

2022 Employer Group Formulary

Priority Health Medicare

List of covered drugs

Please read:

This document contains information about the drugs we cover in this plan.

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This formulary was approved on 11/22/2022. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com.

Note to existing members:

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

When this drug list (formulary) refers to "we," "us", or "our," it means Priority Health.

When it refers to "plan" or "our plan," it means Priority Health Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Priority Health Medicare Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you

will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare Formulary?*"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Priority Health Medicare Formulary?*"

Changes that will not affect you if you are currently taking the drug: Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2022. To get updated information about the drugs covered by Priority Health Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are significant changes to the formulary, you may receive a letter in the mail outlining those changes.

How do I use the Formulary?

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

1. Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

2. Alphabetical Listing

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

What are generic drugs?

Priority Health Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Priority Health Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Priority Health Medicare before you fill your prescriptions. If you don't get approval, Priority Health Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Priority Health Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Priority Health Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Priority Health Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Priority Health Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, *"How do I request an exception to the Priority Health Medicare formulary?"* below for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Priority Health Medicare does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Priority Health Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Priority Health Medicare.
- You can ask Priority Health Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Priority Health Medicare Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Priority Health Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Priority Health Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed

by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Priority Health Medicare provides members experiencing a level of care change with a transition supply of at least 30 days of medication unless the prescription is written for fewer days.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit medicare.gov.

Priority Health Medicare Employer Group Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Priority Health Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on the page following the Drug List.

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

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

List of Abbreviations

B/D: Part B vs. Part D. This drug requires prior authorization and may be covered differently under Medicare Part B (medical services) or D (prescription drug coverage) depending on your circumstances. Information may need to be submitted by your doctor describing the use and setting of the drug to make the determination.

EA: Each

ED: Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GM: Grams

HI: Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at toll-free 888.389.6648, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

ML: Milliliters

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

QL: Quantity Limit. For certain drugs, Priority Health Medicare limits the amount of the drug that Priority Health Medicare will cover. For example, Priority Health Medicare provides 60 tablets per 30-day prescription of ENTRESTO. This may be in addition to a standard one-month or three-month supply.

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

Drug Name	Drug Tiers	Requirements/Limits
Analgesics		
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral</i>	2	
<i>diclofenac epolamine external</i>	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	2	
<i>etodolac oral</i>	2	
<i>fenoprofen calcium oral tablet</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>mefenamic acid oral</i>	2	QL (30 EA per 30 days)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral</i>	2	
<i>naproxen oral tablet</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam oral</i>	2	
<i>salsalate oral</i>	2	
<i>sulindac oral</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	QL (60 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	QL (90 EA per 30 days)

T1-Preferred generic; **T2**-Generic; **T3**-Preferred brand; **T4**-Non-preferred drug; **T5**-Specialty; **T6**-Infertility

B/D-Part B vs. Part D; **EA**-Each; **ED**-Excluded Drug; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
methadone hcl oral tablet 5 mg	2	QL (120 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg	2	QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 200 mg, 30 mg, 60 mg	2	QL (120 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	4	QL (90 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg	4	QL (60 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg	5	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	4	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG	5	QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	5	QL (60 EA per 30 days)
oxymorphone hcl er	4	QL (90 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour	2	QL (30 EA per 30 days)
Opioid Analgesics, Short-Acting		
acetaminophen-codeine #3	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (180 EA per 30 days)
butorphanol tartrate nasal	4	QL (10 ML per 28 days)
codeine sulfate oral tablet 30 mg, 60 mg	2	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; QL (120 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; QL (120 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL (5550 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	4	QL (150 EA per 30 days)
hydromorphone hcl oral liquid	2	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet	2	QL (180 EA per 30 days)

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Note: All drugs listed on the formulary are available via mail order. Tier 5 drugs are 30-day supply only. You can find information on what the abbreviations mean on page 7.

Drug Name	Drug Tiers	Requirements/Limits
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	QL (240 ML per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	2	QL (900 ML per 30 days)
morphine sulfate oral solution	2	QL (900 ML per 30 days)
morphine sulfate oral tablet	2	QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	4	QL (180 ML per 30 days)
oxycodone hcl oral solution	2	QL (1200 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	2	QL (180 EA per 30 days)
oxycodone hcl oral tablet 5 mg	2	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 EA per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg	2	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 10 mg	4	QL (360 EA per 30 days)
oxymorphone hcl oral tablet 5 mg	4	QL (180 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	QL (240 EA per 30 days)
tramadol-acetaminophen	2	QL (240 EA per 30 days)
Anesthetics		
Local Anesthetics		
lidocaine external ointment 5 %	2	
lidocaine external patch 5 %	3	PA
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
acamprosate calcium	2	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence		
buprenorphine hcl sublingual	3	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	4	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	4	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL (90 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	2	QL (2 EA per 30 days)
ZIMHI	3	QL (1 ML per 30 days)
Smoking Cessation Agents		
APO-VARENICLINE	4	
bupropion hcl er (smoking det)	2	
NICOTROL	4	
NICOTROL NS	4	
varenicline tartrate	4	
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution 500 mg/2ml	2	HI
ARIKAYCE	5	PA; QL (235.2 ML per 28 days)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	HI
gentamicin sulfate external	2	QL (90 GM per 30 days)
gentamicin sulfate injection solution 40 mg/ml	2	
neomycin sulfate oral	2	
paromomycin sulfate oral	2	
streptomycin sulfate intramuscular	4	
tobramycin sulfate injection solution 10 mg/ml	2	HI; QL (720 ML per 30 days)
tobramycin sulfate injection solution 80 mg/2ml	2	QL (720 ML per 30 days)
Antibacterials, Other		
aztreonam	4	HI
CLEOCIN VAGINAL SUPPOSITORY	3	
clindamycin hcl oral capsule 150 mg, 300 mg	2	
clindamycin palmitate hcl	2	
clindamycin phosphate external swab	2	
clindamycin phosphate in d5w	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>clindamycin phosphate vaginal</i>	2	
<i>colistimethate sodium (cba)</i>	5	HI
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	HI
<i>firvanq</i>	3	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted</i>	3	
<i>linezolid oral tablet</i>	3	QL (56 EA per 28 days)
<i>methenamine hippurate</i>	2	
<i>metronidazole external</i>	2	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
SIVEXTRO ORAL	5	PA; QL (6 EA per 30 days)
<i>tigecycline</i>	4	HI
<i>trimethoprim oral</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>vancomycin hcl intravenous solution reconstituted 1.5 gm</i>	2	
<i>vancomycin hcl oral capsule 125 mg</i>	4	ST; QL (80 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	ST; QL (160 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	QL (30 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	QL (60 EA per 30 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI

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Drug Name	Drug Tiers	Requirements/Limits
cefdinir	2	
cefepime hcl injection	2	HI
cefoxitin sodium injection	2	
cefoxitin sodium intravenous	2	HI
cefpodoxime proxetil	2	
cefprozil	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	HI
ceftazidime injection solution reconstituted 2 gm	2	
ceftazidime intravenous	2	HI
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	HI
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	HI
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 7.5 gm	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	HI
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	HI
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
TEFLARO	4	
ZERBAXA	5	
Beta-Lactam, Penicillins		
amoxicillin oral capsule	2	
amoxicillin oral suspension reconstituted	2	
amoxicillin oral tablet	2	
amoxicillin oral tablet chewable 125 mg, 250 mg	2	
amoxicillin-pot clavulanate er	2	
amoxicillin-pot clavulanate oral	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI

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B/D-Part B vs. Part D; **EA**-Each; **ED**-Excluded Drug; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	2	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	HI
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
dicloxacillin sodium	2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted 10 gm	2	
oxacillin sodium in dextrose intravenous solution 1 gm/50ml	2	HI
oxacillin sodium injection solution reconstituted 1 gm	2	
oxacillin sodium intravenous	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	4	HI
penicillin g potassium injection solution reconstituted 20000000 unit	4	HI
penicillin g potassium injection solution reconstituted 5000000 unit	2	
penicillin g procaine	4	
penicillin g sodium	4	
penicillin v potassium oral solution reconstituted	4	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	2	HI
Carbapenems		
ertapenem sodium	4	
imipenem-cilastatin	2	
meropenem	4	

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Drug Name	Drug Tiers	Requirements/Limits
Macrolides		
<i>azithromycin intravenous</i>	2	HI
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	ST; QL (100 ML per 30 days)
DIFICID ORAL TABLET	5	ST; QL (20 EA per 30 days)
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral</i>	2	
<i>erythromycin ethylsuccinate oral</i>	2	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg</i>	2	
Quinolones		
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous</i>	2	HI
<i>levofloxacin oral</i>	2	
<i>moxifloxacin hcl oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium (acne)</i>	2	
<i>sulfadiazine oral</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet	1	
Tetracyclines		
demeocycline hcl oral	4	
DOXY 100	4	B/D
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral capsule 75 mg	4	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	
minocycline hcl oral capsule	2	
tetracycline hcl oral	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	5	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	5	ST; QL (60 EA per 30 days)
DIACOMIT	5	PA
EPIDIOLEX	5	PA; QL (500 ML per 30 days)
EPRONTIA	4	ST; QL (480 ML per 30 days)
felbamate	4	
FINTEPLA	5	PA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
lamotrigine er	4	
lamotrigine oral kit 25 & 50 & 100 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg	1	
lamotrigine oral tablet 25 mg	2	
lamotrigine oral tablet chewable	2	
lamotrigine oral tablet dispersible	4	
lamotrigine starter kit-blue	4	
lamotrigine starter kit-green	4	
lamotrigine starter kit-orange	4	

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Drug Name	Drug Tiers	Requirements/Limits
<i>levetiracetam er</i>	2	
<i>levetiracetam oral</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG	4	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	4	QL (60 EA per 30 days)
<i>topiramate oral</i>	2	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
XCOPRI (250 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	QL (28 EA per 28 days)
ZTALMY	5	PA; QL (1100 ML per 30 days)
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide oral</i>	2	
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	4	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	PA; QL (60 EA per 30 days)
<i>diazepam rectal</i>	3	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	PA
<i>phenobarbital oral tablet</i>	2	PA
<i>primidone oral</i>	1	
SYMPAZAN	5	PA; QL (60 EA per 30 days)
<i>tiagabine hcl</i>	4	
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
VALTOCO 15 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days)
vigabatrin	5	LA
vigadronе	5	
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG	5	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG	5	ST; QL (60 EA per 30 days)
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral	2	
epitol	2	
lacosamide oral solution	4	
lacosamide oral tablet	4	QL (60 EA per 30 days)
oxcarbazepine	2	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended	2	
rufinamide	5	PA
ZONISADE	5	PA; QL (900 ML per 30 days)
zonisamide oral	2	
Antidementia Agents		
Antidementia Agents, Other		
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet dispersible	2	
ergoloid mesylates oral	2	
Cholinesterase Inhibitors		
donepezil hcl oral tablet 23 mg	2	
galantamine hydrobromide	2	
galantamine hydrobromide er	2	
rivastigmine	3	QL (30 EA per 30 days)
rivastigmine tartrate	2	QL (60 EA per 30 days)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
memantine hcl er	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
memantine hcl oral solution 2 mg/ml	4	QL (300 ML per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	2	QL (60 EA per 30 days)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	4	QL (49 EA per 30 days)
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	
bupropion hcl oral	2	
maprotiline hcl	2	
mirtazapine oral	2	
Monoamine Oxidase Inhibitors		
EMSAM	5	ST
MARPLAN	4	QL (180 EA per 30 days)
phenelzine sulfate oral	2	
tranylcypromine sulfate	2	
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide oral solution	2	QL (600 ML per 30 days)
citalopram hydrobromide oral tablet 10 mg, 20 mg	1	QL (45 EA per 30 days)
citalopram hydrobromide oral tablet 40 mg	1	QL (30 EA per 30 days)
desvenlafaxine succinate er	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE	4	QL (60 EA per 30 days)
escitalopram oxalate oral	2	
FETZIMA	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION	4	ST; QL (30 EA per 30 days)
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	4	
fluoxetine hcl oral solution	2	
fluvoxamine maleate	2	
fluvoxamine maleate er	4	
nefazodone hcl	2	
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	1	

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Drug Name	Drug Tiers	Requirements/Limits
paroxetine mesylate	4	QL (30 EA per 30 days)
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone hcl oral tablet 300 mg	2	
TRINTELLIX	4	ST; QL (30 EA per 30 days)
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
venlafaxine hcl er oral tablet extended release 24 hour	4	
VIIBRYD STARTER PACK	4	ST; QL (30 EA per 30 days)
vilazodone hcl	4	ST; QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl oral	4	
amoxapine	4	
clomipramine hcl oral	4	
desipramine hcl oral	4	
doxepin hcl oral capsule	4	
doxepin hcl oral concentrate	4	
imipramine hcl oral	4	PA
imipramine pamoate	4	PA
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	4	
protriptyline hcl	4	
trimipramine maleate oral	4	PA
Antiemetics		
Antiemetics, Other		
meclizine hcl oral tablet 12.5 mg, 25 mg	2	
prochlorperazine	2	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	2	
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	
promethegan rectal suppository 25 mg	2	
promethegan rectal suppository 50 mg	4	

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Drug Name	Drug Tiers	Requirements/Limits
scopolamine	3	
Emetogenic Therapy Adjuncts		
aprepitant oral capsule	4	B/D; QL (6 EA per 30 days)
dronabinol	4	B/D
granisetron hcl oral	2	B/D
ondansetron	2	B/D
ondansetron hcl oral solution	2	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D
SANCUSO	5	QL (4 EA per 28 days)
Antifungals		
Antifungals		
ABELCET	4	B/D
amphotericin b intravenous	2	B/D
caspofungin acetate intravenous solution reconstituted 50 mg	5	
caspofungin acetate intravenous solution reconstituted 70 mg	4	
ciclopirox olamine external cream	2	QL (180 GM per 30 days)
ciclopirox olamine external suspension	2	QL (60 ML per 30 days)
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat troche	2	
CRESEMBA ORAL	5	QL (60 EA per 30 days)
econazole nitrate external	2	QL (90 GM per 30 days)
ERAXIS	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	HI
fluconazole oral	2	
flucytosine oral	5	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize	2	
itraconazole oral capsule	4	
ketoconazole external cream	2	QL (180 GM per 30 days)
ketoconazole external shampoo 2 %	2	QL (120 ML per 30 days)
ketoconazole oral	2	
miconazole 3 vaginal suppository	2	

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Drug Name	Drug Tiers	Requirements/Limits
NOXAFIL ORAL SUSPENSION	5	
NYAMYC	2	QL (60 GM per 30 days)
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	QL (240 GM per 30 days)
<i>nystatin mouth/throat</i>	2	QL (700 ML per 30 days)
<i>nystatin oral tablet</i>	2	
NYSTOP	2	
posaconazole	5	QL (93 EA per 30 days)
terbinafine hcl oral	2	
terconazole	2	
voriconazole intravenous	4	B/D
voriconazole oral suspension reconstituted	5	
voriconazole oral tablet	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat</i>	4	
<i>probenecid oral</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal</i>	4	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine</i>	3	QL (40 EA per 30 days)
TRUDHESA	4	PA; QL (4 ML per 30 days)
Prophylactic		
AIMOVIG	4	PA; QL (1 ML per 30 days)
AJOVY	4	PA; QL (1.5 ML per 30 days)
EMGALITY	4	PA
EMGALITY (300 MG DOSE)	4	PA; QL (3 ML per 30 days)
UBRELVY	4	PA; QL (16 EA per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>eletriptan hydrobromide</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL (12 EA per 30 days)
REYVOW ORAL TABLET 100 MG	4	PA; QL (8 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
REVVOW ORAL TABLET 50 MG	4	PA; QL (4 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate oral</i>	2	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (4 ML per 30 days)
<i>zolmitriptan oral</i>	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral</i>	2	
<i>PRIFTIN</i>	4	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hcl oral</i>	2	
<i>isoniazid oral syrup</i>	4	
<i>isoniazid oral tablet</i>	1	
<i>PASER</i>	3	
<i>PRETOMANID</i>	4	PA; QL (30 EA per 30 days)
<i>pyrazinamide oral</i>	2	
<i>rifampin intravenous</i>	2	
<i>rifampin oral</i>	2	
<i>SIRTURO</i>	5	
<i>TRECATOR</i>	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	3	B/D
<i>CYCLOPHOSPHAMIDE ORAL TABLET</i>	3	B/D

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Drug Name	Drug Tiers	Requirements/Limits
LEUKERAN	5	
MATULANE	5	PA
<i>melphalan</i>	2	
VALCHLOR	5	PA; LA; QL (60 GM per 30 days)
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
<i>bicalutamide</i>	2	
ERLEADA	5	PA; QL (120 EA per 30 days)
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA; QL (120 EA per 30 days)
<i>toremifene citrate</i>	5	
XTANDI ORAL CAPSULE	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; LA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; LA; QL (60 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; LA; QL (30 EA per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (30 EA per 30 days)
POMALYST	5	PA; LA; QL (21 EA per 28 days)
REVLIMID	5	PA; LA; QL (30 EA per 30 days)
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	4	
<i>raloxifene hcl</i>	2	
SOLTAMOX	4	
<i>tamoxifen citrate oral</i>	2	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea oral</i>	2	
INQOVI	5	PA
ONUREG	5	PA; QL (14 EA per 28 days)
PURIXAN	5	
SIKLOS ORAL TABLET 100 MG	4	PA
SIKLOS ORAL TABLET 1000 MG	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
TABLOID	4	
Antineoplastics, Other		
GAVRETO	5	PA; QL (120 EA per 30 days)
IDHIFA	5	PA; QL (30 EA per 30 days)
KISQALI FEMARA (400 MG DOSE)	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA
KISQALI FEMARA(200 MG DOSE)	5	PA
LONSURF	5	PA
LYNPARZA ORAL TABLET	5	PA; QL (120 EA per 30 days)
NINLARO	5	QL (3 EA per 28 days)
ORGOVYX	5	PA; QL (32 EA per 30 days)
RETEVMO	5	PA; QL (120 EA per 30 days)
SYNRIBO	5	PA
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; QL (60 EA per 30 days)
WELIREG	5	PA; QL (90 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (20 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (12 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; QL (16 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
ZOLINZA	5	PA
Aromatase Inhibitors, 3Rd Generation		
anastrozole oral	2	
exemestane	2	
letrozole oral	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA; QL (30 EA per 30 days)
BALVERSA	5	PA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA	5	PA; QL (120 EA per 30 days)
CABOMETYX	5	PA; QL (30 EA per 30 days)
CALQUENCE	5	PA; QL (60 EA per 30 days)
CAPRELSA	5	PA; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 EA per 28 days)
COPIKTRA	5	PA; QL (60 EA per 30 days)
COTELLIC	5	PA; LA
DAURISMO	5	PA; QL (30 EA per 30 days)
ERIVEDGE	5	PA; LA
erlotinib hcl	5	PA
everolimus oral tablet 10 mg	5	PA
everolimus oral tablet soluble 3 mg, 5 mg	5	PA
EXKIVITY	5	PA; QL (120 EA per 30 days)
FARYDAK	5	PA
FOTIVDA	5	PA; QL (30 EA per 30 days)
GILOTrif	5	PA; QL (30 EA per 30 days)
IBRANCE	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
imatinib mesylate oral tablet 100 mg	5	PA; QL (180 EA per 30 days)
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (108 ML per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; LA
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (180 EA per 30 days)
INREBIC	5	PA; QL (120 EA per 30 days)
IRESSA	5	PA
JAKAFI	5	PA; LA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 EA per 28 days)
KOSELUGO	5	PA
lapatinib ditosylate	5	PA
LENVIMA (10 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PA; LA; QL (105 EA per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA; LA; QL (60 EA per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA; LA; QL (90 EA per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA; LA; QL (30 EA per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PA; LA; QL (70 EA per 30 days)
LORBRENA	5	PA
LUMAKRAS	5	PA; QL (240 EA per 90 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI	5	PA
NERLYNX	5	PA; QL (180 EA per 30 days)
ODOMZO	5	PA; LA; QL (30 EA per 30 days)
PEMAZYRE	5	PA
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 EA per 28 days)
QINLOCK	5	PA; QL (90 EA per 30 days)
ROZLYTREK	5	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
RUBRACA	5	PA; QL (120 EA per 30 days)
RYDAPT	5	PA
SCEMBLIX	5	PA; QL (300 EA per 30 days)
sorafenib tosylate	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA; LA; QL (84 EA per 28 days)
sunitinib malate	5	PA
TABRECTA	5	PA; QL (120 EA per 30 days)
TAFINLAR	5	PA; QL (120 EA per 30 days)
TAGRISSO	5	PA; LA; QL (30 EA per 30 days)
TALZENNA	5	PA; QL (30 EA per 30 days)
TASIGNA	5	PA
TAZVERIK	5	PA; QL (240 EA per 30 days)
TEPMETKO	5	PA; QL (60 EA per 30 days)
TIBSOVO	5	PA
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 EA per 28 days)
TURALIO	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (90 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
VIZIMPRO	5	PA
VONJO	5	PA; QL (120 EA per 30 days)
VOTRIENT	5	PA
XALKORI	5	PA; LA; QL (60 EA per 30 days)
XOSPATA	5	PA
ZEJULA	5	PA; QL (90 EA per 30 days)
ZELBORAF	5	PA; LA; QL (240 EA per 30 days)
ZYDELIG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
Retinoids		
bexarotene	5	PA
tretinoin oral	5	PA
Treatment Adjuncts		
leucovorin calcium oral	2	
MESNEX ORAL	4	
Antiparasitics		
Anthelmintics		
albendazole oral	5	
ivermectin oral	2	
praziquantel oral	3	
Antiprotozoals		
atovaquone oral	5	
atovaquone-proguanil hcl	2	
chloroquine phosphate oral	2	
COARTEM	3	QL (24 EA per 30 days)
hydroxychloroquine sulfate oral tablet 200 mg	2	
KRINTAFEL	3	QL (8 EA per 365 days)
mefloquine hcl	2	
nitazoxanide oral	5	
pentamidine isethionate inhalation	3	PA
pentamidine isethionate injection	4	
primaquine phosphate oral	2	
pyrimethamine oral	5	
quinine sulfate oral	2	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	4	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	4	
entacapone	2	

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Drug Name	Drug Tiers	Requirements/Limits
ONGENTYS	4	ST; QL (30 EA per 30 days)
Dopamine Agonists		
bromocriptine mesylate oral	2	
KYNMOBI	5	QL (150 EA per 30 days)
NEUPRO	4	ST; QL (30 EA per 30 days)
pramipexole dihydrochloride	2	
pramipexole dihydrochloride er	4	
ropinirole hcl	2	
ropinirole hcl er	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	3	
carbidopa-levodopa	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
Monoamine Oxidase B (Mao-B) Inhibitors		
rasagiline mesylate oral	4	
selegiline hcl oral	2	
Antipsychotics		
1St Generation/Typical		
ADASUVE	5	PA
chlorpromazine hcl injection solution 50 mg/2ml	2	
chlorpromazine hcl oral concentrate	4	
chlorpromazine hcl oral tablet	2	
fluphenazine decanoate injection	2	
fluphenazine hcl injection	2	
fluphenazine hcl oral	2	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	2	
haloperidol lactate	2	
haloperidol oral	1	
loxapine succinate oral	2	
molindone hcl	3	
perphenazine oral	2	
pimozide	2	
thioridazine hcl oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>thiothixene oral</i>	2	
<i>trifluoperazine hcl oral</i>	2	
2Nd Generation/Atypical		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>ariPIPRAZOLE oral solution</i>	4	QL (750 ML per 30 days)
<i>ariPIPRAZOLE oral tablet</i>	2	QL (30 EA per 30 days)
<i>ariPIPRAZOLE oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate</i>	4	ST; QL (60 EA per 30 days)
CAPLYTA	5	PA; QL (30 EA per 30 days)
FANAPT	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA	5	ST; QL (30 EA per 30 days)
LYBALVI	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
paliperidone er oral tablet extended release 24 hour 6 mg	4	ST; QL (60 EA per 30 days)
PERSERIS	5	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	2	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	2	QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	2	
REXULTI	5	ST; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
risperidone	2	
SECUADO	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST
ziprasidone hcl	2	QL (60 EA per 30 days)
ziprasidone mesylate	4	
ZYPREXA INTRAMUSCULAR	4	QL (30 EA per 30 days)
ZYPREXA RELPREVV	5	
Treatment-Resistant		
clozapine	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen oral tablet 10 mg, 20 mg	2	
baclofen oral tablet 5 mg	3	
dantrolene sodium oral	2	
tizanidine hcl oral tablet	2	
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
LIVTENCITY	5	PA; QL (120 EA per 30 days)
PREVYMIS ORAL	5	PA
valganciclovir hcl oral tablet	3	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE ORAL SOLUTION	4	QL (600 ML per 30 days)
<i>entecavir</i>	4	
EPIVIR HBV ORAL SOLUTION	3	
<i>lamivudine oral solution</i>	3	
<i>lamivudine oral tablet</i>	2	
VEMLIDY	5	
Anti-Hepatitis C (Hcv) Agents		
EPCLUSA	5	PA
<i>ledipasvir-sofosbuvir</i>	5	PA
MAVYRET ORAL PACKET	5	PA; QL (140 EA per 28 days)
MAVYRET ORAL TABLET	5	PA; QL (84 EA per 28 days)
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
ZEPATIER	5	PA
Antiherpetic Agents		
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	B/D
<i>famciclovir oral</i>	2	
<i>valacyclovir hcl oral</i>	2	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
APRETUDE	5	QL (21 ML per 365 days)
BIKTARVY	5	QL (30 EA per 30 days)
DOVATO	5	QL (30 EA per 30 days)
GENVOYA	5	QL (30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
STRIBILD	5	
SYMTUZA	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)

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TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD	4	QL (180 EA per 30 days)
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA	5	QL (30 EA per 30 days)
EDURANT	5	QL (30 EA per 30 days)
efavirenz	2	
etravirine	5	
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	4	QL (60 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (30 EA per 30 days)
nevirapine oral suspension	4	QL (1200 ML per 30 days)
nevirapine oral tablet	4	QL (60 EA per 30 days)
PIFELTRO	5	QL (30 EA per 30 days)
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
abacavir sulfate oral solution	3	
abacavir sulfate oral tablet	2	
abacavir sulfate-lamivudine	4	
abacavir-lamivudine-zidovudine	5	
CIMDUO	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
DESCOVY	5	
efavirenz-emtricitab-tenofovir	5	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	5	QL (30 EA per 30 days)
emtricitabine	3	
emtricitabine-tenofovir df	5	
EMTRIVA ORAL SOLUTION	3	
JULUCA	5	QL (30 EA per 30 days)
lamivudine-zidovudine	4	
ODEFSEY	5	QL (30 EA per 30 days)
TEMIXYS	5	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	3	
TRIZIVIR	5	

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Drug Name	Drug Tiers	Requirements/Limits
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine</i>	2	
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 25 MG	4	
SELZENTRY ORAL TABLET 75 MG	5	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TYBOST	3	QL (30 EA per 30 days)
Anti-Hiv Agents, Protease Inhibitors		
APTVIRUS ORAL CAPSULE	5	
APTVIRUS ORAL SOLUTION	4	
<i>atazanavir sulfate</i>	4	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE ORAL TABLET	5	
LEXIVA ORAL SUSPENSION	4	
<i>lopinavir-ritonavir oral solution</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
REYATAZ ORAL PACKET	5	
RITONAVIR	3	
VIRACEPT ORAL TABLET	5	

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Influenza Agents		
oseltamivir phosphate oral	2	
RELENZA DISKHALER	3	
rimantadine hcl	2	
xofluza (40 mg dose) oral tablet therapy pack 1 x 40 mg	4	QL (4 EA per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	4	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	4	QL (4 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 7.5 mg	2	
buspirone hcl oral tablet 5 mg	1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	4	
Benzodiazepines		
alprazolam oral tablet	1	
chlordiazepoxide hcl	1	
clonazepam oral tablet	1	
clonazepam oral tablet dispersible	2	
clorazepate dipotassium	2	
diazepam intensol	2	
diazepam oral concentrate	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet	1	
LORAZEPAM INTENSOL	2	
lorazepam oral tablet	1	
Bipolar Agents		
Mood Stabilizers		
carbamazepine er oral capsule extended release 12 hour	2	
divalproex sodium er oral tablet extended release 24 hour	2	
divalproex sodium oral capsule delayed release sprinkle	2	

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Drug Name	Drug Tiers	Requirements/Limits
divalproex sodium oral tablet delayed release	2	
lithium carbonate er	2	
lithium carbonate oral	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	
ADLYXIN	4	
ADLYXIN STARTER PACK	4	
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
CYCLOSET	4	
FARXIGA	3	QL (30 EA per 30 days)
glimepiride	1	
glipizide er	1	
glipizide oral	1	
glipizide-metformin hcl	2	
GLYXAMBI	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	3	QL (0.8 ML per 30 days)
GVOKE KIT	3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	QL (0.8 ML per 30 days)
INVOKAMET	4	ST
INVOKAMET XR	4	ST; QL (60 EA per 30 days)
INVOKANA	4	ST; QL (30 EA per 30 days)
JANUMET	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
JARDIANCE	3	
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR	3	QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
<i>metformin hcl er</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>miglitol</i>	4	
MOUNJARO	3	
<i>nateglinide</i>	2	
ONGLYZA	4	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE)	4	ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	4	ST
OZEMPIC (2 MG/DOSE)	4	ST
<i>pioglitazone hcl</i>	2	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl-metformin hcl</i>	2	
QTERN ORAL TABLET 10-5 MG	4	QL (30 EA per 30 days)
<i>repaglinide</i>	2	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG	4	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	4	ST; QL (120 EA per 30 days)
STEGLATRO	4	ST; QL (30 EA per 30 days)
STEGLUJAN	4	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (12 ML per 30 days)
SYNJARDY	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
XIGDUO XR	3	
XULTOPHY	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	QL (2 EA per 30 days)
BAQSIMI TWO PACK	3	QL (2 EA per 30 days)
diazoxide oral	5	
GLUCAGEN HYPOKIT	3	
glucagon emergency injection kit	3	
KORLYM	5	PA; QL (120 EA per 30 days)
Insulins		
APIDRA	4	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	4	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	4	
CVS GAUZE STERILE PAD 2"X2"	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	4	
FIASP	4	ST
FIASP FLEXTOUCH	4	ST
FIASP PENFILL	4	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50	2	

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Drug Name	Drug Tiers	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
<i>insulin asp prot & asp flexpen</i>	4	ST
<i>insulin aspart</i>	4	ST
<i>insulin aspart flexpen</i>	4	ST
<i>insulin aspart penfill</i>	4	ST
<i>insulin aspart prot & aspart</i>	4	ST
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	4	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	4	
SOLIQUA	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	

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Drug Name	Drug Tiers	Requirements/Limits
Blood Products And Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	4	QL (60 EA per 30 days)
ELIQUIS	3	QL (74 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 EA per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	4	QL (60 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	4	QL (48 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	4	QL (18 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	4	QL (24 ML per 30 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	4	QL (36 ML per 30 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 ML per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	4	QL (15 ML per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 ML per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	HI
jantoven	1	
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 EA per 30 days)
SAVAYSA	4	QL (30 EA per 30 days)
warfarin sodium oral	1	

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Drug Name	Drug Tiers	Requirements/Limits
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	
Blood Products And Modifiers, Other		
anagrelide hcl	2	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	B/D
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	B/D
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	B/D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NYVEPRIA	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML	3	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	B/D
PROCRIT INJECTION SOLUTION 4000 UNIT/ML	4	B/D
PROMACTA	5	PA; LA
PYRUKYND	5	PA; QL (56 EA per 28 days)
PYRUKYND TAPER PACK	5	PA; QL (56 EA per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	4	B/D

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Drug Name	Drug Tiers	Requirements/Limits
Hemostasis Agents		
tranexamic acid oral	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	2	
BRILINTA	3	QL (60 EA per 30 days)
cilostazol	2	
clopidogrel bisulfate oral tablet 75 mg	1	
prasugrel hcl	3	
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
clonidine	2	
clonidine hcl oral	1	
droxidopa	5	PA
midodrine hcl	2	
Alpha-Adrenergic Blocking Agents		
doxazosin mesylate oral	2	
prazosin hcl oral	2	
terazosin hcl oral	1	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	2	
irbesartan	2	
losartan potassium oral	1	
olmesartan medoxomil oral	2	
telmisartan	2	
telmisartan-hctz oral tablet 80-12.5 mg	2	
valsartan oral tablet	2	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
benazepril hcl oral	1	
captopril oral	1	
enalapril maleate oral tablet	1	
fosinopril sodium	2	
lisinopril oral	1	
moexipril hcl	2	
perindopril erbumine	2	
quinapril hcl	2	

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Drug Name	Drug Tiers	Requirements/Limits
ramipril oral capsule 1.25 mg, 10 mg, 5 mg	2	
ramipril oral capsule 2.5 mg	1	
trandolapril	2	
Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	2	
disopyramide phosphate oral	2	
dofetilide	4	
flecainide acetate	2	
mexiletine hcl oral	2	
MULTAQ	3	
pacerone oral tablet 200 mg	2	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	4	
quinidine sulfate oral	2	
SORINE	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	1	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	1	
carvedilol phosphate er	4	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl	4	
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	1	
timolol maleate oral	2	

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Drug Name	Drug Tiers	Requirements/Limits
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate oral	1	
felodipine er	2	
isradipine	2	
nicardipine hcl oral	4	
nifedipine er	2	
nifedipine er osmotic release	2	
nimodipine oral	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg	2	
diltiazem hcl oral tablet 30 mg	1	
dilt-xr	2	
taztia xt	2	
verapamil hcl er	2	
verapamil hcl oral	1	
Cardiovascular Agents, Other		
acetazolamide oral	2	
aliskiren fumarate	4	
amiloride-hydrochlorothiazide	2	
amlodipine besy-benazepril hcl	2	
amlodipine besylate-valsartan	2	
amlodipine-atorvastatin	2	
amlodipine-olmesartan	2	
amlodipine-valsartan-hctz	2	
atenolol-chlorthalidone	1	
benazepril-hydrochlorothiazide	2	
bisoprolol-hydrochlorothiazide	1	
candesartan cilexetil-hctz	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>captopril-hydrochlorothiazide</i>	2	
CORLANOR	4	
DIGITEK	4	
<i>digoxin oral solution</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	4	
<i>enalapril-hydrochlorothiazide</i>	2	
ENTRESTO	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	4	
NEXLETOL	4	PA; QL (30 EA per 30 days)
NEXLIZET	4	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz</i>	2	
<i>olmesartan-amlodipine-hctz</i>	2	
ORLADEYO	5	PA; QL (30 EA per 30 days)
<i>pentoxifylline er</i>	2	
<i>propranolol-hctz</i>	2	
<i>quinapril-hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone-hctz</i>	2	
TEKTURNA HCT	4	
<i>telmisartan-amlodipine</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	2	
<i>trandolapril-verapamil hcl er</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hctz oral tablet</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
VECAMYL	5	
VERQUVO	4	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide oral</i>	1	
<i>ethacrynic acid oral</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	4	HI

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B/D-Part B vs. Part D; **EA**-Each; **ED**-Excluded Drug; **HI**-Home Infusion; **LA**-Limited Availability; **PA**-Prior Authorization; **QL**-Quantity Limits; **ST**-Step Therapy; **ML**-Milliliters; **GM**-Grams

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Drug Name	Drug Tiers	Requirements/Limits
furosemide oral solution 10 mg/ml	2	
furosemide oral solution 8 mg/ml	1	
furosemide oral tablet	1	
torsemide oral tablet 10 mg, 20 mg	1	
torsemide oral tablet 100 mg, 5 mg	2	
Diuretics, Potassium-Sparing		
amiloride hcl oral	2	
eplerenone	2	
KERENDIA	4	PA; QL (30 EA per 30 days)
spironolactone oral tablet 100 mg, 50 mg	2	
spironolactone oral tablet 25 mg	1	
triamterene oral	4	
Diuretics, Thiazide		
chlorthalidone oral tablet 25 mg, 50 mg	2	
hydrochlorothiazide oral	1	
indapamide oral	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	2	
fenofibrate oral capsule 134 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
fenofibric acid oral capsule delayed release	2	
gemfibrozil oral	1	
Dyslipidemics, Hmg Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg	1	
atorvastatin calcium oral tablet 20 mg, 40 mg, 80 mg	2	
fluvastatin sodium	4	
fluvastatin sodium er	4	
lovastatin oral	1	
pravastatin sodium	2	
rosuvastatin calcium	2	
simvastatin oral tablet	1	

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Drug Name	Drug Tiers	Requirements/Limits
Dyslipidemics, Other		
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine oral packet</i>	2	
<i>colesevelam hcl oral packet</i>	4	
<i>colesevelam hcl oral tablet</i>	3	
<i>colestipol hcl oral packet</i>	2	
<i>colestipol hcl oral tablet</i>	2	
EVKEEZA	5	PA
<i>ezetimibe</i>	2	
<i>ezetimibe-rosuvastatin</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
LEQVIO	5	PA; QL (4.5 ML per 365 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	2	QL (60 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg, 750 mg</i>	2	QL (30 EA per 30 days)
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite oral packet</i>	2	
REPATHA	4	PA; QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	4	PA; QL (3.5 ML per 30 days)
REPATHA SURECLICK	4	PA; QL (2 ML per 28 days)
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
RECTIV	4	QL (30 GM per 30 days)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral</i>	1	
<i>minoxidil oral</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 5 mg	4	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 30 mg	4	QL (60 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	2	QL (120 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 20 mg	2	QL (90 EA per 30 days)
amphetamine-dextroamphetamine oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule extended release 24 hour 15 mg	2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	2	QL (60 EA per 30 days)
VYVANSE	4	QL (30 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 EA per 30 days)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	2	
dexamphetamine hcl	4	QL (60 EA per 30 days)
dexamphetamine hcl er	4	QL (30 EA per 30 days)
methylphenidate hcl er (cd)	2	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 36 mg, 54 mg, 72 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release	2	QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 36 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg	4	QL (60 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5ml	2	QL (1500 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	2	QL (3000 ML per 30 days)
methylphenidate hcl oral tablet	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	PA; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	PA; QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO ORAL TABLET 9 MG	5	PA; QL (150 EA per 30 days)
EVRYSDI	5	PA; QL (240 ML per 30 days)
FIRDAPSE	5	PA; QL (240 EA per 30 days)
INGREZZA	5	PA; QL (30 EA per 30 days)
isomethoprene-dichloral-apap capsule 65-100-325 mg oral	2	ED
NUEDEXTA	5	PA; QL (60 EA per 30 days)
RADICAVA ORS	5	PA; QL (70 ML per 28 days)
RADICAVA ORS STARTER KIT	5	PA; QL (70 ML per 28 days)
riluzole	2	
tetrabenazine oral tablet 12.5 mg	5	PA; QL (90 EA per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 EA per 30 days)
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	2	QL (30 EA per 30 days)
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	2	
Multiple Sclerosis Agents		
AUBAGIO	5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA
<i>dalfampridine er</i>	5	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral</i>	5	PA
<i>dimethyl fumarate starter pack</i>	5	PA
<i> fingolimod hcl</i>	5	PA
<i> glatiramer acetate</i>	5	PA
GLATOPA	5	PA
KESIMPTA	5	PA
MAVENCLAD (10 TABS)	5	PA; QL (40 EA per 365 days)
MAVENCLAD (4 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (5 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (6 TABS)	5	PA; QL (24 EA per 365 days)
MAVENCLAD (7 TABS)	5	PA; QL (28 EA per 365 days)
MAVENCLAD (8 TABS)	5	PA; QL (20 EA per 365 days)
MAVENCLAD (9 TABS)	5	PA; QL (20 EA per 365 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA
PLEGRIDY	5	PA; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK	5	PA; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ZEPOSIA	5	PA; QL (30 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK	5	PA; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	5	PA; QL (74 EA per 365 days)
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline hcl	2	
chlorhexidine gluconate mouth/throat	2	
denta 5000 plus	2	
pilocarpine hcl oral tablet 5 mg	2	QL (180 EA per 30 days)
pilocarpine hcl oral tablet 7.5 mg	2	QL (120 EA per 30 days)
sf	2	
sf 5000 plus	2	
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
Acne And Rosacea Agents		
acitretin	4	
adapalene external gel 0.1 %	2	
adapalene external gel 0.3 %	4	
amnesteem	3	
azelaic acid external	2	
beser external lotion	2	
CLARAVIS	3	
clindamycin phos-benzoyl perox external gel 1-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
tazarotene external cream	4	
tretinoin external cream	2	
tretinoin external gel 0.01 %, 0.025 %	2	
tretinoin external gel 0.05 %	4	
Dermatitis And Pruitus Agents		
alclometasone dipropionate	2	
ammonium lactate external	2	
betamethasone dipropionate aug external gel	2	QL (50 GM per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
betamethasone dipropionate aug external lotion	2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	2	QL (50 GM per 30 days)
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	2	
betamethasone valerate external cream	2	
betamethasone valerate external lotion	2	QL (60 ML per 30 days)
betamethasone valerate external ointment	2	
calcipotriene-betameth diprop external ointment	4	
clobetasol prop emollient base	2	QL (60 GM per 30 days)
clobetasol propionate e	2	QL (60 GM per 30 days)
clobetasol propionate external cream	2	QL (60 GM per 30 days)
clobetasol propionate external gel	2	
clobetasol propionate external lotion	4	QL (118 ML per 30 days)
clobetasol propionate external ointment	2	QL (60 GM per 30 days)
clobetasol propionate external shampoo	4	QL (118 ML per 30 days)
clobetasol propionate external solution	2	
desonide external cream	2	QL (120 GM per 30 days)
desonide external ointment	2	QL (120 GM per 30 days)
desoximetasone external cream 0.25 %	4	QL (60 GM per 30 days)
desoximetasone external ointment 0.25 %	4	QL (60 GM per 30 days)
doxepin hcl external	4	QL (90 GM per 365 days)
ENSTILAR	5	
fluocinolone acetonide external	2	
fluocinolone acetonide scalp	2	
fluocinonide emulsified base	2	
fluocinonide external cream 0.05 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	QL (60 ML per 30 days)
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	4	QL (50 GM per 30 days)
halobetasol propionate external ointment	4	QL (50 GM per 30 days)
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone butyr lipo base	2	

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Drug Name	Drug Tiers	Requirements/Limits
hydrocortisone butyrate external cream	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 2.5 %	2	
hydrocortisone valerate external cream	4	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	4	
mometasone furoate external	2	
pimecrolimus	3	QL (30 GM per 30 days)
prednicarbate	2	
procto-med hc external	2	
procto-pak external	2	
proctosol hc external	2	
PROCTOZONE-HC EXTERNAL	2	
selenium sulfide external lotion	2	
tacrolimus external ointment	4	QL (100 GM per 30 days)
triamcinolone acetonide external cream	2	
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
TRIDERM EXTERNAL CREAM 0.1 %	2	
XERESE	4	QL (5 GM per 30 days)
Dermatological Agents, Other		
calcipotriene external cream	2	QL (120 GM per 30 days)
calcipotriene external ointment	2	QL (120 GM per 30 days)
calcipotriene external solution	2	QL (120 ML per 30 days)
calcitriol external	4	ST
clotrimazole-betamethasone	2	QL (120 ML per 30 days)
fluorouracil external cream 5 %	2	QL (80 GM per 30 days)
fluorouracil external solution	2	
global alcohol prep ease	2	
imiquimod external cream 5 %	2	
KLISYRI	5	ST; QL (5 EA per 180 days)
methoxsalen rapid	5	
nystatin-triamcinolone	2	
OTEZLA ORAL TABLET	5	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
PANRETIN	5	PA; QL (60 GM per 30 days)
<i>podofilox external</i>	2	
SANTYL	3	QL (60 GM per 30 days)
<i>silver sulfadiazine external</i>	2	
ssd	2	
SSD (SILVER SULFADIAZINE)	2	
Dermatological Agents		
AVAGE CREAM 0.1 % EXTERNAL	3	ED
REFISSA CREAM 0.05 % EXTERNAL	2	ED
RENAL CAPSULE 1 MG ORAL	2	ED
<i>rena-vite rx tablet 1 mg oral (otc)</i>	2	ED
<i>reno caps capsule 1 mg oral (rx)</i>	2	ED
RENOVA CREAM 0.02 % EXTERNAL	3	ED
RENOVA PUMP CREAM 0.02 % EXTERNAL	3	ED
REQ 49+ TABLET ORAL	3	ED
STROVITE FORTE SYRUP ORAL	3	ED
STROVITE ONE TABLET ORAL	3	ED
SUPERVITE EC TABLET DELAYED RELEASE 1 MG ORAL	3	ED
SUPERVITE LIQUID ORAL	3	ED
VANIQA CREAM 13.9 % EXTERNAL	3	ED
VASCULERA TABLET ORAL	3	ED
Pediculicides/Scabicides		
<i>ivermectin external cream</i>	4	
<i>permethrin external cream</i>	2	
Topical Anti-Infectives		
acyclovir external ointment	2	QL (30 GM per 30 days)
ciclopirox external gel	2	QL (100 GM per 30 days)
ciclopirox external shampoo	2	QL (120 ML per 30 days)
ciclopirox external solution	2	QL (13.2 ML per 30 days)
clindamycin phosphate external gel	2	
clindamycin phosphate external lotion	2	
clindamycin phosphate external solution	2	QL (180 ML per 30 days)
ery	2	
erythromycin external gel	2	
erythromycin external solution	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>mupirocin calcium</i>	4	QL (60 GM per 30 days)
<i>mupirocin external</i>	2	QL (220 GM per 30 days)
SULFAMYLYON EXTERNAL CREAM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid oral tablet soluble</i>	5	PA; LA
DOJOLVI	5	PA
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.45 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	2	
<i>kcl-lactated ringers-d5w</i>	2	
KLOR-CON 10	2	
KLOR-CON M10	2	
KLOR-CON M15	2	
KLOR-CON M20	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON/EF	2	
NORMOSOL-M IN D5W	2	
NORMOSOL-R	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride er</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	HI
<i>sodium chloride irrigation solution 0.9 %</i>	2	
SUPREP BOWEL PREP KIT	4	

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Drug Name	Drug Tiers	Requirements/Limits
Electrolyte/Mineral/Metal Modifiers		
CLINIMIX E/DEXTROSE (4.25/10)	3	B/D
deferasirox oral tablet	5	
deferasirox oral tablet soluble 125 mg	4	
deferasirox oral tablet soluble 250 mg, 500 mg	5	
deferiprone oral tablet 500 mg	5	
klor-con oral packet 20 meq	2	
potassium chloride crys er oral tablet extended release 15 meq	2	
tolvaptan	5	PA
trientine hcl	2	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN-PF	3	B/D
CLINIMIX E/DEXTROSE (2.75/5)	3	B/D
CLINIMIX E/DEXTROSE (4.25/5)	3	B/D
CLINIMIX E/DEXTROSE (5/15)	3	B/D
CLINIMIX E/DEXTROSE (5/20)	3	B/D
CLINIMIX/DEXTROSE (4.25/10)	3	B/D
CLINIMIX/DEXTROSE (4.25/5)	3	B/D
CLINIMIX/DEXTROSE (5/15)	3	B/D
CLINIMIX/DEXTROSE (5/20)	3	B/D
dextrose intravenous solution 10 %, 5 %	2	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
INTRALIPID	3	B/D
levocarnitine oral solution	2	
levocarnitine oral tablet	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
PROCALAMINE	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D
Phosphate Binders		
AURYXIA	4	PA
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
lanthanum carbonate	5	

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Drug Name	Drug Tiers	Requirements/Limits
sevelamer carbonate oral tablet	4	
Potassium Binders		
LOKELMA ORAL PACKET 10 GM	4	QL (90 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	4	QL (30 EA per 30 days)
sodium polystyrene sulfonate oral powder	2	
SPS	2	
VELTASSA	4	ST; QL (30 EA per 30 days)
Vitamins		
advanced am/pm oral	2	ED
ANIMI-3 CAPSULE 1 MG ORAL	3	ED
ANIMI-3/VITAMIN D CAPSULE 1 MG ORAL	3	ED
AQUASOL A SOLUTION 15 MG/ML INTRAMUSCULAR	3	ED
ascorbic acid solution 500 mg/ml injection	2	ED
BACMIN TABLET ORAL	3	ED
bp vit 3 capsule 1 mg oral	2	ED
CORVITA TABLET ORAL	2	ED
CORVITE FREE TABLET ORAL	3	ED
cyanocobalamin solution 1000 mcg/ml injection	2	ED
DIALYVITE 3000 TABLET 3 MG ORAL	3	ED
DIALYVITE 5000 TABLET 5 MG ORAL	3	ED
DIALYVITE 800/IRON TABLET 29-0.8 MG ORAL	3	ED
DIALYVITE SUPREME D TABLET ORAL	3	ED
DIALYVITE TABLET ORAL	3	ED
DIALYVITE/ZINC TABLET ORAL	3	ED
ENLYTE CAPSULE ORAL	3	ED
fabb tablet 2.2-25-1 mg oral	2	ED
fa-vitamin b-6-vitamin b-12 tablet 2.2-25-0.5 mg oral	2	ED
finasteride tablet 1 mg oral	2	ED
FOLBEE PLUS CZ TABLET 5 MG ORAL	2	ED
folbee plus tablet oral	2	ED
folbee tablet 2.5-25-1 mg oral	2	ED
FOLBIC RF TABLET 1.13-25-2 MG ORAL	2	ED
FOLBIC TABLET 2.5-25-2 MG ORAL (OTC)	2	ED
folic acid solution 5 mg/ml injection	2	ED

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Drug Name	Drug Tiers	Requirements/Limits
folic acid tablet 1 mg oral (rx)	2	ED
folplex 2.2 tablet 2.2-25-0.5 mg oral	2	ED
FOLTANX RF CAPSULE 3-90.314-2-35 MG ORAL	2	ED
FOLTANX TABLET 3-35-2 MG ORAL	2	ED
FORTAVIT CAPSULE ORAL	3	ED
hydroxocobalamin acetate solution 1000 mcg/ml intramuscular	2	ED
I-methylfolate ca me-cbl nac tablet 6-90.314-2-600 mg oral	2	ED
I-methylfolate calcium tablet 15 mg oral	2	ED
I-methylfolate calcium tablet 7.5 mg oral	2	ED
I-methylfolate tablet 15 mg oral	2	ED
I-methylfolate tablet 7.5 mg oral	2	ED
I-methylfolate-b6-b12 tablet 1.13-25-2 mg oral	2	ED
I-methylfolate-b6-b12 tablet 3-35-2 mg oral	2	ED
I-methyl-mc nac tablet 6-2-600 mg oral	2	ED
I-methyl-mc tablet 6-1-50-5 mg oral	3	ED
MEPHYTON TABLET 5 MG ORAL	3	ED
METAFOLBIC PLUS RF TABLET 6-90.314-2-600 MG ORAL	2	ED
METAFOLBIC PLUS TABLET 6-2-600 MG ORAL	2	ED
METAFOLBIC TABLET 6-1-50-5 MG ORAL	2	ED
mynephrocaps capsule 1 mg oral	2	ED
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	3	ED
NEPHPLEX RX TABLET ORAL	3	ED
NEPHROCAPS QT TABLET DISPERSIBLE 1 MG ORAL	3	ED
neurin-sl tablet sublingual 600-600 mcg sublingual	3	ED
NICOMIDE TABLET 750-25-1.5-0.5 MG ORAL	3	ED
NUTRICAP TABLET ORAL	3	ED
physicians ez use b-12 kit 1000 mcg/ml injection	3	ED
PODIAPN CAPSULE ORAL	3	ED
POTABA CAPSULE 500 MG ORAL	3	ED
PROBARIMIN QT TABLET DISPERSIBLE ORAL	3	ED

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Drug Name	Drug Tiers	Requirements/Limits
PROTECTIRON TABLET 60-1 MG ORAL	3	ED
pyridoxine hcl solution 100 mg/ml injection	2	ED
thiamine hcl solution 100 mg/ml injection	2	ED
tl gard rx tablet 2.2-25-1 mg oral	2	ED
tretinoin (emollient) cream 0.05 % external	2	ED
triphrocaps capsule 1 mg oral	2	ED
v-c forte capsule oral	2	ED
VIC-FORTE CAPSULE ORAL	2	ED
virt-caps capsule 1 mg oral	2	ED
virt-vite forte tablet 2.5-25-2 mg oral	2	ED
virt-vite plus tablet 5 mg oral	3	ED
virt-vite tablet 2.5-25-1 mg oral	2	ED
VITAL-D RX TABLET 1 MG ORAL	3	ED
vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral	2	ED
vitamin k1 solution 1 mg/0.5ml injection	2	ED
vitamin k1 solution 10 mg/ml injection	2	ED
VITA-RESPA TABLET 2.2-25-1.3 MG ORAL	3	ED
vol-care rx tablet 1 mg oral	2	ED
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n with flavor pack	2	
generlac	2	
lactulose oral solution 10 gm/15ml	2	
LINZESS	3	QL (30 EA per 30 days)
lubiprostone	4	
MOVANTIK	4	ST; QL (30 EA per 30 days)
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	2	
RELISTOR ORAL	5	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
Anti-Diarrheal Agents		
alosetron hcl	5	
diphenoxylate-atropine oral liquid	4	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	4	
loperamide hcl oral capsule	2	
XERMELO	5	PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	2	
dicyclomine hcl oral tablet	1	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	4	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	4	
GATTEX	5	PA
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	4	
MYALEPT	5	PA
OCALIVA	5	PA; QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution 300 mg/5ml	2	
cimetidine oral	2	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	2	
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	4	
lansoprazole oral capsule delayed release	2	

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Drug Name	Drug Tiers	Requirements/Limits
omeprazole oral capsule delayed release 10 mg, 40 mg	2	
omeprazole oral capsule delayed release 20 mg	1	
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral tablet delayed release	4	
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
AMVUTTRA	5	PA; LA; QL (0.5 ML per 90 days)
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA
betaine	5	LA
CERDELGA	5	QL (60 EA per 30 days)
CHOLBAM	5	PA
CREON	3	
cromolyn sodium oral	2	
CYSTAGON	3	LA
GALAFOLD	5	PA; QL (14 EA per 28 days)
GLASSIA	5	PA; LA
KEVEYIS	5	PA
LUMIZYME	5	PA
miglustat	5	
nitisinone	5	
NULIBRY	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	LA
ORFADIN ORAL SUSPENSION	5	LA
PANCREAZE	4	ST
PROCYSB1 ORAL PACKET	5	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; LA
RAVICTI	5	PA
RUZURGI	5	PA; QL (300 EA per 30 days)
sapropterin dihydrochloride	5	
sodium phenylbutyrate oral powder 3 gm/tsp	5	
sodium phenylbutyrate oral tablet	5	
SUCRAID	5	LA

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Drug Name	Drug Tiers	Requirements/Limits
TEGSEDI	5	PA; QL (6 ML per 28 days)
VIJOICE	5	PA; QL (56 EA per 28 days)
VIOKACE	4	ST
VYNDAQEL	5	PA; QL (120 EA per 30 days)
ZEMAIRA	5	PA; LA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	ST
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	4	
fesoterodine fumarate er	3	
flavoxate hcl	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	2	
solifenacain succinate	2	
tolterodine tartrate	2	
tolterodine tartrate er	2	
TOVIAZ	3	
trospium chloride	2	
trospium chloride er	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride oral	2	
dutasteride-tamsulosin hcl	2	
finasteride oral tablet 5 mg	2	
silodosin	3	
tadalafil oral tablet 2.5 mg, 5 mg	4	PA; QL (30 EA per 30 days)
tamsulosin hcl	1	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
CAVERJECT IMPULSE KIT 20 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
CAVERJECT SOLUTION RECONSTITUTED 20 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
CAVERJECT SOLUTION RECONSTITUTED 40 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
CIALIS TABLET 10 MG ORAL	3	ED; QL (6 EA per 30 days)
CIALIS TABLET 20 MG ORAL	3	ED; QL (6 EA per 30 days)
EDEX KIT 10 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
EDEX KIT 20 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
EDEX KIT 40 MCG INTRACAVERNOSAL	3	ED; QL (6 EA per 30 days)
ELMIRON	4	
LEVITRA TABLET 10 MG ORAL	3	ED; QL (6 EA per 30 days)
LEVITRA TABLET 2.5 MG ORAL	3	ED; QL (6 EA per 30 days)
LEVITRA TABLET 20 MG ORAL	3	ED; QL (6 EA per 30 days)
LEVITRA TABLET 5 MG ORAL	3	ED; QL (6 EA per 30 days)
<i>methylergonovine maleate oral</i>	2	
MUSE PELLET 1000 MCG URETHRAL	3	ED; QL (6 EA per 30 days)
MUSE PELLET 125 MCG URETHRAL	3	ED; QL (6 EA per 30 days)
MUSE PELLET 250 MCG URETHRAL	3	ED; QL (6 EA per 30 days)
MUSE PELLET 500 MCG URETHRAL	3	ED; QL (6 EA per 30 days)
<i>penicillamine oral tablet</i>	4	PA
<i>sildenafil citrate tablet 100 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>sildenafil citrate tablet 25 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>sildenafil citrate tablet 50 mg oral</i>	2	ED; QL (6 EA per 30 days)
STAXYN TABLET DISPERSIBLE 10 MG ORAL	3	ED; QL (6 EA per 30 days)
STENDRA TABLET 100 MG ORAL	3	ED; QL (6 EA per 30 days)
STENDRA TABLET 200 MG ORAL	3	ED; QL (6 EA per 30 days)
STENDRA TABLET 50 MG ORAL	3	ED; QL (6 EA per 30 days)
<i>tadalafil tablet 10 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>tadalafil tablet 20 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>vardenafil hcl tablet 10 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>vardenafil hcl tablet 2.5 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>vardenafil hcl tablet 20 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>vardenafil hcl tablet 5 mg oral</i>	2	ED; QL (6 EA per 30 days)
<i>vardenafil hcl tablet dispersible 10 mg oral</i>	2	ED; QL (6 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
VIAGRA TABLET 100 MG ORAL	3	ED; QL (6 EA per 30 days)
VIAGRA TABLET 25 MG ORAL	3	ED; QL (6 EA per 30 days)
VIAGRA TABLET 50 MG ORAL	3	ED; QL (6 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
CORTROPHIN	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	5	PA
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	4	
<i>dexamethasone sodium phosphate injection solution 120 mg/30ml</i>	2	
<i>fludrocortisone acetate oral</i>	2	
HEMADY	4	PA; QL (30 EA per 30 days)
<i>hydrocortisone oral</i>	2	
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (90 EA per 30 days)
<i>methylprednisolone oral</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
PREDNISONE INTENSOL	2	
<i>prednisone oral solution</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
BRAVELLE SOLUTION RECONSTITUTED 75 UNIT INJECTION	6	ED
<i>desmopressin ace spray refrig</i>	4	
<i>desmopressin acetate oral</i>	2	
<i>desmopressin acetate spray</i>	4	
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	6	ED
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	6	ED
FOLLISTIM AQ SOLUTION 75 UNT/0.5ML INJECTION	6	ED
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	6	ED
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
INCRELEX	5	LA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OVIDREL INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS	6	ED
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; LA
VYNDAMAX	5	PA; QL (30 EA per 30 days)
ZORBTIVE	5	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral</i>	3	

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Drug Name	Drug Tiers	Requirements/Limits
Androgens		
AVEED	4	PA
<i>danazol oral</i>	3	
<i>methyltestosterone oral</i>	5	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	4	PA
<i>testosterone transdermal solution</i>	4	PA
Estrogens		
ALTAVERA	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	
AMETHIA	2	
APRI	2	
ARANELLE	2	
AVIANE	2	
BALZIVA	2	
CAMRESE LO	2	
CRYSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethynodiol dihydrogen tablet 0.15-30 mg-mcg</i>	2	
<i>dotti</i>	2	
EMOQUETTE	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
<i>estarrylla</i>	2	
<i>estradiol oral</i>	2	
<i>estradiol transdermal patch twice weekly</i>	2	
<i>estradiol transdermal patch weekly</i>	2	
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	3	

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Drug Name	Drug Tiers	Requirements/Limits
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	
estradiol-norethindrone acet	2	
ESTRING	3	
ethynodiol diac-eth estradiol	2	
FALMINA	2	
FEMRING	3	
FEMYNOR	2	
FYAVOLV	2	
ISIBLOOM	2	
JINTELI	2	
JUNEL 1.5/30	2	
JUNEL 1/20	2	
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
KARIVA	2	
KELNOR 1/35	2	
kelnor 1/50	2	
KURVELO	2	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LEENA	2	
LESSINA	2	
levonorgest-eth est & eth est	2	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	
levonorgestrel-ethynodiol estrad oral tablet 0.15-30 mg-mcg	2	
LEVORA 0.15/30 (28)	2	
LORYNA	2	
LOW-OGESTREL	2	
LUTERA	2	
lyllana	2	
marlissa	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MICROGESTIN 1.5/30	2	

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Drug Name	Drug Tiers	Requirements/Limits
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MIMVEY	2	
NECON 0.5/35 (28)	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol</i>	2	
<i>norethindron-ethinyl estrad-fe</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic</i>	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
<i>nylia 1/35</i>	2	
<i>nymyo</i>	2	
OCELLA	2	
PIRMELLA 1/35	2	
PORTIA-28	2	
PREMARIN VAGINAL	3	
PREVIFEM	2	
RECLIPSEN	2	
SPRINTEC 28	2	
SRONYX	2	
<i>syeda</i>	2	
<i>tri-estarrylla</i>	2	
TRI-LEGEST FE	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-SPRINTEC	2	
<i>tri-nymyo</i>	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	

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Drug Name	Drug Tiers	Requirements/Limits
<i>tri-vylibra</i>	2	
VELIVET	2	
<i>vylibra</i>	2	
XULANE	4	
YUVAFEM	4	
ZOVIA 1/35 (28)	2	
ZOVIA 1/35E (28)	2	
Progestins		
CAMILA	2	
CRINONE VAGINAL GEL 8 %	4	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
ERRIN	2	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet</i>	2	
NORA-BE	2	
<i>norethindrone acetate oral</i>	2	
<i>norethindrone oral</i>	2	
<i>progesterone micronized oral</i>	2	
<i>progesterone oral</i>	2	
Selective Estrogen Receptor Modifying Agents		
<i>clomiphene citrate oral</i>	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox</i>	1	
<i>levothyroxine sodium oral tablet</i>	1	
<i>levoxyl</i>	2	
<i>liothyronine sodium oral</i>	2	
SYNTHROID	4	
<i>unithroid</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	
CETROTIDE KIT 0.25 MG SUBCUTANEOUS	6	ED
ELIGARD	4	
FIRMAGON (240 MG DOSE)	5	B/D
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	B/D
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	6	ED
GONAL-F RFF REDIRECT SOLUTION PEN-INJECTOR 300 UNIT/0.5ML SUBCUTANEOUS	6	ED
GONAL-F RFF REDIRECT SOLUTION PEN-INJECTOR 450 UNT/0.75ML SUBCUTANEOUS	6	ED
GONAL-F RFF REDIRECT SOLUTION PEN-INJECTOR 900 UNIT/1.5ML SUBCUTANEOUS	6	ED
GONAL-F RFF SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	6	ED
GONAL-F SOLUTION RECONSTITUTED 1050 UNIT INJECTION	6	ED
GONAL-F SOLUTION RECONSTITUTED 450 UNIT INJECTION	6	ED
<i>leuprolide acetate injection</i>	2	
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG	4	QL (1 EA per 90 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG	4	QL (1 EA per 30 days)
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH)	5	
MENOPUR SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	6	ED

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Drug Name	Drug Tiers	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate subcutaneous</i>	4	
SANDOSTATIN LAR DEPOT	5	
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	
SOMAVERT	5	LA
SYNAREL	5	
TRELSTAR MIXJECT	5	B/D
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral</i>	2	
<i>propylthiouracil oral</i>	2	
Immunological Agents		
Angioedema Agents		
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA; QL (4 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 30 days)
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
PANZYGA	5	PA
Immunological Agents, Other		
ARCALYST	5	PA; LA
COSENTYX (300 MG DOSE)	5	PA; QL (5 ML per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
DUPIXENT	5	PA

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Drug Name	Drug Tiers	Requirements/Limits
leflunomide oral	2	
ORENCIA CLICKJECT	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
REVCovi	5	PA
RIDAURA	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	5	PA; QL (56 EA per 365 days)
SKYRIZI (150 MG DOSE)	5	PA; QL (2 EA per 84 days)
SKYRIZI PEN	5	PA; QL (2 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
TAVNEOS	5	PA; QL (180 EA per 30 days)
XELJANZ ORAL SOLUTION	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA; QL (2 ML per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	B/D
PEGASYS SUBCUTANEOUS SOLUTION	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
Immunosuppressants		
ACTEMRA ACTPEN	5	PA; QL (3.6 ML per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; QL (3.6 ML per 28 days)
ASTAGRAF XL	4	B/D
AZASAN	4	B/D
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	B/D
<i>azathioprine oral tablet 50 mg</i>	2	B/D
BENLYSTA SUBCUTANEOUS	5	PA
CELLCEPT ORAL TABLET	5	B/D
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine oral capsule</i>	2	B/D
ENBREL MINI	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 ML per 28 days)
ENSPRYNG	5	PA; QL (2 ML per 30 days)
<i>everolimus oral tablet 0.25 mg</i>	4	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
<i>everolimus oral tablet soluble 2 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D
GENGRAF ORAL SOLUTION	2	B/D
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 EA per 28 days)

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Drug Name	Drug Tiers	Requirements/Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.8ML	5	PA; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 EA per 28 days)
LUPKYNIS	5	PA
<i>mercaptopurine oral</i>	2	
<i>methotrexate oral</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution reconstituted</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D
<i>mycophenolate mofetil oral tablet</i>	2	B/D
<i>mycophenolate sodium</i>	4	B/D
OTEZLA ORAL TABLET THERAPY PACK	5	PA; QL (55 EA per 28 days)
PROGRAF ORAL PACKET	4	B/D
REZUROCK	5	PA; QL (30 EA per 30 days)
SANDIMMUNE ORAL SOLUTION	3	B/D
<i>sirolimus oral solution</i>	5	B/D
<i>sirolimus oral tablet</i>	4	B/D
<i>tacrolimus oral</i>	2	B/D

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Drug Name	Drug Tiers	Requirements/Limits
TREXALL	4	B/D
XATMEP	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	5	PA; QL (30 EA per 30 days)
Vaccines		
ACTHIB	3	
ADACEL	3	
<i>bcg vaccine injection solution reconstituted</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENGVAXIA	3	
<i>diphtheria-tetanus toxoids dt</i>	2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX INJECTION	3	
IMOVAX RABIES	3	
INFANRIX	3	
IPOP	3	
IXIARO	3	
KINRIX	3	
MENACTRA	3	
<i>menquadfi</i>	3	
MENVEO	3	
MM-R II INJECTION	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENTACEL	3	
PREHEVBRI	3	B/D
PRIORIX	3	

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Drug Name	Drug Tiers	Requirements/Limits
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAQUE ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	2	
mesalamine er oral capsule extended release	4	
mesalamine er oral capsule extended release 24 hour	3	
mesalamine oral capsule delayed release	3	
mesalamine oral tablet delayed release	4	
mesalamine rectal suppository	4	
sulfasalazine oral	2	
Glucocorticoids		
budesonide er oral tablet extended release 24 hour	5	QL (30 EA per 30 days)
budesonide oral	4	
hydrocortisone rectal enema	2	
UCERIS RECTAL	4	

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Drug Name	Drug Tiers	Requirements/Limits
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral solution	2	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	2	
calcitonin (salmon) nasal	2	
calcitriol oral capsule	2	
cinacalcet hcl oral tablet 30 mg	3	B/D
cinacalcet hcl oral tablet 60 mg, 90 mg	5	B/D
doxercalciferol oral	2	B/D
EVENITY	5	PA; QL (2.34 ML per 30 days)
ibandronate sodium oral	2	
NATPARA	5	PA
paricalcitol oral capsule 1 mcg	2	
paricalcitol oral capsule 2 mcg, 4 mcg	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
RAYALDEE	5	PA
risedronate sodium oral tablet 150 mg	2	QL (1 EA per 28 days)
risedronate sodium oral tablet 35 mg	2	QL (4 EA per 28 days)
risedronate sodium oral tablet 5 mg	2	QL (30 EA per 30 days)
risedronate sodium oral tablet delayed release	2	
TERIPARATIDE (RECOMBINANT)	5	PA
TYMLOS	5	PA; QL (1.56 ML per 30 days)
VOXZOGO	5	PA; QL (30 EA per 30 days)
XGEVA	5	PA
Ophthalmic Agents		
Ophthalmic Prostaglandin And Prostamide Analogs		
bimatoprost ophthalmic	2	
latanoprost ophthalmic	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	4	ST
RHOPRESSA	3	
travoprost (bak free)	4	ST
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	2	

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Drug Name	Drug Tiers	Requirements/Limits
bacitra-neomycin-polymyxin-hc	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	3	
CEQUA	4	QL (60 EA per 30 days)
CYSTADROPS	5	PA; QL (20 ML per 30 days)
CYSTARAN	5	PA; QL (60 ML per 28 days)
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	2	
LACRISERT	4	
neomycin-polymyxin-dexameth ophthalmic ointment	2	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
OXERVATE	5	PA
polymyxin b-trimethoprim	2	
PRED-G S.O.P.	3	
RESTASIS	3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
ROCKLATAN	3	
sulfacetamide-prednisolone ophthalmic solution	2	
TOBRADEX OPHTHALMIC OINTMENT	4	
tobramycin-dexamethasone	2	
Ophthalmic Anti-Allergy Agents		
azelastine hcl ophthalmic	2	
cromolyn sodium ophthalmic	2	
epinastine hcl	2	
olopatadine hcl ophthalmic	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
bacitracin ophthalmic	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	

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Drug Name	Drug Tiers	Requirements/Limits
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic	2	
erythromycin ophthalmic	2	QL (21 GM per 30 days)
gatifloxacin ophthalmic	4	
GENTAK OPHTHALMIC OINTMENT	2	
gentamicin sulfate ophthalmic solution	2	QL (30 ML per 30 days)
levofloxacin ophthalmic	2	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
ofloxacin ophthalmic	2	
sulfacetamide sodium ophthalmic	2	
tobramycin ophthalmic	2	QL (30 ML per 30 days)
TOBREX OPHTHALMIC OINTMENT	4	
trifluridine ophthalmic	2	
ZIRGAN	3	
Ophthalmic Anti-Inflammatories		
bromfenac sodium (once-daily)	4	
dexamethasone sodium phosphate ophthalmic	2	QL (30 ML per 30 days)
diclofenac sodium ophthalmic	2	
dilfluprednate	3	ST
EYSUVIS	4	QL (8.3 ML per 30 days)
FLAREX	3	
fluorometholone ophthalmic	2	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic solution 0.4 %	2	
ketorolac tromethamine ophthalmic solution 0.5 %	2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC OINTMENT	4	ST
loteprednol etabonate	3	ST
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
XIIDRA	4	QL (60 EA per 30 days)

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Drug Name	Drug Tiers	Requirements/Limits
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic</i>	2	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	4	
<i>timolol maleate ophthalmic solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
<i>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %</i>	3	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brinzolamide</i>	4	
<i>COMBIGAN</i>	3	
<i>dorzolamide hcl ophthalmic</i>	2	
<i>IOPIDINE OPHTHALMIC SOLUTION 1 %</i>	4	
<i>methazolamide oral</i>	4	
<i>phospholine iodide</i>	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
<i>SIMBRINZA</i>	4	
Otic Agents		
Otic Agents		
<i>acetic acid otic</i>	2	
<i>CIPRO HC</i>	4	
<i>ciprofloxacin hcl otic</i>	2	
<i>ciprofloxacin-dexamethasone</i>	3	QL (7.5 ML per 30 days)
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin otic</i>	2	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>cyproheptadine hcl oral tablet</i>	2	
<i>desloratadine oral tablet</i>	2	

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Drug Name	Drug Tiers	Requirements/Limits
desloratadine oral tablet dispersible 2.5 mg	2	
hydroxyzine hcl oral tablet	4	
levocetirizine dihydrochloride oral	2	
olopatadine hcl nasal	2	QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D
budesonide inhalation suspension 1 mg/2ml	4	B/D
flunisolide nasal solution 25 mcg/act (0.025%)	2	
fluticasone propionate nasal	2	
mometasone furoate nasal	4	
PULMICORT FLEXHALER	3	
QNASL	4	QL (10.6 GM per 30 days)
QVAR REDIHALER	3	
Antileukotrienes		
montelukast sodium oral	2	
zafirlukast	2	
zileuton er	5	QL (120 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
INCRUSE ELLIPTA	3	
ipratropium bromide inhalation	2	B/D
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	QL (1 EA per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate er	2	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	B/D
albuterol sulfate oral	2	
arformoterol tartrate	5	B/D

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Drug Name	Drug Tiers	Requirements/Limits
BREO ELLIPTA	3	
DULERA	3	QL (13 GM per 30 days)
epinephrine injection solution 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (4 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	
levalbuterol hcl inhalation	2	B/D
levalbuterol tartrate	4	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	4	
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
SYMJEPI	3	QL (4 EA per 30 days)
terbutaline sulfate oral	2	
VENTOLIN HFA	3	
Cystic Fibrosis Agents		
CAYSTON	5	PA; LA
KALYDECO ORAL PACKET	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 75-94 MG	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
PULMOZYME	5	B/D
SYMDEKO	5	PA; QL (60 EA per 30 days)
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D
TRIKAFTA	5	PA; QL (84 EA per 28 days)
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA; QL (30 EA per 30 days)
roflumilast	4	PA; QL (30 EA per 30 days)
theophylline er oral tablet extended release 12 hour 300 mg	2	
theophylline er oral tablet extended release 24 hour	2	

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Drug Name	Drug Tiers	Requirements/Limits
Pulmonary Antihypertensives		
ADEMPAS	5	PA; LA; QL (90 EA per 30 days)
<i>ambrisentan</i>	5	LA
<i>bosentan</i>	5	
OPSUMIT	5	PA; LA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA
<i>tadalafil (pah)</i>	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	LA; QL (112 EA per 28 days)
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
UPTRAVI INTRAVENOUS	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET	5	PA; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
VENTAVIS	5	B/D
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	5	PA; QL (270 EA per 30 days)
OFEV	5	PA; LA; QL (60 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation</i>	2	B/D
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	
ADVAIR HFA	3	
ANORO ELLIPTA	3	QL (60 EA per 30 days)
<i>benzonatate capsule 100 mg oral</i>	2	ED
<i>benzonatate capsule 200 mg oral</i>	2	ED
BEVESPI AEROSPHERE	3	
BREZTRI AEROSPHERE	3	

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COMBIVENT RESPIMAT	3	
cromolyn sodium inhalation	2	B/D
FASENRA	5	PA
FASENRA PEN	5	PA
ipratropium-albuterol	2	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL (4 GM per 30 days)
SYMBICORT	3	QL (10.2 GM per 30 days)
TEZSPIRE	5	PA; QL (1.91 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH	3	
trelegy ellipta inhalation aerosol powder breath activated 200-62.5-25 mcg/act, 200-62.5-25 mcg/inh	3	
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
eszopiclone	4	QL (30 EA per 30 days)
flurazepam hcl	4	
HETLIOZ	5	PA
ramelteon	3	
temazepam oral capsule 15 mg, 30 mg	1	
temazepam oral capsule 7.5 mg	4	
triazolam	4	QL (10 EA per 30 days)
zaleplon	4	QL (30 EA per 30 days)
zolpidem tartrate er	4	QL (30 EA per 30 days)
zolpidem tartrate oral	4	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil	2	PA; QL (30 EA per 30 days)
modafinil	4	PA; QL (60 EA per 30 days)
XYREM	5	PA; LA; QL (540 ML per 30 days)
XYWAV	5	PA; QL (540 ML per 30 days)

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<i>BRIVIACT</i>	16	<i>cefazolin sodium</i>	12	<i>(4.25/5)</i>	57
<i>bromfenac sodium (once-daily)</i>	80	<i>cefdinir</i>	13	<i>CLINIMIX E/DEXTROSE (5/15)</i>	57
<i>bromocriptine mesylate</i>	30	<i>cefepime hcl</i>	13	<i>CLINIMIX E/DEXTROSE (5/20)</i>	57
<i>BRUKINSA</i>	26	<i>cefoxitin sodium</i>	13	<i>CLINIMIX/DEXTROSE</i>	
<i>budesonide</i>	77, 82	<i>cefpodoxime proxetil</i>	13	<i>(4.25/10)</i>	57
<i>budesonide er</i>	77	<i>cefprozil</i>	13	<i>CLINIMIX/DEXTROSE (4.25/5)</i>	57
<i>bumetanide</i>	46	<i>ceftazidime</i>	13	<i>CLINIMIX/DEXTROSE (5/15)</i>	57
<i>buprenorphine</i>	8	<i>ceftriaxone sodium</i>	13	<i>CLINIMIX/DEXTROSE (5/20)</i>	57
<i>buprenorphine hcl</i>	10	<i>cefuroxime axetil</i>	13	<i>clobazam</i>	17
<i>buprenorphine hcl-naloxone hcl</i>	10, 11	<i>cefuroxime sodium</i>	13	<i>clobetasol prop emollient base</i>	53
<i>bupropion hcl</i>	19	<i>celecoxib</i>	8	<i>clobetasol propionate</i>	53
<i>bupropion hcl er (smoking det)</i>	11	<i>CELLCEPT</i>	74	<i>clobetasol propionate e</i>	53
<i>bupropion hcl er (sr)</i>	19	<i>CELONTIN</i>	17	<i>clomiphene citrate</i>	70
<i>bupropion hcl er (xl)</i>	19	<i>cephalexin</i>	13	<i>clomipramine hcl</i>	20
<i>buspirone hcl</i>	36	<i>CEQUA</i>	79	<i>clonazepam</i>	36
<i>butorphanol tartrate</i>	9	<i>CERDELGA</i>	62	<i>clonidine</i>	43
<i>BYDUREON BCISE</i>	37	<i>CETROTIDE</i>	71	<i>clonidine hcl</i>	43
<i>BYETTA 10 MCG PEN</i>	37	<i>cevimeline hcl</i>	52	<i>clonidine hcl er</i>	49
<i>BYETTA 5 MCG PEN</i>	37	<i>chlordiazepoxide hcl</i>	36	<i>clopidogrel bisulfate</i>	43
<i>cabergoline</i>	71	<i>chlorhexidine gluconate</i>	52	<i>clorazepate dipotassium</i>	36
<i>CABOMETYX</i>	26	<i>chloroquine phosphate</i>	29	<i>clotrimazole</i>	21
<i>calcipotriene</i>	54	<i>chlorpromazine hcl</i>	30	<i>clotrimazole-betamethasone</i>	54
<i>calcipotriene-betameth diprop</i>	53	<i>chlorthalidone</i>	47	<i>clozapine</i>	32
<i>calcitonin (salmon)</i>	78	<i>CHOLBAM</i>	62	<i>COARTEM</i>	29
<i>calcitriol</i>	54, 78	<i>cholestyramine</i>	48	<i>codeine sulfate</i>	9
<i>calcium acetate</i>	57	<i>cholestyramine light</i>	48	<i>colchicine</i>	22
		<i>CIALIS</i>	64	<i>colchicine-probenecid</i>	22

colesevelam hcl.....	48	deferiprone	57	dilt-xr.....	45
colestipol hcl.....	48	DELSTRIGO	34	dimethyl fumarate	51
colistimethate sodium (cba)	12	demeclocycline hcl.....	16	dimethyl fumarate starter pack	51
COMBIGAN	81	DENGVAXIA.....	76	diphenoxylate-atropine	61
COMBIVENT RESPIMAT	85	denta 5000 plus.....	52	diphtheria-tetanus toxoids dt	76
COMETRIQ (100 MG DAILY DOSE).....	26	DEPO-ESTRADIOL.....	67	disopyramide phosphate	44
COMETRIQ (140 MG DAILY DOSE).....	26	DEPO-SUBQ PROVERA 104	70	disulfiram	10
COMETRIQ (60 MG DAILY DOSE).....	26	DESCOZY	34	divalproex sodium.....	36, 37
COMFORT ASSIST INSULIN SYRINGE	39	desipramine hcl	20	divalproex sodium er.....	36
COMPLERA	34	desloratadine	81, 82	dofetilide	44
constulose	60	desmopressin ace spray refrigerated	66	DOJOLVI	56
COPIKTRA	26	desmopressin acetate	66	donepezil hcl	18
CORLANOR	46	desmopressin acetate spray	66	dorzolamide hcl	81
CORTROPHIN	65	desogestrel-ethynodiol estradiol	67	dorzolamide hcl-timolol mal	79
CORVITA	58	desonide	53	dotti	67
CORVITE FREE	58	desoximetasone	53	DOVATO	33
COSENTYX	72	desvenlafaxine succinate er	19	doxazosin mesylate	43
COSENTYX (300 MG DOSE)	72	dexamethasone	65	doxepin hcl	20, 53
COSENTYX SENSOREADY (300 MG)	72	DEXAMETHASONE INTENSOL	65	doxercalciferol	78
COTELLIC	26	dexamethasone sodium phosphate	65, 80	DOXY 100	16
CREON	62	dexamethylphenidate hcl	49	doxycycline hydrate	16
CRESEMBOLA	21	dexamethylphenidate hcl er	49	doxycycline monohydrate	16
CRINONE	70	dextroamphetamine sulfate	49	DRIZALMA SPRINKLE	19
cromolyn sodium	62, 79, 85	dextroamphetamine sulfate er	49	dronabinol	21
CRYSELLE-28	67	dextrose	57	DROXIA	24
CVS GAUZE STERILE	39	dextrose-nacl	57	droxidopa	43
cyanocobalamin	58	DIACOMIT	16	DULERNA	83
CYCLAFEM 1/35	67	DIALYVITE	58	duloxetine hcl	50
CYCLAFEM 7/7/7	67	DIALYVITE 3000	58	DUPIXENT	72
cyclobenzaprine hcl	85	DIALYVITE 5000	58	dutasteride	63
cyclophosphamide	23	DIALYVITE 800/IRON	58	dutasteride-tamsulosin hcl	63
CYCLOPHOSPHAMIDE	23	DIALYVITE SUPREME D	58	econazole nitrate	21
CYCLOSET	37	DIALYVITE/ZINC	58	EDEX	64
cyclosporine	74	diazepam	17, 36	EDURANT	34
cyclosporine modified	74	diazepam intensol	36	efavirenz	34
cyproheptadine hcl	81	diazoxide	39	efavirenz-emtricitab-tenofovir	34
CYSTADROPS	79	diclofenac epolamine	8	efavirenz-lamivudine-tenofovir	34
CYSTAGON	62	diclofenac potassium	8	eletriptan hydrobromide	22
CYSTARAN	79	diclofenac sodium	8, 80	ELIGARD	71
dabigatran etexilate mesylate	41	diclofenac sodium er	8	ELIQUIS	41
dalfampridine er	51	diclofenac-misoprostol	8	ELIQUIS DVT/PE STARTER PACK	41
DALIRESP	83	dicloxacillin sodium	14	ELMIRON	64
danazol	67	dicyclomine hcl	61	EMCYT	24
dantrolene sodium	32	DIFICID	15	EMGALITY	22
dapsone	23	diflunisal	8	EMGALITY (300 MG DOSE)	22
DAPTACEL	76	difluprednate	80	EMOQUETTE	67
daptomycin	12	DIGITEK	46	EMSAM	19
darifenacin hydrobromide er	63	digoxin	46	emtricitabine	34
DAURISMO	26	dihydroergotamine mesylate	22	emtricitabine-tenofovir df	34
deferasirox	57	diltiazem hcl	45	EMTRIVA	34
		diltiazem hcl er	45	enalapril maleate	43
		diltiazem hcl er beads	45	enalapril-hydrochlorothiazide	46
		diltiazem hcl er coated beads	45	ENBREL	74

ENBREL MINI	74	everolimus	26, 74	fluocinolone acetonide	53, 81
ENBREL SURECLICK	74	EVKEEZA	48	fluocinolone acetonide scalp	53
ENDOCET	9	EVOTAZ	35	fluocinonide	53
ENGERIX-B	76	EVRYSDI	50	fluocinonide emulsified base	53
ENLYTE	58	EXEL COMFORT POINT PEN		fluorometholone	80
enoxaparin sodium	41	NEEDLE	39	fluouracil	54
ENSKYCE	67	exemestane	26	fluoxetine hcl	19
ENSPRYNG	74	EXKIVITY	26	fluphenazine decanoate	30
ENSTILAR	53	EYSUVIS	80	fluphenazine hcl	30
entacapone	29	ezetimibe	48	flurazepam hcl	85
entecavir	33	ezetimibe-rosuvastatin	48	flurbiprofen	8
ENTRESTO	46	ezetimibe-simvastatin	48	flurbiprofen sodium	80
enulose	60	fabb	58	flutamide	24
EPCLUSA	33	FALMINA	68	fluticasone propionate	53, 82
EPIDIOLEX	16	famciclovir	33	fluticasone-salmeterol	83
epinastine hcl	79	famotidine	61	fluvastatin sodium	47
epinephrine	83	FANAPT	31	fluvastatin sodium er	47
epitol	18	FANAPT TITRATION PACK	31	fluvoxamine maleate	19
EPIVIR HBV	33	FARXIGA	37	fluvoxamine maleate er	19
eplerenone	47	FARYDAK	26	folbee	58
EPOGEN	42	FASENRA	85	folbee plus	58
EPRONTIA	16	FASENRA PEN	85	FOLBEE PLUS CZ	58
ERAXIS	21	fa-vitamin b-6-vitamin b-12	58	FOLBIC	58
ergoloid mesylates	18	febuxostat	22	FOLBIC RF	58
ergotamine-caffeine	22	felbamate	16	folic acid	58, 59
ERIVEDGE	26	felodipine er	45	FOLLISTIM AQ	66
ERLEADA	24	FEMRING	68	folplex 2.2	59
erlotinib hcl	26	FEMYNOR	68	FOLTANX	59
ERRIN	70	fenofibrate	47	FOLTANX RF	59
ertapenem sodium	14	fenofibrate micronized	47	fondaparinux sodium	41
ery	55	fenofibric acid	47	FORTAVIT	59
ERY-TAB	15	fenoprofen calcium	8	fosamprenavir calcium	35
ERYTHROCIN		fentanyl	8	fosfomycin tromethamine	12
LACTOBIONATE	15	fentanyl citrate	9	fosinopril sodium	43
ERYTHROCIN STEARATE	15	fesoterodine fumarate er	63	fosinopril sodium-hctz	46
erythromycin	15, 55, 80	FETZIMA	19	FOTIVDA	26
erythromycin base	15	FETZIMA TITRATION	19	FRAGMIN	41
erythromycin ethylsuccinate	15	FIASP	39	furosemide	46, 47
ESBRIET	84	FIASP FLEXTOUCH	39	FUZEON	35
escitalopram oxalate	19	FIASP PENFILL	39	FYAVOLV	68
esomeprazole magnesium	61	finasteride	58, 63	FYCOMPA	16
estarrylla	67	fingolimod hcl	51	gabapentin	17
estradiol	67	FINTEPLA	16	GALAFOLD	62
estradiol valerate	68	FIRDAPSE	50	galantamine hydrobromide	18
estradiol-norethindrone acet	68	FIRMAGON	71	galantamine hydrobromide er	18
ESTRING	68	FIRMAGON (240 MG DOSE)	71	GAMMAGARD	72
eszopiclone	85	firvanq	12	GAMMAGARD S/D LESS IGA	72
ethacrynic acid	46	FLAREX	80	GAMUNEX-C	72
ethambutol hcl	23	flavoxate hcl	63	ganirelix acetate	71
ethosuximide	17	flecainide acetate	44	GARDASIL 9	76
ethynodiol diac-eth estradiol	68	fluconazole	21	gatifloxacin	80
etodolac	8	fluconazole in sodium chloride	21	GATTEX	61
etravirine	34	flucytosine	21	gavilyte-c	60
euthyrox	70	fludrocortisone acetate	65	gavilyte-g	60
EVENITY	78	flunisolide	82	gavilyte-n with flavor pack	60

GAVRETO	25	HUMIRA PEN-CD/UC/HS		INQOVI	24
<i>gemfibrozil</i>	47	STARTER	75	INREBIC	27
<i>generlac</i>	60	HUMIRA PEN-PEDIATRIC UC		<i>insulin asp prot & asp flexpen</i>	40
GENGRAF	74	START	75	<i>insulin aspart</i>	40
GENOTROPIN	66	HUMIRA PEN-PS/UV/ADOL		<i>insulin aspart flexpen</i>	40
GENOTROPIN MINIQUICK	66	HS START	75	<i>insulin aspart penfill</i>	40
GENTAK	80	HUMIRA PEN-PSOR/UVEIT		<i>insulin aspart prot & aspart</i>	40
<i>gentamicin in saline</i>	11	STARTER	75	INTELENCE	34
<i>gentamicin sulfate</i>	11, 80	HUMULIN 70/30	40	INTRALIPID	57
GENVOYA	33	HUMULIN 70/30 KWIKPEN	40	INTRON A	74
GILOTRIF	26	HUMULIN N	40	INVEGA HAFYERA	31
GLASSIA	62	HUMULIN N KWIKPEN	40	INVEGA SUSTENNA	31
<i>glatiramer acetate</i>	51	HUMULIN R	40	INVEGA TRINZA	31
GLATOPA	51	HUMULIN R U-500		INVIRASE	35
<i>glimepiride</i>	37	(CONCENTRATED)	40	INVOKAMET	37
<i>glipizide</i>	37	HUMULIN R U-500 KWIKPEN	40	INVOKAMET XR	37
<i>glipizide er</i>	37	<i>hydralazine hcl</i>	48	INVOKANA	37
<i>glipizide-metformin hcl</i>	37	<i>hydrochlorothiazide</i>	47	IOPIDINE	81
<i>global alcohol prep ease</i>	54	<i>hydrocodone-acetaminophen</i>	9	IPOL	76
GLUCAGEN HYPOKIT	39	<i>hydrocodone-ibuprofen</i>	9	<i>ipratropium bromide</i>	82
<i>glucagon emergency</i>	39	<i>hydrocortisone</i>	54, 65, 77	<i>ipratropium-albuterol</i>	85
<i>glycopyrrolate</i>	61	<i>hydrocortisone (perianal)</i>	53	<i>irbesartan</i>	43
GLYXAMBI	37	<i>hydrocortisone butyr lipo base</i>	53	<i>irbesartan-hydrochlorothiazide</i>	46
GONAL-F	71	<i>hydrocortisone butyrate</i>	54	IRESSA	27
GONAL-F RFF	71	<i>hydrocortisone valerate</i>	54	ISENTRESS	33
GONAL-F RFF REDIRECT	71	<i>hydrocortisone-acetic acid</i>	81	ISENTRESS HD	33
<i>granisetron hcl</i>	21	<i>hydromorphone hcl</i>	9	ISIBLOOM	68
<i>griseofulvin microsize</i>	21	<i>hydromorphone hcl er</i>	8	<i>isomethopene-dichloral-apap</i>	50
<i>griseofulvin ultramicrosize</i>	21	<i>hydromorphone hcl pf</i>	10	<i>isoniazid</i>	23
<i>guanidine hcl</i>	23	<i>hydroxocobalamin acetate</i>	59	<i>isosorbide dinitrate</i>	48
GVOKE HYPOPEN 2-PACK	37	<i>hydroxychloroquine sulfate</i>	29	<i>isosorbide mononitrate</i>	48
GVOKE KIT	37	<i>hydroxyurea</i>	24	<i>isosorbide mononitrate er</i>	48
GVOKE PFS	37	<i>hydroxyzine hcl</i>	82	<i>isotretinoin</i>	52
<i>halobetasol propionate</i>	53	<i>hydroxyzine pamoate</i>	36	<i>isradipine</i>	45
<i>haloperidol</i>	30	<i>ibandronate sodium</i>	78	ISTURISA	65
<i>haloperidol decanoate</i>	30	IBRANCE	26	<i>itraconazole</i>	21
<i>haloperidol lactate</i>	30	<i>ibu</i>	8	<i>ivermectin</i>	29, 55
HAVRIX	76	<i>ibuprofen</i>	8	IXIARO	76
HEMADY	65	<i>icatibant acetate</i>	72	JAKAFI	27
<i>heparin sodium (porcine)</i>	41	ICLUSIG	26	<i>jantoven</i>	41
HETLIOZ	85	<i>icosapent ethyl</i>	48	JANUMET	37
HIBERIX	76	IDHIFA	25	JANUMET XR	37
HUMALOG	39	<i>imatinib mesylate</i>	27	JANUVIA	37
HUMALOG JUNIOR KWIKPEN	39	IMBRUVICA	27	JARDIANC	38
HUMALOG KWIKPEN	39	<i>imipenem-cilastatin</i>	14	JENTADUETO	38
HUMALOG MIX 50/50	39	<i>imipramine hcl</i>	20	JENTADUETO XR	38
HUMALOG MIX 50/50		<i>imipramine pamoate</i>	20	JINTELI	68
KWIKPEN	40	<i>imiquimod</i>	54	JULUCA	34
HUMALOG MIX 75/25	40	IMOVAX RABIES	76	JUNEL 1.5/30	68
HUMALOG MIX 75/25		INCRELEX	66	JUNEL 1/20	68
KWIKPEN	40	INCRUSE ELLIPTA	82	JUNEL FE 1.5/30	68
HUMIRA	75	<i>indapamide</i>	47	JUNEL FE 1/20	68
HUMIRA PEDIATRIC CROHNS		INFANRIX	76	KALYDECO	83
START	74, 75	INGREZZA	50	KARIVA	68
HUMIRA PEN	75	INLYTA	27	<i>kcl in dextrose-nacl</i>	56

<i>kcl-lactated ringers-d5w</i>	56	<i>lenalidomide</i>	24	<i>l-methylfolate-b6-b12</i>	59
KELNOR 1/35	68	LENVIMA (10 MG DAILY DOSE)	27	<i>l-methyl-mc</i>	59
<i>kelnor 1/50</i>	68	LENVIMA (12 MG DAILY DOSE)	27	<i>l-methyl-mc nac</i>	59
KERENDIA	47	LENVIMA (14 MG DAILY DOSE)	27	LOKELMA	58
KESIMPTA	51	LENVIMA (18 MG DAILY DOSE)	27	LONSURF	25
<i>ketoconazole</i>	21	LENVIMA (20 MG DAILY DOSE)	27	<i>loperamide hcl</i>	61
<i>ketorolac tromethamine</i>	80	LENVIMA (24 MG DAILY DOSE)	27	<i>lopinavir-ritonavir</i>	35
KEVEYIS	62	LENVIMA (4 MG DAILY DOSE)	27	<i>lorazepam</i>	36
KINRIX	76	LENVIMA (8 MG DAILY DOSE)	27	LORAZEPAM INTENSOL	36
KISQALI (200 MG DOSE)	27	LEQVIO	48	LORBRENA	27
KISQALI (400 MG DOSE)	27	LESSINA	68	LORYNA	68
KISQALI (600 MG DOSE)	27	<i>letrozole</i>	26	<i>losartan potassium</i>	43
KISQALI FEMARA (400 MG DOSE)	25	<i>leucovorin calcium</i>	29	<i>losartan potassium-hctz</i>	46
KISQALI FEMARA (600 MG DOSE)	25	LEUKERAN	24	LOTEMAX	80
KISQALI FEMARA(200 MG DOSE)	25	LEUKINE	42	<i>loteprednol etabonate</i>	80
KLISYRI	54	<i>leuprolide acetate</i>	71	<i>lovastatin</i>	47
KLOR-CON	56	<i>levalbuterol hcl</i>	83	LOW-OGESTREL	68
<i>klor-con</i>	57	<i>levalbuterol tartrate</i>	83	<i>loxapine succinate</i>	30
KLOR-CON 10	56	<i>levetiracetam</i>	17	<i>lubiprostone</i>	60
KLOR-CON M10	56	<i>levetiracetam er</i>	17	LUMAKRAS	27
KLOR-CON M15	56	LEVITRA	64	LUMIGAN	78
KLOR-CON M20	56	<i>levobunolol hcl</i>	81	LUMIZYME	62
KLOR-CON/EF	56	<i>levocarnitine</i>	57	LUPANETA PACK	71
KOMBIGLYZE XR	38	<i>levocetirizine dihydrochloride</i>	82	LUPKYNIS	75
KORLYM	39	levofloxacin	15, 80	LUPRON DEPOT (1-MONTH)	71
KOSELUGO	27	<i>levofloxacin in d5w</i>	15	LUPRON DEPOT (3-MONTH)	71
KRINTAFEL	29	<i>levonorgest-eth est & eth est</i>	68	LUPRON DEPOT (4-MONTH)	71
KURVELO	68	<i>levonorgest-eth estrad 91-day</i>	68	LUPRON DEPOT (6-MONTH)	71
KYNMOBI	30	levonorgestrel-ethinyl estrad	68	LUPRON DEPOT-PED (1-	
<i>labetalol hcl</i>	44	LEVORA 0.15/30 (28)	68	MONTH)	71
<i>lacosamide</i>	18	<i>levothyroxine sodium</i>	70	LUPRON DEPOT-PED (3-	
LACRISERT	79	levoxyl	70	MONTH)	71
<i>lactulose</i>	60	LEXIVA	35	LUTERA	68
<i>lamivudine</i>	33	<i>lidocaine</i>	10	LYBALVI	31
<i>lamivudine-zidovudine</i>	34	<i>lidocaine hcl</i>	10	<i>lyllana</i>	68
<i>lamotrigine</i>	16	<i>lidocaine hcl urethral/mucosal</i>	10	LYNPARZA	25
<i>lamotrigine er</i>	16	<i>lidocaine viscous hcl</i>	10	LYSODREN	71
<i>lamotrigine starter kit-blue</i>	16	<i>lidocaine-prilocaine</i>	10	LYUMJEV	40
<i>lamotrigine starter kit-green</i>	16	linezolid	12	LYUMJEV KWIKPEN	40
<i>lamotrigine starter kit-orange</i>	16	LINZESS	60	<i>maprotiline hcl</i>	19
<i>lansoprazole</i>	61	<i>liothyronine sodium</i>	70	<i>maraviroc</i>	35
<i>lanthanum carbonate</i>	57	lisinopril	43	<i>marlissa</i>	68
LANTUS	40	<i>lisinopril-hydrochlorothiazide</i>	46	MARPLAN	19
LANTUS SOLOSTAR	40	<i>lithium carbonate</i>	37	MATULANE	24
<i>lapatinib ditosylate</i>	27	<i>lithium carbonate er</i>	37	MAVENCLAD (10 TABS)	51
LARIN FE 1.5/30	68	LIVTENCITY	32	MAVENCLAD (4 TABS)	51
LARIN FE 1/20	68	<i>l-methylfolate</i>	59	MAVENCLAD (5 TABS)	51
<i>latanoprost</i>	78	<i>l-methylfolate ca me-cbl nac</i>	59	MAVENCLAD (6 TABS)	51
LATUDA	31	<i>l-methylfolate calcium</i>	59	MAVENCLAD (7 TABS)	51
<i>ledipasvir-sofosbuvir</i>	33			MAVENCLAD (8 TABS)	51
LEENA	68			MAVENCLAD (9 TABS)	51
<i>leflunomide</i>	73			MAVYRET	33
				<i>MAYZENT</i>	51
				MAYZENT STARTER PACK	51
				<i>meclizine hcl</i>	20

medroxyprogesterone acetate	70	MICROGESTIN 1/20	69	NEPHROCAPS QT	59
mefenamic acid	8	MICROGESTIN FE 1.5/30	69	NERLYNX	27
mefloquine hcl	29	MICROGESTIN FE 1/20	69	NEUPRO	30
megestrol acetate	70	midodrine hcl	43	neurin-sl	59
MEKINIST	27	miglitol	38	nevirapine	34
MEKTOVI	27	miglustat	62	nevirapine er	34
meloxicam	8	MIMVEY	69	NEXLETOL	46
melphalan	24	minocycline hcl	16	NEXLIZET	46
memantine hcl	19	minoxidil	48	niacin er (antihyperlipidemic)	48
memantine hcl er	18	mirtazapine	19	nicardipine hcl	45
MENACTRA	76	misoprostol	61	NICOMIDE	59
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SYMDEKO	83	thioridazine hcl	30	TRI-LEGEST FE	69
SYMJEPI	83	thiothixene	31	TRI-LO-ESTARYLLA	69
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SYMPAZAN	17	TICOVAC	77	trimipramine maleate	20
SYMTUZA	33	tigecycline	12	TRINTELLIX	20
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TURALIO	28	V-GO 20	40	XOFLUZA (80 MG DOSE)	36
TWINRIX	77	V-GO 30	40	XOLAIR	73
TYBOST	35	V-GO 40	40	XOSPATA	28
TYMLOS	78	VIAGRA	65	XPOVIO (100 MG ONCE WEEKLY)	25
TYPHIM VI	77	VIC-FORTE	60	XPOVIO (40 MG ONCE WEEKLY)	25
TYVASO	84	VICTOZA	39	XPOVIO (40 MG TWICE WEEKLY)	25
TYVASO DPI MAINTENANCE KIT	84	<i>vigabatrin</i>	18	XPOVIO (60 MG ONCE WEEKLY)	25
TYVASO DPI TITRATION KIT	84	<i>vigadron</i>	18	XPOVIO (60 MG TWICE WEEKLY)	25
TYVASO REFILL	84	VIIBRYD STARTER PACK	20	XPOVIO (80 MG ONCE WEEKLY)	25
TYVASO STARTER	84	VIJOICE	63	XPOVIO (80 MG TWICE WEEKLY)	25
UBRELVY	22	<i>vilazodone hcl</i>	20	XPOVIO (100 MG ONCE WEEKLY)	25
UCERIS	77	VIOKACE	63	XPOVIO (100 MG TWICE WEEKLY)	25
unithroid	70	VIRACEPT	35	XPOVIO (120 MG ONCE WEEKLY)	25
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ursodiol	61	<i>virt-caps</i>	60	XPOVIO (120 MG ONCE WEEKLY)	25
valacyclovir hcl	33	<i>virt-vite</i>	60	XPOVIO (120 MG TWICE WEEKLY)	25
VALCHLOR	24	<i>virt-vite forte</i>	60	XPOVIO (120 MG ONCE WEEKLY)	25
valganciclovir hcl	32	<i>virt-vite plus</i>	60	XTANDI	24
valproic acid	17	VITAL-D RX	60	XULANE	70
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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov](#) or by mail or phone at:

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

800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث إنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.888.389.6648 (TTY : 711)。

هذا ينطبق على الأشخاص الذين يتحدثون الإنجليزية، الذين لا ي Hearing impaired individuals. يتوفر خدمة معاونة لغوية مجانية. يرجى الاتصال بـ 1.888.389.6648 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.888.389.6648 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.888.389.6648 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1.888.389.6648 (TTY: 711)번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৮৮.৩৮৯.৬৬৪৮ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.888.389.6648 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.888.389.6648 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.888.389.6648 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.888.389.6648 (TTY:711)まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.888.389.6648 (телефон: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1.888.389.6648 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.888.389.6648 (TTY: 711).



This formulary was approved on 11/22/2022. For more recent information or other questions, please contact Priority Health Medicare toll-free at 888.389.6648 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit prioritymedicare.com. The Formulary may change at any time. You will receive notice when necessary.

The pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Priority Health Medicare's pharmacy network offers limited access to pharmacies with preferred cost sharing in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 888.389.6648, TTY users should call 711, or consult the online pharmacy directory at prioritymedicare.com.