabinol capsule 10mg	4	
dronabinol capsule 2.5mg	4	
dronabinol capsule 5mg	4	
granisetron tablet 1mg	3	
ondansetron solution 4mg/5ml	2	
ondansetron tablet 24mg	2	
ondansetron tablet 4mg	2	
ondansetron tablet 4mg orally disintegrating tablet	2	
ondansetron tablet 8mg	2	
ondansetron tablet 8mg orally disintegrating tablet	2	
Antifungals		
Antifungals		
clotrimazole tro 10mg	2	
fluconazole suspension 10mg/ml	2	
fluconazole suspension 40mg/ml	2	
fluconazole tablet 100mg	2	
fluconazole tablet 150mg	2	
fluconazole tablet 200mg	2	

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Drug name	Tier	Notes
fluconazole tablet 50mg	2	
flucytosine capsule 250mg	4	
flucytosine capsule 500mg	4	
griseofulvin suspension 125/5ml	3	
griseofulvin tablet micr 500	3	
griseofulvin tablet ultr 125	3	
griseofulvin tablet ultr 250	3	
ketoconazole cream 2%	2	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
ketoconazole sha 2%	2	
ketoconazole tablet 200mg	2	
klayesta powder 100000	2	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
miconazole 3 suppository 200mg	2	
nyamyc powder 100000	2	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
nystatin cream 100000	2	QL; Maximum quantity 90 grams per 30 days without additional quantity notification.
nystatin ointment 100000	2	QL; Maximum quantity 90 grams per 30 days without additional quantity notification.
nystatin ointment 100000u	2	QL; Maximum quantity 90 grams per 30 days without additional quantity notification.
nystatin powder 100000	2	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
nystatin suspension 100000	2	
nystatin tablet 500000	2	
nystop powder 100000	2	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
posaconazole tablet 100mg dr	3	
SULCONAZOLE CREAM 1%	4	
SULCONAZOLE SOLUTION 1%	4	
terbinafine tablet 250mg	2	
voriconazole suspension 40mg/ml	4	QL; Maximum quantity 300 ml per prescription without additional quantity notification.
voriconazole tablet 200mg	4	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
voriconazole tablet 50mg	4	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
Antigout Agents		
Antigout Agents		
allopurinol tablet 100mg	2	
allopurinol tablet 300mg	2	
colchicine tablet 0.6mg	2	
febuxostat tablet 40mg	2	
febuxostat tablet 80mg	2	
probenecid tablet 500mg	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
EMGALITY INJECTION 100MG/ML	3	PA; QL; Benefit maximum quantity 3 ml per 30 days.
EMGALITY INJECTION 120MG/ML	3	PA; QL; Maximum quantity 1 ml per 30 days without additional quantity notification.

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Drug name	Tier	Notes
UBRELVY TABLET 100MG	4	PA; QL; Maximum quantity 8 tablets per 30 days without additional quantity notification.
UBRELVY TABLET 50MG	4	PA; QL; Maximum quantity 8 tablets per 30 days without additional quantity notification.
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG INJECTION 140MG/ML	3	PA; QL; Benefit maximum quantity 1 ml per 30 days.
AIMOVIG INJECTION 70MG/ML	3	PA; QL; Benefit maximum quantity 1 ml per 30 days.
QULIPTA TABLET 10MG	4	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
QULIPTA TABLET 30MG	4	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
QULIPTA TABLET 60MG	4	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
Ergot Alkaloids		
dihydroergot injection 1mg/ml	4	
ERGOMAR SUBLINGUAL 2MG	4	QL; Maximum quantity 5 tablets per 30 days without additional quantity notification.
ergot/caffen tablet 1-100mg	4	
MIGERGOT SUPPOSITORY 2/100	4	
Serotonin (5-HT) Receptor Agonist		
rizatriptan tablet 10mg orally disintegrating tablet	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
rizatriptan tablet 5mg orally disintegrating tablet	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
sumatriptan spray 20mg/act	4	QL; Maximum quantity 10 devices per 30 days without additional quantity notification.
sumatriptan spray 5mg/act	4	QL; Maximum quantity 10 devices per 30 days without additional quantity notification.
Serotonin (5-HT) Receptor Agonists		
naratriptan tablet 1mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
naratriptan tablet 2.5mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
rizatriptan tablet 10mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
rizatriptan tablet 5mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
sumatriptan injection 4mg/0.5	4	QL; Maximum quantity 2 ml per 30 days without additional quantity notification.
sumatriptan injection 6/0.5ml	4	QL; Maximum quantity 2 ml per 30 days without additional quantity notification.

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Drug name	Tier	Notes
sumatriptan injection 6mg/0.5	4	QL; Maximum quantity 2 ml per 30 days without additional quantity notification.
sumatriptan tablet 100mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
sumatriptan tablet 25mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
sumatriptan tablet 50mg	2	QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
zolmitriptan tablet 2.5 mg	3	ST; QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
zolmitriptan tablet 2.5mg	3	ST; QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
zolmitriptan tablet 5mg	3	ST; QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
zolmitriptan tablet 5mg orally disintegrating tablet	3	ST; QL; Maximum quantity 10 tablets per 30 days without additional quantity notification.
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigm tablet 60mg	2	
pyridostigmi solution 60mg/5ml	4	
pyridostigmi tablet xr 180mg	4	

Drug name	Tier	Notes
Antimycobacterials		
Antimycobacterials, Other		
dapsone tablet 100mg	2	
dapsone tablet 25mg	2	
Antituberculars		
ethambutol tablet 100mg	2	
ethambutol tablet 400mg	2	
isoniazid syrup 50mg/5ml	4	
isoniazid tablet 100mg	2	
isoniazid tablet 300mg	2	
pyrazinamide tablet 500mg	3	
rifampin capsule 150mg	2	
rifampin capsule 300mg	2	
Antineoplastics		
Alkylating Agents		
cyclophosph capsule 25mg	4	
cyclophosph capsule 50mg	4	
CYCLOPHOSPH TABLET 25MG	4	
CYCLOPHOSPH TABLET 50MG	4	
LEUKERAN TABLET 2MG	4	
lomustine capsule 100mg	5	SP
lomustine capsule 10mg	5	SP
lomustine capsule 40mg	5	SP
MATULANE CAPSULE 50MG	5	SP
MYLERAN TABLET 2MG	4	
temozolomide capsule 100mg	5	SP
temozolomide capsule 140mg	5	SP
temozolomide capsule 180mg	5	SP
temozolomide capsule 20mg	5	SP
temozolomide capsule 250mg	5	SP
temozolomide capsule 5mg	5	SP
Antiandrogens		
abiraterone tablet 250mg	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
abiraterone tablet 500mg	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
bicalutamide tablet 50mg	2	
ERLEADA TABLET 240MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.

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Drug name	Tier	Notes
ERLEADA TABLET 60MG	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
nilutamide tablet 150mg	4	SP
NUBEQA TABLET 300MG	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
XTANDI CAPSULE 40MG	5	PA; SP; QL; Maximum quantity 120 capsules per 30 days without additional quantity notification.
XTANDI TABLET 40MG	5	PA; SP; QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
XTANDI TABLET 80MG	5	PA; SP; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
Antiangiogenic Agents		
lenalidomide capsule 10mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
lenalidomide capsule 15mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
lenalidomide capsule 2.5mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
lenalidomide capsule 20mg	4	PA; SP; QL; Benefit maximum quantity 21 capsules per 28 days.
lenalidomide capsule 25mg	4	PA; SP; QL; Benefit maximum quantity 21 capsules per 28 days.
lenalidomide capsule 5mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
THALOMID CAPSULE 100MG	4	PA; SP; QL; Maximum quantity 28 capsules per 28 days without additional quantity notification.
THALOMID CAPSULE 50MG	4	PA; SP; QL; Maximum quantity 28 capsules per 28 days without additional quantity notification.
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	4	
tamoxifen tablet 10mg	2	
tamoxifen tablet 20mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Antimetabolites		
capecitabine tablet 150mg	5	SP
capecitabine tablet 500mg	5	SP
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
hydroxyurea capsule 500mg	2	
mercaptopur tablet 50mg	2	
TABLOID TABLET 40MG	5	SP
Antineoplastics, Other		
leucovor ca tablet 10mg	2	
leucovor ca tablet 15mg	2	
leucovor ca tablet 25mg	2	
leucovor ca tablet 5mg	2	
LYSODREN TABLET 500MG	4	

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Drug name	Tier	Notes
Aromatase Inhibitors, 3rd Generation		
anastrozole tablet 1mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane tablet 25mg	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole tablet 2.5mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme Inhibitors		
etoposide capsule 50mg	3	SP
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	4	PA; SP; QL; Benefit maximum quantity 240 capsules per 30 days.
BOSULIF CAPSULE 100MG	5	PA; SP; QL; Maximum quantity 90 capsules per 30 days without additional quantity notification.
BOSULIF CAPSULE 50MG	5	PA; SP; QL; Benefit maximum quantity 30 capsules per 30 days.
bosutinib tablet 100mg	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
bosutinib tablet 400mg	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
bosutinib tablet 500mg	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
CAPRELSA TABLET 100MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
CAPRELSA TABLET 300MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
COMETRIQ KIT 100MG	4	PA; SP; QL; Benefit maximum quantity 56 kit per 28 days.
COMETRIQ KIT 140MG	4	PA; SP; QL; Benefit maximum quantity 112 kit per 28 days.
COMETRIQ KIT 60MG	4	PA; SP; QL; Benefit maximum quantity 84 kit per 28 days.
COTELLIC TABLET 20MG	5	PA; SP; QL; Benefit maximum quantity 63 tablets per 21 days.
erlotinib tablet 100mg	4	SP; QL; Benefit maximum quantity 30 tablets per 30 days.
erlotinib tablet 150mg	4	SP; QL; Benefit maximum quantity 30 tablets per 30 days.
erlotinib tablet 25mg	4	SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
everolimus tablet 10mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.

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Drug name	Tier	Notes
everolimus tablet 2.5mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
everolimus tablet 5mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
everolimus tablet 7.5mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
gefitinib tablet 250mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
ICLUSIG TAB 10MG	5	PA
ICLUSIG TAB 15MG	5	PA
ICLUSIG TAB 30MG	5	PA
ICLUSIG TAB 45MG	5	PA
imatinib mes tablet 100mg	4	SP; QL; Benefit maximum quantity 180 tablets per 30 days.
imatinib mes tablet 400mg	4	SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
IMBRUVICA CAPSULE 140MG	5	PA; SP; QL; Benefit maximum quantity 120 capsules per 30 days.
IMBRUVICA CAPSULE 70MG	5	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
IMBRUVICA SUSPENSION 70MG/ML	5	PA; SP; QL; Benefit maximum quantity 216 ml per 30 days.

Drug name	Tier	Notes
IMBRUVICA TABLET 140MG	5	PA; SP; QL; Benefit maximum quantity 28 tablets per 28 days.
IMBRUVICA TABLET 280MG	5	PA; SP; QL; Benefit maximum quantity 28 tablets per 28 days.
IMBRUVICA TABLET 420MG	5	PA; SP; QL; Benefit maximum quantity 28 tablets per 28 days.
INLYTA TABLET 1MG	5	PA; SP; QL; Benefit maximum quantity 180 tablets per 30 days.
INLYTA TABLET 5MG	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
JAKAFI TABLET 10MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
JAKAFI TABLET 15MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
JAKAFI TABLET 20MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
JAKAFI TABLET 25MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
JAKAFI TABLET 5MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.

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Drug name	Tier	Notes
JAKAFI XR TABLET 11MG	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
JAKAFI XR TABLET 22MG	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
JAKAFI XR TABLET 33MG	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
JAKAFI XR TABLET 44MG	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
JAKAFI XR TABLET 55MG	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
KISQALI TABLET 200DOSE	5	PA; SP; QL; Benefit maximum quantity 21 tablets per 21 days.
KISQALI TABLET 400DOSE	5	PA; SP; QL; Benefit maximum quantity 42 tablets per 21 days.
KISQALI TABLET 600DOSE	5	PA; SP; QL; Benefit maximum quantity 63 tablets per 21 days.

Drug name	Tier	Notes
lapatinib tablet 250mg	4	PA; SP; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
LENVIMA CAPSULE 10 MG	5	PA; SP; QL; Benefit maximum quantity 30 capsules per 30 days.
LENVIMA CAPSULE 12MG	5	PA; SP; QL; Benefit maximum quantity 90 capsules per 30 days.
LENVIMA CAPSULE 14 MG	5	PA; SP; QL; Benefit maximum quantity 60 capsules per 30 days.
LENVIMA CAPSULE 18 MG	5	PA; SP; QL; Benefit maximum quantity 90 capsules per 30 days.
LENVIMA CAPSULE 20 MG	5	PA; SP; QL; Benefit maximum quantity 60 capsules per 30 days.
LENVIMA CAPSULE 24 MG	5	PA; SP; QL; Benefit maximum quantity 90 capsules per 30 days.
LENVIMA CAPSULE 4MG	5	PA; SP; QL; Benefit maximum quantity 30 capsules per 30 days.
LENVIMA CAPSULE 8 MG	5	PA; SP; QL; Benefit maximum quantity 60 capsules per 30 days.
LYNPARZA TABLET 100MG	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.

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Drug name	Tier	Notes
LYNPARZA TABLET 150MG	5	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
RYDAPT CAP 25MG	5	PA
SCEMBLIX TAB 20MG	5	PA
SCEMBLIX TAB 40MG	5	PA
SCEMBLIX TAB 100MG	5	PA
sorafenib tablet 200mg	4	PA; SP; QL; Benefit maximum quantity 120 tablets per 30 days.
STIVARGA TABLET 40MG	5	PA; SP; QL; Benefit maximum quantity 84 tablets per 21 days.
sunitinib capsule 12.5mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
sunitinib capsule 25mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
sunitinib capsule 37.5mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
sunitinib capsule 50mg	4	PA; SP; QL; Benefit maximum quantity 28 capsules per 28 days.
VERZENIO TABLET 100MG	5	PA; SP; QL; Benefit maximum quantity 56 tablets per 28 days.
VERZENIO TABLET 150MG	5	PA; SP; QL; Benefit maximum quantity 56 tablets per 28 days.
VERZENIO TABLET 200MG	5	PA; SP; QL; Benefit maximum quantity 56 tablets per 28 days.
VERZENIO TABLET 50MG	5	PA; SP; QL; Benefit maximum quantity 56 tablets per 28 days.
yulithira tablet 10mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
yulithira tablet 2.5mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
yulithira tablet 5mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
yulithira tablet 7.5mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
ZELBORAF TABLET 240MG	5	PA; SP; QL; Benefit maximum quantity 240 tablets per 30 days.
ZYKADIA TABLET 150MG	5	PA; SP; QL; Benefit maximum quantity 84 tablets per 28 days.
Retinoids		
tretinoin capsule 10mg	4	SP; QL; Maximum quantity 300 capsules per 30 days without additional quantity notification.
Treatment Adjuncts		
mesna tablet 400mg	5	SP

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Drug name	Tier	Notes
Antiparasitics		
Anthelmintics		
albendazole tablet 200mg	4	QL; Benefit maximum quantity 120 tablets per 30 days.
ivermectin tablet 3mg	2	PA; QL; Benefit maximum quantity 20 tablets per 90 days.
praziquantel tablet 600mg	4	
Antiprotozoals		
atovaq/progu tablet 250-100	3	
atovaq/progu tablet 62.5-25	3	
atovaquone suspension 750/5ml	4	
chloroquine tablet 250mg	2	
chloroquine tablet 500mg	2	
hydroxychlor tablet 100mg	2	
hydroxychlor tablet 200mg	2	
hydroxychlor tablet 300mg	2	
hydroxychlor tablet 400mg	2	
mefloquine tablet 250mg	2	
pentamidine inhaler 300mg	3	
primaquine tablet 26.3mg	2	
quinine sulf capsule 324mg	3	
Antiparkinson Agents		
Anticholinergics		
benztropine tablet 0.5mg	2	
benztropine tablet 1mg	2	
benztropine tablet 2mg	2	
trihexyphen solution 0.4mg/ml	2	
trihexyphen tablet 2mg	2	
trihexyphen tablet 5mg	2	
Antiparkinson Agents, Other		
carb/levo 50 tablet /entacap	4	
carb/levo 75 tablet /entacap	4	
carb/levo100 tablet /entacap	4	
carb/levo125 tablet /entacap	4	
carb/levo150 tablet /entacap	4	
carb/levo200 tablet /entacap	4	
entacapone tablet 200mg	3	
Dopamine Agonists		
bromocriptin capsule 5mg	4	
bromocriptin tablet 2.5mg	3	
pramipexole tablet 0.125mg	2	
pramipexole tablet 0.25mg	2	
pramipexole tablet 0.5mg	2	
pramipexole tablet 0.75mg	2	
pramipexole tablet 1.5mg	2	
pramipexole tablet 1mg	2	
ropinirole tablet 0.25mg	2	

Drug name	Tier	Notes
ropinirole tablet 0.5mg	2	
ropinirole tablet 1mg	2	
ropinirole tablet 2mg	2	
ropinirole tablet 3mg	2	
ropinirole tablet 4mg	2	
ropinirole tablet 5mg	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carb/levo tablet 10-100mg	2	
carb/levo tablet 25-100mg	2	
carb/levo tablet 25-250mg	2	
carb/levo xr tablet 25-100mg	2	
carb/levo xr tablet 50-200mg	2	
Monoamine Oxidase B (MAO-B) Inhibitors		
selegiline capsule 5mg	3	
selegiline tablet 5mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromaz tablet 100mg	2	QL; Benefit maximum quantity 120 tablets per 30 days.
chlorpromaz tablet 10mg	2	QL; Benefit maximum quantity 180 tablets per 30 days.
chlorpromaz tablet 200mg	2	QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
chlorpromaz tablet 25mg	2	QL; Benefit maximum quantity 180 tablets per 30 days.
chlorpromaz tablet 50mg	2	QL; Benefit maximum quantity 120 tablets per 30 days.
fluphenazine con 5mg/ml	3	
fluphenazine elx 2.5/5ml	3	
fluphenazine tablet 10mg	3	
fluphenazine tablet 1mg	3	
fluphenazine tablet 2.5mg	3	
fluphenazine tablet 5mg	3	
haloperidol con 2mg/ml	2	
haloperidol tablet 0.5mg	2	
haloperidol tablet 10mg	2	
haloperidol tablet 1mg	2	
haloperidol tablet 20mg	2	
haloperidol tablet 2mg	2	

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Drug name	Tier	Notes
haloperidol tablet 5mg	2	
loxapine capsule 10mg	2	
loxapine capsule 25mg	2	
loxapine capsule 50mg	2	
loxapine capsule 5mg	2	
perphenazine tablet 16mg	2	
perphenazine tablet 2mg	2	
perphenazine tablet 4mg	2	
perphenazine tablet 8mg	2	
pimozide tablet 1mg	3	
pimozide tablet 2mg	3	
thioridazine tablet 100mg	2	
thioridazine tablet 10mg	2	
thioridazine tablet 25mg	2	
thioridazine tablet 50mg	2	
thiothixene capsule 10mg	2	
thiothixene capsule 1mg	2	
thiothixene capsule 2mg	2	
thiothixene capsule 5mg	2	
trifluoperaz tablet 10mg	2	
trifluoperaz tablet 1mg	2	
trifluoperaz tablet 2mg	2	
trifluoperaz tablet 5mg	2	
2nd Generation/Atypical		
aripiprazole tablet 10mg	2	
aripiprazole tablet 15mg	2	
aripiprazole tablet 20mg	2	
aripiprazole tablet 2mg	2	
aripiprazole tablet 30mg	2	
aripiprazole tablet 5mg	2	
asenapine sublingual 10mg	4	ST; QL; Benefit maximum quantity 60 tablets per 30 days.
asenapine sublingual 2.5mg	4	ST; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
asenapine sublingual 5mg	4	ST; QL; Benefit maximum quantity 60 tablets per 30 days.
lurasidone tablet 120mg	2	QL; Benefit maximum quantity 30 tablets per 30 days.
lurasidone tablet 20mg	2	QL; Benefit maximum quantity 30 tablets per 30 days.
lurasidone tablet 40mg	2	QL; Benefit maximum quantity 30 tablets per 30 days.
lurasidone tablet 60mg	2	QL; Benefit maximum quantity 30 tablets per 30 days.
lurasidone tablet 80mg	2	QL; Benefit maximum quantity 60 tablets per 30 days.
olanzapine tablet 10mg	2	
olanzapine tablet 10mg orally disintegrating tablet	3	
olanzapine tablet 15mg	2	
olanzapine tablet 15mg orally disintegrating tablet	3	
olanzapine tablet 2.5mg	2	
olanzapine tablet 20mg	2	
olanzapine tablet 20mg orally disintegrating tablet	3	
olanzapine tablet 5mg	2	
olanzapine tablet 5mg orally disintegrating tablet	3	
olanzapine tablet 7.5mg	2	
paliperidone tablet xr 1.5mg	4	QL; Benefit maximum quantity 30 tablets per 30 days.
paliperidone tablet xr 3mg	4	QL; Benefit maximum quantity 30 tablets per 30 days.
paliperidone tablet xr 6mg	4	QL; Benefit maximum quantity 60 tablets per 30 days.
paliperidone tablet xr 9mg	4	QL; Benefit maximum quantity 30 tablets per 30 days.
quetiapine tablet 100mg	2	
quetiapine tablet 150mg xr	3	
quetiapine tablet 200mg	2	
quetiapine tablet 200mg xr	3	
quetiapine tablet 25mg	2	
quetiapine tablet 300mg	2	
quetiapine tablet 300mg xr	3	
quetiapine tablet 400mg	2	
quetiapine tablet 400mg xr	3	
quetiapine tablet 50mg	2	

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Drug name	Tier	Notes
quetiapine tablet 50mg xr	3	
risperidone solution 1mg/ml	2	
risperidone tablet 0.25 orally disintegrating tablet	3	
risperidone tablet 0.25mg	2	
risperidone tablet 0.5mg	2	
risperidone tablet 0.5mg od	3	
risperidone tablet 1mg	2	
risperidone tablet 1mg orally disintegrating tablet	3	
risperidone tablet 2mg	2	
risperidone tablet 2mg orally disintegrating tablet	3	
risperidone tablet 3mg	2	
risperidone tablet 3mg orally disintegrating tablet	3	
risperidone tablet 4mg	2	
risperidone tablet 4mg orally disintegrating tablet	3	
VRAYLAR CAPSULE 0.5MG	4	QL; Benefit maximum quantity 60 capsules per 30 days.
VRAYLAR CAPSULE 0.75MG	4	QL; Benefit maximum quantity 30 capsules per 30 days.
VRAYLAR CAPSULE 1.5MG	4	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
VRAYLAR CAPSULE 3MG	4	QL; Benefit maximum quantity 30 capsules per 30 days.
VRAYLAR CAPSULE 4.5MG	4	QL; Benefit maximum quantity 30 capsules per 30 days.
VRAYLAR CAPSULE 6MG	4	QL; Benefit maximum quantity 30 capsules per 30 days.
ziprasidone capsule 20mg	3	
ziprasidone capsule 40mg	3	
ziprasidone capsule 60mg	3	
ziprasidone capsule 80mg	3	
Treatment-Resistant		
clozapine tablet 100/orally disintegrating tablet	4	
clozapine tablet 100mg	2	
clozapine tablet 12.5/orally disintegrating tablet	4	
clozapine tablet 150/orally disintegrating tablet	4	
clozapine tablet 200/orally disintegrating tablet	4	
clozapine tablet 200mg	2	
clozapine tablet 25mg	2	
clozapine tablet 25mg orally disintegrating tablet	4	
clozapine tablet 50mg	2	
Antispasticity Agents		
Antispasticity Agents		
baclofen tablet 10mg	2	
baclofen tablet 20mg	2	
baclofen tablet 5mg	2	
dantrolene capsule 100mg	3	
dantrolene capsule 25mg	3	
dantrolene capsule 50mg	3	
tizanidine capsule 2mg	3	
tizanidine capsule 4mg	3	
tizanidine capsule 6mg	3	
tizanidine tablet 2mg	2	
tizanidine tablet 4mg	2	
Antivirals		
Antivirals		
XOCOVA TAB 125MG	4	
Anti-cytomegalovirus (CMV) Agents		
valganciclov solution 50mg/ml	4	
valganciclov tablet 450mg	2	
Anti-hepatitis B (HBV) Agents		
adefov dipiv tablet 10mg	4	
entecavir tablet 0.5mg	3	
entecavir tablet 1mg	3	
Anti-hepatitis C (HCV) Agents		
LEDIP-SOFOSB TABLET 90-400MG	4	PA; SP; QL; Maximum quantity 28 tablets per 28 days without additional quantity notification.
ribavirin capsule 200mg	3	
ribavirin tablet 200mg	3	
SOFOS/VELPAT TABLET 400-100	4	PA; SP; QL; Maximum quantity 28 tablets per 28 days without additional quantity notification.

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Drug name	Tier	Notes
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABLET	4	QL; Benefit maximum quantity 30 tablets per 30 days.
DOVATO TABLET 50-300MG	4	QL; Benefit maximum quantity 30 tablets per 30 days.
GENVOYA TABLET	4	QL; Benefit maximum quantity 30 tablets per 30 days.
ISENTRESS POWDER 100MG	4	
JULUCA TABLET 50-25MG	4	QL; Benefit maximum quantity 30 tablets per 30 days.
TIVICAY TABLET 50MG	4	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED TABLET 2.5MG	4	
efavir/emtri tablet tenofovi	2	QL; Benefit maximum quantity 30 tablets per 30 days.
efavir/lamiv tablet tenofovi	3	QL; Benefit maximum quantity 30 tablets per 30 days.
efavirenz capsule 200mg	2	
efavirenz capsule 50mg	2	
efavirenz tablet 600mg	2	
emtric/rilpi tablet tenof df	4	QL; Benefit maximum quantity 30 tablets per 30 days.
etravirine tablet 100mg	4	
etravirine tablet 200mg	4	
INTELENCE TABLET 25MG	4	
nevirapine suspension 50mg/5ml	2	
nevirapine tablet 200mg	2	
nevirapine tablet 400mg xr	2	
rilpivirine tablet 25mg	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abaca/lamivu tablet 600-300	2	
abacavir solution 20mg/ml	3	
abacavir tablet 300mg	2	

Drug name	Tier	Notes
DESCOVY TABLET 200/25MG	4	QL; Benefit maximum quantity 30 tablets 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.
emtr/ten df tablet 100-150	2	QL; Benefit maximum quantity 30 tablets per 30 days.
emtr/ten df tablet 133-200	2	QL; Benefit maximum quantity 30 tablets per 30 days.
emtr/ten df tablet 167-250	2	QL; Benefit maximum quantity 30 tablets per 30 days.
emtr/tenofov tablet 200-300	2	QL; Benefit maximum quantity 30 tablets 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.
emtricitabin capsule 200mg	3	
lamivud/zido tablet 150-300	2	
lamivudine solution 10mg/ml	2	
lamivudine solution 300/30ml	2	
lamivudine tablet 100mg	3	
lamivudine tablet 150mg	2	
lamivudine tablet 300mg	2	
ODEFSEY TABLET	4	QL; Benefit maximum quantity 30 tablets per 30 days.

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Drug name	Tier	Notes
tenofovir tablet 300mg	2	$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ TABLET	4	QL; Benefit maximum quantity 30 tablets per 30 days.
zidovudine capsule 100mg	2	
zidovudine syrup 50mg/5ml	2	
zidovudine tablet 300mg	2	
Anti-HIV Agents, Other		
maraviroc tablet 150mg	2	
maraviroc tablet 300mg	2	
YEZTUGO TABLET 300MG	4	QL; Maximum quantity 4 tablets per 365 days without additional quantity notification.
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPSULE 250MG	4	
atazanavir capsule 150mg	2	
atazanavir capsule 200mg	2	
atazanavir capsule 300mg	2	
darunavir tablet 600mg	2	
darunavir tablet 800mg	2	
EVOTAZ TABLET 300-150	4	
fosamprenavi tablet 700mg	4	
lopin/riton tablet 100-25mg	2	
lopin/riton tablet 200-50mg	2	
NORVIR POWDER 100MG	4	
PREZISTA SUSPENSION 100MG/ML	4	
REYATAZ POWDER 50MG	4	
ritonavir tablet 100mg	2	
VIRACEPT TABLET 250MG	4	
VIRACEPT TABLET 625MG	4	
Anti-influenza Agents		
amantadine capsule 100mg	2	
amantadine solution 50mg/5ml	2	
amantadine tablet 100mg	2	
oseltamivir capsule 30mg	2	
oseltamivir capsule 45mg	2	
oseltamivir capsule 75mg	2	
oseltamivir suspension 6mg/ml	2	
rimantadine tablet 100mg	3	

Drug name	Tier	Notes
Antiherpetic Agents		
acyclovir capsule 200mg	2	
acyclovir suspension 200/5ml	2	
acyclovir suspension 800/20ml	2	
acyclovir tablet 400mg	2	
acyclovir tablet 800mg	2	
famciclovir tablet 125mg	2	
famciclovir tablet 250mg	2	
famciclovir tablet 500mg	2	
valacyclovir tablet 1gm	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
valacyclovir tablet 500mg	2	QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
Antiviral, Coronavirus Agents		
LAGEVRIO CAPSULE 200MG	4	QL; Maximum quantity 40 capsules per prescription without additional quantity notification.
PAXLOVID PACKET	4	QL; Maximum quantity 11 tablets per prescription without additional quantity notification.
PAXLOVID TABLET 150-100	4	QL; Maximum quantity 20 tablets per prescription without additional quantity notification.
PAXLOVID TABLET 300-100	4	QL; Maximum quantity 30 tablets per prescription without additional quantity notification.
Anxiolytics		
Anxiolytics, Other		
buspirone tablet 10mg	2	
buspirone tablet 15mg	2	

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Drug name	Tier	Notes
buspirone tablet 30mg	2	
buspirone tablet 5mg	2	
buspirone tablet 7.5mg	2	
hydroxyzine solution 10mg/5ml	2	
Benzodiazepines		
alprazolam tablet 0.25mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
alprazolam tablet 0.5mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
alprazolam tablet 1mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
alprazolam tablet 2mg	2	QL; Maximum quantity 150 tablets per 30 days without additional quantity notification.
chlordiazep capsule 10mg	2	
chlordiazep capsule 25mg	2	
chlordiazep capsule 5mg	2	
diazepam con 25mg/5ml	2	QL; Maximum quantity 240 ml per 30 days without additional quantity notification.
diazepam con 5mg/ml	2	QL; Maximum quantity 240 ml per 30 days without additional quantity notification.
diazepam solution 5mg/5ml	2	
diazepam tablet 10mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
diazepam tablet 2mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
diazepam tablet 5mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
lorazepam con 2mg/ml	2	QL; Maximum quantity 150 ml per 30 days without additional quantity notification.
lorazepam tablet 0.5mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
lorazepam tablet 1mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
lorazepam tablet 2mg	2	QL; Maximum quantity 150 tablets per 30 days without additional quantity notification.
oxazepam capsule 10mg	2	
oxazepam capsule 15mg	2	
oxazepam capsule 30mg	2	
Bipolar Agents		
Mood Stabilizers		
lithium carb capsule 150mg	2	
lithium carb capsule 300mg	2	
lithium carb capsule 600mg	2	
lithium carb tablet 300mg	2	
lithium carb tablet 300mg xr	2	
lithium carb tablet 450mg xr	2	
lithium solution 8meq/5ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet 100mg	2	
acarbose tablet 25mg	2	
acarbose tablet 50mg	2	

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Drug name	Tier	Notes
BYDUREON BC INJECTION 2/0.85ML	3	PA; QL; Benefit maximum quantity 3.4 ml per 28 days.
glimepiride tablet 1mg	1	
glimepiride tablet 2mg	1	
glimepiride tablet 4mg	1	
glip/metform tablet 2.5-250	3	
glip/metform tablet 2.5-250m	3	
glip/metform tablet 2.5-500	3	
glip/metform tablet 2.5-500m	3	
glip/metform tablet 5-500mg	3	
glipizide tablet 10mg	1	
glipizide tablet 2.5mg	1	
glipizide tablet 5mg	1	
glipizide xr tablet 10mg	1	
glipizide xr tablet 2.5mg	1	
glipizide xr tablet 5mg	1	
glyb/metform tablet 1.25-250	2	
glyb/metform tablet 2.5-500	2	
glyb/metform tablet 5-500mg	2	
glyburide tablet 1.25mg	2	
glyburide tablet 2.5mg	2	
glyburide tablet 5mg	2	
metformin solution 500/5ml	4	
metformin tablet 1000mg	1	
metformin tablet 500mg	1	
metformin tablet 500mg xr	1	
metformin tablet 750mg xr	1	
metformin tablet 850mg	1	
MOUNJARO INJECTION 10MG/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
MOUNJARO INJECTION 12.5/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
MOUNJARO INJECTION 15MG/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
MOUNJARO INJECTION 2.5/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
MOUNJARO INJECTION 5MG/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
MOUNJARO INJECTION 7.5/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.

Drug name	Tier	Notes
OZEMPIC INJECTION 2MG/3ML	3	PA; QL; Benefit maximum quantity 3 ml per 28 days.
OZEMPIC INJECTION 4MG/3ML	3	PA; QL; Benefit maximum quantity 3 ml per 28 days.
OZEMPIC INJECTION 8MG/3ML	3	PA; QL; Benefit maximum quantity 3 ml per 28 days.
OZEMPIC TABLET 1.5MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
OZEMPIC TABLET 4MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
OZEMPIC TABLET 9MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
pioglita/met tablet 15-500mg	3	QL; Benefit maximum quantity 90 tablets per 30 days.
pioglita/met tablet 15-850mg	3	QL; Benefit maximum quantity 90 tablets per 30 days.
pioglitazone tablet 15mg	1	QL; Benefit maximum quantity 30 tablets per 30 days.
pioglitazone tablet 30mg	1	QL; Benefit maximum quantity 30 tablets per 30 days.
pioglitazone tablet 45mg	1	QL; Benefit maximum quantity 30 tablets per 30 days.
repaglinide tablet 0.5mg	2	QL; Benefit maximum quantity 120 tablets per 30 days.
repaglinide tablet 1mg	2	QL; Benefit maximum quantity 120 tablets per 30 days.

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Drug name	Tier	Notes
repaglinide tablet 2mg	2	QL; Benefit maximum quantity 240 tablets per 30 days.
RYBELSUS TABLET 14MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
RYBELSUS TABLET 3MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
RYBELSUS TABLET 7MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
saxagliptin tablet 2.5mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
saxagliptin tablet 5mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
SYNJARDY TABLET	3	QL; Benefit maximum quantity 60 tablets per 30 days.
SYNJARDY TABLET 12.5-500	3	QL; Benefit maximum quantity 60 tablets per 30 days.
SYNJARDY TABLET 5-1000MG	3	QL; Benefit maximum quantity 60 tablets per 30 days.
SYNJARDY TABLET 5-500MG	3	QL; Benefit maximum quantity 60 tablets per 30 days.
SYNJARDY XR TABLET	3	QL; Benefit maximum quantity 60 tablets per 30 days.
SYNJARDY XR TABLET 10-1000	3	QL; Benefit maximum quantity 30 tablets per 30 days.
SYNJARDY XR TABLET 25-1000	3	QL; Benefit maximum quantity 30 tablets per 30 days.
SYNJARDY XR TABLET 5-1000MG	3	QL; Benefit maximum quantity 60 tablets per 30 days.
TRUEPLS GLUC GEL 15/32ML	3	
TRULICITY INJECTION 0.75/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
TRULICITY INJECTION 1.5/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
TRULICITY INJECTION 3/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
TRULICITY INJECTION 4.5/0.5	3	PA; QL; Benefit maximum quantity 2 ml per 28 days.
Glycemic Agents		
BAQSIMI ONE POWDER 3MG/DOSE	1	QL; Maximum quantity 2 intranasal devic per 30 days without additional quantity notification.
BAQSIMI TWO POWDER 3MG/DOSE	1	QL; Maximum quantity 2 intranasal devic per 30 days without additional quantity notification.
BD GLUCOSE CHEWABLE 5GM	3	
diazoxide suspension 50mg/ml	4	
GLUCAGON EMR SOLUTION 1MG	1	QL; Maximum quantity 2 devices per 30 days without additional quantity notification.
glucagon injection 1mg	1	QL; Maximum quantity 2 devices per 30 days without additional quantity notification.
glucose bits chewable 1gm	3	
glucose chewable raspbery	3	

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Drug name	Tier	Notes
glucose gel 15gm/33g	3	
glucose gel 40%	3	
gnp glucose chewable 2gm	3	
GVOKE HYPO 1 INJECTION 0.5/.1ML	1	QL; Maximum quantity 0.2 ml per 30 days without additional quantity notification.
GVOKE HYPO 1 INJECTION 1/0.2ML	1	QL; Maximum quantity 0.4 ml per 30 days without additional quantity notification.
GVOKE HYPO 2 INJECTION 0.5/.1ML	1	QL; Maximum quantity 0.2 ml per 30 days without additional quantity notification.
GVOKE HYPO 2 INJECTION 1/0.2ML	1	QL; Maximum quantity 0.4 ml per 30 days without additional quantity notification.
GVOKE KIT SOLUTION 1/0.2ML	1	QL; Maximum quantity 0.4 ml per 30 days without additional quantity notification.
GVOKE PREFILLED SYRINGE INJECTION 1/0.2ML	1	QL; Maximum quantity 0.4 ml per 30 days without additional quantity notification.
INSTA-GLUCOS GEL 77.4%	3	
TRUEPLUS CHEWABLE GLUCOSE	3	
Insulins		
BASAGLAR KWP INJECTION 100/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG INJECTION 100/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG JR INJECTION 100/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG KWPN INJECTION 100/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG KWPN INJECTION 200/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG MIX INJECTION 50/50	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
HUMALOG MIX INJECTION 50/50KWP	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG MIX INJECTION 75/25KWP	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMALOG MIX SUSPENSION 75/25	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
HUMULIN INJECTION 70/30	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
HUMULIN INJECTION 70/30KWP	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.

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Drug name	Tier	Notes
HUMULIN N INJECTION U-100	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
HUMULIN N INJECTION U-100KWP	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
HUMULIN R INJECTION U-100	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
HUMULIN R INJECTION U-500	1	QL; Maximum quantity 20 ml per 30 days without additional quantity notification.
HUMULIN R INJECTION U-500KWP	1	QL; Maximum quantity 6 ml per 30 days without additional quantity notification.
INS DEGL FLX INJECTION 100UNIT	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
INS DEGL FLX INJECTION 200UNIT	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
INSULIN ASPA INJECTION 70/30	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
INSULIN DEGL INJECTION 100UNIT	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.

Drug name	Tier	Notes
INSULIN LISP INJECTION 100/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
INSULIN LISP INJECTION JR KWPN	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
INSULIN LISP INJECTION PROT KWP	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
LEVEMIR INJECTION	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
LEVEMIR INJECTION FLEXPEN	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG INJECTION FLEX REL	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG INJECTION FLEXPEN	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG INJECTION PENFILL	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG MIX INJECTION 70/30	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.

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Drug name	Tier	Notes
NOVOLOG MIX INJECTION FLEX REL	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG MIX INJECTION FLEXPEN	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
NOVOLOG RELI INJECTION 70/30	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
REZVOGLAR KP INJECTION 100UT/ML	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
TRESIBA FLEX INJECTION 100UNIT	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
TRESIBA FLEX INJECTION 200UNIT	1	QL; Maximum quantity 45 ml per 30 days without additional quantity notification.
TRESIBA INJECTION 100UNIT	1	QL; Maximum quantity 30 ml per 30 days without additional quantity notification.
Blood Products and Modifiers		
Anticoagulants		
dabigatran capsule 110mg	3	QL; Benefit maximum quantity 60 capsules per 30 days.
dabigatran capsule 150mg	3	QL; Benefit maximum quantity 60 capsules per 30 days.
dabigatran capsule 75mg	3	QL; Benefit maximum quantity 60 capsules per 30 days.
ELIQUIS CAPSULE 0.15MG	3	QL; Benefit maximum quantity 75 capsules per 30 days.
ELIQUIS ST P TABLET 5MG	3	QL; Benefit maximum quantity 74 tablets per 365 days.
ELIQUIS TABLET 0.5MG	3	QL; Benefit maximum quantity 150 tablets per 30 days.
ELIQUIS TABLET 1.5MG	3	QL; Benefit maximum quantity 150 tablets per 30 days.
ELIQUIS TABLET 2.5MG	3	QL; Benefit maximum quantity 60 tablets per 30 days.
ELIQUIS TABLET 2MG	3	QL; Benefit maximum quantity 150 tablets per 30 days.
ELIQUIS TABLET 5MG	3	QL; Benefit maximum quantity 75 tablets per 30 days.
enoxaparin injection 100mg/ml	3	QL; Maximum quantity 30 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 120/0.8	3	QL; Maximum quantity 24 ml (30 syringes) per prescription without additional quantity notification.

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Drug name	Tier	Notes
enoxaparin injection 150mg/ml	3	QL; Maximum quantity 30 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 30/0.3ml	3	QL; Maximum quantity 9 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 300/3ml	3	QL; Maximum quantity 42 ml per prescription without additional quantity notification.
enoxaparin injection 40/0.4ml	3	QL; Maximum quantity 12 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 60/0.6ml	3	QL; Maximum quantity 18 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 80/0.8ml	3	QL; Maximum quantity 24 ml (30 syringes) per prescription without additional quantity notification.
enoxaparin injection 80mg/0.8	3	QL; Maximum quantity 24 ml (30 syringes) per prescription without additional quantity notification.
fondaparinux injection 10/0.8ml	4	QL; Maximum quantity 24 ml per prescription without additional quantity notification.
fondaparinux injection 2.5/0.5	4	QL; Maximum quantity 15 ml per prescription without additional quantity notification.
fondaparinux injection 5/0.4ml	4	QL; Maximum quantity 12 ml per prescription without additional quantity notification.
fondaparinux injection 7.5/0.6	4	QL; Maximum quantity 18 ml per prescription without additional quantity notification.
heparin sod injection 1000/ml	2	
heparin sod injection 10000/10	2	
heparin sod injection 10000/ml	2	
heparin sod injection 2000/2ml	2	
heparin sod injection 20000/ml	2	
heparin sod injection 30000/30	2	
heparin sod injection 5000/0.5	2	
heparin sod injection 5000/ml	2	
heparin sod injection 50000/10	2	
jantoven tablet 10mg	2	
jantoven tablet 1mg	2	
jantoven tablet 2.5mg	2	
jantoven tablet 2mg	2	
jantoven tablet 3mg	2	
jantoven tablet 4mg	2	
jantoven tablet 5mg	2	
jantoven tablet 6mg	2	
jantoven tablet 7.5mg	2	
rivaroxaban suspension 1mg/ml	3	QL; Benefit maximum quantity 600 ml per 30 days.
rivaroxaban tablet 2.5mg	3	QL; Benefit maximum quantity 60 tablets per 30 days.
warfarin tablet 10mg	2	
warfarin tablet 1mg	2	
warfarin tablet 2.5mg	2	
warfarin tablet 2mg	2	
warfarin tablet 3mg	2	
warfarin tablet 4mg	2	
warfarin tablet 5mg	2	
warfarin tablet 6mg	2	
warfarin tablet 7.5mg	2	

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Drug name	Tier	Notes
XARELTO STAR TABLET 15/20MG	3	QL; Maximum quantity 51 tablets per 365 days without additional quantity notification.
XARELTO suspension 1MG/ML	3	QL; Benefit maximum quantity 600 ml per 30 days.
XARELTO TABLET 10MG	3	QL; Benefit maximum quantity 30 tablets per 30 days.
XARELTO TABLET 15MG	3	QL; Benefit maximum quantity 51 tablets per 30 days.
XARELTO tablet 2.5MG	3	QL; Benefit maximum quantity 60 tablets per 30 days.
XARELTO TABLET 20MG	3	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
Blood Products and Modifiers, Other		
anagrelide capsule 0.5mg	4	
anagrelide capsule 1mg	4	
eltrombopag powder 12.5mg	5	PA; SP; QL; Benefit maximum quantity 60 packets per 30 days.
eltrombopag powder 25mg	5	PA; SP; QL; Benefit maximum quantity 180 packets per 30 days.
eltrombopag tablet 12.5mg	5	PA; SP;
eltrombopag tablet 25mg	5	PA; SP;
eltrombopag tablet 50mg	5	PA; SP;
eltrombopag tablet 75mg	5	PA; SP;
plerixafor injection 24/1.2ml	5	SP
RETACRIT INJECTION 10000UNT	4	SP; QL; Benefit maximum quantity 8 ml per 28 days.
RETACRIT INJECTION 20000UNI	4	SP; QL; Benefit maximum quantity 4 ml per 28 days.
RETACRIT INJECTION 2000UNIT	4	SP; QL; Benefit maximum quantity 12 ml per 28 days.
RETACRIT INJECTION 3000UNIT	4	SP; QL; Benefit maximum quantity 12 ml per 28 days.
RETACRIT INJECTION 40000UNT	4	SP; QL; Maximum quantity 4 ml per 28 days without additional quantity notification.
RETACRIT INJECTION 4000UNIT	4	SP; QL; Benefit maximum quantity 12 ml per 28 days.
ZARXIO INJECTION 300/0.5	5	SP
ZARXIO INJECTION 480/0.8	5	SP
Hemostasis Agents		
aminocapr ac tablet 1000mg	4	
aminocapr ac tablet 500mg	4	
aminocaproic solution 0.25/ml	4	
RECOTHROM SOLUTION 20000UNT	4	
RECOTHROM SOLUTION 5000UNIT	4	
tranex acid tablet 650mg	3	
Platelet Modifying Agents		
asa/dipyrida capsule 25-200mg	4	
cilostazol tablet 100mg	2	
cilostazol tablet 50mg	2	
clopidogrel tablet 300mg	2	
clopidogrel tablet 75mg	2	
dipyridamole tablet 25mg	2	
dipyridamole tablet 50mg	2	
dipyridamole tablet 75mg	2	
prasugrel tablet 10mg	2	
prasugrel tablet 5mg	2	
ticagrelor tablet 60mg	4	QL; Benefit maximum quantity 60 tablets per 30 days.
ticagrelor tablet 90mg	4	QL; Benefit maximum quantity 60 tablets per 30 days.
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine tablet 0.1mg	2	
clonidine tablet 0.2mg	2	
clonidine tablet 0.3mg	2	
guanfacine tablet 1mg	2	
guanfacine tablet 2mg	2	

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Drug name	Tier	Notes
methyldopa tablet 250mg	2	
methyldopa tablet 500mg	2	
midodrine tablet 10mg	2	
midodrine tablet 2.5mg	2	
midodrine tablet 5mg	2	
Alpha-adrenergic Blocking Agents		
phenoxybenza capsule 10mg	4	
prazosin hcl capsule 1mg	2	
prazosin hcl capsule 2mg	2	
prazosin hcl capsule 5mg	2	
Angiotensin II Receptor Antagonists		
irbesartan tablet 150mg	2	
irbesartan tablet 300mg	2	
irbesartan tablet 75mg	2	
losartan pot tablet 100mg	1	
losartan pot tablet 25mg	1	
losartan pot tablet 50mg	1	
olmesa medox tablet 20mg	2	
olmesa medox tablet 40mg	2	
olmesa medox tablet 5mg	2	
valsartan tablet 160mg	2	
valsartan tablet 320mg	2	
valsartan tablet 40mg	2	
valsartan tablet 80mg	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril tablet 10mg	2	
benazepril tablet 20mg	2	
benazepril tablet 40mg	2	
benazepril tablet 5mg	2	
enalapril tablet 10mg	2	
enalapril tablet 2.5mg	2	
enalapril tablet 20mg	2	
enalapril tablet 5mg	2	
lisinopril tablet 10mg	1	
lisinopril tablet 2.5mg	1	
lisinopril tablet 20mg	1	
lisinopril tablet 30mg	1	
lisinopril tablet 40mg	1	
lisinopril tablet 5mg	1	
ramipril capsule 1.25mg	2	
ramipril capsule 10mg	2	
ramipril capsule 2.5mg	2	
ramipril capsule 5mg	2	
Antiarrhythmics		
amiodarone tablet 100mg	2	
amiodarone tablet 200mg	2	
amiodarone tablet 400mg	2	
disopyramide capsule 100mg	3	
disopyramide capsule 150mg	3	
dofetilide capsule 125mcg	4	
dofetilide capsule 250mcg	4	
dofetilide capsule 500mcg	4	

Drug name	Tier	Notes
flecainide tablet 100mg	2	
flecainide tablet 150mg	2	
flecainide tablet 50mg	2	
MULTAQ TABLET 400MG	4	PA; PA
NORPACE CAPSULE 100MG CR	3	
NORPACE CAPSULE 150MG CR	3	
propafenone capsule 225mg xr	4	
propafenone capsule 325mg xr	4	
propafenone capsule 425mg xr	4	
propafenone tablet 150mg	2	
propafenone tablet 225mg	2	
propafenone tablet 300mg	2	
quinidine gl tablet 324mg cr	2	
quinidine gl tablet 324mg xr	2	
quinidine su tablet 200mg	2	
quinidine su tablet 300mg	2	
sotalol af tablet 120mg	2	
sotalol af tablet 160mg	2	
sotalol af tablet 80mg	2	
sotalol hcl tablet 120mg	2	
sotalol hcl tablet 160mg	2	
sotalol hcl tablet 240mg	2	
sotalol hcl tablet 80mg	2	
SOTYLIZE SOLUTION 5MG/ML	4	PA; PA
Beta-adrenergic Blocking Agents		
atenolol tablet 100mg	2	
atenolol tablet 25mg	2	
atenolol tablet 50mg	2	
betaxolol tablet 10mg	2	
betaxolol tablet 20mg	2	
bisoprol fum tablet 10mg	2	
bisoprol fum tablet 2.5mg	2	
bisoprol fum tablet 5mg	2	
carvedilol tablet 12.5mg	1	
carvedilol tablet 25mg	1	
carvedilol tablet 3.125mg	1	
carvedilol tablet 6.25mg	1	
labetalol tablet 100mg	2	
labetalol tablet 200mg	2	
labetalol tablet 300mg	2	
labetalol tablet 400mg	2	
metoprol suc tablet 100mg xr	1	
metoprol suc tablet 200mg xr	1	
metoprol suc tablet 25mg xr	1	
metoprol suc tablet 50mg xr	1	
metoprol tar tablet 100mg	1	
metoprol tar tablet 25mg	1	
metoprol tar tablet 50mg	1	
nadolol tablet 20mg	2	
nadolol tablet 40mg	2	
nadolol tablet 80mg	2	
nebivolol tablet 10mg	2	

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Drug name	Tier	Notes
nebivolol tablet 2.5mg	2	
nebivolol tablet 20mg	2	
nebivolol tablet 5mg	2	
propranolol capsule 120mg xr	2	
propranolol capsule 160mg xr	2	
propranolol capsule 60mg xr	2	
propranolol capsule 80mg xr	2	
propranolol solution 20mg/5ml	2	
propranolol solution 40mg/5ml	2	
propranolol tablet 10mg	2	
propranolol tablet 20mg	2	
propranolol tablet 40mg	2	
propranolol tablet 60mg	2	
propranolol tablet 80mg	2	
Calcium Channel Blocking Agents		
amlodipine tablet 10mg	1	
amlodipine tablet 2.5mg	1	
amlodipine tablet 5mg	1	
cartia xt capsule 120/24hr	2	
cartia xt capsule 180/24hr	2	
cartia xt capsule 240/24hr	2	
cartia xt capsule 300/24hr	2	
dilt-xr capsule 120mg	2	
dilt-xr capsule 180mg	2	
dilt-xr capsule 240mg	2	
diltiazem capsule 120mg xr	3	
diltiazem capsule 180mg xr	2	
diltiazem capsule 180mg/24	2	
diltiazem capsule 240mg xr	2	
diltiazem capsule 240mg/24	2	
diltiazem capsule 300mg xr	2	
diltiazem capsule 360mg xr	2	
diltiazem capsule 420mg/24	2	
diltiazem capsule 60mg xr	3	
diltiazem capsule 90mg xr	3	
diltiazem tablet 120mg	2	
diltiazem tablet 120mg xr	3	
diltiazem tablet 240mg xr	3	
diltiazem tablet 300mg xr	3	
diltiazem tablet 30mg	2	
diltiazem tablet 360mg xr	3	
diltiazem tablet 60mg	2	
diltiazem tablet 90mg	2	
diltiazem xr tablet 180mg	3	
diltiazem xr tablet 240mg	3	
diltiazem xr tablet 300mg	3	
diltiazem xr tablet 360mg	3	
diltiazem xr tablet 420mg	3	
felodipine tablet 10mg xr	2	
felodipine tablet 2.5mg xr	2	
felodipine tablet 5mg xr	2	
matzim la tablet 180mg/24	3	
matzim la tablet 240mg/24	3	
matzim la tablet 300mg/24	3	
matzim la tablet 360mg/24	3	
matzim la tablet 420mg/24	3	
nifedipine capsule 10mg	2	
nifedipine capsule 20mg	2	
nifedipine tablet 30mg xr	2	
nifedipine tablet 60mg xr	2	
nifedipine tablet 90mg xr	2	
nimodipine capsule 30mg	4	
NYMALIZE SOLUTION	3	
tiadylt capsule 120mg/24	2	
tiadylt capsule 180mg/24	2	
tiadylt capsule 240mg/24	2	
tiadylt capsule 300mg/24	2	
tiadylt capsule 360mg/24	2	
tiadylt capsule 420mg/24	2	
verapamil capsule 100mg xr	3	
verapamil capsule 120mg sustained release	3	
verapamil capsule 120mg xr	3	
verapamil capsule 180mg sustained release	3	
verapamil capsule 180mg xr	3	
verapamil capsule 200mg xr	3	
verapamil capsule 240mg sustained release	3	
verapamil capsule 240mg xr	3	
verapamil capsule 300mg xr	3	
verapamil capsule 360mg sustained release	3	
verapamil tablet 120mg	2	
verapamil tablet 120mg xr	2	
verapamil tablet 180mg xr	2	
verapamil tablet 240mg xr	2	
verapamil tablet 40mg	2	
verapamil tablet 80mg	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
diltiazem capsule 360mg cd	2	
Cardiovascular Agents, Other		
amilor/hctz tablet 5-50	2	
amlod/benazp capsule 10-20mg	2	
amlod/benazp capsule 10-40mg	2	
amlod/benazp capsule 2.5-10mg	2	
amlod/benazp capsule 5-10mg	2	
amlod/benazp capsule 5-20mg	2	
amlod/benazp capsule 5-40mg	2	
amlod/olmesa tablet 10-20mg	3	
amlod/olmesa tablet 10-40mg	3	
amlod/olmesa tablet 5-20mg	3	
amlod/olmesa tablet 5-40mg	3	
amlod/valsar tablet 10-160mg	3	
amlod/valsar tablet 10-320mg	3	

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Drug name	Tier	Notes
amlod/valsar tablet 5-160mg	3	
amlod/valsar tablet 5-320mg	3	
atenol/chlor tablet 100-25mg	2	
atenol/chlor tablet 50-25mg	2	
benazep/hctz tablet 10-12.5	3	
benazep/hctz tablet 20-12.5	3	
benazep/hctz tablet 20-25mg	3	
benazep/hctz tablet 5-6.25mg	3	
bisoprl/hctz tablet 10/6.25	2	
bisoprl/hctz tablet 2.5/6.25	2	
bisoprl/hctz tablet 5-6.25mg	2	
digoxin solution 50mcg/ml	3	
digoxin tablet 0.0625mg	4	
digoxin tablet 0.125mg	2	
digoxin tablet 0.25mg	2	
enalapr/hctz tablet 10-25mg	2	
enalapr/hctz tablet 5-12.5mg	2	
ENTRESTO CAPSULE 15-16MG	4	PA; QL; Maximum quantity 240 capsules per 30 days without additional quantity notification.
ENTRESTO CAPSULE 6-6MG	4	PA; QL; Benefit maximum quantity 240 capsules per 30 days.
irbesar/hctz tablet 150-12.5	2	
irbesar/hctz tablet 300-12.5	2	
isoso/hydral tablet 20-37.5	3	
lisinop/hctz tablet 10-12.5	1	
lisinop/hctz tablet 20-12.5	1	
lisinop/hctz tablet 20-25mg	1	
losartan/hct tablet 100-12.5	1	
losartan/hct tablet 100-25	1	
losartan/hct tablet 50-12.5	1	
olm med/hctz tablet 20-12.5	2	
olm med/hctz tablet 40-12.5	2	
olm med/hctz tablet 40-25mg	2	
pentoxifylli tablet 400mg xr	2	
sacub/valsar tablet 24-26mg	3	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
sacub/valsar tablet 49-51mg	3	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
sacub/valsar tablet 97-103mg	3	PA; QL; Benefit maximum quantity 60 tablets per 30 days.
spirono/hctz tablet 25/25	2	
triamt/hctz capsule 37.5-25	2	
triamt/hctz tablet 37.5-25	2	
triamt/hctz tablet 75-50mg	2	
valsart/hctz tablet 160-12.5	2	
valsart/hctz tablet 160-25mg	2	
valsart/hctz tablet 320-12.5	2	
valsart/hctz tablet 320-25mg	2	
valsart/hctz tablet 80-12.5	2	
Diuretics, Loop		
bumetanide tablet 0.5mg	2	
bumetanide tablet 1mg	2	
bumetanide tablet 2mg	2	
furosemide solution 10mg/ml	2	
furosemide solution 40mg/5ml	2	
furosemide tablet 20mg	1	
furosemide tablet 40mg	1	
furosemide tablet 80mg	1	
torsemide tablet 100mg	2	
torsemide tablet 10mg	2	
torsemide tablet 20mg	2	
torsemide tablet 5mg	2	
Diuretics, Potassium-sparing		
amiloride tablet 5mg	2	
eplerenone tablet 25mg	3	
eplerenone tablet 50mg	3	
spironolact tablet 100mg	2	
spironolact tablet 25mg	2	
spironolact tablet 50mg	2	
Diuretics, Thiazide		
chlorthalid tablet 25mg	2	
chlorthalid tablet 50mg	2	
hydrochlorot capsule 12.5mg	1	
hydrochlorot tablet 12.5mg	1	
hydrochlorot tablet 25mg	1	
hydrochlorot tablet 50mg	1	
indapamide tablet 1.25mg	2	
indapamide tablet 2.5mg	2	
metolazone tablet 10mg	2	
metolazone tablet 2.5mg	2	
metolazone tablet 5mg	2	

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Drug name	Tier	Notes
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate capsule 134mg	2	
fenofibrate capsule 200mg	2	
fenofibrate capsule 67mg	2	
fenofibrate tablet 145mg	2	
fenofibrate tablet 160mg	2	
fenofibrate tablet 48mg	2	
fenofibrate tablet 54mg	2	
gemfibrozil tablet 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin tablet 10mg	1	
atorvastatin tablet 20mg	1	
atorvastatin tablet 40mg	1	
atorvastatin tablet 80mg	1	
fluvastatin capsule 20mg	3	$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
fluvastatin capsule 40mg	3	$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin tablet 10mg	2	$0 Copay for members between ages 40 to 75 years.
lovastatin tablet 20mg	2	$0 Copay for members between ages 40 to 75 years.
lovastatin tablet 40mg	2	$0 Copay for members between ages 40 to 75 years.
pravastatin tablet 10mg	2	$0 Copay for members between ages 40 to 75 years.
pravastatin tablet 20mg	2	$0 Copay for members between ages 40 to 75 years.
pravastatin tablet 40mg	2	$0 Copay for members between ages 40 to 75 years.
pravastatin tablet 80mg	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin tablet 10mg	2	$0 Copay for members between ages 40 to 75 years.
rosuvastatin tablet 20mg	2	
rosuvastatin tablet 40mg	2	
rosuvastatin tablet 5mg	2	$0 Copay for members between ages 40 to 75 years.
simvastatin tablet 10mg	1	
simvastatin tablet 20mg	1	
simvastatin tablet 40mg	1	
simvastatin tablet 5mg	1	
simvastatin tablet 80mg	1	
Dyslipidemics, Other		
cholestyram powder 4gm	3	
cholestyram powder 4gm lite	3	
colesevelam packet 3.75gm	3	
colesevelam tablet 625mg	3	
colestipol tablet 1gm	2	
ezetimibe tablet 10mg	2	
niacin tablet 500mg	3	
niacin tablet 500mg xr	3	
niacin xr tablet 1000mg	3	
niacin xr tablet 500mg	3	
niacin xr tablet 750mg	3	
niacor tablet 500mg	3	
omega-3-acid capsule 1gm	2	PA; PA
prevalite powder 4gm	3	
prevalite powder 4gm pk	3	
REPATHA INJECTION 140MG/ML	3	PA; QL; Maximum quantity 2 ml per 28 days without additional quantity notification.
REPATHA PUSH INJECTION 420/3.5	3	PA; QL; Maximum quantity 3.5 ml per 28 days without additional quantity notification.
REPATHA SURE INJECTION 140MG/ML	3	PA; QL; Maximum quantity 2 ml per 28 days without additional quantity notification.

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Drug name	Tier	Notes
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
dapag/met xr tablet 10-1000	3	QL; Benefit maximum quantity 30 tablets per 30 days.
dapag/met xr tablet 10-500mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
dapag/met xr tablet 5-1000mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
dapag/met xr tablet 5-500mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
dapagliflozi tablet 10mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
dapagliflozi tablet 5mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
JARDIANCE TABLET 10MG	3	QL; Benefit maximum quantity 30 tablets per 30 days.
JARDIANCE TABLET 25MG	3	QL; Benefit maximum quantity 30 tablets per 30 days.
Vasodilators, Direct-acting Arterial		
hydralazine tablet 100mg	2	
hydralazine tablet 10mg	2	
hydralazine tablet 25mg	2	
hydralazine tablet 50mg	2	
minoxidil tablet 10mg	2	
minoxidil tablet 2.5mg	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorb din tablet 10mg	2	
isosorb din tablet 20mg	2	
isosorb din tablet 30mg	2	
isosorb din tablet 5mg	2	
isosorb mono tablet 10mg	2	
isosorb mono tablet 120mg xr	2	
isosorb mono tablet 20mg	2	
isosorb mono tablet 30mg xr	2	
isosorb mono tablet 60mg xr	2	
nitro-bid ointment 2%	3	

Drug name	Tier	Notes
NITRO-DUR PATCH 0.3MG/HR	4	
NITRO-DUR PATCH 0.8MG/HR	4	
nitroglycer ointment 2%	3	
nitroglycer patch 0.1mg/hr	2	
nitroglycer patch 0.2mg/hr	2	
nitroglycer patch 0.4mg/hr	2	
nitroglycer patch 0.6mg/hr	2	
nitroglyceri sublingual 0.6mg	2	
nitroglycern sublingual 0.3mg	2	
nitroglycern sublingual 0.4mg	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphet/dextr capsule 10mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr capsule 15mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr capsule 20mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr capsule 25mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr capsule 30mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr capsule 5mg xr	3	PA; QL; Benefit maximum quantity 60 capsules per 30 days.
amphet/dextr tablet 10mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
amphet/dextr tablet 12.5mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.

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Drug name	Tier	Notes
amphet/dextr tablet 15mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
amphet/dextr tablet 20mg	2	PA; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
amphet/dextr tablet 30mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
amphet/dextr tablet 5mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
amphet/dextr tablet 7.5mg	2	PA; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
dextroamphet capsule 10mg xr	3	PA; QL; Benefit maximum quantity 150 capsules per 30 days.
dextroamphet capsule 15mg xr	3	PA; QL; Benefit maximum quantity 120 capsules per 30 days.
dextroamphet capsule 5mg xr	3	PA; QL; Benefit maximum quantity 300 capsules per 30 days.
dextroamphet solution 5mg/5ml	3	PA; PA
dextroamphet tablet 10mg	2	PA; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
dextroamphet tablet 5mg	2	PA; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine capsule 100mg	3	QL; Benefit maximum quantity 30 capsules per 30 days.
atomoxetine capsule 10mg	3	QL; Benefit maximum quantity 90 capsules per 30 days.
atomoxetine capsule 18mg	3	QL; Benefit maximum quantity 150 capsules per 30 days.
atomoxetine capsule 25mg	3	QL; Benefit maximum quantity 90 capsules per 30 days.
atomoxetine capsule 40mg	3	QL; Benefit maximum quantity 60 capsules per 30 days.
atomoxetine capsule 60mg	3	QL; Benefit maximum quantity 30 capsules per 30 days.
atomoxetine capsule 80mg	3	QL; Benefit maximum quantity 30 capsules per 30 days.
clonidine tablet 0.1mg xr	3	
dexmethylph tablet 10mg	2	PA; QL; Benefit maximum quantity 60 tablets per 30 days.
dexmethylph tablet 2.5mg	2	PA; QL; Benefit maximum quantity 60 tablets per 30 days.
dexmethylph tablet 5mg	2	PA; QL; Benefit maximum quantity 60 tablets per 30 days.
guanfacine tablet 1mg xr	2	

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Drug name	Tier	Notes
guanfacine tablet 2mg xr	2	
guanfacine tablet 3mg xr	2	
guanfacine tablet 4mg xr	2	
methylphenid tablet 10mg	2	PA; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
methylphenid tablet 10mg xr	3	PA; QL; Benefit maximum quantity 300 tablets per 30 days.
methylphenid tablet 20mg	2	PA; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
methylphenid tablet 20mg xr	3	PA; QL; Benefit maximum quantity 150 tablets per 30 days.
methylphenid tablet 5mg	2	PA; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
Central Nervous System, Other		
bac tablet	2	QL; Benefit maximum quantity 180 tablets per 30 days.
but/apap/caf capsule	4	QL; Benefit maximum quantity 180 capsules per 30 days.
but/apap/caf tablet	2	QL; Benefit maximum quantity 180 tablets per 30 days.
but/asa/caff capsule	3	
butalb/aceta tablet 50-300mg	3	
caffeine cit solution 20mg/ml	2	
caffeine cit solution 60mg/3ml	2	
riluzole tablet 50mg	4	SP
tetrabenazin tablet 12.5mg	4	PA; SP;
tetrabenazin tablet 25mg	4	PA; SP;

Drug name	Tier	Notes
Fibromyalgia Agents		
milnacipran tablet 100mg	4	ST; QL; Benefit maximum quantity 60 tablets per 30 days.
milnacipran tablet 12.5mg	4	ST; QL; Benefit maximum quantity 60 tablets per 30 days.
milnacipran tablet 25mg	4	ST; QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
milnacipran tablet 50mg	4	ST; QL; Benefit maximum quantity 60 tablets per 30 days.
milnacipran titr packet	4	ST; QL; Benefit maximum quantity 55 tablets (1 pack) per 365 days.
Multiple Sclerosis Agents		
AVONEX PEN KIT 30MCG	5	PA; SP; QL; Benefit maximum quantity 1 pens per 28 days.
AVONEX PREFILLED KIT 30MCG	5	PA; SP; QL; Benefit maximum quantity 1 syringes per 28 days.
BETASERON INJECTION 0.3MG	5	PA; SP; QL; Benefit maximum quantity 15 kit per 30 days.
dalfampridin tablet 10mg xr	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
dimethyl fum capsule 120mg dr	4	PA; SP; QL; Benefit maximum quantity 56 capsules per 365 days.

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Drug name	Tier	Notes
dimethyl fum capsule 240mg dr	4	PA; SP; QL; Benefit maximum quantity 60 capsules per 30 days.
dimethyl fum capsule starter	4	PA; SP; QL; Benefit maximum quantity 60 capsules per 365 days.
fingolimod capsule 0.5mg	4	PA; SP; QL; Benefit maximum quantity 30 capsules per 30 days.
glatiramer injection 20mg/ml	4	PA; SP; QL; Benefit maximum quantity 30 ml per 30 days.
glatiramer injection 40mg/ml	4	PA; SP; QL; Benefit maximum quantity 12 ml per 28 days.
glatopa injection 20mg/ml	4	PA; SP; QL; Benefit maximum quantity 30 ml per 30 days.
glatopa injection 40mg/ml	4	PA; SP; QL; Benefit maximum quantity 12 ml per 28 days.
teriflunomid tablet 14mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
teriflunomid tablet 7mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
ZEPOSIA 7DAY CAPSULE STR PACK	5	PA; SP; QL; Maximum quantity 7 capsules per 365 days without additional quantity notification.
ZEPOSIA CAPSULE 0.92MG	5	PA; SP; QL; Benefit maximum quantity 30 capsules per 30 days.
ZEPOSIA CAPSULE STR KIT	5	PA; SP; QL; Maximum quantity 28 capsules per 365 days without additional quantity notification.
Dental and Oral Agents		
Dental and Oral Agents		
chlorhex glu solution 0.12%	2	
doxycycl hyc tablet 20mg	2	
lidocaine solution 2% oral	2	
lidocaine solution 2% visc	2	
lidocaine solution 4%	3	
periogard solution 0.12%	2	
triamcinolon pst 0.1%	2	
triamcinolon pst den 0.1%	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane capsule 10mg	4	
accutane capsule 20mg	4	
accutane capsule 30mg	4	
accutane capsule 40mg	4	
acitretin capsule 10mg	4	
acitretin capsule 17.5mg	4	
acitretin capsule 25mg	4	
adapalene cream 0.1%	4	PA; QL; Maximum quantity 45 grams per 30 days without additional quantity notification.
adapalene gel 0.1%	4	PA; QL; Maximum quantity 45 grams per 30 days without additional quantity notification.
adapalene gel 0.3%	4	PA; QL; Maximum quantity 45 grams per 30 days without additional quantity notification.

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Drug name	Tier	Notes
adapalene gel 0.3% pump	4	PA; QL; Maximum quantity 45 grams per 30 days without additional quantity notification.
amnesteem capsule 10mg	4	
amnesteem capsule 20mg	4	
amnesteem capsule 30mg	4	
amnesteem capsule 40mg	4	
azelaic acid gel 15%	4	QL; Maximum quantity 50 grams per 30 days without additional quantity notification.
claravis capsule 10mg	4	
claravis capsule 20mg	4	
claravis capsule 30mg	4	
claravis capsule 40mg	4	
CLINDACIN KIT ETZ 1%	2	
clindamy/ben gel 1.2-5%	3	QL; Maximum quantity 45 grams per 30 days without additional quantity notification.
ery/benzoyl gel 3-5%	3	QL; Maximum quantity 23.3 grams per 30 days without additional quantity notification.
isotretinoin capsule 10mg	4	
isotretinoin capsule 20mg	4	
isotretinoin capsule 30mg	4	
isotretinoin capsule 40mg	4	
metronidazol cream 0.75%	3	
metronidazol gel 0.75%	3	
metronidazol lotion 0.75%	3	
tazarotene cream 0.1%	4	PA; QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
tazarotene gel 0.05%	4	PA; QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
tazarotene gel 0.1%	4	PA; QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
tretinoin cream 0.025%	3	PA; QL; Maximum quantity 20 grams per 30 days without additional quantity notification.
tretinoin cream 0.05%	3	PA; QL; Maximum quantity 20 grams per 30 days without additional quantity notification.
tretinoin cream 0.1%	3	PA; QL; Maximum quantity 20 grams per 30 days without additional quantity notification.
trilitas gel 0.1%	4	PA; QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
zenatane capsule 10mg	4	
zenatane capsule 20mg	4	
zenatane capsule 30mg	4	
zenatane capsule 40mg	4	
Dermatitis and Pruritus Agents		
alclometason cream 0.05%	2	
alclometason ointment 0.05%	2	
ammonium lac cream 12%	2	
beta diprop cream 0.05%	3	
beta diprop gel 0.05%	3	
beta diprop lotion 0.05%	3	
beta diprop ointment 0.05%	3	
betameth dip cream 0.05%	3	

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Drug name	Tier	Notes
betameth dip lotion 0.05%	3	
betameth dip ointment 0.05%	3	
betameth val cream 0.1%	3	
betameth val lotion 0.1%	3	
betameth val ointment 0.1%	3	
clobetasol cream 0.05%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
clobetasol e cream 0.05%	4	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
clobetasol gel 0.05%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
clobetasol ointment 0.05%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
clobetasol solution 0.05%	4	QL; Maximum quantity 25 ml per 30 days without additional quantity notification.
desonide cream 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
desonide lotion 0.05%	3	QL; Maximum quantity 60 ml per 30 days without additional quantity notification.
desonide ointment 0.05%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.

Drug name	Tier	Notes
desoximetas cream 0.05%	3	QL; Maximum quantity 100 grams per 30 days without additional quantity notification.
desoximetas cream 0.25%	3	QL; Maximum quantity 100 grams per 30 days without additional quantity notification.
desoximetas gel 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
desoximetas ointment 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
desoximetas ointment 0.25%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
desoximetaso spray 0.25%	3	QL; Maximum quantity 100 ml per 30 days without additional quantity notification.
fluocinolone cream 0.01%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
fluocinolone cream 0.025%	3	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
fluocinolone oil 0.01% sc	3	QL; Maximum quantity 118.28 ml per 30 days without additional quantity notification.

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Drug name	Tier	Notes
fluocinolone oil 0.01%bdy	3	QL; Maximum quantity 118.28 ml per 30 days without additional quantity notification.
fluocinolone oil 0.01%top	3	QL; Maximum quantity 118.28 ml per 30 days without additional quantity notification.
fluocinolone ointment 0.025%	3	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
fluocinolone solution 0.01%	3	QL; Maximum quantity 60 ml per 30 days without additional quantity notification.
fluocinonide cream 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
fluocinonide cream e 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
fluocinonide gel 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
fluocinonide ointment 0.05%	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
fluocinonide solution 0.05%	3	QL; Maximum quantity 60 ml per 30 days without additional quantity notification.
fluticasone cream 0.05%	2	
fluticasone ointment 0.005%	2	
halobetasol cream 0.05%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
halobetasol ointment 0.05%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
hc butyrate cream 0.1%	4	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
hc butyrate ointment 0.1%	4	
hc butyrate solution 0.1%	4	
hc valerate cream 0.2%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
hc valerate ointment 0.2%	3	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
hydrocort cream 2.5%	2	
hydrocort lotion 2.5%	2	
hydrocort ointment 1%	2	
hydrocort ointment 2.5%	2	
mometasone cream 0.1%	2	
mometasone ointment 0.1%	2	
mometasone solution 0.1%	2	
selenium sul lotion 2.5%	2	
tacrolimus ointment 0.03%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
tacrolimus ointment 0.1%	3	QL; Maximum quantity 30 grams per 30 days without additional quantity notification.

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Drug name	Tier	Notes
triamcinolon cream 0.025%	2	QL; Maximum quantity 80 grams per 30 days without additional quantity notification.
triamcinolon cream 0.1%	2	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
triamcinolon cream 0.5%	2	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
triamcinolon lotion 0.025%	2	
triamcinolon lotion 0.1%	2	
triamcinolon ointment 0.025%	2	
triamcinolon ointment 0.1%	2	
triamcinolon ointment 0.5%	2	
triderm cream 0.5%	2	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
Dermatological Agents, Other		
ANALPRAM-HC LOTION 2.5%	4	
calcipotrien cream 0.005%	4	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
calcipotrien ointment 0.005%	4	QL; Maximum quantity 120 grams per 30 days without additional quantity notification.
calcipotrien solution 0.005%	3	QL; Maximum quantity 60 ml per 30 days without additional quantity notification.
calcitriol ointment 3mcg/gm	4	QL; Maximum quantity 100 grams per 30 days without additional quantity notification.
clotrim/beta cream diprop	2	
clotrim/beta lotion diprop	3	
diclofenac gel 3%	4	QL; Maximum quantity 100 grams per 30 days without additional quantity notification.
FLUOROURACIL CREAM 0.5%	4	
fluorouracil cream 5%	2	
fluorouracil solution 2%	2	
fluorouracil solution 5%	2	
hc pramoxine cream 1-1%	3	
imiquimod cream 5%	2	QL; Maximum quantity 24 grams per 30 days without additional quantity notification.
nystat/triam cream	2	
nystat/triam ointment	2	
OTEZLA TABLET 20MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
OTEZLA TABLET 30MG	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
OTEZLA XR TABLET 75MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
OTEZLA/XR TABLET 28 DAY	5	PA; SP; QL; Benefit maximum quantity 41 tablets per 365 days.
podofilox solution 0.5%	2	

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Drug name	Tier	Notes
REGRANEX GEL 0.01%	3	PA; QL; Maximum quantity 30 grams per 30 days without additional quantity notification.
silver sulfa cream 1%	2	
ssd cream 1%	2	
Pediculicides/Scabicides		
ivermectin cream 1%	4	QL; Maximum quantity 45 grams per 30 days without additional quantity notification.
permethrin cream 5%	2	
Topical Anti-infectives		
acyclovir ointment 5%	3	QL; Maximum quantity 15 grams per prescription without additional quantity notification.
ciclopirox solution 8%	2	
clindamycin gel 1% 1xdly	3	QL; Maximum quantity 75 ml per 30 days without additional quantity notification.
clindamycin gel 1% 2xdly	3	QL; Maximum quantity 60 grams per 30 days without additional quantity notification.
clindamycin lotion 1%	3	
clindamycin solution 1%	2	
ERY PAD 2%	2	
erythromycin gel 2%	3	
erythromycin solution 2%	3	
mupirocin cream 2%	4	QL; Maximum quantity 15 grams per 30 days without additional quantity notification.
mupirocin ointment 2%	2	QL; Maximum quantity 22 grams per 30 days without additional quantity notification.
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
EFFER-K TABLET 10MEQ	3	
EFFER-K TABLET 20MEQ	3	
effer-k tablet 25meq ef	2	
fluoride chewable 0.25mg	1	$0 Copay for members ages 0 to 16 years.
fluoride chewable 0.5mg	1	$0 Copay for members ages 0 to 16 years.
fluoride chewable 1mg	1	$0 Copay for members ages 0 to 16 years.
GALZIN CAPSULE 25MG	4	
GALZIN CAPSULE 50MG	4	
klor-con 10 tablet 10meq xr	2	
klor-con 8 tablet 8meq xr	2	
klor-con m10 tablet 10meq xr	2	
klor-con m15 tablet 15meq xr	2	
klor-con m20 tablet 20meq xr	2	
klor-con packet 20meq	4	
klor-con/ef tablet 25meq	2	
pot chloride capsule 10meq xr	2	
pot chloride capsule 8meq xr	2	
pot chloride powder 20meq	4	
pot chloride solution 10%	2	
pot chloride solution 20%	2	
pot chloride tablet 10meq xr	2	
pot chloride tablet 15meq xr	2	
pot chloride tablet 20meq xr	2	
pot chloride tablet 8meq xr	2	
pot citra xr tablet 1080mg	3	
pot citra xr tablet 1620mg	3	
pot citra xr tablet 540mg	3	
pot cl micro tablet 10meq cr	2	
pot cl micro tablet 10meq xr	2	
pot cl micro tablet 15meq xr	2	
pot cl micro tablet 20meq xr	2	
sod fluoride drops 0.5mg/ml	1	$0 Copay for members ages 0 to 16 years.
sodium fluor chewable 0.25mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluor chewable 0.5mg	1	$0 Copay for members ages 0 to 16 years.

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Drug name	Tier	Notes
sodium fluor chewable 1mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluor tablet 0.5mg	1	$0 Copay for members ages 0 to 16 years.
sodium fluor tablet 1mg	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	3	
deferasirox tablet 125mg	4	PA; SP;
deferasirox tablet 180mg	4	PA; SP;
deferasirox tablet 250mg	4	PA; SP;
deferasirox tablet 360mg	4	PA; SP;
deferasirox tablet 500mg	4	PA; SP;
deferasirox tablet 90mg	4	PA; SP;
penicillamin capsule 250mg	5	SP
penicillamin tablet 250mg	5	SP
tolvaptan tablet 15mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
tolvaptan tablet 30mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
Phosphate Binders		
calc acetate capsule 667mg	2	
calc acetate tablet 667mg	2	
FERRIC CITRA TABLET 210MG	4	SP
sevelam carb powder 0.8gm	4	
sevelam carb powder 2.4gm	4	
sevelam carb tablet 800mg	3	
Potassium Binders		
sod poly sul powder	2	
Vitamins		
ATABEX ENTERIC COATED TABLET 29-1MG	2	
ATABEX OB TABLET 29-1MG	2	
CO-NATAL FA TABLET 29-1MG	2	
COMPLETE NAT PACKET DHA	2	
COMPLETENATE CHEWABLE	2	
cyanocobalam injection 10000mcg	2	
cyanocobalam injection 1000mcg	2	
cyanocobalam injection 30000mcg	2	
CYANOCOBALAM SOLUTION 2000MCG	2	
DODEX INJECTION	3	
ergocalcifer capsule 1.25mg	2	
fa-8 capsule 800mcg	1	
FOLIC ACID tablet 1000MCG	2	
folic acid tablet 1mg	2	
FOLIC ACID tablet 400MCG	1	
folic acid tablet 800mcg	1	
FOLIVANE-OB CAPSULE	2	
INATAL GT TABLET	2	
M-NATAL PLUS TABLET	2	
NEONATAL TABLET PLUS	2	
NIVA-PLUS TABLET	2	
ONE VITE TABLET 1MG PLUS	2	
phytonadione tablet 5mg	4	QL; Maximum quantity 5 tablets per 30 days without additional quantity notification.
pnv 27-ca/fe tablet /fa	2	
PRENATABS FA TABLET 29-1MG	2	
prenatal 19 tablet 29-1mg	2	
prenatal pls mv + dha	2	
prenatal tablet plus	2	
PRENATAL-U CAPSULE 106.5-1	2	
PROVIDA OB CAPSULE	2	
SE-NATAL 19 CHEWABLE	2	
SE-NATAL 19 TABLET	2	
TARON-C DHA CAPSULE	2	
THRIVITE RX TABLET 29-1MG	2	
TRICARE TABLET PRENATAL	2	
TRINATAL RX TABLET 1	2	
TRINATE TABLET	2	
vitamin d capsule 1.25mg	2	
vitamin d capsule 50000	2	
vitamin d capsule 50000unt	2	
WESNATAL DHA PACKET COMPLETE	2	
WESTAB PLUS TABLET 27-1MG	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
bisacodyl tablet 5mg enteric coated	1	
CITROMA SOLUTION LEMONY	1	
clearlax powder	1	
constulose solution 10/15ml	2	
cvs purelax powder	1	
enulose solution 10gm/15	2	
gavilax powder	1	
generlac solution 10/15ml	2	
generlac solution 10gm/15	2	
gentlelax powder	1	
glycolax powder 3350 nf	1	
lactulose solution 10/15ml	2	
lactulose solution 10gm/15	2	
lactulose solution 20/30ml	2	

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Drug name	Tier	Notes
LINZESS CAPSULE 145MCG	3	PA; QL; Benefit maximum quantity 30 capsules per 30 days.
LINZESS CAPSULE 290MCG	3	PA; QL; Benefit maximum quantity 30 capsules per 30 days.
LINZESS CAPSULE 72MCG	3	PA; QL; Benefit maximum quantity 30 capsules per 30 days.
lubiprostone capsule 24mcg	3	QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
lubiprostone capsule 8mcg	3	QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
MAG CITRATE solution LEMON	1	
MIRALAX POWDER 3350 NF	1	
polyeth glyc powder 3350 nf	1	
Anti-Diarrheal Agents		
diphen/atrop tablet 2.5mg	2	
loperamide capsule 2mg	2	
Antispasmodics, Gastrointestinal		
dicyclomine capsule 10mg	2	
dicyclomine solution 10mg/5ml	3	
dicyclomine tablet 20mg	2	
glycopyrrol tablet 1mg	2	
glycopyrrol tablet 2mg	2	
Gastrointestinal Agents, Other		
alvimopan capsule 12mg	4	
CLENPIQ SOLUTION	4	QL; Benefit maximum quantity 350 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-c solution	2	QL; Benefit maximum quantity 4000 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g solution	2	QL; Benefit maximum quantity 4000 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
metoclopram solution 10/10ml	2	
metoclopram solution 5mg/5ml	2	
metoclopram tablet 10mg	2	
metoclopram tablet 5mg	2	
opium tin 10mg/ml	4	QL; Maximum quantity 72 ml per 30 days without additional quantity notification.
peg-3350 solution electrol	2	QL; Benefit maximum quantity 4000 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/kcl solution /sodium	2	QL; Benefit maximum quantity 4000 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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Drug name	Tier	Notes
peg/nasul/c/ solution nacl/pot	4	QL; Benefit maximum quantity 1 kit per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOLUTION	4	QL; Benefit maximum quantity 3 pouches (1 kit) per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
sodium/potas solution magnesiu	4	QL; Benefit maximum quantity 354 ml per prescription.$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SYMPROIC TABLET 0.2MG	3	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
ursodiol capsule 300mg	2	
ursodiol tablet 250mg	2	
ursodiol tablet 500mg	2	
Histamine2 (H2) Receptor Antagonists		
cimetidine solution 300/5ml	2	
cimetidine tablet 300mg	2	
cimetidine tablet 400mg	2	
cimetidine tablet 800mg	2	
famotidine suspension 40mg/5ml	3	
famotidine tablet 20mg	2	
famotidine tablet 40mg	2	
Protectants		
misoprostol tablet 100mcg	2	
misoprostol tablet 200mcg	2	
sucralfate suspension 1gm/10ml	4	PA; PA
sucralfate tablet 1gm	2	

Drug name	Tier	Notes
Proton Pump Inhibitors		
esomepra mag capsule 20mg dr	2	QL; Benefit maximum quantity 30 capsules per 30 days.
esomepra mag capsule 40mg dr	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
lansoprazole capsule 15mg dr	2	QL; Maximum quantity 60 capsules per 30 days without additional quantity notification.
lansoprazole capsule 30mg dr	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
omeprazole capsule 10mg	2	
omeprazole capsule 20mg	2	
omeprazole capsule 40mg	2	
pantoprazole tablet 20mg	2	
pantoprazole tablet 40mg	2	
rabeprazole tablet 20mg	3	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
betaine anhy powder	5	SP
cromolyn sod con 100/5ml	4	
CYSTAGON CAPSULE 150MG	5	SP
CYSTAGON CAPSULE 50MG	5	SP
DAYBUE SOLUTION 200MG/ML	5	PA; SP; QL; Benefit maximum quantity 3600 ml per 30 days.
nitisinone capsule 10mg	4	PA; SP;
nitisinone capsule 20mg	4	PA; SP;
nitisinone capsule 2mg	4	PA; SP;
nitisinone capsule 5mg	4	PA; SP;

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Drug name	Tier	Notes
sapropterin powder 100mg	5	PA; SP; QL; Maximum quantity 480 packets per 30 days without additional quantity notification.
sapropterin powder 500mg	5	PA; SP; QL; Benefit maximum quantity 120 packets per 30 days.
sapropterin tablet 100mg	5	PA; SP; QL; Maximum quantity 480 tablets per 30 days without additional quantity notification.
zelvysia powder 100mg	5	PA; SP; QL; Maximum quantity 480 packets per 30 days without additional quantity notification.
zelvysia powder 500mg	5	PA; SP; QL; Maximum quantity 120 packets per 30 days without additional quantity notification.
ZENPEP CAPSULE 10000UNT	3	
ZENPEP CAPSULE 15000UNT	3	
ZENPEP CAPSULE 20000UNT	3	
ZENPEP CAPSULE 25000UNT	3	
ZENPEP CAPSULE 3000UNIT	3	
ZENPEP CAPSULE 40000UNT	3	
ZENPEP CAPSULE 5000UNIT	3	
ZENPEP CAPSULE 60000UNT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
oxybutynin solution 5mg/5ml	2	
oxybutynin tablet 10mg xr	2	
oxybutynin tablet 15mg xr	2	
oxybutynin tablet 5mg	2	
oxybutynin tablet 5mg xr	2	
solifenacin tablet 10mg	2	
solifenacin tablet 5mg	2	
tolterodine tablet 1mg	3	
tolterodine tablet 2mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin tablet 10mg xr	2	
doxazosin tablet 1mg	2	
doxazosin tablet 2mg	2	
doxazosin tablet 4mg	2	
doxazosin tablet 8mg	2	
finasteride tablet 5mg	2	
tamsulosin capsule 0.4mg	2	
terazosin capsule 10mg	2	
terazosin capsule 1mg	2	
terazosin capsule 2mg	2	
terazosin capsule 5mg	2	
Genitourinary Agents, Other		
bethanechol tablet 10mg	2	
bethanechol tablet 25mg	2	
bethanechol tablet 50mg	2	
bethanechol tablet 5mg	2	
ELMIRON CAPSULE 100MG	3	
ENCARE SUPPOSITORY 100MG	1	
GYNOL II GEL 3%	1	
phenazo tablet 200mg	2	
phenazopyrid tablet 100mg	2	
phenazopyrid tablet 200mg	2	
PHEXX GEL	1	
PHEXXI GEL	1	
TODAY SPONGE	1	
VCF VAGINAL CONTRACP	1	
VCF VAGINAL GEL CONTRACE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
dexamethason con 1mg/ml	2	
dexamethason elx 0.5/5ml	2	
dexamethason solution 0.5/5ml	2	
dexamethason tablet 0.5mg	2	
dexamethason tablet 0.75mg	2	
dexamethason tablet 1.5mg	2	
dexamethason tablet 1mg	2	
dexamethason tablet 2mg	2	
dexamethason tablet 4mg	2	
dexamethason tablet 6mg	2	
fludrocort tablet 0.1mg	2	
hydrocort tablet 10mg	2	
hydrocort tablet 20mg	2	
hydrocort tablet 5mg	2	
methylpred tablet 16mg	2	
methylpred tablet 32mg	2	
methylpred tablet 4mg	2	
methylpred tablet 8mg	2	
prednisolone solution 10mg/5ml	2	
prednisolone solution 15mg/5ml	2	

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Drug name	Tier	Notes
prednisolone solution 20mg/5ml	2	QL; Maximum quantity 474 ml per prescription without additional quantity notification.
prednisolone solution 25mg/5ml	2	
prednisolone solution 5mg/5ml	2	
prednisone con 5mg/ml	3	
prednisone packet 10mg	2	
prednisone packet 5mg	2	
prednisone solution 5mg/5ml	3	
prednisone tablet 10mg	2	
prednisone tablet 1mg	2	
prednisone tablet 2.5mg	2	
prednisone tablet 20mg	2	
prednisone tablet 50mg	2	
prednisone tablet 5mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desmopressin injection 40/10ml	4	
desmopressin injection 4mcg/ml	4	
desmopressin spray 0.01%	3	
desmopressin tablet 0.1mg	2	
desmopressin tablet 0.2mg	2	
INCRELEX INJECTION 40MG/4ML	5	PA; SP; QL; Maximum quantity 52 ml per 30 days without additional quantity notification.
NORDITROPIN INJECTION 10/1.5ML	4	PA; SP; QL; Maximum quantity 13.5 ml per 30 days without additional quantity notification.
NORDITROPIN INJECTION 15/1.5ML	4	PA; SP; QL; Maximum quantity 9 ml per 30 days without additional quantity notification.
NORDITROPIN INJECTION 30/3ML	4	PA; SP; QL; Maximum quantity 9 ml per 30 days without additional quantity notification.
NORDITROPIN INJECTION 5/1.5ML	4	PA; SP; QL; Maximum quantity 27 ml per 30 days without additional quantity notification.
OMNITROPE INJECTION 10/1.5ML	4	PA; SP; QL; Maximum quantity 13.5 ml per 30 days without additional quantity notification.
OMNITROPE INJECTION 5.8MG	4	PA; SP; QL; Maximum quantity 16 vials per 30 days without additional quantity notification.
OMNITROPE INJECTION 5/1.5ML	4	PA; SP; QL; Maximum quantity 27 ml per 30 days without additional quantity notification.
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol capsule 100mg	3	
danazol capsule 200mg	3	
danazol capsule 50mg	3	
methyltestos capsule 10mg	4	
testosterone cypionate injection 100mg/ml	2	PA; PA
testosterone cypionate injection 200mg/ml	2	PA; PA
testosterone enanthate injection 200mg/ml	2	PA; PA
testosterone gel 1.62%	3	PA; QL; Maximum quantity 150 grams per 30 days without additional quantity notification.
testosterone gel 1%(50mg)	3	PA; QL; Maximum quantity 300 grams per 30 days without additional quantity notification.

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Drug name	Tier	Notes
Estrogens		
abigale lo tablet 0.5-0.1	3	
abigale tablet 1-0.5mg	3	
afirmelle tablet 0.1-0.02	1	
altavera tablet	1	
alyacen tablet 1/35	1	
alyacen tablet 7/7/7	1	
amethyst tablet 90-20mcg	1	
ANNOVERA	1	QL; Benefit maximum quantity 1 ring per 327 days.
apri tablet	1	
aranelle tablet	1	
ashlyna tablet	1	
aubra eq tablet 0.1-0.02	1	
aurovela 24 tablet fe 1/20	1	
aurovela fe tablet 1.5/30	1	
aurovela fe tablet 1/20	1	
aurovela tablet 1.5/30	1	
aurovela tablet 1/20	1	
aviane tablet	1	
ayuna tablet	1	
azurette tablet	1	
balziva tablet	1	
BIJUVA CAPSULE 0.5-100	4	
blisovi 24 tablet fe 1/20	1	
blisovi fe tablet 1.5/30	1	
blisovi fe tablet 1/20	1	
briellyn tablet	1	
camrese lo tablet	1	
camrese tablet	1	
charlotte 24 chewable fe 1/20	1	
chateal eq tablet 0.15/30	1	
CLIMARA PRO PATCH WEEKLY	4	QL; Benefit maximum quantity 4 patches per 28 days.
cryselle tablet	1	
cryselle-28 tablet 28 tablets	1	
cyred eq tablet	1	
dasetta tablet 1/35	1	
dasetta tablet 7/7/7	1	
daysee tablet	1	
delyla tablet 0.1-0.02	1	
deso/ethinyl tablet estradio	1	
dolishale tablet 90-20mcg	1	
dros/eth est tablet levomefo	1	
drospir/ethi tablet 3-0.02mg	1	
drospir/ethi tablet 3-0.03mg	1	
drospirenone tablet ethy est	1	
elinest tablet	1	
eluryng	1	
enilloring	1	
enpresse-28 tablet	1	
enskyce tablet	1	
estarylla tablet 0.25-35	1	
estra/noreth tablet 0.5-0.1	3	
estra/noreth tablet 1-0.5mg	3	
estradiol valerate injection 10mg/ml	2	
estradiol valerate injection 20mg/ml	2	
estradiol valerate injection 40mg/ml	2	
estradiol cream 0.01%	3	
estradiol patch 0.025mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol patch 0.0375mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol patch 0.05mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol patch 0.06mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol patch 0.075mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol patch 0.1mg	2	QL; Maximum quantity 4 patches per 28 days without additional quantity notification.
estradiol tablet 0.5mg	2	
estradiol tablet 10mcg	3	
estradiol tablet 1mg	2	
estradiol tablet 2mg	2	
ethy eth est tablet 1-35	1	
ethynodiol tablet 1-50	1	
etonogestrel ethy est	1	
falmina tablet	1	

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Drug name	Tier	Notes
feirza tablet 1.5/30	1	
feirza tablet 1/20	1	
finzala chewable fe 1/20	1	
fyavolv tablet 0.5-2.5	3	
fyavolv tablet 1-5	3	
galbriela chewable	1	
hailey 24 tablet fe	1	
hailey fe tablet 1.5/30	1	
hailey fe tablet 1/20	1	
hailey tablet 1.5/30	1	
haloette	1	
iclevia tablet	1	
introvale tablet	1	
isibloom tablet	1	
jaimiess tablet	1	
jasmiel tablet 3-0.02mg	1	
jinteli tablet 1mg-5mcg	3	
jolessa tablet	1	
joyeaux tablet 0.1-20	1	
juleber tablet	1	
junel 1.5/30 tablet	1	
junel 1/20 tablet	1	
junel fe 24 tablet 1/20	1	
junel fe tablet 1.5/30	1	
junel fe tablet 1/20	1	
kaitlib fe chewable	1	
kalliga tablet	1	
kariva tablet 28 day	1	
kelnor 1/50 tablet	1	
kelnor tablet 1/35	1	
kurvelo tablet 0.15/30	1	
larin 24 tablet fe 1/20	1	
larin fe tablet 1.5/30	1	
larin fe tablet 1/20	1	
larin tablet 1.5/30	1	
larin tablet 1/20	1	
layolis fe chewable	1	
leena tablet	1	
lessina tablet	1	
levo-eth est tablet 90-20mcg	1	
levonest tablet	1	
levonor/ethi tablet	1	
levonor/ethi tablet 0.1-0.02	1	
levonor/ethi tablet 0.1-20	1	
levonor/ethi tablet estradiol	1	
levora-28 tablet 0.15/30	1	
LO LOESTRIN TABLET 1-10-10	1	
lo-zumandimi tablet 3-0.02mg	1	
lojaimiess tablet	1	
loryna tablet 3-0.02mg	1	
low-ogestrel tablet	1	
luizza 1/20 tablet	1	
luizza tablet 1.5/30	1	
lutera tablet	1	
marlissa tablet 0.15/30	1	
mibelas 24 chewable fe	1	
microgestin tablet 1.5/30	1	
microgestin tablet 1/20	1	
microgestin tablet fe 1/20	1	
microgestin tablet fe1.5/30	1	
mili tablet 0.25/35	1	
mimvey tablet 1-0.5mg	3	
minzoya tablet 0.1-20	1	
mono-linyah tablet 0.25-35	1	
necon tablet 0.5/35	1	
nikki tablet 3-0.02mg	1	
nor/est/ff tablet 1.5/30	1	
nore/eth/fer chewable 0.4mg-35	1	
norelge/ethi patch 150/35	1	
noreth/ethin chewable fe	1	
noreth/ethin chewable fe 1/20	1	
noreth/ethin tablet 0.5-2.5	3	
noreth/ethin tablet 1.5/30	1	
noreth/ethin tablet 1/20	1	
noreth/ethin tablet 1mg-5mcg	3	
noreth/ethin tablet fe	1	
noreth/ethin tablet fe 1/20	1	
norgest/ethi tablet 0.25/35	1	
norgest/ethi tablet estradio	1	
nortrel tablet 0.5/35	1	
nortrel tablet 1/35	1	
nortrel tablet 7/7/7	1	
nylia tablet 1/35	1	
nylia tablet 7/7/7	1	
ocella tablet 3-0.03mg	1	
philith tablet 0.4-35	1	
pimtrea tablet	1	
portia-28 tablet	1	
reclipsen tablet	1	
rivelsa tablet	1	
rosyrah tablet	1	
setlakin tablet	1	
simliya tablet 28 day	1	
simpesse tablet	1	
sprintec 28 tablet 28 day	1	
sronyx tablet	1	
syeda tablet 3-0.03mg	1	
tarina 24 fe tablet	1	
tarina fe tablet 1/20 eq	1	
tilia fe tablet	1	
tri-estaryll tablet	1	
tri-legest tablet fe	1	
tri-linyah tablet	1	
tri-lo tablet estaryll	1	

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MME.....Morphine milligram equivalent
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Drug name	Tier	Notes
tri-lo- tablet marzia	1	
tri-lo- tablet sprintec	1	
tri-lo-mili tablet	1	
tri-mili tablet	1	
tri-sprintec tablet	1	
tri-vylibra tablet	1	
tri-vylibra tablet lo	1	
trivora-28 tablet	1	
turqoz tablet	1	
TYBLUME CHEWABLE 0.1-0.02	1	
tydemy tablet	1	
valtya 1/35 tablet	1	
valtya 1/50 tablet	1	
velivet packet	1	
vestura tablet 3-0.02mg	1	
vienva tablet 0.1-20	1	
viorele tablet	1	
volnea tablet	1	
vyfemla tablet 0.4-35	1	
vylibra tablet 0.25-35	1	
wera tablet 0.5/35	1	
wymzya fe chewable 0.4mg-35	1	
xarah fe tablet	1	
xelria fe chewable 0.4mg-35	1	
xulane patch 150-35	1	
yuvafem tablet 10mcg	3	
zafemy patch 150/35	1	
zovia 1/35 tablet	1	
zumandimine tablet 3-0.03mg	1	
Progestins		
aftera tablet 1.5mg	1	
AFTERPILL TABLET 1.5MG	1	
camila tablet 0.35mg	1	
curae tablet 1.5mg	1	
deblitane tablet 0.35mg	1	
DEPO-SQ PROVERA INJECTION 104	1	QL; Benefit maximum quantity 3.25 ml per 365 days.
econtra os tablet 1.5mg	1	
emzahh tablet 0.35mg	1	
errin tablet 0.35mg	1	
gallifrey tablet 5mg	2	
heather tablet 0.35mg	1	
her style tablet 1.5mg	1	
incassia tablet 0.35mg	1	
jencycla tablet 0.35mg	1	
levonorgestr tablet 1.5mg	1	
lyleq tablet 0.35mg	1	
lyza tablet 0.35mg	1	
medroxyprogesterone acetate injection 150mg/ml	1	QL; Benefit maximum quantity 5 ml per 365 days.
medroxyprogesterone acetate tablet 2.5mg	2	
medroxyprogesterone acetate tablet 5mg	2	
medroxyprogesterone acetate tablet 10mg	2	
megestrol ac suspension 400/10ml	2	
megestrol ac suspension 400mg/10	2	
megestrol ac suspension 40mg/ml	2	
megestrol ac suspension 800mg/20	2	
megestrol ac tablet 20mg	2	
megestrol ac tablet 40mg	2	
megestrol suspension 625mg/5m	4	
meleya tablet 0.35mg	1	
my choice tablet 1.5mg	1	
my way tablet 1.5mg	1	
new day tablet 1.5mg	1	
nora-be tablet 0.35mg	1	
norethin ace tablet 5mg	2	
norethindron tablet 0.35mg	1	
norlyroc tablet 0.35mg	1	
opcicon tablet 1.5mg	1	
OPILL TABLET 0.075MG	1	
option 2 tablet 1.5mg	1	
orquidea tablet 0.35mg	1	
PLAN B TABLET 1.5MG	1	
progesterone capsule 100mg	2	
progesterone capsule 200mg	2	
progesterone injection 50mg/ml	2	
react tablet 1.5mg	1	
sharobel tablet 0.35mg	1	
shewise tablet 1.5mg	1	
SLYND TABLET 4MG	1	PA;
take action tablet 1.5mg	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	4	PA; QL; Benefit maximum quantity 30 tablets per 30 days.
raloxifene tablet 60mg	2	$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 TABLET 120MG	4	
ARMOUR THYRO TABLET 15MG	4	
ARMOUR THYRO TABLET 180MG	4	

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Drug name	Tier	Notes
ARMOUR THYRO TABLET 240MG	4	
ARMOUR THYRO TABLET 300MG	4	
ARMOUR THYRO TABLET 30MG	4	
ARMOUR THYRO TABLET 60MG	4	
ARMOUR THYRO TABLET 90MG	4	
euthyrox tablet 100mcg	2	
euthyrox tablet 112mcg	2	
euthyrox tablet 125mcg	2	
euthyrox tablet 137mcg	2	
euthyrox tablet 150mcg	2	
euthyrox tablet 175mcg	2	
euthyrox tablet 200mcg	2	
euthyrox tablet 25mcg	2	
euthyrox tablet 50mcg	2	
euthyrox tablet 75mcg	2	
euthyrox tablet 88mcg	2	
levo-t tablet 100mcg	2	
levo-t tablet 112mcg	2	
levo-t tablet 125mcg	2	
levo-t tablet 137mcg	2	
levo-t tablet 150mcg	2	
levo-t tablet 175mcg	2	
levo-t tablet 200mcg	2	
levo-t tablet 25mcg	2	
levo-t tablet 300 mcg	2	
levo-t tablet 50mcg	2	
levo-t tablet 75mcg	2	
levo-t tablet 88mcg	2	
levothyroxin tablet 100mcg	2	
levothyroxin tablet 112mcg	2	
levothyroxin tablet 125mcg	2	
levothyroxin tablet 137mcg	2	
levothyroxin tablet 150mcg	2	
levothyroxin tablet 175mcg	2	
levothyroxin tablet 200mcg	2	
levothyroxin tablet 25mcg	2	
levothyroxin tablet 300mcg	2	
levothyroxin tablet 50mcg	2	
levothyroxin tablet 75mcg	2	
levothyroxin tablet 88mcg	2	
levoxyl tablet 100mcg	2	
levoxyl tablet 112mcg	2	
levoxyl tablet 125mcg	2	
levoxyl tablet 137mcg	2	
levoxyl tablet 150mcg	2	
levoxyl tablet 175mcg	2	
levoxyl tablet 200mcg	2	
levoxyl tablet 25mcg	2	
levoxyl tablet 50mcg	2	
levoxyl tablet 75mcg	2	
levoxyl tablet 88mcg	2	
liomny tablet 25mcg	2	
liomny tablet 50mcg	2	
liomny tablet 5mcg	2	
liothyronine tablet 25mcg	2	
liothyronine tablet 50mcg	2	
liothyronine tablet 5mcg	2	
NIVA THYROID TABLET 120MG	4	
NIVA THYROID TABLET 15MG	4	
NIVA THYROID TABLET 30MG	4	
NIVA THYROID TABLET 60MG	4	
NIVA THYROID TABLET 90MG	4	
np thyroid tablet 120mg	4	
np thyroid tablet 15mg	4	
np thyroid tablet 30mg	4	
np thyroid tablet 60mg	4	
np thyroid tablet 90mg	4	
thyroid tablet 120mg	4	
thyroid tablet 15mg	4	
thyroid tablet 30mg	4	
thyroid tablet 60mg	4	
thyroid tablet 90mg	4	
unithroid tablet 100mcg	2	
unithroid tablet 112mcg	2	
unithroid tablet 125mcg	2	
unithroid tablet 137mcg	2	
unithroid tablet 150mcg	2	
unithroid tablet 175mcg	2	
unithroid tablet 200mcg	2	
unithroid tablet 25mcg	2	
unithroid tablet 300mcg	2	
unithroid tablet 50mcg	2	
unithroid tablet 75mcg	2	
unithroid tablet 88mcg	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline tablet 0.5mg	2	
leuprolide injection 14 day	4	PA; SP;
leuprolide injection 1mg/0.2	4	PA; SP;
leuprolide kit 14 day	4	PA; SP;
leuprolide kit 1mg/0.2	4	PA; SP;
MIFEPREX tablet 200MG	3	
mifepristone tablet 200mg	2	
octreotide injection 1000mcg	4	PA; SP;
octreotide injection 100mcg	4	PA; SP;
octreotide injection 200mcg	4	PA; SP;
octreotide injection 500mcg	4	PA; SP;
octreotide injection 50mcg/ml	4	PA; SP;
SYNAREL SOLUTION 2MG/ML	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tablet 10mg	2	
methimazole tablet 5mg	2	
propylthiour tablet 50mg	2	

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Drug name	Tier	Notes
Immunological Agents		
Angioedema Agents		
HAEGARDA INJECTION 2000UNIT	5	PA; SP; QL; Benefit maximum quantity 24 vialsper 28 days.
HAEGARDA INJECTION 3000UNIT	5	PA; SP; QL; Maximum quantity 16 vials per 28 days without additional quantity notification.
icatibant injection 30mg/3ml	4	PA; SP; QL; Maximum quantity 18 ml per 30 days without additional quantity notification.
Immunoglobulins		
BEYFORTUS INJECTION 100MG/ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 19 months of age or younger.
BEYFORTUS INJECTION 50/0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 19 months of age or younger.
Immunological Agents, Other		
ARCALYST INJECTION 220MG	4	SP; QL; Maximum quantity 4 vials per 28 days without additional quantity notification.
AURANOFIN CAPSULE 3MG	4	SP
AVTOZMA INJECTION 162/0.9	5	PA; SP; QL; Benefit maximum quantity 3.6 ml per 28 days.
BENLYSTA INJECTION 200MG/ML	4	PA; SP; QL; Maximum quantity 4 ml per 28 days without additional quantity notification.
DUPIXENT INJECTION 200/1.14	5	PA; SP; QL; Maximum quantity 2.28 ml per 28 days without additional quantity notification.
DUPIXENT INJECTION 200MG	5	PA; SP; QL; Maximum quantity 2.28 ml per 28 days without additional quantity notification.
DUPIXENT INJECTION 300/2ML	5	PA; SP; QL; Maximum quantity 4 ml per 28 days without additional quantity notification.
ENFLONSIA INJECTION 105MG	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 0 to 7 months.
OLUMIANT TABLET 1MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
OLUMIANT TABLET 2MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
OLUMIANT TABLET 4MG	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
OMLYCLO INJ 75/0.5ML	5	PA
OMLYCLO INJ 150MG/ML	5	PA
OMLYCLO INJ 300/2ML	5	PA
OTEZLA TABLET 10/20	5	PA; SP; QL; Benefit maximum quantity 55 tablets per 365 days.

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Drug name	Tier	Notes
OTEZLA TABLET 10/20/30	5	PA; SP; QL; Benefit maximum quantity 55 tablets per 365 days.
RIDAURA CAPSULE 3MG	4	SP
RINVOQ LQ SOLUTION 1MG/ML	5	PA; SP; QL; Benefit maximum quantity 360 ml per 30 days.
RINVOQ TABLET 15MG XR	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
RINVOQ TABLET 30MG XR	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
RINVOQ TABLET 45MG XR	5	PA; SP; QL; Maximum quantity 84 tablets per 365 days without additional quantity notification.
SKYRIZI INJECTION 150MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 84 days without additional quantity notification.
SKYRIZI INJECTION 180/1.2	5	PA; SP; QL; Benefit maximum quantity 1.2 ml per 56 days.
SKYRIZI INJECTION 360/2.4	5	PA; SP; QL; Benefit maximum quantity 2.4 ml per 56 days.
SKYRIZI INJECTION 55/0.37	5	PA; SP; QL; Maximum quantity 0.37mL (1 prefilled syringe) per 84 days without additional quantity notification.
SKYRIZI PEN INJECTION 150MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 84 days without additional quantity notification.
STEQEYMA INJECTION 45/0.5ML	5	PA; SP; QL; Maximum quantity 0.5 ml per 84 days without additional quantity notification.
STEQEYMA INJECTION 90MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 84 days without additional quantity notification.
TALTZ INJECTION 20/0.25	5	PA; SP; QL; Maximum quantity 0.25 ml per 28 days without additional quantity notification.
TALTZ INJECTION 40/0.5ML	5	PA; SP; QL; Maximum quantity 0.5 ml per 28 days without additional quantity notification.
TALTZ INJECTION 80MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 28 days without additional quantity notification.
tofacitinib solution 1mg/ml	5	PA; SP; QL; Benefit maximum quantity 240 ml per 30 days.
tofacitinib tablet 10mg	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
tofacitinib tablet 11mg xr	5	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.

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Drug name	Tier	Notes
tofacitinib tablet 22mg xr	5	PA; SP; QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
tofacitinib tablet 5mg	5	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
WEZLANA INJECTION 45/0.5ML	5	PA; SP; QL; Maximum quantity 0.5 ml per 84 days without additional quantity notification.
WEZLANA INJECTION 90MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 84 days without additional quantity notification.
XOLAIR INJECTION 150MG/ML	5	PA; SP; QL; Benefit maximum quantity 2 ml per 28 days.
XOLAIR INJECTION 300/2ML	5	PA; SP; QL; Maximum quantity 4 ml per 28 days without additional quantity notification.
XOLAIR INJECTION 75/0.5	5	PA; SP; QL; Benefit maximum quantity 1 ml per 28 days.
YESINTEK INJECTION 45/0.5ML	5	PA; SP; QL; Maximum quantity 0.5 ml per 84 days without additional quantity notification.
YESINTEK INJECTION 90MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 84 days without additional quantity notification.

Drug name	Tier	Notes
Immunostimulants		
ACTIMMUNE INJECTION 2MU/0.5	4	PA; SP; QL; Maximum quantity 8.5 ml per 28 days without additional quantity notification.
PEGASYS INJECTION 180MCG/M	4	PA; SP;
Immunosuppressants		
ADALIMU-ADAZ INJECTION 10/0.1ML	5	PA; SP; QL; Maximum quantity 0.2 ml per 28 days without additional quantity notification.
ADALIMU-ADAZ INJECTION 20/0.2ML	5	PA; SP; QL; Maximum quantity 0.4 ml per 28 days without additional quantity notification.
ADALIMU-ADAZ INJECTION 40/0.4ML	5	PA; SP; QL; Maximum quantity 0.8 ml per 28 days without additional quantity notification.
ADALIMU-ADAZ INJECTION 80/0.8ML	5	PA; SP; QL; Maximum quantity 1.6 ml per 28 days without additional quantity notification.
ADALIMU-ADBM KIT 10/0.2ML	5	PA; SP; QL; Maximum quantity 2 syringes per 28 days without additional quantity notification.
ADALIMU-ADBM KIT 20/0.4ML	5	PA; SP; QL; Maximum quantity 2 syringes per 28 days without additional quantity notification.
ADALIMU-ADBM KIT 40/0.4ML	5	PA; SP;

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Drug name	Tier	Notes
ADALIMU-ADBM KIT 40/0.8ML	5	PA; SP; QL; Maximum quantity 2 syringes per 28 days without additional quantity notification.
AMJEVITA INJECTION 20/0.2ML	5	PA; SP; QL; Maximum quantity 0.4 ml per 28 days without additional quantity notification.
AMJEVITA INJECTION 40/0.4ML	5	PA; SP; QL; Maximum quantity 0.8 ml per 28 days without additional quantity notification.
AMJEVITA INJECTION 80/0.8ML	5	PA; SP; QL; Maximum quantity 1.6 ml per 28 days without additional quantity notification.
azathioprine tablet 50mg	2	
CIMZIA INJECTION 200MG/ML	5	PA; SP; QL; Maximum quantity 1 syringes per 28 days without additional quantity notification.
CIMZIA PREFILLED KIT 200MG/ML	5	PA; SP; QL; Maximum quantity 1 syringes per 28 days without additional quantity notification.
CIMZIA START KIT 200MG/ML	5	PA; SP;
cyclosporine capsule 100mg	4	
cyclosporine capsule 100mg md	2	
cyclosporine capsule 25mg	4	
cyclosporine capsule 25mg mod	2	
cyclosporine capsule 50mg mod	2	
cyclosporine solution modified	3	
gengraf capsule 100mg	2	
gengraf capsule 25mg	2	
gengraf solution 100mg/ml	3	

Drug name	Tier	Notes
HADLIMA INJECTION 40/0.4ML	5	PA; SP; QL; Maximum quantity 0.8 ml per 28 days without additional quantity notification.
HADLIMA INJECTION 40/0.8ML	5	PA; SP; QL; Maximum quantity 1.6 ml per 28 days without additional quantity notification.
HADLIMA PUSH INJECTION 40/0.4ML	5	PA; SP; QL; Maximum quantity 0.8 ml per 28 days without additional quantity notification.
HADLIMA PUSH INJECTION 40/0.8ML	5	PA; SP; QL; Maximum quantity 1.6 ml per 28 days without additional quantity notification.
leflunomide tablet 10mg	2	
leflunomide tablet 20mg	2	
methotrexate injection 1gm	2	
methotrexate injection 1gm/40ml	2	
methotrexate injection 250/10ml	2	
methotrexate injection 25mg/ml	2	
methotrexate injection 50mg/2ml	2	
methotrexate tablet 2.5mg	2	
mycophenolat capsule 250mg	2	
mycophenolat suspension 200mg/ml	4	
mycophenolat tablet 500mg	2	
mycophenolic tablet 180mg dr	4	
mycophenolic tablet 360mg dr	4	
PEGASYS INJECTION	4	PA; SP;
SIMPONI INJECTION 100MG/ML	5	PA; SP; QL; Maximum quantity 1 ml per 28 days without additional quantity notification.

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Drug name	Tier	Notes
SIMPONI INJECTION 50/0.5ML	5	PA; SP; QL; Maximum quantity 0.5 ml per 28 days without additional quantity notification.
sirolimus solution 1mg/ml	4	
sirolimus tablet 0.5mg	4	
sirolimus tablet 1mg	4	
sirolimus tablet 2mg	4	
tacrolimus capsule 0.5mg	2	
tacrolimus capsule 1mg	2	
tacrolimus capsule 5mg	2	
Vaccines		
ABRYSVO INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
ACTHIB INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
ADACEL INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
AFLURIA INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
AREXVY INJECTION 120MCG	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 50 years of age or older.
BEXSERO INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 10 years of age or older.
BOOSTRIX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
CAPVAXIVE INJECTION 0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 19 years of age or older.
COMIRNATY 5- INJECTION 11/25-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 5 to 11 years.
COMIRNATY INJECTION 30/.3ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 12 years of age or older.
DAPTACEL INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
DENGVAXIA SUSPENSION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 9 to 16 years.
ENGERIX-B INJECTION 10/0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.
ENGERIX-B INJECTION 20MCG/ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.
FLUAD INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
FLUAD INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.

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Drug name	Tier	Notes
FLUARIX INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLUARIX INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLUBLOK INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 9 years of age or older.
FLUBLOK INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 9 years of age or older.
FLUCELVAX INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLUCELVAX INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLULAVAL INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLUMIST NASA LIQUID 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 2 to 49 years.
FLUZONE HD INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
FLUZONE HD INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
FLUZONE INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
FLUZONE INJECTION 2026-27	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 months of age or older.
GARDASIL 9 INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 9 to 45 years.
HAVRIX INJECTION 1440UNIT	1	QL; Benefit maximum quantity 2 vaccination doses per lifetime
HAVRIX INJECTION 720UNIT	1	QL; Benefit maximum quantity 1 ml per 999 days.
HEPLISAV-B INJECTION 20/0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
HIBERIX SOLUTION 10MCG	1	QL; Benefit maximum quantity 1 vaccination dose per day.

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Drug name	Tier	Notes
INFANRIX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
IPOL INJECTION INACTIVE	1	QL; Benefit maximum quantity 1 vaccination dose per day.
JYNNEOS INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
KINRIX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
M-M-R II INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
MENQUADFI INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 2 months of age or older.
MENVEO INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 2 months of age or older.
MENVEO SOLUTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 2 months of age or older.
MNEXSPIKE INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 12 years of age or older.
MRESVIA INJECTION 50MCG	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 50 years of age or older.
NUVAXOVID INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 12 years of age or older.
PEDIARIX INJECTION 0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 6 years of age or younger.
PEDVAXHIB INJECTION 7.5MCG	1	QL; Benefit maximum quantity 1 vaccination dose per day.
PENBRAYA INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 10 years of age or older.
PENMENVY INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 10 years of age or older.
PENTACEL INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJECTION 25/0.5	1	QL; Benefit maximum quantity 1 vaccination dose per day.

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Drug name	Tier	Notes
PREHEVBRIO SUSPENSION 10MCG/ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 18 years of age or older.
PREVNAR 20 INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 1 month of age or older.
PRIORIX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
PROQUAD INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 1 to 12 years.
QUADRACEL INJECTION 0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.
RECOMBIVA HB INJECTION 10MCG/ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.
RECOMBIVA HB INJECTION 5MCG/0.5	1	QL; Benefit maximum quantity 1 vaccination dose per day.
RECOMBIVA-HB INJECTION 40MCG/ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.
ROTARIX SUSPENSION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 8 months of age or younger.
ROTATEQ SOLUTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 8 months of age or younger.
SHINGRIX INJECTION 50/0.5ML	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 19 years of age or older.
SPIKEVAX INJECTION 2025-26	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members between ages of 6 months to 11 years.
TDVAX INJECTION 2-2 LF	1	QL; Benefit maximum quantity 1 vaccination dose per day.
TENIVAC INJECTION 5-2LF	1	QL; Benefit maximum quantity 1 vaccination dose per day.
TRUMENBA INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 Copay for members 10 years of age or older.
TWINRIX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
VAQTA INJECTION 25/0.5ML	1	QL; Benefit maximum quantity 2 vaccination doses per lifetime.
VAQTA INJECTION 50UNT/ML	1	QL; Benefit maximum quantity 2 vaccination doses per lifetime.

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Drug name	Tier	Notes
VARIVAX INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.
VAXELIS INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 4 years of age or younger.
VAXNEUVANCE INJECTION	1	QL; Benefit maximum quantity 1 vaccination dose per day.$0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide capsule 750mg	3	
mesalamine capsule 0.375gm	3	
mesalamine ene 4gm	4	QL; Benefit maximum quantity 1680 ml per 28 days.
mesalamine kit 4gm	4	QL; Benefit maximum quantity 4 kit per 28 days.
mesalamine suppository 1000mg	4	QL; Benefit maximum quantity 30 suppositories per 30 days.
mesalamine tablet 1.2gm	3	
Glucocorticoids		
budesonide capsule 3mg dr	4	
CORTIFOAM AEROSOL 90MG	3	
hydrocort ene 100mg	3	
hydrocortiso cream 2.5%	2	
procto-med cream hc 2.5%	2	
Sulfonamides		
AZULFIDINE tablet 500MG EN	4	
sulfasalazin tablet 500mg	2	
sulfasalazin tablet 500mg dr	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate solution 70/75ml	3	
alendronate tablet 10mg	2	
alendronate tablet 35mg	2	
alendronate tablet 70mg	2	
calcitonin spray 200/act	2	
calcitriol capsule 0.25mcg	2	
calcitriol capsule 0.5mcg	2	
cinacalcet tablet 30mg	3	PA; PA
cinacalcet tablet 60mg	3	PA; PA
cinacalcet tablet 90mg	3	PA; PA
ibandronate tablet 150mg	2	
TYMLOS INJECTION	5	PA; SP;
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACCU-CHEK KIT GUIDE	3	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
ACCU-CHEK KIT GUIDE ME	3	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
ACCU-CHEK TEST STRIP GUIDE	3	QL; Maximum quantity 100 strips per 30 days without additional quantity notification.
ALCOHOL PREP PAD	1	
AUTOPEN 1-21UNIT	1	
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
CARETOUCH INSULIN SYRINGE/U-100/1ML/28G X 5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
CARETOUCH INSULIN SYRINGE/U-100/1ML/29G X 5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
CAYA DPR	1	
CHEMSTRIP K TEST STRIP	1	
CHEMSTRIP TEST STRIP MICRAL	1	
COMFORT TOUC 31GX4MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.

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Drug name	Tier	Notes
COMFORT TOUC 32GX8MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
COMFORT TOUC 33GX1/4"	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
COMFORT TOUC 33GX3/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
COMFORT TOUC 33GX5/32	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
CONDOMS	1	QL; Maximum quantity 12 condoms per 30 days without additional quantity notification.
CONTOUR KIT NEXT	1	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
CONTOUR KIT NEXT EZ	1	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
CONTOUR NEXT KIT GEN	1	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
CONTOUR NEXT KIT ONE	1	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
CONTOUR PLUS KIT BLUE	1	QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
CONTOUR PLUS TEST STRIP BLD GLUC	1	QL; Maximum quantity 100 strips per 30 days without additional quantity notification.
CONTOUR TEST STRIP NEXT	1	QL; Maximum quantity 100 strips per 30 days without additional quantity notification.
COUNT-A-DOSE	1	
DEXCOM G6 RECEIVER	4	PA; QL; Maximum quantity 1 receiver per 365 days without additional quantity notification.
DEXCOM G6 SENSOR	4	PA; QL; Maximum quantity 3 sensors per 30 days without additional quantity notification.
DEXCOM G6 TRANSMIT	4	PA; QL; Benefit maximum quantity 1 transmitter per 90 days.
DEXCOM G7 RECEIVER	4	PA; QL; Maximum quantity 1 receiver per 365 days without additional quantity notification.
DEXCOM G7 SENSOR	4	PA; QL; Maximum quantity 3 sensors per 30 days without additional quantity notification.

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Drug name	Tier	Notes
DEXCOM G7 SNSR 15D	4	PA; QL; Maximum quantity 2 sensors per 30 days without additional quantity notification.
DIASCREEN 1G	1	
DIASTIX TEST STRIP STRIPS	1	
DROPLET MICR 34GX9/64	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
DUREX REALFEEL	1	QL; Maximum quantity 12 condoms per 30 days without additional quantity notification.
DUREX TROPICAL	1	QL; Maximum quantity 12 condoms per 30 days without additional quantity notification.
EASY COMFORT 29GX4MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
EASY TOUCH 30G	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 5/8"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
EMBECTA INSULIN SYRINGE/ ULTRA-FINE/U-100/1ML/31GX6MM	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ESKATA SOLUTION 40%	3	
FC2 FEMALE CONDOM	1	QL; Maximum quantity 12 condoms per 30 days without additional quantity notification.
FEMCAP 22MM	1	
FEMCAP 26MM	1	
FEMCAP 30MM	1	
FLEXICHAMBER MASK SM	2	QL; Maximum quantity 2 spacers per 180 days without additional quantity notification.
FREESTYLE LB 14D/RDR	4	PA; QL; Maximum quantity 1 receiver per 365 days without additional quantity notification.
FREESTYLE LB 2/READER	4	PA; QL; Maximum quantity 1 receiver per 365 days without additional quantity notification.
FREESTYLE LB 3/READER	4	PA; QL; Maximum quantity 1 receiver per 365 days without additional quantity notification.
FREESTYLE LB KIT 14D/SEN	4	PA; QL; Maximum quantity 2 sensors per 28 days without additional quantity notification.
FREESTYLE LB KIT 2/SENSOR	4	PA; QL; Maximum quantity 2 sensors per 28 days without additional quantity notification.

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Drug name	Tier	Notes
FREESTYLE LB KIT 2PLS/SEN	4	PA; QL; Maximum quantity 2 sensors per 28 days without additional quantity notification.
FREESTYLE LB KIT 3/SENSOR	4	PA; QL; Maximum quantity 2 sensors per 28 days without additional quantity notification.
FREESTYLE LB KIT 3PLS/SEN	4	PA; QL; Maximum quantity 2 sensors per 28 days without additional quantity notification.
GAUZE PAD 2"X2"	3	
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
IHEALTH LIQUID CONTROL	1	QL; Maximum quantity 2 boxes per 365 days without additional quantity notification.
INSPIREASE DD SYST	2	QL; Maximum quantity 2 spacers per 180 days without additional quantity notification.
INSPIREASE RES BAG	2	QL; Maximum quantity 2 spacers per 180 days without additional quantity notification.
KETO-DIASTIX TEST STRIP	1	
LANCET DEVIC ADJUST	1	QL; Benefit maximum quantity 1 device per prescription.
LANCETS	1	
levocarnitin solution 1gm/10ml	3	
levocarnitin tablet 330mg	2	
MASK VORTEX/ FROG	2	QL; Maximum quantity 2 spacers per 180 days without additional quantity notification.
MAXICOMFORT 27GX1/2	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
MAXICOMFORT 27GX1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
methylergon tablet 0.2mg	4	QL; Benefit maximum quantity 28 tablets per 365 days.
NEEDLE COLLE DISPOSAL	1	
NOVOFINE 32GX6MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
NOVOFINE PLS 32GX4MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
NOVOPEN ECHO	1	
OMNIFLEX DPR	1	
OMNIPOD 5 DX KIT INT G7G6	4	PA; QL; Benefit maximum quantity 1 kit per 180 days.

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Drug name	Tier	Notes
OMNIPOD 5 DX POD G7G6	4	PA; QL; Maximum quantity 10 pods per 30 days without additional quantity notification.
OMNIPOD5 LIB KIT INTRO	4	PA; QL; Benefit maximum quantity 1 kit per 180 days.
OMNIPOD5 LIB PODS	4	PA; QL; Maximum quantity 10 pods per 30 days without additional quantity notification.
PEN NEEDLE 29GX1/2"	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLE 29GX3/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLE 29GX5/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLES 29GX1/2"	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLES 30GX5/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLES 31GX1/4"	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLES 31GX3/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PEN NEEDLES 31GX5/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PENTIPS 29GX12MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PENTIPS 31GX5MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PENTIPS 31GX8MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PENTIPS 32GX4MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
PRECISN XTRA TEST STRIP KETONE	1	
PRODIGY AUTO KIT MONITOR	4	PA; QL; Maximum quantity 1 kit per 365 days without additional quantity notification.

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Drug name	Tier	Notes
PRODIGY AUTO SYSTEM	4	PA; QL; Maximum quantity 1 device per 365 days without additional quantity notification.
PRODIGY KIT NO CODIN	4	PA; QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
PRODIGY NO TEST STRIP CODING	4	PA; QL; Maximum quantity 100 strips per 30 days without additional quantity notification.
PRODIGY PACKET KIT METER	4	PA; QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
PRODIGY VOIC KIT METER	4	PA; QL; Maximum quantity 1 kit per 365 days without additional quantity notification.
QUICK TOUCH 32GX5MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
QUICK TOUCH 33GX8MM	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
RA URINARY TEST STRIP TRACT IN	3	
RELION INSULIN SYRINGE 0.5ML/31G X 15/64"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 15/64"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
SELECT-LITE KIT DEV/LANC	1	QL; Benefit maximum quantity 1 kit per prescription.
TRUE COMFORT PRO INSULIN SYRINGE/0.5ML/32G X 5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
TRUE COMFORT PRO INSULIN SYRINGE/1ML/32GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
TRUE METRIX SOLUTION LEVEL 1	1	QL; Maximum quantity 2 boxes per 365 days without additional quantity notification.
TRUE METRIX SOLUTION LEVEL 2	1	QL; Maximum quantity 2 boxes per 365 days without additional quantity notification.
TRUE METRIX SOLUTION LEVEL 3	1	QL; Maximum quantity 2 boxes per 365 days without additional quantity notification.
ULTICARE 30GX3/16	1	QL; Maximum quantity 300 pen needles per 30 days without additional quantity notification.
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.

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Drug name	Tier	Notes
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.3ML/31GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/30GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/0.5ML/31GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/30GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
ULTRA-THIN II INSULIN SYRINGE SHORT/U-100/1ML/31GX5/16"	1	QL; Maximum quantity 300 syringes per 30 days without additional quantity notification.
UTI HOME TEST STRIP TEST	3	
WIDE-SEAL DIAPHRAGM KIT 60	1	
WIDE-SEAL DIAPHRAGM KIT 65	1	
WIDE-SEAL DIAPHRAGM KIT 70	1	
WIDE-SEAL DIAPHRAGM KIT 75	1	
WIDE-SEAL DIAPHRAGM KIT 80	1	
WIDE-SEAL DIAPHRAGM KIT 85	1	
WIDE-SEAL DIAPHRAGM KIT 90	1	
WIDE-SEAL DIAPHRAGM KIT 95	1	
Ophthalmic Agents		
Aminoglycosides		
tobra/dexame suspension 0.3-0.1%	3	
tobramycin solution 0.3% op	2	QL; Benefit maximum quantity 5 ml per prescription.
Antibacterials, Other		
neo/poly/hc suspension op	3	
polymyxin b/ solution trimethp	2	
Ophthalmic Agents, Other		
AKTEN GEL 3.5% OP	4	
ALTACAINE SOLUTION 0.5% OP	2	
atropine sul solution 1% op	2	
bacit/polymy ointment op	2	
cyclopentol solution 1% op	2	
cyclosporine emu 0.05% op	4	PA; QL; Benefit maximum quantity 60 vials per 30 days.
dorzol/timol solution 2-0.5%op	2	QL; Maximum quantity 10 ml per 30 days without additional quantity notification.
lotepr/tobra suspension 0.5-0.3%	4	
MIEBO DRO 1.3GM/ML	4	PA
MITOSOL KIT 0.2MG	4	
neo/bac/poly ointment op	2	
neo/poly/bac ointment /hc 1%op	3	
neo/poly/bac ointment op	2	
neo/poly/dex ointment 0.1% op	2	
neo/poly/dex suspension 0.1% op	2	
neo/poly/granules solution op	2	
phenylephrin solution 10% op	2	
phenylephrin solution 2.5% op	2	
proparacaine solution 0.5% op	2	
sulf/pred na solution op	2	
tetracaine solution 0.5% op	2	
TRYPTYR SOL 0.003%	4	PA
Ophthalmic Anti-allergy Agents		
azelastine drops 0.05%	2	
cromolyn sod solution 4% op	2	
CYCLOMYDRIL SOLUTION OP	4	
Ophthalmic Anti-Infectives		
bacitracin ointment op	3	
BETADINE SOLUTION 5% OP	4	
ciprofloxacn solution 0.3% op	2	

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erythromycin ointment 0.5% op	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
gentamicin solution 0.3% op	2	QL; Benefit maximum quantity 15 ml per prescription.
ofloxacin drops 0.3% op	2	
sulfacet sod ointment 10% op	2	
sulfacet sod solution 10% op	2	
trifluridine solution 1% op	3	
Ophthalmic Anti-inflammatories		
diclofenac solution 0.1% op	2	
fluoromethol suspension 0.1% op	2	
flurbiprofen solution 0.03% op	2	
ketorolac solution 0.4% op	2	
ketorolac solution 0.5% op	2	
LOTEMAX OINTMENT 0.5%	4	
LOTEMAX SM GEL 0.38%	4	QL; Benefit maximum quantity 5 grams per prescription.
loteprednol suspension 0.5%	4	QL; Benefit maximum quantity 5 ml per prescription.
prednisolone suspension 1% op	2	
Ophthalmic Antiglaucoma Agents		
betaxolol solution 0.5% op	2	
brimo/timolo solution 0.2/0.5%	3	QL; Maximum quantity 5 ml per 25 days without additional quantity notification.
brimonidine solution 0.15% op	2	QL; Maximum quantity 10 ml per 30 days without additional quantity notification.
brimonidine solution 0.2% op	2	QL; Maximum quantity 10 ml per 30 days without additional quantity notification.
carteolol solution 1% op	2	
dorzolamide solution 2% op	2	
levobunolol solution 0.5% op	2	
pilocarpine solution 1% op	2	
pilocarpine solution 2% op	2	
pilocarpine solution 4% op	2	
timolol male solution 0.5%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
timolol mal solution 0.25% op	2	
timolol mal solution 0.5% op	2	
timolol male solution 0.5% op	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamid capsule 500mg xr	3	
acetazolamid tablet 125mg	3	
acetazolamid tablet 250mg	3	
methazolamid tablet 25mg	4	
methazolamid tablet 50mg	4	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost solution 0.005%	2	
Quinolones		
levofloxacin solution 0.5%	2	
levofloxacin solution 1.5%	2	
moxifloxacin solution 0.5%	2	
moxifloxacin solution hcl 0.5%	2	
Otic Agents		
Otic Agents		
acetic acid solution 2% otic	2	
ciprofloxacn solution 0.2%	3	
CORTISPORIN SUSPENSION -TC OTIC	4	
flac oil 0.01% ot	3	
fluocinolone oil 0.01% ot	3	
hc/acet acid solution 1-2%otic	3	
neo/poly/hc solution 1% otic	2	
neo/poly/hc suspension 1% otic	2	
ofloxacin drops 0.3%otic	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AEROSOL 160MCG	4	ST; QL; Benefit maximum quantity 12.2 grams per 30 days.
ALVESCO AEROSOL 80MCG	4	ST; QL; Benefit maximum quantity 6.1 grams per 30 days.
ARNUITY ELPT INHALER 100MCG	3	QL; Benefit maximum quantity 1 inhaler (30 inhalations) per 30 days.
ARNUITY ELPT INHALER 200MCG	3	QL; Benefit maximum quantity 1 inhaler (30 inhalations) per 30 days.

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Drug name	Tier	Notes
ARNUITY ELPT INHALER 50MCG	3	QL; Benefit maximum quantity 1 inhaler (30 inhalations) per 30 days.
budesonide suspension 0.25mg/2	3	QL; Benefit maximum quantity of 120 ml (2 boxes) per 30 days.
budesonide suspension 0.5mg/2	3	QL; Maximum quantity of 120 ml (2 boxes) per 30 days without additional quantity notification.
budesonide suspension 1mg/2ml	3	QL; Maximum quantity 60 ml (1 box) per 30 days without additional quantity notification.
flunisolide spray 0.025%	3	
fluticasone spray 50mcg	2	QL; Maximum quantity 16 grams per 30 days without additional quantity notification.
QVAR REDIHA AEROSOL 80MCG	3	QL; Benefit maximum quantity 42.4 grams per 30 days.
QVAR REDIHAL AEROSOL 40MCG	3	QL; Benefit maximum quantity 10.6 grams per 30 days.
Antihistamines		
azelastine spray 0.1%	2	
clemastine tablet 2.68mg	2	
cyproheptad syrup 2mg/5ml	2	
cyproheptad tablet 4mg	2	
hydroxyz hcl syrup 10mg/5ml	2	
hydroxyz hcl tablet 10mg	2	
hydroxyz hcl tablet 25mg	2	
hydroxyz hcl tablet 50mg	2	
hydroxyz pam capsule 100mg	2	
hydroxyz pam capsule 25mg	2	
hydroxyz pam capsule 50mg	2	
hydroxyzine solution 50/25ml	2	
hydroxyzine syrup 10mg/5ml	2	
levocetirizi tablet 5mg	2	
Antileukotrienes		
montelukast chewable 4mg	2	
montelukast chewable 5mg	2	
montelukast granules 4mg	2	
montelukast tablet 10mg	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA aerosol 17MCG	4	QL; Benefit maximum quantity 25.8 grams per 30 days.
ipratropium aerosol 17mcg	4	QL; Benefit maximum quantity 25.8 grams per 30 days.
ipratropium solution 0.02%inhaler	2	
ipratropium spray 0.03%	2	
ipratropium spray 0.06%	2	
SPIRIVA RESP AEROSOL 1.25MCG	3	QL; Benefit maximum quantity 4 grams per 30 days.
SPIRIVA RESP AEROSOL 2.5MCG	3	QL; Benefit maximum quantity 4 grams per 30 days.
tiotrop brom capsule 18mcg	3	QL; Benefit maximum quantity 30 capsules per 30 days.
Bronchodilators, Sympathomimetic		
albuterol aerosol hfa	1	
albuterol nebulizer 0.083%	1	
albuterol nebulizer 0.5%	1	
albuterol nebulizer 0.63mg/3	1	
albuterol nebulizer 1.25mg/3	1	
albuterol syrup 2mg/5ml	3	
albuterol syrup 8mg/20ml	3	
albuterol tablet 2mg	3	
albuterol tablet 4mg	3	
arformoterol nebulizer 15/2ml	4	QL; Benefit maximum quantity 1 carton (60 nebules) per 30 days.
epinephrine injection 0.15mg	1	QL; Maximum quantity 4 pens (2 boxes) per 30 days without additional quantity notification.
epinephrine injection 0.3mg	1	QL; Maximum quantity 4 pens (2 boxes) per 30 days without additional quantity notification.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
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Drug name	Tier	Notes
formoterol nebulizer 20/2ml	4	QL; Benefit maximum quantity 1 carton (60 nebules) per 30 days.
STRIVERDI AEROSOL 2.5MCG	3	QL; Benefit maximum quantity 4 grams per 30 days.
terbutaline tablet 2.5mg	4	
terbutaline tablet 5mg	4	
VENTOLIN HFA aerosol	1	
Cystic Fibrosis Agents		
ORKAMBI GRANULES 100-125	4	PA; SP; QL; Benefit maximum quantity 56 packets per 28 days.
ORKAMBI GRANULES 150-188	4	PA; SP; QL; Benefit maximum quantity 56 packets per 28 days.
ORKAMBI GRANULES 75-94MG	4	PA; SP; QL; Benefit maximum quantity 56 packets per 28 days.
ORKAMBI TABLET 100-125	5	PA; SP; QL; Benefit maximum quantity 112 tablets per 28 days.
ORKAMBI TABLET 200-125	5	PA; SP; QL; Benefit maximum quantity 112 tablets per 28 days.
PULMOZYME SOLUTION 1MG/ML	5	PA; SP; QL; Benefit maximum quantity 150 ml per 30 days.
TOBRAMYCIN NEBULIZER 300/5ML	4	PA; SP; QL; Benefit maximum quantity 1 carton (56 ampules) per 56 days.
TRIKAFTA PACKET 59.5MG	5	PA; SP; QL; Benefit maximum quantity 56 capsules per 28 days.
TRIKAFTA PACKET 75MG	5	PA; SP; QL; Benefit maximum quantity 56 capsules per 28 days.
TRIKAFTA TABLET	5	PA; SP; QL; Benefit maximum quantity 84 tablets per 28 days.
Mast Cell Stabilizers		
cromolyn sod nebulizer 20mg/2ml	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin elx 80/15ml	3	
theophylline elx 80/15ml	3	
theophylline solution 80/15ml	3	
theophylline tablet 100mg xr	2	
theophylline tablet 200mg xr	2	
theophylline tablet 300mg xr	2	
theophylline tablet 400mg xr	2	
theophylline tablet 450mg xr	2	
theophylline tablet 600mg xr	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
ADEMPAS TABLET 1.5MG	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
ADEMPAS TABLET 1MG	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
ADEMPAS TABLET 2.5MG	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
ADEMPAS TABLET 2MG	5	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.

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Drug name	Tier	Notes
alyq tablet 20mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
ambrisentan tablet 10mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
ambrisentan tablet 5mg	4	PA; SP; QL; Benefit maximum quantity 30 tablets per 30 days.
bosentan tablet 125mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
bosentan tablet 62.5mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
ORENITRAM TABLET 0.125MG	4	PA; SP; QL; Benefit maximum quantity 180 tablets per 30 days.
ORENITRAM TABLET 0.25MG	4	PA; SP; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
ORENITRAM TABLET 1MG	4	PA; SP; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
ORENITRAM TABLET 2.5MG	4	PA; SP; QL; Benefit maximum quantity 180 tablets per 30 days.
ORENITRAM TABLET 5MG	4	PA; SP; QL; Maximum quantity 180 tablets per 30 days without additional quantity notification.
ORENITRAM TABLET MONTH 1	4	PA; SP; QL; Benefit maximum quantity 168 tablets per 365 days.
ORENITRAM TABLET MONTH 2	4	PA; SP; QL; Benefit maximum quantity 336 tablets per 365 days.
ORENITRAM TABLET MONTH 3	4	PA; SP; QL; Benefit maximum quantity 252 tablets per 365 days.
sildenafil suspension 10mg/ml	5	PA; SP; QL; Maximum quantity 180 ml per 30 days without additional quantity notification.
sildenafil tablet 20mg	4	PA; SP; QL; Maximum quantity 90 tablets per 30 days without additional quantity notification.
tadalafil tablet 20mg	4	PA; SP; QL; Benefit maximum quantity 60 tablets per 30 days.
TYVASO DRY POWDER INHALER POWDER 16-32-48	5	PA; SP; QL; Benefit maximum quantity 252 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER 16MCG	5	PA; SP; QL; Benefit maximum quantity 112 cartridges (1 kit) per 28 days.

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Drug name	Tier	Notes
TYVASO DRY POWDER INHALER POWDER 32MCG	5	PA; SP; QL; Benefit maximum quantity 112 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER 48-80MCG	5	PA; SP; QL; Benefit maximum quantity 224 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER 48MCG	5	PA; SP; QL; Benefit maximum quantity 112 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER 64MCG	5	PA; SP; QL; Benefit maximum quantity 112 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER 80MCG	5	PA; SP; QL; Benefit maximum quantity 112 cartridges (1 kit) per 28 days.
TYVASO DRY POWDER INHALER POWDER MAIN KIT	5	PA; SP; QL; Benefit maximum quantity 224 cartridges (1 kit) per 28 days.
VENTAVIS SOLUTION 10MCG/ML	5	PA; SP;
VENTAVIS SOLUTION 20MCG/ML	5	PA; SP;
Pulmonary Fibrosis Agents		
pirfenidone capsule 267mg	4	PA; SP; QL; Benefit maximum quantity 270 capsules per 30 days.
pirfenidone tablet 267mg	4	PA; SP; QL; Benefit maximum quantity 270 tablets per 30 days.
pirfenidone tablet 534mg	4	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.
pirfenidone tablet 801mg	4	PA; SP; QL; Benefit maximum quantity 90 tablets per 30 days.

Drug name	Tier	Notes
Respiratory Tract Agents, Other		
acetylcyst solution 10%	2	
acetylcyst solution 20%	2	
AIRSUPRA AEROSOL 90-80MCG	4	
benzonatate capsule 100mg	2	
benzonatate capsule 200mg	2	
BEVESPI AEROSOL 9-4.8MCG	3	QL; Benefit maximum quantity 10.7 grams per 30 days.
breyna aerosol 160/4.5	4	QL; Maximum quantity 10.3 grams per 30 days without additional quantity notification.
breyna aerosol 80/4.5	4	QL; Maximum quantity 10.3 grams per 30 days without additional quantity notification.
BREZTRI AERO AEROSOL 18MCG	3	QL; Benefit maximum quantity 10.7 grams per 30 days.
BREZTRI AERO AEROSOL 9MCG	3	QL; Benefit maximum quantity 10.7 grams per 30 days.
brom/pse/dm syrup 2-30-10	2	
budes/formot aerosol 160-4.5	4	QL; Maximum quantity 10.2 grams per 30 days without additional quantity notification.
budes/formot aerosol 80-4.5	4	QL; Maximum quantity 10.2 grams per 30 days without additional quantity notification.
flutic/salme aerosol 100/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
flutic/salme aerosol 250/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.

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Drug name	Tier	Notes
flutic/salme aerosol 500/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
FLUTIC/SALME INHALER 113/14	3	QL; Benefit maximum quantity 1 inhaler per 30 days.
FLUTIC/SALME INHALER 232/14	3	QL; Benefit maximum quantity 1 inhaler per 30 days.
FLUTIC/SALME INHALER 55/14	3	QL; Benefit maximum quantity 1 inhaler per 30 days.
gg/codeine solution 100-10/5	2	PA; QL; Maximum quantity 360 ml per 30 days without additional quantity notification.
GILTUSS TABLET 10-388MG	4	
hydroc/homat tablet 5-1.5mg	2	PA; QL; Maximum quantity 360 tablets per 30 days without additional quantity notification.
hydrocod/hom solution 5-1.5/5	2	PA; QL; Benefit maximum quantity 360 ml per 30 days.
hydrocod/hom syrup 5-1.5/5	2	PA; QL; Benefit maximum quantity 360 ml per 30 days.
hydromet syrup 5-1.5/5	2	PA; QL; Benefit maximum quantity 360 ml per 30 days.
HYPERSAL NEBULIZER 3.5%	3	
HYPERSAL NEBULIZER 7%	3	
ipratropium/ solution albuter	2	
NEBUSAL NEBULIZER 3%	3	
NEBUSAL NEBULIZER 6%	3	
prometh vc syrup 6.25-5/5	2	
prometh/cod solution 6.25-10	2	PA; QL; Benefit maximum quantity 360 ml per 30 days.
prometh/pe solution 6.25-5/5	2	
promethazine solution dm	2	
promethazine syrup dm	2	
PULMOSAL NEBULIZER 7%	3	

Drug name	Tier	Notes
sod chloride nebulizer 0.9%	2	
sod chloride nebulizer 10%	2	
sod chloride nebulizer 3%	2	
sod chloride nebulizer 7%	2	
STIOLTO AEROSOL 2.5-2.5	3	QL; Benefit maximum quantity 4 grams per 30 days.
TRELEGY AEROSOL 100MCG	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
TRELEGY AEROSOL 200MCG	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
wixela inhub aerosol 100/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
wixela inhub aerosol 250/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
wixela inhub aerosol 500/50	3	QL; Benefit maximum quantity 1 inhaler (60 inhalations) per 30 days.
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol tablet 350mg	2	QL; Maximum quantity 120 tablets per 30 days without additional quantity notification.
cyclobenzapr tablet 10mg	2	
cyclobenzapr tablet 5mg	2	
cyclobenzapr tablet 7.5mg	2	
methocarbam tablet 500mg	2	
methocarbam tablet 750mg	2	
Sleep Disorder Agents		
Sleep Disorders, Other		
doxepin tablet 3mg	4	QL; Benefit maximum quantity 30 tablets per 30 days.
doxepin tablet 6mg	4	QL; Benefit maximum quantity 30 tablets per 30 days.

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Drug name	Tier	Notes
Sleep Promoting Agents		
eszopiclone tablet 1mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
eszopiclone tablet 2mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
eszopiclone tablet 3mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
flurazepam capsule 15mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
flurazepam capsule 30mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
temazepam capsule 15mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
temazepam capsule 22.5mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
temazepam capsule 30mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
temazepam capsule 7.5mg	2	QL; Maximum quantity 30 capsules per 30 days without additional quantity notification.
triazolam tablet 0.125mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
triazolam tablet 0.25mg	2	QL; Maximum quantity 60 tablets per 30 days without additional quantity notification.
zolpidem tablet 10mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
zolpidem tablet 5mg	2	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
zolpidem xr tablet 12.5mg	3	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
zolpidem xr tablet 6.25mg	3	QL; Maximum quantity 30 tablets per 30 days without additional quantity notification.
Wakefulness Promoting Agents		
armodafinil tablet 150mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
armodafinil tablet 200mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
armodafinil tablet 250mg	3	QL; Benefit maximum quantity 30 tablets per 30 days.
armodafinil tablet 50mg	3	QL; Benefit maximum quantity 60 tablets per 30 days.

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Drug name	Tier	Notes
modafinil tablet 100mg	2	QL; Benefit maximum quantity 90 tablets per 30 days.
modafinil tablet 200mg	2	QL; Benefit maximum quantity 60 tablets per 30 days.

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abaca/lamivu tablet 600-300 32
abacavir solution 20mg/ml 32
abacavir tablet 300mg 32
abigale lo tablet 0.5-0.1 60
abigale tablet 1-0.5mg 60
abiraterone tablet 250mg 23
abiraterone tablet 500mg 23
ABRYSVO INJECTION 68
acampro cal tablet 333mg 14
acarbose tablet 25mg 34
acarbose tablet 50mg 34
acarbose tablet 100mg 34
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accutane capsule 20mg 49
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acetic acid solution 2% otic 79
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acetylcyst solution 20% 83
acitretin capsule 10mg 49
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acyclovir capsule 200mg 33
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acyclovir suspension 200/5ml 33
acyclovir suspension 800/20ml 33
acyclovir tablet 400mg 33
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ADALIMU-ADAZ INJECTION 20/0.2ML 66
ADALIMU-ADAZ INJECTION 40/0.4ML 66
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ADALIMU-ADBM KIT 20/0.4ML 66
ADALIMU-ADBM KIT 40/0.4ML 66
ADALIMU-ADBM KIT 40/0.8ML 67
adapalene cream 0.1% 49
adapalene gel 0.1% 49
adapalene gel 0.3% 49
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albuterol nebulizer 0.083% 80
albuterol nebulizer 1.25mg/3 80
albuterol syrup 2mg/5ml 80
albuterol syrup 8mg/20ml 80
albuterol tablet 2mg 80
albuterol tablet 4mg 80
alclometason cream 0.05% 50
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alendronate tablet 10mg 72
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allopurinol tablet 300mg 21
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alprazolam tablet 0.25mg 34
alprazolam tablet 1mg 34
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altavera tablet 60
ALVESCO AEROSOL 80MCG 79
ALVESCO AEROSOL 160MCG 79
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alyacen tablet 1/35 60
alyacen tablet 7/7/7 60
alyq tablet 20mg 82
amantadine capsule 100mg 33
amantadine solution 50mg/5ml 33
amantadine tablet 100mg 33
ambrisentan tablet 5mg 82
ambrisentan tablet 10mg 82
amethyst tablet 90-20mcg 60
amilor/hctz tablet 5-50 43
amiloride tablet 5mg 44
aminocapr ac tablet 500mg 41
aminocapr ac tablet 1000mg 41
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amiodarone tablet 100mg 42
amiodarone tablet 200mg 42
amiodarone tablet 400mg 42
amitriptylin tablet 10mg 20
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amitriptylin tablet 50mg 20
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amlod/benazp capsule 10-20mg 43
amlod/benazp capsule 10-40mg 43
amlodipine tablet 2.5mg 43
amlodipine tablet 5mg 43
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amlod/olmesa tablet 10-40mg 43
amlod/valsar tablet 5-160mg 44
amlod/valsar tablet 5-320mg 44
amlod/valsar tablet 10-160mg 43
amlod/valsar tablet 10-320mg 43
ammonium lac cream 12% 50
amnesteem capsule 10mg 50
amnesteem capsule 20mg 50
amnesteem capsule 30mg 50
amnesteem capsule 40mg 50
amoxicillin capsule 250mg 16
amoxicillin capsule 500mg 16
amoxicillin chewable 125mg 16
amoxicillin chewable 250mg 16
amoxicillin suspension 125/5ml 16
amoxicillin suspension 200/5ml 16
amoxicillin suspension 250/5ml 16
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amoxicillin tablet 500mg 16
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amox/k clav chewable 200mg 15
amox/k clav chewable 400mg 16
amox/k clav suspension 200/5ml 16

amox/k clav suspension 250/5ml 16
amox/k clav suspension 400/5ml 16
amox/k clav suspension 600/5ml 16
amox/k clav tablet 250-125 16
amox/k clav tablet 500-125 16
amox/k clav tablet 875-125 16
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apap/codeine tablet 300-60mg 12
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aripiprazole tablet 30mg 30
armodafinil tablet 50mg 85
armodafinil tablet 150mg 85
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benazep/hctz tablet 10-12.5 44
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beta diprop lotion 0.05% 50
beta diprop ointment 0.05% 50
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betameth dip cream 0.05% 50
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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.

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Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **toll-free 1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 6 p.m., E.T.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at http://www.hhs.gov/ocr/office/file/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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