



Jefferson Health Plans
2026 Formulary
(List of Covered Drugs)
Individual and Family Plans

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For more recent information or other questions, please contact Jefferson Health Plans Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** or visit **JeffersonHealthPlans.com/individuals-families**. From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

What is the Jefferson Health Plans Individual and Family Plan Formulary?

A formulary is a list of covered drugs selected by Jefferson Health Plans 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. Jefferson Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Jefferson Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage. For a complete listing of all prescription drugs covered by Jefferson Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Jefferson Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions.

How do I use the Formulary?

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

Medical Condition

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.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all 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?

Jefferson Health Plans 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:** Jefferson Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Jefferson Health Plans before you fill your prescriptions. If you don't get approval, Jefferson Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Jefferson Health Plans limits the amount of the drug that Jefferson Health Plans will cover. For example, Jefferson Health Plans provides 60 tablets per prescription for atorvastatin 10 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Jefferson Health Plans 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, Jefferson Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Jefferson Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Jefferson Health Plans 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 Jefferson Health Plans' 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 Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** and ask if your drug is covered.

If you learn that Jefferson Health Plans does not cover your drug, you have two options:

- You can ask Member Relations for a list of similar drugs that are covered by Jefferson Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Jefferson Health Plans.
- You can ask Jefferson Health Plans 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 Jefferson Health Plans' Individual and Family Plan Formulary?

You can ask Jefferson Health Plans to make an exception to our coverage rules. Generally, Jefferson Health Plans 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.

For more information

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

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

Jefferson Health Plans Individual and Family Plan Formulary

The formulary provides coverage information about the drugs covered by Jefferson Health Plans. If you have trouble finding your drug in the list, turn to the Index.

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

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

TIER	DESCRIPTION	
0	Preventative	
1	Preferred Generics	
2	Generics	
3	Preferred Brands	
4	Non-Preferred Drugs	
5	Specialty	
TYPE	DESCRIPTION	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
C	Custom	This drug has unique restrictions.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame

LIST OF COVERED PRESCRIPTION MEDICATIONS

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine</i>	2	QL 30 / 30 days
<i>celecoxib (50 mg cap, 100 mg cap, 200 mg cap, 400 mg cap)</i>	2	QL 60 / 30 days
<i>diclofenac potassium 50 mg tab</i>	2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	2	
<i>diclofenac sodium 1 % gel</i>	2	QL 1000 / 30 day(s)
<i>diclofenac sodium 1.5 % solution</i>	2	QL 300 / 28 days
<i>diclofenac sodium er</i>	2	
<i>diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)</i>	2	
<i>diflunisal 500 mg tab</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>etodolac er</i>	2	
<i>fenoprofen calcium 600 mg tab</i>	4	
<i>flurbiprofen 100 mg tab</i>	2	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	2	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	2	
<i>indomethacin er</i>	2	
<i>ketorolac tromethamine 10 mg tab</i>	2	QL 20 / 30 days
<i>meclofenamate sodium (50 mg cap, 100 mg cap)</i>	2	
<i>mefenamic acid 250 mg cap</i>	2	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>oxaprozin 600 mg tab</i>	2	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	2	
<i>relafen</i>	2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i>	2	QL 4 / 28 days PA
<i>fentanyl (12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr, 100 mcg/hr patch 72hr)</i>	2	QL 10 / 30 days PA
<i>hydromorphone hcl er</i>	2	QL 30 / 30 days PA
<i>levorphanol tartrate (2 mg tab, 3 mg tab)</i>	4	PA
<i>methadone hcl 10 mg tab</i>	2	QL 240 / 30 days PA
<i>methadone hcl 10 mg/5ml solution</i>	2	QL 1800 / 30 days PA
<i>methadone hcl 10 mg/ml conc</i>	2	QL 60 / 30 days PA
<i>methadone hcl 5 mg tab</i>	2	QL 480 / 30 days PA
<i>methadone hcl 5 mg/5ml solution</i>	2	QL 3600 / 30 days PA
<i>methadone hcl intensol</i>	2	QL 60 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 50 mg cap er 24h, er 60 mg cap er 24h, er 80 mg cap er 24h, er 100 mg cap er 24h)</i>	2	QL 60 / 30 days PA
<i>morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er, er 100 mg tab er, er 200 mg tab er)</i>	2	QL 90 / 30 days PA
<i>morphine sulfate er beads</i>	2	QL 30 / 30 days PA
NUCYNTA ER	4	QL 60 / 30 days PA
<i>oxymorphone hcl er</i>	2	QL 60 / 30 days PA
<i>tramadol hcl (er biphasic) (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	2	QL 30 / 30 day(s) PA
<i>tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)</i>	2	QL 30 / 30 days PA
XTAMPZA ER	3	QL 60 / 30 days PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	2	QL 2700 / 30 day(s) Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>acetaminophen-codeine 300-15 mg tab</i>	2	QL 390 / 30 days Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen-codeine 300-30 mg tab</i>	2	QL 360 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>acetaminophen-codeine 300-60 mg tab</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>apap-caff-dihydrocodeine 320.5-30-16 mg cap</i>	2	QL 300 / 30 day(s) QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>	2	QL 30 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>butorphanol tartrate 10 mg/ml solution</i>	2	QL 5 / 30 days PA QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carisoprodol-aspirin-codeine</i>	4	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	2	QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	2	QL 360 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>endocet 10-325 mg tab</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>endocet 7.5-325 mg tab</i>	2	QL 240 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	2	QL 360 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	2	QL 240 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>hydrocodone-ibuprofen</i>	2	QL 150 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>hydromorphone hcl (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate (10 mg/5ml solution, 20 mg/5ml solution)</i>	2	QL 900 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>morphine sulfate (concentrate)</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
NUCYNTA 100 MG TAB	4	QL 60 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
NUCYNTA 50 MG TAB	4	QL 120 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUCYNTA 75 MG TAB	4	QL 90 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>oxycodone hcl (5 mg cap, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>oxycodone hcl 5 mg/5ml solution</i>	2	QL 900 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	2	QL 360 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>oxycodone-acetaminophen 10-325 mg tab</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	2	QL 240 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>oxymorphone hcl</i>	2	QL 180 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>tramadol hcl 50 mg tab</i>	2	QL 240 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
<i>tramadol-acetaminophen</i>	2	QL 240 / 30 days QLC Limited to two 5-day fills within 60 days for members 18 and older. Limited to two 3-day fills within 60 days for members less than 18 years old.
ANESTHETICS		
LOCAL ANESTHETICS		
<i>glydo</i>	2	QL 60 / 30 days
<i>lidocaine 5 % ointment</i>	2	QL 50 / 30 days
<i>lidocaine 5 % patch</i>	2	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lidocaine hcl 4 % solution</i>	2	QL 50 / 30 days
<i>lidocaine hcl urethral/mucosal</i>	2	QL 60 / 30 days
<i>lidocaine viscous hcl</i>	2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	2	QL 30 / 30 days
<i>lidocan</i>	2	QL 90 / 30 days
<i>premium lidocaine</i>	2	QL 50 / 30 days
SYNERA	4	QL 2 / 30 days
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	2	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	2	
<i>naltrexone hcl 50 mg tab</i>	1	
VIVITROL	3	QL 1 / 28 days
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	QL 120 / 30 day(s)
<i>buprenorphine hcl 0.3 mg/ml solution</i>	2	
<i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film)</i>	2	QL 120 / 30 day(s)
<i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>	2	QL 60 / 30 days
<i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>	1	QL 120 / 30 days
<i>buprenorphine hcl-naloxone hcl 8-2 mg sl tab</i>	1	QL 120 / 30 day(s)
<i>lofexidine hcl</i>	3	QL 16 / 1 days
SUBLOCADE	3	
OPIOID REVERSAL AGENTS		
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	2	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	0	C \$0 for max 24 weeks treatment per year
NICOTROL	0	C \$0 for max 24 weeks treatment per year
NICOTROL NS	0	C \$0 for max 24 weeks treatment per year
<i>varenicline tartrate</i>	0	C \$0 for max 24 weeks treatment per year
<i>varenicline tartrate (starter)</i>	0	C \$0 for max 24 weeks treatment per year
ANTIBACTERIALS		
AMINOGLYCOSIDES		
<i>amikacin sulfate (1 gm/4ml solution, 500 mg/2ml solution)</i>	2	
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	2	QL 60 / 30 days
<i>neomycin sulfate 500 mg tab</i>	2	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)</i>	2	
ANTIBACTERIALS, OTHER		
<i>aztreonam</i>	2	
<i>clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate (2 % cream, 9 gm/60ml solution, 300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i>	2	
<i>clindamycin phosphate in d5w</i>	2	
CLINDAMYCIN PHOSPHATE IN NACL	2	
DAPTOMYCIN	2	
<i>fosfomycin tromethamine</i>	2	
<i>linezolid 100 mg/5ml recon susp</i>	2	QL 1800 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>linezolid 600 mg tab</i>	2	QL 60 / 30 days
<i>linezolid 600 mg/300ml solution</i>	2	
LINEZOLID IN SODIUM CHLORIDE	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole (0.75 % cream, 0.75 % gel, 1 % gel, 250 mg tab, 500 mg tab)</i>	2	
<i>nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)</i>	4	
<i>nitrofurantoin macrocrystal (50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin macrocrystal 25 mg cap</i>	2	
<i>nitrofurantoin monohyd macro</i>	1	
<i>polymyxin b sulfate 500000 unit recon soln</i>	2	
<i>rosadan (0.75 % cream, 0.75 % gel)</i>	2	
SIVEXTRO 200 MG TAB	4	PA
TIGECYCLINE	2	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	2	
<i>trimethoprim 100 mg tab</i>	2	
<i>vancomycin hcl (1 gm recon soln, 5 gm recon soln, 10 gm recon soln, 100 gm recon soln, 500 mg recon soln, 750 mg recon soln)</i>	2	
<i>vancomycin hcl 125 mg cap</i>	2	QL 120 / 30 days
<i>vancomycin hcl 250 mg cap</i>	2	QL 240 / 30 days
XIFAXAN 200 MG TAB	4	QL 9 / 30 days
XIFAXAN 550 MG TAB	4	PA
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 375 mg/5ml recon susp, 500 mg cap)</i>	2	
CEFACLOR ER	2	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	2	
CEFAZOLIN SODIUM-DEXTROSE (GM/50ML-% SOLUTION, GM-%(50ML) RECON SOLN)	2	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	2	
<i>cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)</i>	2	
CEFEPIME-DEXTROSE	2	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	2	
CEFOTAXIME SODIUM	2	
<i>cefotetan disodium</i>	2	
<i>cefoxitin sodium</i>	2	
CEFOXITIN SODIUM-DEXTROSE	2	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	2	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>ceftazidime (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	2	
CEFTAZIDIME AND DEXTROSE	2	
<i>ceftriaxone sodium (1 gm recon soln, 2 gm recon soln, 10 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	2	
<i>ceftriaxone sodium in dextrose</i>	2	
CEFTRIAXONE SODIUM-DEXTROSE	2	
<i>cefuroxime axetil</i>	2	
<i>cefuroxime sodium</i>	2	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap, 750 mg cap)</i>	2	
<i>tazicef (1 gm recon soln, 2 gm recon soln, 6 gm recon soln)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp)</i>	2	
<i>amoxicillin (250 mg cap, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>ampicillin</i>	2	
<i>ampicillin sodium (1 gm recon soln, 2 gm recon soln)</i>	2	
<i>ampicillin-sulbactam sodium</i>	2	
BICILLIN L-A	2	
<i>dicloxacillin sodium</i>	2	
<i>oxacillin sodium</i>	2	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	2	
PENICILLIN G PROCAINE	2	
<i>penicillin g sodium</i>	2	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	2	
<i>pfizerpen</i>	2	
<i>piperacillin sod-tazobactam so</i>	2	
CARBAPENEMS		
<i>ertapenem sodium</i>	2	
<i>imipenem-cilastatin</i>	2	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	2	
MEROPENEM-SODIUM CHLORIDE	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MACROLIDES		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp)</i>	2	
<i>azithromycin (250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
<i>clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	2	
<i>clarithromycin er</i>	2	
e.e.s. 400	2	
<i>ery-tab</i>	2	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	4	
<i>erythromycin base (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	2	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	2	
<i>fidaxomicin</i>	3	PA
QUINOLONES		
BAXDELA 450 MG TAB	3	
BESIVANCE	3	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin hcl 0.3 % solution</i>	2	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	2	
<i>moxifloxacin hcl 400 mg tab</i>	2	
<i>ofloxacin (300 mg tab, 400 mg tab)</i>	2	
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	2	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 800-160 mg/20ml suspension)</i>	2	
<i>sulfamethoxazole-trimethoprim (400-80 mg tab, 800-160 mg tab)</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>sulfatrim pediatric</i>	2	
TETRACYCLINES		
<i>demeclocycline hcl</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	2	
<i>minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 75 mg tab, 100 mg cap, 100 mg tab)</i>	2	
<i>monodoxyne nl 100 mg cap</i>	2	
<i>morgidox 100 mg cap</i>	2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	4	QL 60 / 30 days ST C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days
BRIVIACT 10 MG/ML SOLUTION	4	QL 600 / 30 days ST C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days
BRIVIACT 50 MG/5ML SOLUTION	4	ST C Must try generic levetiracetam OR ongoing therapy with the requested drug in the past 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DIACOMIT (250 MG CAP, 250 MG PACKET)	4	QL 360 / 30 days PA
DIACOMIT (500 MG CAP, 500 MG PACKET)	4	QL 180 / 30 days PA
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	1	
<i>divalproex sodium er</i>	1	
EPIDIOLEX	5	PA
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	2	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab disp, 200 mg tab disp)</i>	2	
<i>lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h, er 250 mg tab er 24h, er 300 mg tab er 24h)</i>	2	
<i>levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)</i>	2	
<i>levetiracetam er (er 500 mg tab er 24h, er 750 mg tab er 24h)</i>	2	
LEVETIRACETAM IN NACL (500 MG/100ML SOLUTION, 1000 MG/100ML SOLUTION, 1500 MG/100ML SOLUTION)	2	
<i>perampanel</i>	4	QL 30 / 30 day(s)
<i>roweepra</i>	2	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	2	
<i>valproic acid (250 mg/5ml solution, 500 mg/10ml solution)</i>	2	
<i>valproic acid 250 mg cap</i>	1	
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	2	
<i>methsuximide</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam (10 mg tab, 20 mg tab)</i>	2	QL 60 / 30 days
<i>clobazam 2.5 mg/ml suspension</i>	2	QL 480 / 30 days
<i>diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)</i>	2	
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	2	
NAYZILAM	4	QL 10 / 30 days PA
<i>phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	2	
<i>primidone (50 mg tab, 250 mg tab)</i>	2	
<i>tiagabine hcl</i>	2	
<i>vigabatrin 500 mg packet</i>	5	QL 180 / 30 day(s) PA
<i>vigabatrin 500 mg tab</i>	5	QL 180 / 30 days PA
<i>vigadrone 500 mg packet</i>	5	QL 180 / 30 day(s) PA
<i>vigadrone 500 mg tab</i>	5	QL 180 / 30 days PA
<i>vigpoder</i>	5	QL 180 / 30 day(s) PA
SODIUM CHANNEL AGENTS		
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)</i>	2	
<i>carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)</i>	2	
DILANTIN 30 MG CAP	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>epitol</i>	2	QL 30 / 30 day(s) ST
<i>eslicarbazepine acetate 200 mg tab</i>	4	C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days
<i>eslicarbazepine acetate 400 mg tab</i>	4	QL 30 / 30 day(s) ST C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days
<i>eslicarbazepine acetate 600 mg tab</i>	4	QL 60 / 30 day(s) ST C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days
<i>eslicarbazepine acetate 800 mg tab</i>	4	QL 60 / 30 day(s) ST C Must try at least 3 generic anticonvulsants OR ongoing therapy with the requested drug in the past 180 days
<i>fosphenytoin sodium</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg/5ml solution, 100 mg/10ml solution)</i>	2	QL 1200 / 30 days
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab)</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lacosamide 200 mg/20ml solution</i>	2	
<i>lacosamide 50 mg tab</i>	2	QL 120 / 30 days
<i>oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)</i>	2	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium 50 mg/ml solution</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide 200 mg tab</i>	2	QL 480 / 30 days PA
<i>rufinamide 40 mg/ml suspension</i>	2	QL 2760 / 30 days PA
<i>rufinamide 400 mg tab</i>	2	QL 240 / 30 days PA
XCOPRI (150 MG TAB, 200 MG TAB)	3	QL 60 / 30 days
XCOPRI (250 MG DAILY DOSE)	3	QL 56 / 28 days
XCOPRI (350 MG DAILY DOSE)	3	QL 56 / 28 days
XCOPRI (50 MG TAB, 100 MG TAB)	3	QL 30 / 30 days
XCOPRI (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	3	QL 28 / 28 days
<i>zonisamide (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
<i>ergoloid mesylates 1 mg tab</i>	2	
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (5 mg tab disp, 10 mg tab disp)</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>donepezil hcl (5 mg tab, 10 mg tab)</i>	1	QL 60 / 30 days
<i>donepezil hcl 23 mg tab</i>	1	QL 30 / 30 days
<i>galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)</i>	2	QL 60 / 30 days
<i>galantamine hydrobromide 4 mg/ml solution</i>	2	QL 360 / 30 days
<i>galantamine hydrobromide er</i>	2	QL 30 / 30 days
<i>rivastigmine</i>	2	QL 30 / 30 days
<i>rivastigmine tartrate</i>	2	QL 60 / 30 days
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (2 mg/ml solution, 10 mg/5ml solution, 28 x 5 mg & 21 x 10 mg tab)</i>	2	
<i>memantine hcl (5 mg tab, 10 mg tab)</i>	2	QL 60 / 30 days
<i>memantine hcl er</i>	2	QL 30 / 30 days
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
<i>bupropion hcl (75 mg tab, 100 mg tab)</i>	2	QL 120 / 30 days
<i>bupropion hcl er (sr) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)</i>	2	QL 60 / 30 days
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	2	QL 90 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	2	QL 30 / 30 days
<i>mirtazapine (15 mg tab, 15 mg tab disp)</i>	2	QL 90 / 30 days
<i>mirtazapine (30 mg tab, 30 mg tab disp)</i>	2	QL 60 / 30 days
<i>mirtazapine (7.5 mg tab, 45 mg tab, 45 mg tab disp)</i>	2	QL 30 / 30 days
ZURZUVAE	4	QL 14 / 365 day(s)
MONOAMINE OXIDASE INHIBITORS		
EMSAM	4	QL 30 / 30 days
MARPLAN	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>phenelzine sulfate 15 mg tab</i>	2	
<i>tranylcypromine sulfate</i>	2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	2	QL 600 / 30 days
<i>citalopram hydrobromide (20 mg tab, 40 mg tab)</i>	2	QL 45 / 30 days
<i>citalopram hydrobromide 10 mg tab</i>	2	QL 90 / 30 days
<i>desvenlafaxine succinate er</i>	2	QL 30 / 30 days
<i>escitalopram oxalate (5 mg/5ml solution, 10 mg/10ml solution)</i>	2	QL 600 / 30 days
<i>escitalopram oxalate 10 mg tab</i>	2	QL 45 / 30 days
<i>escitalopram oxalate 20 mg tab</i>	2	QL 30 / 30 days
<i>escitalopram oxalate 5 mg tab</i>	2	QL 90 / 30 days
FETZIMA	4	QL 30 / 30 days
		ST
		C Must try at least 3 generic antidepressants (e.g., citalopram, venlafaxine, sertraline tablet) OR ongoing therapy with the requested drug in the past 180 days
FETZIMA TITRATION	4	ST
		C Must try at least 3 generic antidepressants (e.g., citalopram, venlafaxine, sertraline tablet) OR ongoing therapy with the requested drug in the past 180 days
		QLC 2 packs per 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluoxetine hcl 10 mg tab</i>	2	QL 90 / 30 days
<i>fluoxetine hcl 20 mg tab</i>	2	QL 120 / 30 days
<i>fluoxetine hcl 20 mg/5ml solution</i>	2	QL 600 / 30 days
<i>fluoxetine hcl 40 mg cap</i>	2	QL 60 / 30 days
<i>fluoxetine hcl 90 mg cap dr</i>	2	QL 4 / 28 days
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 90 / 30 days
<i>fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)</i>	2	QL 60 / 30 days
<i>nefazodone hcl (50 mg tab, 100 mg tab, 250 mg tab)</i>	2	QL 60 / 30 days
<i>nefazodone hcl 150 mg tab</i>	2	QL 120 / 30 days
<i>nefazodone hcl 200 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl 10 mg tab</i>	2	QL 180 / 30 days
<i>paroxetine hcl 10 mg/5ml suspension</i>	2	QL 900 / 30 days
<i>paroxetine hcl 20 mg tab</i>	2	QL 90 / 30 days
<i>paroxetine hcl 30 mg tab</i>	2	QL 60 / 30 days
<i>paroxetine hcl 40 mg tab</i>	2	QL 30 / 30 days
<i>paroxetine hcl er (er 25 mg tab er 24h, er 37.5 mg tab er 24h)</i>	2	QL 60 / 30 days
<i>paroxetine hcl er 12.5 mg tab er 24h</i>	2	QL 30 / 30 days
<i>sertraline hcl (25 mg tab, 50 mg tab)</i>	2	QL 90 / 30 days
<i>sertraline hcl 100 mg tab</i>	2	QL 60 / 30 days
<i>sertraline hcl 20 mg/ml conc</i>	2	QL 300 / 30 days
<i>trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab, 300 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h)</i>	2	QL 90 / 30 days
<i>venlafaxine hcl er (er 37.5 mg tab er 24h, er 75 mg tab er 24h, er 150 mg cap er 24h, er 150 mg tab er 24h)</i>	2	QL 60 / 30 days
<i>vilazodone hcl</i>	2	QL 30 / 30 days
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	2	
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl (10 mg cap, 10 mg/5ml solution, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
<i>compro</i>	2	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	2	
<i>metoclopramide hcl (5 mg tab, 10 mg tab)</i>	1	
<i>metoclopramide hcl (5 mg/5ml solution, 5 mg/ml solution, 10 mg/10ml solution)</i>	2	
<i>perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)</i>	2	
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate (10 mg/2ml solution, 50 mg/10ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>prochlorperazine maleate (5 mg tab, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/ml solution)</i>	2	
<i>promethegan</i>	2	
<i>scopolamine</i>	2	QL 10 / 30 days
<i>trimethobenzamide hcl 300 mg cap</i>	2	
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAP	4	QL 2 / 28 days
<i>aprepitant</i>	2	
<i>dronabinol</i>	2	QL 60 / 30 days
<i>granisetron hcl 1 mg tab</i>	2	QL 60 / 30 days
<i>granisetron hcl 1 mg/ml solution</i>	2	QL 2 / 28 days
<i>ondansetron 4 mg tab disp</i>	2	QL 180 / 30 days
<i>ondansetron 8 mg tab disp</i>	2	QL 90 / 30 days
<i>ondansetron hcl (4 mg/2ml soln prsyr, 4 mg/2ml solution, 4 mg/5ml solution, 40 mg/20ml solution)</i>	2	
<i>ondansetron hcl +rfid</i>	2	
<i>ondansetron hcl 24 mg tab</i>	2	QL 2 / 28 days
<i>ondansetron hcl 4 mg tab</i>	2	QL 180 / 30 days
<i>ondansetron hcl 8 mg tab</i>	2	QL 90 / 30 days
SANCUSO	3	QL 4 / 28 days
		ST C Must try oral ondansetron and oral granisetron
VARUBI (180 MG DOSE)	3	
ANTIFUNGALS		
<i>amphotericin b 50 mg recon soln</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>caspofungin acetate</i>	2	
<i>clotrimazole 1 % cream</i>	1	QL 120 / 30 day(s)
<i>clotrimazole 1 % solution</i>	2	QL 30 / 30 day(s)
<i>clotrimazole 10 mg troche</i>	2	
CRESEMBA (74.5 MG CAP, 186 MG CAP)	4	PA
<i>econazole nitrate 1 % cream</i>	2	QL 85 / 30 days
		QL 60 / 30 days
		ST
ERTACZO	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	2	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	4	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
GYNAZOLE-1	4	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	2	
JUBLIA	4	QL 4 / 28 days PA
<i>ketoconazole 2 % cream</i>	2	QL 60 / 30 days
<i>ketoconazole 2 % shampoo</i>	2	QL 120 / 30 days
<i>ketoconazole 200 mg tab</i>	2	
<i>klayesta</i>	2	QL 60 / 30 day(s)
		QL 60 / 30 days
		ST
<i>luliconazole</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>miconazole 3</i>	2	
<i>naftifine hcl 1 % cream</i>	2	QL 90 / 30 days
<i>naftifine hcl 2 % cream</i>	2	QL 60 / 30 days
<i>nyamyc</i>	2	QL 60 / 30 days
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	2	QL 60 / 30 days
<i>nystatin (100000 unit/ml suspension, 500000 unit tab)</i>	2	
<i>nystop</i>	2	QL 60 / 30 days
		QL 60 / 30 days
		ST
<i>oxiconazole nitrate</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>posaconazole 100 mg tab dr</i>	4	QL 93 / 30 days PA
<i>posaconazole 40 mg/ml suspension</i>	4	QL 630 / 30 days PA
		QL 60 / 30 days
		ST
<i>sulconazole nitrate (1 % cream, 1 % solution)</i>	4	C Must try at least 2 generic, prescription strength, topical antifungals (e.g., ketoconazole, clotrimazole)
<i>terbinafine hcl 250 mg tab</i>	2	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	2	
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	4	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	2	
<i>colchicine 0.6 mg tab</i>	2	
<i>colchicine-probenecid</i>	2	
<i>febuxostat 40 mg tab</i>	2	ST C Must try generic allopurinol
<i>febuxostat 80 mg tab</i>	2	ST C Must try generic allopurinol
<i>probenecid</i>	2	
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	3	QL PA 1 / 28 days
EMGALITY	3	QL PA 2 / 28 days
EMGALITY (300 MG DOSE)	3	QL PA 3 / 28 days
NURTEC	3	QL PA 16 / 30 day(s)
QULIPTA	3	QL PA 30 / 30 day(s)
UBRELVY	3	QL PA 16 / 30 day(s)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	2	
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	2	QL PA 8 / 30 days
<i>ergotamine-caffeine</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate</i>	2	QL 12 / 30 days
<i>eletriptan hydrobromide</i>	2	QL 12 / 30 days
<i>frovatriptan succinate</i>	4	QL 18 / 30 days
<i>naratriptan hcl</i>	2	QL 9 / 30 days
<i>rizatriptan benzoate</i>	2	QL 12 / 30 days
<i>sumatriptan (5 mg/act solution, 20 mg/act solution)</i>	2	QL 12 / 28 days
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 9 / 30 days
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	2	QL 6 / 30 days
<i>sumatriptan succinate refill</i>	2	QL 6 / 30 days
<i>sumatriptan-naproxen sodium</i>	4	QL 9 / 30 days
		ST C Must try at least 2 generic triptans AND naproxen
<i>zolmitriptan (2.5 mg tab disp, 5 mg tab disp)</i>	2	QL 9 / 30 days
<i>zolmitriptan (2.5 mg tab, 5 mg tab)</i>	2	QL 9 / 30 day(s)
<i>zolmitriptan 2.5 mg solution</i>	2	QL 12 / 30 day(s)
<i>zolmitriptan 5 mg solution</i>	2	QL 12 / 30 days
<i>zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)</i>	2	QL 9 / 30 day(s)
<i>zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)</i>	2	QL 9 / 30 day(s)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	2	
<i>pyridostigmine bromide er 180 mg tab er</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (25 mg tab, 100 mg tab)</i>	2	
<i>rifabutin</i>	2	
ANTITUBERCULARS		
CYCLOSERINE 250 MG CAP	2	
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	2	
<i>isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide 500 mg tab</i>	2	
<i>rifampin (150 mg cap, 300 mg cap, 600 mg recon soln)</i>	2	
SIRTURO	4	PA
TRECTOR	3	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>busulfan</i>	2	
<i>carboplatin</i>	2	
CARMUSTINE (50 MG RECON SOLN, 100 MG RECON SOLN, 300 MG RECON SOLN)	4	
<i>cisplatin (50 mg/50ml solution, 100 mg/100ml solution, 200 mg/200ml solution)</i>	2	
<i>cyclophosphamide (1 gm recon soln, 2 gm recon soln, 500 mg recon soln)</i>	4	
<i>cyclophosphamide (25 mg cap, 50 mg cap)</i>	2	PA
GLEOSTINE	3	PA
<i>ifosfamide (1 gm recon soln, 1 gm/20ml solution, 3 gm/60ml solution)</i>	2	
LEUKERAN	3	PA
MATULANE	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>melphalan</i>	2	PA
<i>melphalan hcl</i>	2	
<i>oxaliplatin (50 mg recon soln, 50 mg/10ml solution, 100 mg recon soln, 100 mg/20ml solution)</i>	4	
<i>paraplatin</i>	2	
TEMODAR 100 MG RECON SOLN	5	PA
<i>temozolomide</i>	5	PA
ANTIANDROGENS		
<i>abiraterone acetate</i>	5	PA
<i>abirtega</i>	5	PA
<i>bicalutamide</i>	2	PA
ERLEADA	5	PA
<i>flutamide</i>	2	PA
<i>nilutamide</i>	2	PA
NUBEQA	5	PA
XTANDI	5	PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide</i>	5	QL 28 / 28 days PA
POMALYST	5	QL 21 / 28 days PA
THALOMID (150 MG CAP, 200 MG CAP)	5	QL 60 / 30 days PA
THALOMID (50 MG CAP, 100 MG CAP)	5	QL 30 / 30 days PA
ANTIESTROGENS/MODIFIERS		
EMCYT	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fulvestrant</i>	5	
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	2	PA C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate</i>	2	PA
ANTIMETABOLITES		
<i>azacitidine</i>	5	
<i>capecitabine</i>	4	PA
<i>cladribine</i>	2	
<i>clofarabine</i>	2	
<i>cytarabine</i>	2	
<i>cytarabine (pf)</i>	2	
<i>decitabine</i>	4	
<i>floxuridine</i>	2	
<i>fluorouracil (1 gm/20ml solution, 2.5 gm/50ml solution, 5 gm/100ml solution, 500 mg/10ml solution)</i>	2	
<i>gemcitabine hcl 1 gm recon soln</i>	4	
<i>mercaptopurine 50 mg tab</i>	2	PA
NIPENT	3	
ONUREG	5	PA
<i>pemetrexed disodium (100 mg recon soln, 500 mg recon soln)</i>	4	
TABLOID	3	PA
ANTINEOPLASTICS, OTHER		
AKEEGA	5	PA
<i>arsenic trioxide (10 mg/10ml solution, 12 mg/6ml solution)</i>	2	
AUGTYRO	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>bleomycin sulfate</i>	2	
DACARBAZINE (100 MG RECON SOLN, 200 MG RECON SOLN)	2	
DOCETAXEL	2	
DROXIA	3	PA
<i>fludarabine phosphate 50 mg recon soln</i>	2	
FRUZAQLA	5	PA
<i>hydroxyurea 500 mg cap</i>	2	PA
INQOVI	5	PA
IWILFIN	5	PA
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	PA
<i>leucovorin calcium (50 mg recon soln, 100 mg recon soln, 200 mg recon soln, 350 mg recon soln, 500 mg recon soln)</i>	2	
LONSURF	5	PA
LYSODREN	3	PA
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	2	
<i>mitoxantrone hcl (20 mg/10ml conc, 25 mg/12.5ml conc, 30 mg/15ml conc)</i>	4	
MODEYSO	5	QL 20 / 28 day(s) PA
<i>mutamycin</i>	2	
OJJAARA	5	PA
PHOTOFRIN	3	
<i>vinblastine sulfate</i>	2	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
<i>vinorelbine tartrate</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
WELIREG	5	PA
ZOLINZA	5	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	2	PA C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>exemestane</i>	2	PA C \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>letrozole 2.5 mg tab</i>	2	PA
ENZYME INHIBITORS		
<i>adriamycin 2 mg/ml solution</i>	2	
<i>daunorubicin hcl 20 mg/4ml solution</i>	2	
<i>doxorubicin hcl 2 mg/ml solution</i>	2	
<i>doxorubicin hcl liposomal</i>	2	
<i>etoposide (1 gm/50ml solution, 100 mg/5ml solution, 500 mg/25ml solution)</i>	2	
<i>etoposide 50 mg cap</i>	4	PA
<i>idarubicin hcl</i>	2	
<i>irinotecan hcl</i>	2	
<i>toposar</i>	2	
<i>topotecan hcl 4 mg recon soln</i>	2	
MOLECULAR TARGET INHIBITORS		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE (100 MG CAP, 100 MG TAB)	5	PA
CAPRELSA	5	PA
COMETRIQ (100 MG DAILY DOSE)	5	PA
COMETRIQ (140 MG DAILY DOSE)	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hcl</i>	5	PA
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	5	PA
FOTIVDA	5	PA
GAVRETO	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	PA
HERNEXEOS	5	QL 90 / 30 day(s) PA
IBRANCE	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
IDHIFA	5	PA
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	5	PA
IMBRUVICA (70 MG CAP, 70 MG/ML SUSPENSION, 140 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	5	PA
INLYTA	5	PA
INREBIC	5	PA
JAKAFI	5	PA
KISQALI (200 MG DOSE)	5	PA
KISQALI (400 MG DOSE)	5	PA
KISQALI (600 MG DOSE)	5	PA
KISQALI FEMARA (200 MG DOSE)	5	PA
KISQALI FEMARA (400 MG DOSE)	5	PA
KISQALI FEMARA (600 MG DOSE)	5	PA
KOSELUGO (10 MG CAP, 25 MG CAP)	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA (10 MG DAILY DOSE)	5	PA
LENVIMA (12 MG DAILY DOSE)	5	PA
LENVIMA (14 MG DAILY DOSE)	5	PA
LENVIMA (18 MG DAILY DOSE)	5	PA
LENVIMA (20 MG DAILY DOSE)	5	PA
LENVIMA (24 MG DAILY DOSE)	5	PA
LENVIMA (4 MG DAILY DOSE)	5	PA
LENVIMA (8 MG DAILY DOSE)	5	PA
LORBRENA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMAKRAS	5	PA
LYNPARZA	5	PA
MEKINIST (0.05 MG/ML RECON SOLN, 0.5 MG TAB, 2 MG TAB)	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
<i>nilotinib hcl</i>	5	PA
NINLARO	5	PA
ODOMZO	5	PA
<i>paclitaxel</i>	2	
<i>paclitaxel protein-bound part</i>	2	
<i>pazopanib hcl</i>	5	PA
PEMAZYRE	5	PA
PIQRAY (200 MG DAILY DOSE)	5	PA
PIQRAY (250 MG DAILY DOSE)	5	PA
PIQRAY (300 MG DAILY DOSE)	5	PA
RETEVMO	5	PA
REVUFORJ	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib tosylate</i>	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TABRECTA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TAFINLAR	5	PA
TAGRISSO	5	PA
TALZENNA	5	PA
TAZVERIK	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TRUQAP	5	PA
TRUSELTIQ (100MG DAILY DOSE)	5	PA
TRUSELTIQ (125MG DAILY DOSE)	5	PA
TRUSELTIQ (50MG DAILY DOSE)	5	PA
TRUSELTIQ (75MG DAILY DOSE)	5	PA
TUKYSA	5	PA
TURALIO	5	PA
VENCLEXTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAP, 100 MG CAP)	5	PA
VIZIMPRO	5	PA
VONJO	5	PA
XALKORI	5	PA
XOSPATA	5	PA
XPOVIO (100 MG ONCE WEEKLY)	5	PA
XPOVIO (40 MG ONCE WEEKLY)	5	PA
XPOVIO (40 MG TWICE WEEKLY)	5	PA
XPOVIO (60 MG ONCE WEEKLY)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
XPOVIO (60 MG TWICE WEEKLY)	5	PA
XPOVIO (80 MG ONCE WEEKLY)	5	PA
XPOVIO (80 MG TWICE WEEKLY)	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
ERBITUX	5	
RETINOIDS		
<i>bexarotene 1 % gel</i>	5	QL 60 / 30 days PA
<i>bexarotene 75 mg cap</i>	5	PA
PANRETIN	4	QL 60 / 30 days
<i>tretinoin 10 mg cap</i>	2	PA
TREATMENT ADJUNCTS		
<i>mesna (100 mg/ml solution, 400 mg tab)</i>	2	
ANTIPARASITICS ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	4	PA
EMVERM	4	QL 12 / 365 days
<i>ivermectin 3 mg tab</i>	2	
<i>praziquantel 600 mg tab</i>	2	
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP	4	QL 540 / 30 days
<i>atovaquone</i>	2	
<i>atovaquone-proguanil hcl</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	2	
COARTEM	4	
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide 500 mg tab</i>	2	
<i>pentamidine isethionate</i>	2	
<i>primaquine phosphate</i>	2	
<i>pyrimethamine 25 mg tab</i>	4	PA
<i>quinine sulfate 324 mg cap</i>	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	2	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	
<i>tolcapone</i>	2	
DOPAMINE AGONISTS		
<i>apomorphine hcl 30 mg/3ml soln cart</i>	5	PA
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	2	
<i>ropinirole hcl er</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	4	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	2	
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 25 mg/ml solution, 50 mg tab, 50 mg/2ml solution, 100 mg tab, 200 mg tab)</i>	2	
<i>fluphenazine decanoate 25 mg/ml solution</i>	2	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 2.5 mg/ml solution, 5 mg tab, 5 mg/ml conc, 10 mg tab)</i>	2	
<i>haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>haloperidol decanoate (50 mg/ml solution, 100 mg/ml solution)</i>	2	
<i>haloperidol lactate 2 mg/ml conc</i>	2	
<i>loxapine succinate</i>	2	
<i>molindone hcl</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA	3	QL 1 / 28 day(s)
<i>aripiprazole (1 mg/ml solution, 2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ARISTADA 1064 MG/3.9ML PRSYR	3	QL 3.9 / 56 days
ARISTADA 441 MG/1.6ML PRSYR	3	QL 1.6 / 28 days
ARISTADA 662 MG/2.4ML PRSYR	3	QL 2.4 / 28 days
ARISTADA 882 MG/3.2ML PRSYR	3	QL 3.2 / 28 days
ARISTADA INITIO	3	
<i>asenapine maleate</i>	2	
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	3	QL 0.75 / 28 day(s)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	3	QL 1 / 28 day(s)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	3	QL 1.5 / 28 day(s)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	3	QL 0.25 / 28 day(s)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	3	QL 0.5 / 28 day(s)
<i>lurasidone hcl</i>	2	
<i>olanzapine</i>	2	
<i>paliperidone er 1.5 mg tab er 24h</i>	2	QL 240 / 30 days
<i>paliperidone er 3 mg tab er 24h</i>	2	QL 120 / 30 days
<i>paliperidone er 6 mg tab er 24h</i>	2	QL 60 / 30 days
<i>paliperidone er 9 mg tab er 24h</i>	2	QL 30 / 30 days
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	2	
<i>quetiapine fumarate er</i>	2	
		QL 60 / 30 days
		ST
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB)	4	C Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
REXULTI (2 MG TAB, 3 MG TAB, 4 MG TAB)	4	QL 30 / 30 days
		ST Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days C
<i>risperidone (0.25 mg tab disp, 2 mg tab disp, 4 mg tab disp)</i>	2	QL 60 / 30 days
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	QL 60 / 30 days
<i>risperidone 0.5 mg tab disp</i>	2	QL 120 / 30 days
<i>risperidone 1 mg tab disp</i>	2	QL 30 / 30 days
<i>risperidone 1 mg/ml solution</i>	2	
<i>risperidone 3 mg tab disp</i>	2	QL 90 / 30 days
<i>risperidone microspheres er</i>	3	QL 2 / 28 day(s)
VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	4	QL 30 / 30 days
		ST Must try at least 3 generic antipsychotics (e.g., aripiprazole, quetiapine, risperidone) OR ongoing therapy with the requested drug in the past 180 days C

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ziprasidone hcl</i>	2	QL 60 / 30 days
TREATMENT-RESISTANT		
<i>clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 150 mg tab disp, 200 mg tab, 200 mg tab disp)</i>	2	
ANTISPASTICITY AGENTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
<i>cidofovir 75 mg/ml solution</i>	4	
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	4	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	5	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL 600 / 30 days
<i>entecavir</i>	5	
EPIVIR HBV 5 MG/ML SOLUTION	3	
<i>lamivudine 100 mg tab</i>	2	
VEMLIDY	5	QL 30 / 30 days PA
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (150-37.5 MG PACKET, 400-100 MG TAB)	5	QL 28 / 28 days PA
EPCLUSA (MG PACKET, MG TAB)	5	QL 56 / 28 days PA
HARVONI (33.75-150 MG PACKET, 90-400 MG TAB)	5	QL 28 / 28 days PA
HARVONI (MG PACKET, MG TAB)	5	QL 56 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LEDIPASVIR-SOFOSBUVIR	5	QL 28 / 28 days PA
MAVYRET 100-40 MG TAB	5	QL 84 / 28 days PA
MAVYRET 50-20 MG PACKET	5	QL 140 / 28 days PA
<i>ribavirin (6 gm recon soln, 200 mg cap, 200 mg tab)</i>	2	
SOFOSBUVIR-VELPATASVIR	5	QL 28 / 28 days PA
SOVALDI	5	QL 28 / 28 days PA
VOSEVI	5	QL 28 / 28 days PA
ZEPATIER	5	QL 28 / 28 days PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	0	QL 3 / 30 days
BIKTARVY	3	QL 30 / 30 days
DOVATO	3	QL 30 / 30 days
GENVOYA	3	QL 30 / 30 days
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET)	3	QL 180 / 30 days
ISENTRESS 400 MG TAB	3	QL 60 / 30 days
ISENTRESS HD	3	QL 60 / 30 days
JULUCA	4	QL 30 / 30 days
STRIBILD	3	QL 30 / 30 days
TIVICAY	3	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TIVICAY PD	3	QL 180 / 30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
EDURANT	3	QL 30 / 30 days
<i>efavirenz 200 mg cap</i>	2	QL 90 / 30 days
<i>efavirenz 50 mg cap</i>	2	QL 240 / 30 days
<i>efavirenz 600 mg tab</i>	2	QL 30 / 30 days
<i>efavirenz-emtricitab-tenofo df</i>	2	QL 30 / 30 days
<i>efavirenz-lamivudine-tenofovir</i>	2	QL 30 / 30 days
<i>emtricitab-rilpivir-tenofov df</i>	2	QL 30 / 30 day(s)
<i>etravirine 100 mg tab</i>	2	QL 120 / 30 days
<i>etravirine 200 mg tab</i>	2	QL 60 / 30 days
INTELENCE 25 MG TAB	3	QL 120 / 30 days
<i>nevirapine 200 mg tab</i>	2	QL 60 / 30 days
<i>nevirapine 50 mg/5ml suspension</i>	2	QL 1200 / 30 days
<i>nevirapine er 100 mg tab er 24h</i>	2	QL 120 / 30 days
<i>nevirapine er 400 mg tab er 24h</i>	2	QL 30 / 30 days
ODEFSEY	3	QL 30 / 30 days
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	2	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	2	QL 60 / 30 days
<i>abacavir sulfate-lamivudine</i>	2	QL 30 / 30 days
CIMDUO	3	QL 30 / 30 days
DESCOVY 120-15 MG TAB	3	QL 30 / 30 days
DESCOVY 200-25 MG TAB	0	QL 30 / 30 days
		C \$0 copay for pre-exposure prophylaxis only

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>emtricitabine</i>	2	QL 30 / 30 days
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	2	QL 30 / 30 days
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	0	QL 30 / 30 days C \$0 copay for pre-exposure prophylaxis only
EMTRIVA 10 MG/ML SOLUTION	3	QL 680 / 30 days
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	2	QL 960 / 30 days
<i>lamivudine 150 mg tab</i>	2	QL 60 / 30 days
<i>lamivudine 300 mg tab</i>	2	QL 30 / 30 days
<i>lamivudine-zidovudine</i>	2	QL 60 / 30 days
RETROVIR 10 MG/ML SOLUTION	3	
<i>stavudine</i>	2	QL 60 / 30 days
<i>tenofovir disoproxil fumarate</i>	2	QL 30 / 30 days
TRIUMEQ	4	QL 30 / 30 days
TRIUMEQ PD	4	QL 180 / 30 days
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	3	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	3	QL 240 / 30 days
<i>zidovudine 100 mg cap</i>	2	QL 180 / 30 days
<i>zidovudine 300 mg tab</i>	2	QL 60 / 30 days
<i>zidovudine 50 mg/5ml syrup</i>	2	QL 1920 / 30 days
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	4	QL 4 / 28 days
CABENUVA 600 & 900 MG/3ML SUSP	4	QL 6 / 28 days
<i>maraviroc 150 mg tab</i>	2	QL 60 / 30 days
<i>maraviroc 300 mg tab</i>	2	QL 120 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
RUKOBIA	4	QL 60 / 30 days PA
SELZENTRY 20 MG/ML SOLUTION	3	QL 1840 / 30 days
SELZENTRY 25 MG TAB	3	QL 240 / 30 days
SELZENTRY 75 MG TAB	3	QL 60 / 30 days
TYBOST	3	QL 30 / 30 days
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	3	QL 120 / 30 days
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	2	QL 60 / 30 days
<i>atazanavir sulfate 300 mg cap</i>	2	QL 30 / 30 days
<i>darunavir 600 mg tab</i>	2	QL 60 / 30 days
<i>darunavir 800 mg tab</i>	2	QL 30 / 30 days
<i>fosamprenavir calcium</i>	2	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	3	QL 480 / 30 day(s)
<i>lopinavir-ritonavir 100-25 mg tab</i>	2	QL 240 / 30 days
<i>lopinavir-ritonavir 200-50 mg tab</i>	2	QL 120 / 30 days
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	2	QL 480 / 30 day(s)
NORVIR 100 MG PACKET	3	
NORVIR 80 MG/ML SOLUTION	3	QL 360 / 30 days
PREZCOBIX 675-150 MG TAB	4	QL 30 / 30 day(s)
PREZCOBIX 800-150 MG TAB	4	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	3	QL 400 / 30 days
PREZISTA 150 MG TAB	3	QL 180 / 30 days
PREZISTA 75 MG TAB	3	QL 300 / 30 days
REYATAZ 50 MG PACKET	3	QL 180 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ritonavir</i>	2	QL 360 / 30 days
SYMTUZA	3	QL 30 / 30 days
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)</i>	2	
RELENZA DISKHALER	3	QL 40 / 90 days
<i>rimantadine hcl</i>	2	
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	1	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	2	
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	2	QL 90 / 30 days
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	2	QL 120 / 30 days
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID	2	QL 30 / 30 day(s)
PAXLOVID (150/100)	2	QL 20 / 30 day(s)
PAXLOVID (300/100)	2	QL 30 / 30 day(s)
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 30 mg tab)</i>	2	
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>meprobamate</i>	2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)</i>	2	QL 150 / 30 days
<i>alprazolam (0.25 mg tab, 0.5 mg tab)</i>	2	QL 120 / 30 days
ALPRAZOLAM INTENSOL	3	QL 300 / 30 days
<i>chlordiazepoxide hcl 10 mg cap</i>	2	QL 300 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl 25 mg cap</i>	2	QL 360 / 30 days
<i>chlordiazepoxide hcl 5 mg cap</i>	2	QL 240 / 30 days
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp)</i>	2	QL 120 / 30 days
<i>clonazepam (2 mg tab, 2 mg tab disp)</i>	2	QL 300 / 30 days
<i>clorazepate dipotassium (3.75 mg tab, 7.5 mg tab)</i>	2	QL 90 / 30 days
<i>clorazepate dipotassium 15 mg tab</i>	2	QL 180 / 30 days
<i>diazepam (2 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL 120 / 30 days
<i>diazepam 5 mg/5ml solution</i>	2	QL 1200 / 30 days
<i>diazepam 5 mg/ml conc</i>	2	QL 240 / 30 days
<i>diazepam intensol</i>	2	QL 240 / 30 days
<i>lorazepam (2 mg tab, 2 mg/ml conc)</i>	2	QL 150 / 30 days
<i>lorazepam 0.5 mg tab</i>	2	QL 600 / 30 days
<i>lorazepam 1 mg tab</i>	2	QL 300 / 30 days
<i>lorazepam intensol</i>	2	QL 150 / 30 days
<i>oxazepam</i>	2	QL 120 / 30 days
BIPOLAR AGENTS MOOD STABILIZERS		
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	2	
<i>lamotrigine starter kit-orange</i>	2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er</i>	2	
<i>subvenite</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>subvenite starter kit-blue</i>	2	
<i>subvenite starter kit-green</i>	2	
<i>subvenite starter kit-orange</i>	2	
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
<i>acarbose (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	QL 90 / 30 days
<i>alogliptin benzoate</i>	1	QL 30 / 30 days
<i>alogliptin-metformin hcl</i>	1	QL 60 / 30 days
<i>dapagliflozin pro-metformin er 10-1000 mg tab er 24h</i>	3	QL 30 / 30 day(s)
<i>dapagliflozin pro-metformin er 5-1000 mg tab er 24h</i>	3	QL 60 / 30 day(s)
<i>glimepiride (1 mg tab, 2 mg tab)</i>	1	QL 120 / 30 days
<i>glimepiride 4 mg tab</i>	1	QL 60 / 30 days
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	QL 120 / 30 days
<i>glipizide er 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide er 2.5 mg tab er 24h</i>	1	QL 120 / 30 days
<i>glipizide er 5 mg tab er 24h</i>	1	QL 90 / 30 days
<i>glipizide xl 10 mg tab er 24h</i>	1	QL 60 / 30 days
<i>glipizide xl 2.5 mg tab er 24h</i>	1	QL 120 / 30 days
<i>glipizide xl 5 mg tab er 24h</i>	1	QL 90 / 30 days
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	1	QL 120 / 30 days
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	1	QL 120 / 30 days
<i>glyburide micronized</i>	1	QL 60 / 30 days
<i>glyburide-metformin</i>	1	QL 120 / 30 days
GLYXAMBI	3	QL 30 / 30 days
JANUMET	3	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	3	QL 60 / 30 days
JANUMET XR 100-1000 MG TAB ER 24H	3	QL 30 / 30 days
JANUVIA	3	QL 30 / 30 days
<i>metformin hcl 1000 mg tab</i>	1	QL 75 / 30 days
<i>metformin hcl 500 mg tab</i>	1	QL 150 / 30 days
<i>metformin hcl 850 mg tab</i>	1	QL 90 / 30 days C \$0 copay for members age 35 through 70 for prevention of diabetes
<i>metformin hcl er 500 mg tab er 24h</i>	1	QL 120 / 30 days
<i>metformin hcl er 750 mg tab er 24h</i>	1	QL 60 / 30 days
<i>miglitol</i>	2	QL 90 / 30 days
<i>nateglinide 120 mg tab</i>	1	QL 90 / 30 days
<i>nateglinide 60 mg tab</i>	1	QL 180 / 30 days
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	3	QL 1.5 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	3	QL 3 / 28 days PA
OZEMPIC (1 MG/DOSE)	3	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	3	QL 3 / 28 days PA
<i>pioglitazone hcl</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-glimepiride</i>	1	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	1	QL 90 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>repaglinide (0.5 mg tab, 1 mg tab)</i>	1	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	1	QL 240 / 30 days
SOLIQUA	3	QL 18 / 30 days
		ST
		C Must have insulin use within last 180 days
SYMLINPEN 120	4	QL 10.8 / 30 days
		ST
		C Must have insulin use within last 180 days
SYMLINPEN 60	4	QL 6 / 30 days
		ST
		C Must have insulin use within last 180 days
SYNJARDY (5-1000 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	3	QL 60 / 30 days
SYNJARDY 5-500 MG TAB	3	QL 120 / 30 days
SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	3	QL 60 / 30 days
SYNJARDY XR 25-1000 MG TAB ER 24H	3	QL 30 / 30 days
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	3	QL 30 / 30 days
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	3	QL 60 / 30 days
TRULICITY	3	QL 2 / 28 days
		PA
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H)	3	QL 30 / 30 days
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H)	3	QL 60 / 30 days
XULTOPHY	3	QL 15 / 30 days
		ST
		C Must have insulin use within last 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GLYCEMIC AGENTS		
<i>diazoxide 50 mg/ml suspension</i>	4	
<i>glucagon emergency 1 mg recon soln</i>	2	
INSULINS		
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
FIASP PUMPCART	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 FLEXPEN	3	
NOVOLOG PENFILL	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i>	2	QL 60 / 30 day(s)
ELIQUIS 2.5 MG TAB	3	QL 60 / 30 day(s)
ELIQUIS 5 MG TAB	3	QL 74 / 30 day(s)
ELIQUIS DVT/PE STARTER PACK	3	QL 74 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium</i>	4	
FRAGMIN	4	
<i>heparin sodium (porcine) (1000 unit/ml solution, 5000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution)</i>	2	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution)</i>	2	
<i>jantoven</i>	1	
<i>rivaroxaban 1 mg/ml recon susp</i>	3	QL 620 / 30 day(s)
<i>rivaroxaban 2.5 mg tab</i>	3	QL 60 / 30 day(s)
<i>warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)</i>	1	
XARELTO (10 MG TAB, 20 MG TAB)	3	QL 30 / 30 day(s)
XARELTO (2.5 MG TAB, 15 MG TAB)	3	QL 60 / 30 day(s)
XARELTO 1 MG/ML RECON SUSP	3	QL 620 / 30 day(s)
XARELTO STARTER PACK	3	QL 51 / 30 day(s)
ZONTIVITY	4	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl</i>	2	
ARANESP (ALBUMIN FREE)	5	PA
<i>eltrombopag olamine (12.5 mg tab, 25 mg tab)</i>	5	QL 30 / 30 day(s) PA
<i>eltrombopag olamine (50 mg tab, 75 mg tab)</i>	5	QL 60 / 30 day(s) PA
<i>eltrombopag olamine 12.5 mg packet</i>	5	QL 360 / 30 day(s) PA
<i>eltrombopag olamine 25 mg packet</i>	5	QL 180 / 30 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FULPHILA	5	PA
MIRCERA	5	PA
NIVESTYM	5	PA
RETACRIT	5	PA
ZIEXTENZO	5	PA
HEMOSTASIS AGENTS		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPHANATE	5	PA
ALPHANINE SD	5	PA
ALPROLIX	5	PA
ALTUVIIIO	5	PA
BENEFIX	5	PA
ELOCTATE	5	PA
FEIBA	5	PA
HEMLIBRA	5	PA
HEMOFIL M	5	PA
HUMATE-P	5	PA
IXINITY	5	PA
JIVI	5	PA
KOATE	5	PA
KOATE-DVI	5	PA
KOGENATE FS	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KOVALTRY	5	PA
MONONINE	5	PA
NOVOEIGHT	5	PA
NOVOSEVEN RT	5	PA
NUWIQ	5	PA
<i>phytonadione 5 mg tab</i>	2	
PROFILNINE	5	PA
REBINYN	5	PA
RECOMBINATE	5	PA
RIXUBIS	5	PA
SEVENFACT	5	PA
<i>tranexamic acid 650 mg tab</i>	2	
WILATE	5	PA
XYNTHA	5	PA
XYNTHA SOLOFUSE	5	PA
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er</i>	2	
<i>cilostazol</i>	2	
<i>clopidogrel bisulfate (75 mg tab, 300 mg tab)</i>	2	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	2	
DOPTELET	5	QL 2 / 30 day(s) PA
DOPTELET SPRINKLE	5	QL 60 / 30 day(s) PA
<i>prasugrel hcl</i>	2	
<i>ticagrelor</i>	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	2	QL 4 / 28 days
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	1	
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	2	
<i>methyldopa</i>	2	
<i>midodrine hcl</i>	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>phenoxybenzamine hcl 10 mg cap</i>	4	PA
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	2	
<i>terazosin hcl</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
<i>irbesartan</i>	1	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>moexipril hcl</i>	1	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>perindopril erbumine</i> (, 2 mg tab)	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> (100 mg tab, 200 mg tab, 400 mg tab)	2	
<i>digitek</i>	2	
<i>digoxin</i> (0.05 mg/ml solution, 62.5 mcg tab, 125 mcg tab, 250 mcg tab)	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i> (150 mg cap, 200 mg cap, 250 mg cap)	2	
MULTAQ	4	
NORPACE CR	3	
<i>pacerone</i>	2	
<i>procainamide hcl</i> (100 mg/ml solution, 500 mg/ml solution)	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i> (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)	2	
<i>sotalol hcl</i> (af)	2	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i> (200 mg cap, 400 mg cap)	2	
<i>atenolol</i> (25 mg tab, 50 mg tab, 100 mg tab)	1	
<i>betaxolol hcl</i> (10 mg tab, 20 mg tab)	2	
<i>bisoprolol fumarate</i> (5 mg tab, 10 mg tab)	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL 30 / 30 days
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	2	
<i>nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	QL 30 / 30 days
<i>nebivolol hcl 20 mg tab</i>	2	QL 60 / 30 days
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	2	
<i>propranolol hcl er</i>	2	
<i>timolol maleate (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine er osmotic release</i>	2	
<i>nimodipine 30 mg cap</i>	2	
<i>nisoldipine er</i>	2	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl (25 mg/5ml solution, 30 mg tab, 50 mg/10ml solution, 60 mg tab, 90 mg tab, 120 mg tab, 125 mg/25ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)</i>	2	
<i>diltiazem hcl er beads</i>	2	
<i>diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h)</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	2	
<i>verapamil hcl er</i>	2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	2	
<i>aliskiren fumarate</i>	2	QL 30 / 30 days
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	1	
<i>amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)</i>	1	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg tab, 5-160-25 mg tab, 10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab)</i>	1	
<i>atenolol-chlorthalidone</i>	2	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>candesartan cilexetil-hctz</i>	1	
CORLANOR 5 MG/5ML SOLUTION	4	QL 450 / 30 days
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK)	3	QL 240 / 30 day(s)
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>ivabradine hcl</i>	4	QL 60 / 30 day(s)
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	2	
<i>metyrosine</i>	4	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>ranolazine er</i>	2	
<i>sacubitril-valsartan</i>	2	QL 60 / 30 day(s)
<i>spironolactone-hctz</i>	2	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hctz</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
<i>triamterene-hctz</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
DIURETICS, LOOP		
<i>bumetanide (0.25 mg/ml solution, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>	2	
<i>ethacrynic acid</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
<i>toremide</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	2	
<i>epplerenone</i>	2	
<i>triamterene (50 mg cap, 100 mg cap)</i>	2	
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	2	
DIURIL	4	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide</i>	2	
<i>metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)</i>	2	
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	2	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	2	
<i>gemfibrozil 600 mg tab</i>	1	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium 10 mg tab</i>	1	QL 60 / 30 days C \$0 copay for members age 40 through 75
<i>atorvastatin calcium 20 mg tab</i>	1	QL 90 / 30 days C \$0 copay for members age 40 through 75
<i>atorvastatin calcium 40 mg tab</i>	1	QL 60 / 30 days
<i>atorvastatin calcium 80 mg tab</i>	1	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluvastatin sodium</i>	1	QL 60 / 30 days C \$0 copay for members age 40 through 75
<i>fluvastatin sodium er</i>	1	QL 30 / 30 days C \$0 copay for members age 40 through 75
<i>lovastatin (10 mg tab, 20 mg tab)</i>	1	QL 30 / 30 days C \$0 copay for members age 40 through 75
<i>lovastatin 40 mg tab</i>	1	QL 60 / 30 days C \$0 copay for members age 40 through 75
<i>pitavastatin calcium (1 mg tab, 2 mg tab)</i>	2	QL 30 / 30 day(s) C \$0 copay for members age 40 through 75
<i>pitavastatin calcium 4 mg tab</i>	2	QL 30 / 30 day(s) C \$0 copay for members age 40 through 75
<i>pravastatin sodium</i>	1	QL 30 / 30 days C \$0 copay for members age 40 through 75
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1	QL 60 / 30 days C \$0 copay for members age 40 through 75
<i>rosuvastatin calcium 20 mg tab</i>	1	QL 60 / 30 days
<i>rosuvastatin calcium 40 mg tab</i>	1	QL 30 / 30 days
<i>simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL 30 / 30 days C \$0 copay for members age 40 through 75

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 80 mg tab</i>	1	QL 30 / 30 days
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	2	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	2	
<i>colesevelam hcl</i>	2	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	2	
<i>ezetimibe</i>	2	QL 30 / 30 days
<i>ezetimibe-simvastatin</i>	2	QL 30 / 30 days
<i>icosapent ethyl</i>	2	
<i>niacin er (antihyperlipidemic)</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	2	
REPATHA	3	QL 3 / 28 days PA
REPATHA SURECLICK	3	QL 3 / 28 days PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (10 MG TAB, 20 MG TAB)	4	QL 30 / 30 days PA
KERENDIA 40 MG TAB	4	QL 30 / 30 day(s) PA
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
<i>dapagliflozin propanediol</i>	3	QL 30 / 30 day(s)
FARXIGA	3	QL 30 / 30 days
JARDIANCE	3	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	2	
<i>minoxidil (2.5 mg tab, 10 mg tab)</i>	2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	4	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	2	
<i>nitroglycerin 0.4 % ointment</i>	4	QL 30 / 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine sulfate</i>	4	
<i>amphetamine-dextroamphet er</i>	2	QL 30 / 30 days
<i>amphetamine-dextroamphetamine (10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab)</i>	2	QL 90 / 30 days
<i>amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab)</i>	2	QL 120 / 30 days
<i>amphetamine-dextroamphetamine 30 mg tab</i>	2	QL 60 / 30 days
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	2	QL 180 / 30 day(s)
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	2	QL 1200 / 30 day(s)
<i>dextroamphetamine sulfate er</i>	2	QL 120 / 30 days
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	2	QL 30 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 25 mg cap, 40 mg cap)</i>	2	QL 60 / 30 days
<i>atomoxetine hcl (60 mg cap, 80 mg cap, 100 mg cap)</i>	2	QL 30 / 30 days
<i>atomoxetine hcl 18 mg cap</i>	2	QL 120 / 30 days
<i>clonidine hcl er</i>	2	QL 120 / 30 days
<i>dexmethylphenidate hcl</i>	2	QL 60 / 30 days
<i>dexmethylphenidate hcl er (er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)</i>	2	QL 30 / 30 days
<i>dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h)</i>	2	QL 60 / 30 days
<i>guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 10 mg chew tab)</i>	2	QL 180 / 30 days
<i>methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl 10 mg/5ml solution</i>	2	QL 900 / 30 days
<i>methylphenidate hcl 5 mg/5ml solution</i>	2	QL 1800 / 30 days
<i>methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (cd) (er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl er (er 10 mg tab er, er 20 mg tab er)</i>	2	QL 90 / 30 days
<i>methylphenidate hcl er (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er)</i>	2	QL 60 / 30 day(s)
<i>methylphenidate hcl er (la) (er 20 mg cap er 24h, er 30 mg cap er 24h)</i>	2	QL 60 / 30 days
<i>methylphenidate hcl er (la) (er 40 mg cap er 24h, er 60 mg cap er 24h)</i>	2	QL 30 / 30 days
<i>methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er)</i>	2	QL 60 / 30 day(s)
		QL 30 / 30 days
<i>methylphenidate hcl er (osm) 54 mg tab er</i>	2	C Must have metformin use within last 180 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er 54 mg tab er</i>	2	QL 30 / 30 days C Must have metformin use within last 180 days
CENTRAL NERVOUS SYSTEM, OTHER		
AUSTEDO 12 MG TAB	5	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	5	QL 60 / 30 days PA
AUSTEDO 9 MG TAB	5	QL 120 / 30 days PA
AUSTEDO XR (18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	5	QL 30 / 30 day(s) PA
AUSTEDO XR (6 MG TAB ER 24H, 12 MG TAB ER 24H)	5	QL 30 / 30 days PA
AUSTEDO XR 24 MG TAB ER 24H	5	QL 60 / 30 days PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	5	QL 30 / 30 day(s) PA
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	5	QL 42 / 30 days PA
<i>bac (butalbital-acetamin-caff)</i>	2	QL 30 / 30 days
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	2	QL 30 / 30 days
INGREZZA (40 MG CAP SPRINK, 60 MG CAP SPRINK, 80 MG CAP SPRINK)	5	QL 30 / 30 day(s) PA
INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP)	5	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	5	QL 28 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
NUEDEXTA	4	QL PA 60 / 30 days
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tab</i>	5	QL PA 90 / 30 days
<i>tetrabenazine 25 mg tab</i>	5	QL PA 120 / 30 days
FIBROMYALGIA AGENTS		
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	2	QL 60 / 30 days
<i>pregabalin (225 mg cap, 300 mg cap)</i>	2	QL 60 / 30 days
<i>pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap)</i>	2	QL 90 / 30 days
<i>pregabalin 20 mg/ml solution</i>	2	QL 900 / 30 days
SAVELLA (25 MG TAB, 50 MG TAB, 100 MG TAB)	4	QL ST 60 / 30 days
		C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
SAVELLA 12.5 MG TAB	4	QL ST 60 / 30 days
		C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
SAVELLA TITRATION PACK	4	ST
		C Must try at least 2 of the following: gabapentin, duloxetine, pregabalin
		QLC 1 pack per 365 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS		
BETASERON	5	QL 15 / 30 day(s)
<i>dalfampridine er</i>	5	QL 60 / 30 days PA
<i>dimethyl fumarate 120 mg cap dr</i>	5	QL 14 / 28 days PA
<i>dimethyl fumarate 240 mg cap dr</i>	5	QL 60 / 30 days PA
<i>dimethyl fumarate starter pack</i>	5	QL 1 / 30 day(s) PA
<i>fingolimod hcl</i>	5	QL 30 / 30 days PA
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL 12 / 28 days
<i>glatopa 20 mg/ml soln prsyr</i>	4	QL 30 / 30 days
<i>glatopa 40 mg/ml soln prsyr</i>	4	QL 12 / 28 days
KESIMPTA	5	PA
<i>teriflunomide</i>	5	QL 30 / 30 days PA
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	2	
<i>triamcinolone acetonide 0.1 % paste</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
<i>accutane</i>	2	PA
<i>acitretin</i>	2	
<i>adapalene 0.1 % cream</i>	2	QL 45 / 28 days PA C Custom
<i>adapalene 0.1 % gel</i>	2	QL 45 / 28 day(s) PA C Custom
<i>adapalene 0.3 % gel</i>	2	QL 45 / 28 days PA C Custom
<i>adapalene-benzoyl peroxide (0.1-2.5 % gel, 0.3-2.5 % gel)</i>	2	PA C Custom
<i>amnesteam</i>	2	PA
<i>avita 0.025 % cream</i>	2	QL 45 / 30 days PA C Custom
<i>avita 0.025 % gel</i>	2	QL 45 / 30 days PA C Custom
<i>azelaic acid 15 % gel</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	QL 46.6 / 30 days
<i>brimonidine tartrate 0.33 % gel</i>	4	PA
<i>claravis</i>	2	PA
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	2	QL 50 / 30 days
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	2	QL 45 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	2	PA
<i>metronidazole 0.75 % lotion</i>	2	
ROSADAN (0.75 % CREAM KIT, 0.75 % GEL KIT)	2	
<i>sulfacetamide sodium (acne)</i>	2	QL 118 / 30 days
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	2	PA C Custom
<i>tretinoin (0.01 % gel, 0.025 % gel, 0.1 % cream)</i>	2	QL 45 / 30 days PA C Custom
<i>tretinoin (0.025 % cream, 0.05 % cream)</i>	2	QL 45 / 30 days PA C Custom
<i>tretinoin 0.05 % gel</i>	2	PA C Custom
TRETINOIN MICROSPHERE (0.04 % GEL, 0.1 % GEL)	4	PA C Custom
TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL)	4	PA C Custom
<i>zenatane</i>	2	PA
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide (0.1 % cream, 0.1 % lotion)</i>	2	QL 120 / 30 days
<i>amcinonide 0.1 % ointment</i>	3	QL 120 / 30 days
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	2	
<i>anucort-hc</i>	2	
<i>anusol-hc 25 mg suppos</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>besser 0.05 % lotion</i>	2	QL 120 / 30 days
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	2	
<i>betamethasone valerate 0.12 % foam</i>	2	QL 120 / 30 days
<i>clobetasol prop emollient base</i>	2	QL 120 / 30 days
<i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL 120 / 30 days
<i>clobetasol propionate (0.05 % foam, 0.05 % solution)</i>	2	QL 100 / 30 days
<i>clobetasol propionate (0.05 % lotion, 0.05 % shampoo)</i>	2	QL 118 / 30 days
<i>clobetasol propionate 0.05 % liquid</i>	2	QL 125 / 30 days
<i>clobetasol propionate e</i>	2	QL 120 / 30 days
<i>clocortolone pivalate</i>	4	QL 120 / 30 days
<i>clodan 0.05 % shampoo</i>	2	QL 118 / 30 days
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	2	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	2	
<i>diflorasone diacetate</i>	4	QL 120 / 30 days
		QL 45 / 30 days
		ST
<i>doxepin hcl 5 % cream</i>	4	C Must try at least one generic topical steroid AND at least one generic topical calcineurin inhibitor
		QL 60 / 30 days
		ST
EUCRISA	3	C Must try at least one generic topical steroid AND at least one generic topical calcineurin inhibitor

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment)</i>	2	QL 120 / 30 days
<i>fluocinonide 0.05 % solution</i>	2	QL 60 / 30 days
<i>flurandrenolide (0.05 % cream, 0.05 % lotion)</i>	4	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	2	QL 120 / 30 days
<i>halcinonide 0.1 % cream</i>	4	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	2	QL 50 / 30 days
<i>hydrocortisone (1 % cream, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	2	
<i>hydrocortisone (perianal)</i>	2	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	2	
HYDROCORTISONE BUTYRATE (0.1 % LOTION, 0.1 % OINTMENT, 0.1 % SOLUTION)	2	
<i>hydrocortisone butyrate 0.1 % cream</i>	2	QL 120 / 30 days
<i>hydrocortisone valerate</i>	2	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	2	
<i>pimecrolimus</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
<i>selenium sulfide 2.5 % lotion</i>	2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	2	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	2	
<i>triderm</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS, OTHER		
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	2	QL 120 / 30 days
<i>calcipotriene 0.005 % solution</i>	2	QL 60 / 30 days
<i>calcipotriene-betameth diprop 0.005-0.064 % ointment</i>	4	QL 60 / 30 days
<i>calcitrene</i>	2	QL 120 / 30 days
<i>calcitriol 3 mcg/gm ointment</i>	2	QL 100 / 30 days
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	2	QL 45 / 30 days
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	2	QL 60 / 30 days
DRYSOL	2	QL 60 / 30 day(s)
<i>fluorouracil (2 % solution, 5 % solution)</i>	2	QL 20 / 30 days
<i>fluorouracil 0.5 % cream</i>	4	QL 30 / 30 day(s)
<i>fluorouracil 5 % cream</i>	2	QL 80 / 30 days
<i>imiquimod 5 % cream</i>	2	QL 24 / 30 days
<i>methoxsalen rapid</i>	2	
<i>nystatin-triamcinolone</i>	2	QL 60 / 30 days
OTEZLA	5	PA
OTEZLA XR	5	PA
OTEZLA/OTEZLA XR INITIATION PK	5	PA
<i>podofilox 0.5 % solution</i>	2	
SANTYL	4	QL 90 / 30 days
<i>silver sulfadiazine 1 % cream</i>	2	
<i>ssd</i>	2	
VEREGEN	4	QL 30 / 30 days
PEDICULICIDES/SCABICIDES		
<i>crotan</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ivermectin (0.5 % lotion, 1 % cream)</i>	2	
<i>lindane</i>	2	
<i>malathion</i>	2	
<i>permethrin 5 % cream</i>	2	
<i>pruradik</i>	4	
<i>spinosad</i>	2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	4	
<i>ciclodan</i>	2	QL 13.2 / 30 days
<i>ciclopirox 0.77 % gel</i>	2	QL 100 / 30 days
<i>ciclopirox 1 % shampoo</i>	2	QL 120 / 30 days
<i>ciclopirox 8 % solution</i>	2	QL 13.2 / 30 days
<i>ciclopirox olamine 0.77 % cream</i>	2	QL 90 / 30 days
<i>ciclopirox olamine 0.77 % suspension</i>	2	QL 60 / 30 days
<i>clindamycin phos (once-daily)</i>	2	QL 75 / 30 days
<i>clindamycin phos (twice-daily)</i>	2	QL 75 / 30 days
<i>clindamycin phosphate (1 % foam, 1 % swab)</i>	2	
<i>clindamycin phosphate (1 % lotion, 1 % solution)</i>	2	QL 60 / 30 days
<i>ery</i>	2	QL 60 / 30 days
ERYTHROMYCIN 2 % GEL	2	QL 60 / 30 days
<i>erythromycin 2 % solution</i>	2	QL 120 / 30 days
<i>mupirocin 2 % ointment</i>	2	QL 66 / 30 days
SULFAMYLON 85 MG/GM CREAM	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>aquastat</i>	2	
<i>aquastat sfr</i>	2	
<i>bd posiflush</i>	2	
<i>bd posiflush safes scrub</i>	2	
<i>carglumic acid</i>	4	PA
COMPLETE NATAL DHA	3	
<i>effer-k 25 meq effer tab</i>	2	
FLORAFOL PEDIATRIC 0.25 MG/ML SOLUTION	2	
FLORIVA PLUS	2	
k-prime	2	
<i>klor-con 10</i>	2	
<i>klor-con 8 meq tab er</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate (2 gm/50ml solution, 50 % solution)</i>	2	
<i>magnesium sulfate in d5w</i>	2	
<i>monoject flush syringe</i>	2	
<i>monoject sodium chloride flush</i>	2	
MULTI-VITAMIN/FLUORIDE	2	
MULTI-VITAMIN/FLUORIDE/IRON	2	
<i>multivitamin w/fluoride</i>	2	
<i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i>	2	
<i>nafrinse</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>normal saline flush</i>	2	
<i>potassium chloride (2 meq/ml solution, 10 % solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	2	
<i>potassium chloride crys er</i>	2	
<i>potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)</i>	2	
<i>potassium citrate er</i>	2	
PRENATAL VITAMIN W/ IRON-FOLIC ACID CHEW TAB 29-1 MG	3	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 60-1 MG	3	
PRENATAL-U	3	
QUFLORA PEDIATRIC 0.25 MG/ML SOLUTION	2	
<i>saline flush</i>	2	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	2	
<i>sodium chloride (pf)</i>	2	
<i>sodium chloride flush</i>	2	
SODIUM FLUORIDE (0.55 (0.25 MG CHEW TAB, 1.1 (0.5 MG CHEW TAB, 1.1 (0.5 MG TAB, 1.1 (0.5 MG/ML SOLUTION)	0	C \$0 copay for ages 5 and under, otherwise not covered
<i>sodium fluoride (2.2 mg chew tab, 2.2 mg tab)</i>	2	
WESNATAL DHA COMPLETE	3	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	4	
<i>deferasirox</i>	5	PA
<i>deferasirox granules</i>	5	PA
<i>deferiprone</i>	5	PA
FERRIPROX 100 MG/ML SOLUTION	5	PA
MULTIVITAMIN/FLUORIDE 0.25 MG/ML SUSPENSION	2	
<i>penicillamine 250 mg tab</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tolvaptan</i>	4	PA
TRI-VITAMIN WITH FLUORIDE	2	
<i>trientine hcl 250 mg cap</i>	2	QL 240 / 30 days
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder)</i>	2	
<i>calcium acetate 667 mg tab</i>	2	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	4	
PHOSLYRA	3	
<i>sevelamer carbonate</i>	2	
VELPHORO	4	
POTASSIUM BINDERS		
LOKELMA	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>sps (sodium polystyrene sulf)</i>	2	
VITAMINS		
<i>cyanocobalamin 1000 mcg/ml solution</i>	2	
<i>folic acid 1 mg tab</i>	1	
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	2	
<i>levocarnitine sf</i>	2	
PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 27-1 MG	3	
GASTROINTESTINAL AGENTS ANTI-CONSTIPATION AGENTS		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	2	
<i>lactulose encephalopathy</i>	2	
LINZESS	3	QL 30 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lubiprostone</i>	2	QL 60 / 30 days
MOVANTIK	3	QL 30 / 30 days
OSMOPREP	4	
PEG-PREP	3	C \$0 copay for members age 45 through 75
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	2	QL 60 / 30 days
<i>diphenoxylate-atropine (mg tab, mg/5ml liquid)</i>	2	
<i>loperamide hcl cap 2 mg</i>	2	
MOTOFEN	4	
XERMELO	5	PA
ANTISPASMODICS, GASTROINTESTINAL		
ATROPINE SULFATE (0.25 MG/5ML SOLN PRSYR, 1 MG/10ML SOLN PRSYR)	2	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 10 mg/ml solution, 20 mg tab)</i>	2	
<i>glycopyrrolate (1 mg tab, 1 mg/5ml solution, 2 mg tab, 4 mg/20ml solution)</i>	2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	2	
GASTROINTESTINAL AGENTS, OTHER		
<i>amoxicill-clarithro-lansopraz</i>	2	QL 14 / 365 days
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	C \$0 copay for members age 45 through 75
GATTEX	5	PA
<i>gavilyte-c</i>	2	C \$0 copay for members age 45 through 75
<i>gavilyte-g</i>	2	C \$0 copay for members age 45 through 75

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gavilyte-n with flavor pack</i>	2	C \$0 copay for members age 45 through 75
MYALEPT	5	PA
<i>na sulfate-k sulfate-mg sulf</i>	2	C \$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl</i>	2	C \$0 copay for members age 45 through 75
<i>peg-3350/electrolytes</i>	2	C \$0 copay for members age 45 through 75
<i>peg-3350/electrolytes/ascorbat</i>	2	C \$0 copay for members age 45 through 75
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	C \$0 copay for members age 45 through 75
SUTAB	3	C \$0 copay for members age 45 through 75
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	2	
<i>cimetidine hcl</i>	2	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	2	
<i>famotidine (pf)</i>	2	
<i>famotidine premixed</i>	2	
<i>nizatidine (150 mg cap, 300 mg cap)</i>	2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	2	
<i>sucralfate 1 gm tab</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	2	QL 60 / 30 days ST C Must try at least 2 generic PPIs (e.g., pantoprazole, omeprazole, rabeprazole)
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	2	QL 30 / 30 days PA C Custom
<i>esomeprazole magnesium 2.5 mg packet</i>	2	QL 30 / 30 day(s) PA C Custom
<i>esomeprazole magnesium 20 mg cap dr</i>	2	QL 60 / 30 day(s)
<i>esomeprazole magnesium 40 mg cap dr</i>	2	QL 60 / 30 days
<i>esomeprazole magnesium 5 mg packet</i>	2	QL 30 / 30 day(s) PA C Custom
<i>lansoprazole 15 mg cap dr</i>	2	QL 60 / 30 day(s)
<i>lansoprazole 30 mg cap dr</i>	2	QL 60 / 30 days
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	QL 60 / 30 days
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	2	QL 60 / 30 days
<i>rabeprazole sodium 20 mg tab dr</i>	2	QL 30 / 30 days
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	4	PA
CERDELGA	5	QL 56 / 28 days PA
CREON	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cromolyn sodium 100 mg/5ml conc</i>	2	
CYSTAGON	4	PA
CYSTARAN	5	PA
EVRYSDI 0.75 MG/ML RECON SOLN	5	QL 200 / 30 day(s) PA
EVRYSDI 5 MG TAB	5	QL 30 / 30 day(s) PA
<i>javygtor</i>	5	PA
<i>miglustat</i>	4	QL 90 / 30 day(s) PA
<i>nitisinone</i>	5	PA
ORFADIN 4 MG/ML SUSPENSION	5	PA
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	5	QL 750 / 30 days PA
<i>sodium phenylbutyrate 500 mg tab</i>	5	QL 1200 / 30 days PA
SUCRAID	5	QL 354 / 30 days PA
<i>yargesa</i>	4	QL 90 / 30 day(s) PA
<i>zelvysia</i>	5	PA
ZENPEP	3	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er</i>	2	QL 30 / 30 days
<i>fesoterodine fumarate er</i>	2	QL 30 / 30 days
<i>flavoxate hcl</i>	2	
<i>mirabegron er</i>	2	QL 30 / 30 day(s)
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	2	
<i>oxybutynin chloride er</i>	2	QL 60 / 30 days
<i>solifenacin succinate</i>	2	QL 30 / 30 days
<i>tolterodine tartrate</i>	2	QL 60 / 30 days
<i>tolterodine tartrate er</i>	2	QL 30 / 30 days
<i>trospium chloride</i>	2	QL 60 / 30 days
<i>trospium chloride er</i>	2	QL 30 / 30 days
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	2	QL 30 / 30 days
CARDURA XL	4	QL 30 / 30 days
		ST
		C Must try at least 2 generic alpha blockers (e.g., alfuzosin, doxazosin, tamsulosin, prazosin, terazosin)
<i>dutasteride 0.5 mg cap</i>	2	QL 30 / 30 days
<i>dutasteride-tamsulosin hcl</i>	2	QL 30 / 30 days
<i>finasteride 5 mg tab</i>	2	QL 30 / 30 days
<i>silodosin</i>	2	QL 30 / 30 days
<i>tadalafil (2.5 mg tab, 5 mg tab)</i>	2	QL 30 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>tamsulosin hcl</i>	2	QL 60 / 30 days
GENITOURINARY AGENTS, OTHER		
<i>argyle sterile saline</i>	2	
<i>bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)</i>	2	
<i>curity sterile saline</i>	2	
ELMIRON	4	
INTRAROSA	4	
<i>phenazo</i>	2	
<i>phenazopyridine hcl (100 mg tab, 200 mg tab)</i>	2	
PHEXXI	0	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>deflazacort (18 mg tab, 30 mg tab, 36 mg tab)</i>	4	QL 30 / 30 day(s) PA
<i>deflazacort 22.75 mg/ml suspension</i>	4	QL 52 / 30 day(s) PA
<i>deflazacort 6 mg tab</i>	4	QL 60 / 30 day(s) PA
DEPO-MEDROL 20 MG/ML SUSPENSION	4	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sod phos +rfid</i>	2	
<i>dexamethasone sod phosphate pf</i>	2	
<i>dexamethasone sodium phosphate (4 mg/ml soln prsyr, 4 mg/ml solution, 10 mg/ml solution, 20 mg/5ml solution, 100 mg/10ml solution, 120 mg/30ml solution)</i>	2	
<i>fludrocortisone acetate 0.1 mg tab</i>	2	
<i>hydrocortisone sod suc (pf)</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>jaythari (18 mg tab, 30 mg tab, 36 mg tab)</i>	4	QL 30 / 30 day(s) PA
<i>jaythari 6 mg tab</i>	4	QL 60 / 30 day(s) PA
MEDROL 2 MG TAB	4	
<i>methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)</i>	2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	2	
<i>methylprednisolone sodium succ</i>	2	
<i>prednisolone 15 mg/5ml solution</i>	2	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 15 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)</i>	2	
<i>prednisone (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 50 mg tab)</i>	1	
<i>prednisone (5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk)</i>	2	
PREDNISONE INTENSOL	3	
<i>pyqui</i>	4	QL 52 / 30 day(s) PA
SOLU-CORTEF (250 MG RECON SOLN, 500 MG RECON SOLN, 1000 MG RECON SOLN)	4	
SOLU-MEDROL 2 GM RECON SOLN	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	4	PA
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 4 mcg/ml solution)</i>	2	
<i>desmopressin acetate pf</i>	2	
<i>desmopressin acetate spray</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
<i>oxandrolone 10 mg tab</i>	2	QL 60 / 30 days
<i>oxandrolone 2.5 mg tab</i>	2	QL 240 / 30 days
ANDROGENS		
<i>danazol (50 mg cap, 100 mg cap, 200 mg cap)</i>	2	
<i>depo-testosterone</i>	2	PA
<i>methyltestosterone 10 mg cap</i>	4	PA
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	2	PA
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	2	PA
<i>testosterone enanthate 200 mg/ml solution</i>	2	PA
ESTROGENS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amabelz</i>	2	
<i>amethia</i>	0	
<i>amethyst</i>	0	
ANNOVERA	0	QL 1 / 365 days
<i>apri</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
<i>balziva</i>	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
CLIMARA PRO	3	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
DEPO-ESTRADIOL	4	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	
<i>dolishale</i>	0	
<i>dotti</i>	2	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
ELESTRIN	4	
<i>elinest</i>	0	
<i>eluryng</i>	0	QL 13 / 365 days
<i>enilloring</i>	0	QL 13 / 365 days
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
<i>estradiol (0.01 % cream, 0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab, 10 mcg tab)</i>	2	
<i>estradiol 0.75 mg/1.25 gm (0.06%) gel</i>	4	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	2	
<i>estradiol-norethindrone acet</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>ethynodiol diac-eth estradiol</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	QL 13 / 365 days
EVAMIST	4	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>feirza 1.5/30</i>	0	
<i>feirza 1/20</i>	0	
FEMLYV	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>fyavolv</i>	2	
<i>galbriela</i>	0	
<i>gemmily</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>haloette</i>	0	QL 13 / 365 days
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jinteli</i>	2	
<i>jolessa</i>	0	
<i>joyeaux</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est & eth est</i>	0	
<i>levonorgest-eth estrad 91-day</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab, 90-20 mcg tab)</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>luteru</i>	0	
<i>lyllana</i>	2	
<i>marlissa</i>	0	
MENEST	4	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
<i>mimvey</i>	2	
<i>minzoya</i>	0	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norelgestromin-eth estradiol</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>norethin ace-eth estrad-fe</i>	0	
<i>norethin-eth estradiol-fe</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norethindrone-eth estradiol</i>	2	
<i>norgestim-eth estrad triphasic</i>	0	
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB)	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
<i>rosyrah</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpessse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	
<i>taysofy</i>	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-lynyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TWIRLA	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
TYBLUME	0	
<i>tydemy</i>	0	
<i>valtya 1/35</i>	0	
<i>valtya 1/50</i>	0	
<i>velivet</i>	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>vioarele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
<i>xarah fe</i>	0	
<i>xelria fe</i>	0	
<i>xulane</i>	0	
<i>yuvaferm</i>	2	
<i>zafemy</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
PROGESTINS		
<i>camila</i>	0	
<i>deblitane</i>	0	
DEPO-SUBQ PROVERA 104	0	QL 1 / 84 days
ELLA	0	
<i>emzahh</i>	0	
<i>errin</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>gallifrey</i>	2	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
KYLEENA	0	QL 1 / 365 days
LILETTA (52 MG)	0	QL 1 / 365 days
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	QL 1 / 84 days
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	2	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 625 mg/5ml suspension, 800 mg/20ml suspension)</i>	2	
<i>meleya</i>	0	
MIRENA (52 MG)	0	QL 1 / 365 days
NEXPLANON	0	QL 1 / 365 days
<i>nora-be</i>	0	
<i>norethindrone 0.35 mg tab</i>	0	
<i>norethindrone acetate 5 mg tab</i>	2	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
<i>orquidea</i>	0	
<i>progesterone (100 mg cap, 200 mg cap)</i>	2	
<i>sharobel</i>	0	
SKYLA	0	QL 1 / 365 days
SLYND	0	
<i>tulana</i>	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	4	
OSPHENA	4	
<i>raloxifene hcl</i>	2	QL C 30 / 30 days \$0 copay for women ages 35 and older for the primary prevention of breast cancer
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	2	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
<i>unithroid</i>	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline</i>	2	
ELIGARD (7.5 MG KIT, 22.5 MG KIT, 30 MG KIT, 45 MG KIT)	5	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4	PA
ORLISSA	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SIGNIFOR	5	PA
SOMAVERT	5	PA
SYNAREL	4	PA
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
<i>methimazole (5 mg tab, 10 mg tab)</i>	2	
<i>propylthiouracil 50 mg tab</i>	2	
IMMUNOLOGICAL AGENTS ANGIOEDEMA AGENTS		
HAEGARDA	5	QL 20 / 30 days PA
<i>icatibant acetate</i>	5	QL 27 / 30 days PA
<i>sajazir</i>	5	QL 27 / 30 days PA
IMMUNOGLOBULINS		
HYQVIA	5	PA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST	5	PA
AURANOFIN	4	
BEYFORTUS	0	
DUPIXENT	5	PA
KEVZARA	5	PA
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI (150 MG/ML SOLN PRSYR, 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART, 600 MG/10ML SOLUTION)	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
SKYRIZI PEN	5	PA
STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION, 90 MG/ML SOLN PRSYR)	5	PA
TALTZ	5	PA
TREMFYA (100 MG/ML SOLN PRSYR, 200 MG/2ML SOLN PRSYR)	5	PA
TREMFYA ONE-PRESS	5	PA
TREMFYA PEN (PEN 100 MG/ML SOLN A-INJ, PEN 200 MG/2ML SOLN A-INJ)	5	PA
TREMFYA-CD/UC INDUCTION	5	PA
VELSIPITY	5	QL 30 / 30 day(s) PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TAB, 10 MG TAB)	5	PA
XELJANZ XR	5	PA
XOLAIR (75 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN PRSYR, 150 MG RECON SOLN, 150 MG/ML SOLN A-INJ, 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	5	PA
IMMUNOSTIMULANTS		
ACTIMMUNE	5	PA
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	5	
PEGASYS	5	PA
IMMUNOSUPPRESSANTS		
ADALIMUMAB-ADAZ	5	PA
ASTAGRAF XL	4	
<i>azasan</i>	2	
<i>azathioprine (50 mg tab, 75 mg tab, 100 mg tab)</i>	2	
<i>cyclosporine (25 mg cap, 50 mg/ml solution, 100 mg cap)</i>	2	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR	4	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	2	
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	2	
HUMIRA	5	PA
HUMIRA (1 PEN)	5	PA
HUMIRA (2 PEN)	5	PA
HUMIRA (2 SYRINGE)	5	PA
HUMIRA-CD/UC/HS STARTER	5	PA
HUMIRA-PED<40KG CROHNS STARTER	5	PA
HUMIRA-PED>=40KG CROHNS START	5	PA
HUMIRA-PS/UV/ADOL HS STARTER	5	PA
HUMIRA-PSORIASIS/UEIT STARTER	5	PA
HYRIMOZ	5	PA
HYRIMOZ-CROHNS/UC STARTER	5	PA
HYRIMOZ-CROHNS/UC STARTER PACK	5	PA
HYRIMOZ-PED CROHNS STARTER	5	PA
HYRIMOZ-PLAQ PSOR/UEIT START	5	PA
HYRIMOZ-PLAQUE PSORIASIS START	5	PA
<i>leflunomide 10 mg tab</i>	2	QL 30 / 30 days
<i>leflunomide 20 mg tab</i>	2	QL 150 / 30 days
<i>methotrexate sodium (1 gm recon soln, 2.5 mg tab, 50 mg/2ml solution, 250 mg/10ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)</i>	2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	2	
<i>mycophenolate sodium</i>	2	
<i>mycophenolic acid</i>	2	
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	4	
SIMPONI	5	PA
SIMPONI ARIA	5	PA
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	2	
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	2	
VACCINES		
ABRYSCO	0	
ACTHIB	0	
ADACEL	0	
AFLURIA	0	
AFLURIA PRESERVATIVE FREE	0	
AFLURIA QUADRIVALENT	0	
AREXVY	0	
BEXSERO	0	
BOOSTRIX	0	
CAPVAXINE	0	
COMIRNATY	0	
COMIRNATY 5-11 YEARS	0	
DAPTACEL	0	
DENGVAXIA	0	
DIPHTHERIA-TETANUS TOXOIDS DT	0	
ENGRIX-B	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FLUAD	0	
FLUAD QUADRIVALENT	0	
FLUARIX	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL	0	
FLULAVAL QUADRIVALENT	0	
FLUMIST QUADRIVALENT	0	
FLUZONE (0.5 ML SUSP PRSYR, SUSPENSION)	0	
FLUZONE HIGH-DOSE	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT	0	
GARDASIL 9	0	
HAVRIX (720 U/0.5ML SUSP PRSYR, 1440 U/ML SUSP PRSYR, 1440 U/ML SUSPENSION)	0	
HEPLISAV-B	0	
HIBERIX	0	
INFANRIX	0	
IPOL	0	
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	
KINRIX	0	
M-M-R II	0	
MENACTRA	0	
MENQUADFI	0	
MENVEO (RECON SOLN, SOLUTION)	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVAL BOOSTER	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MODERNA COVID-19 VACC 6-11Y	0	
MODERNA COVID-19 VACC 6M-5Y	0	
MODERNA COVID-19 VACCINE	0	
MRESVIA	0	
NOVAVAX COVID-19 VACCINE	0	
NUVAXOVID COVID-19 VACCINE	0	
PEDIARIX	0	
PEDVAX HIB	0	
PENBRAYA	0	
PENTACEL	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC BIVALENT	0	
PFIZER COVID-19 VAC-TRIS 5-11Y	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	0	
PNEUMOVAX 23	0	
PREHEVBRIO	0	
PREVNAR 13	0	
PREVNAR 20	0	
PRIORIX	0	
PROQUAD	0	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
QUADRACEL	0	
RECOMBIVAX HB	0	
ROTARIX	0	
ROTATEQ	0	
SANOFI COVID-19 VAC (BOOSTER)	0	
SHINGRIX	0	
SPIKEVAX	0	
SPIKEVAX 6M-11Y	0	
SPIKEVAX COVID-19 VACCINE	0	
TDVAX	0	
TENIVAC	0	
TETANUS-DIPHTHERIA TOXOIDS TD	0	
TRUMENBA	0	
TWINRIX	0	
VAQTA	0	
VARIVAX	0	
VAXELIS	0	
VAXNEUVANCE	0	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
<i>balsalazide disodium</i>	2	
DIPENTUM	4	
<i>mesalamine (1.2 gm tab dr, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	2	
<i>mesalamine er 0.375 gm cap er 24h</i>	2	
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	4	
<i>budesonide er</i>	4	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab, 100 mg/60ml enema)</i>	2	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL 4 / 28 days
<i>alendronate sodium (5 mg tab, 10 mg tab)</i>	1	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	2	
<i>calcitonin (salmon) 200 unit/act solution</i>	2	
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>	4	QL 60 / 30 days
<i>cinacalcet hcl 90 mg tab</i>	4	QL 120 / 30 days
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	2	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	2	
<i>ibandronate sodium 150 mg tab</i>	2	QL 1 / 30 days
<i>ibandronate sodium 3 mg/3ml solution</i>	2	
<i>pamidronate disodium 30 mg/10ml solution</i>	4	
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	2	
PROLIA	4	QL 1 / 180 days PA
<i>risedronate sodium (35 mg tab, 35 mg tab dr)</i>	2	QL 4 / 28 days
<i>risedronate sodium (5 mg tab, 30 mg tab)</i>	2	QL 30 / 30 days
<i>risedronate sodium 150 mg tab</i>	2	QL 1 / 28 days
<i>teriparatide</i>	4	QL 2.4 / 28 day(s) PA
TYMLOS	5	QL 1.56 / 30 day(s) PA
<i>vitamin d (ergocalciferol)</i>	2	
XGEVA	5	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>zoledronic acid (4 mg/5ml conc, 5 mg/100ml solution)</i>	4	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>argyle sterile water</i>	2	
BD ALCOHOL PADS	3	
CAYA	0	QL 1 / 365 days
DEXCOM G6 RECEIVER	3	QL 1 / 365 days PA
DEXCOM G6 SENSOR	3	QL 3 / 30 days PA
DEXCOM G6 TRANSMITTER	3	QL 4 / 365 days PA
DEXCOM G7 15 DAY SENSOR	3	QL 2 / 30 day(s) PA
DEXCOM G7 RECEIVER	3	QL 1 / 365 days PA
DEXCOM G7 SENSOR	3	QL 3 / 30 days PA
FEMCAP	0	QL 1 / 365 days
FREESTYLE LIBRE 14 DAY READER	3	QL 1 / 365 days PA
FREESTYLE LIBRE 14 DAY SENSOR	3	QL 3 / 30 day(s) PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	QL 2 / 30 day(s) PA
FREESTYLE LIBRE 2 READER	3	QL 1 / 365 days PA
FREESTYLE LIBRE 2 SENSOR	3	QL 3 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
FREESTYLE LIBRE 3 PLUS SENSOR	3	QL 2 / 30 day(s) PA
FREESTYLE LIBRE 3 READER	3	QL 1 / 365 day(s) PA
FREESTYLE LIBRE 3 SENSOR	3	QL 3 / 30 days PA
FREESTYLE LIBRE READER	3	QL 1 / 365 days PA
GAUZE PADS & DRESSINGS - PADS 2" X 2"	3	
INSULIN PEN NEEDLE	3	
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	
INSULIN SYRINGE (DISP) U-100 0.5 ML	3	
INSULIN SYRINGE (DISP) U-100 1 ML	3	
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	
LANCETS MISC	3	QL 200 / 30 days
NEEDLES, INSULIN DISP., SAFETY	3	
OMNIFLEX DIAPHRAGM	0	QL 1 / 365 days
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	PA
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA
OMNIPOD 5 G6 PODS (GEN 5)	3	PA
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA
OMNIPOD 5 G7 PODS (GEN 5)	3	PA
OMNIPOD 5 LIBRE2 G6 INTRO G5	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	PA
OMNIPOD CLASSIC PDM (GEN 3)	3	PA
OMNIPOD CLASSIC PODS (GEN 3)	3	PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
OMNIPOD DASH INTRO (GEN 4)	3	PA
OMNIPOD DASH PDM (GEN 4)	3	PA
OMNIPOD DASH PODS (GEN 4)	3	PA
PARAGARD INTRAUTERINE COPPER	0	QL 1 / 365 days
<i>sterile water for irrigation</i>	2	
VISTOGARD	5	QL 20 / 5 days
<i>water for irrigation, sterile</i>	2	
WIDE-SEAL DIAPHRAGM 60	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 65	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 70	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 75	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 80	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 85	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 90	0	QL 1 / 365 days
WIDE-SEAL DIAPHRAGM 95	0	QL 1 / 365 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac</i>	2	
<i>altafrin</i>	2	
<i>atropine sulfate 1 % solution</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bacitracin-polymyxin b</i>	2	
<i>brimonidine tartrate-timolol</i>	2	
<i>cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)</i>	2	
<i>cyclosporine 0.05 % emulsion</i>	2	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>dorzolamide hcl-timolol mal</i>	2	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neomycin-polymyxin-hc 3.5-10000-1 suspension</i>	2	
<i>phenylephrine hcl (2.5 % solution, 10 % solution)</i>	2	
<i>polycin</i>	2	
<i>proparacaine hcl 0.5 % solution</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone</i>	2	
<i>tropicamide (0.5 % solution, 1 % solution)</i>	1	
ZYLET	4	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIl	4	
ALOMIDE	4	
<i>azelastine hcl 0.05 % solution</i>	2	
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium 4 % solution</i>	2	
<i>epinastine hcl</i>	2	
LASTACAFt	4	ST C Must try at least 2 of the following generics: azelastine ophthalmic solution, cromolyn ophthalmic solution, epinastine ophthalmic solution, olopatadine ophthalmic solution

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
ZERVIAE	4	ST C Must try at least 2 of the following generics: azelastine ophthalmic solution, cromolyn ophthalmic solution, epinastine ophthalmic solution, olopatadine ophthalmic solution
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	3	
<i>bacitracin 500 unit/gm ointment</i>	2	
<i>erythromycin 5 mg/gm ointment</i>	2	
<i>gatifloxacin 0.5 % solution</i>	2	
<i>gentak</i>	2	
<i>gentamicin sulfate 0.3 % solution</i>	2	
<i>moxifloxacin hcl (2x day)</i>	2	
<i>moxifloxacin hcl 0.5 % solution</i>	2	
NATACYN	3	
<i>ofloxacin 0.3 % solution</i>	2	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	2	
<i>tobramycin 0.3 % solution</i>	1	
<i>trifluridine</i>	2	
ZIRGAN	4	
OPHTHALMIC ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily)</i>	2	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	2	
<i>diclofenac sodium 0.1 % solution</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>difluprednate</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	2	
LOTEMAX 0.5 % OINTMENT	4	
<i>loteprednol etabonate (0.5 % gel, 0.5 % suspension)</i>	2	
NEVANAC	3	
<i>prednisolone acetate 1 % suspension</i>	2	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	2	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i>	2	
<i>timolol maleate (once-daily)</i>	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er</i>	2	
<i>apraclonidine hcl</i>	2	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl 2 % solution</i>	2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	2	
SIMBRINZA	3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	2	
<i>latanoprost 0.005 % solution</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
LUMIGAN	3	
<i>tafluprost (pf)</i>	2	
<i>travoprost (bak free)</i>	2	
ZIOPTAN	4	ST C Must try at least one generic (e.g., latanoprost, bimatoprost, travoprost) AND Lumigan®
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	2	
<i>ciprofloxacin hcl 0.2 % solution</i>	2	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-fluocinolone pf</i>	2	
CORTISPORIN-TC	4	
<i>flac</i>	2	
<i>fluocinolone acetonide 0.01 % oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution)</i>	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUITY ELLIPTA (50 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	3	QL 30 / 30 days
ARNUITY ELLIPTA 100 MCG/ACT AER POW BA	3	QL 30 / 30 day(s)
ASMANEX HFA	3	QL 13 / 30 day(s)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	2	
<i>flunisolide 25 mcg/act (0.025%) solution</i>	2	QL 50 / 30 days
<i>fluticasone propionate 50 mcg/act suspension</i>	2	QL 16 / 30 day(s)
<i>fluticasone propionate diskus (50 mcg/act aer pow ba, 100 mcg/act aer pow ba)</i>	3	QL 60 / 30 day(s)

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>fluticasone propionate diskus 250 mcg/act aer pow ba</i>	3	QL 240 / 30 day(s)
<i>fluticasone propionate hfa (110 mcg/act aerosol, 220 mcg/act aerosol)</i>	3	QL 24 / 30 day(s)
<i>fluticasone propionate hfa 44 mcg/act aerosol</i>	3	QL 22 / 30 day(s)
<i>mometasone furoate 50 mcg/act suspension</i>	2	QL 34 / 30 days
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	2	
<i>carbinoxamine maleate (4 mg tab, 4 mg/5ml solution, 6 mg tab)</i>	2	
<i>cetirizine hcl</i>	2	
<i>clemastine fumarate 2.68 mg tab</i>	2	
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	2	
<i>desloratadine</i>	2	
<i>di-phen</i>	2	
<i>diphen</i>	2	
DIPHENHYDRAMINE HCL (12.5 MG/5ML ELIXIR, 50 MG/ML SOLUTION)	2	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
<i>hydroxyzine hcl (25 mg/ml solution, 50 mg/ml solution)</i>	2	
<i>levocetirizine dihydrochloride (2.5 mg/5ml solution, 5 mg tab)</i>	2	
<i>olopatadine hcl 0.6 % solution</i>	2	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg/10ml solution)</i>	2	
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)</i>	2	QL 30 / 30 days
<i>zafirlukast 10 mg tab</i>	2	QL 120 / 30 days
<i>zafirlukast 20 mg tab</i>	2	QL 60 / 30 days

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	3	QL 25.8 / 30 days
<i>ipratropium bromide (0.02 % solution, 0.03 % solution, 0.06 % solution)</i>	2	
SPIRIVA HANDIHALER	3	QL 30 / 30 days
SPIRIVA RESPIMAT	3	QL 4 / 30 days
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln, 8 mg/20ml syrup)</i>	2	
<i>albuterol sulfate hfa</i>	2	QL 36 / 30 day(s)
<i>arformoterol tartrate</i>	4	QL 120 / 30 days
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	4	QL 120 / 30 days
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	2	
<i>levalbuterol tartrate</i>	2	QL 30 / 30 days
SEREVENT DISKUS	3	QL 60 / 30 days
STRIVERDI RESPIMAT	3	QL 4 / 30 days
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
CYSTIC FIBROSIS AGENTS		
CAYSTON	5	QL 84 / 28 days PA
KALYDECO (13.4 MG PACKET, 25 MG PACKET, 50 MG PACKET)	5	QL 56 / 28 days PA
KALYDECO (5.8 MG PACKET, 75 MG PACKET)	5	QL 56 / 28 day(s) PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
KALYDECO 150 MG TAB	5	QL 60 / 30 days PA
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	5	QL 56 / 28 days PA
ORKAMBI 100-125 MG TAB	5	QL 112 / 28 days PA
ORKAMBI 200-125 MG TAB	5	QL 120 / 30 days PA
PULMOZYME	5	PA
SYMDEKO	5	QL 56 / 28 days PA
<i>tobramycin 300 mg/4ml nebu soln</i>	5	QL 224 / 28 days PA
<i>tobramycin 300 mg/5ml nebu soln</i>	5	QL 280 / 28 days PA
TRIKAFTA (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	5	QL 84 / 28 days PA
TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	5	QL 56 / 28 days PA
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	2	
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>elixophyllin</i>	2	
<i>roflumilast</i>	2	
<i>theophylline (80 mg/15ml elixir, 80 mg/15ml solution)</i>	2	
<i>theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS	5	QL 90 / 30 days PA
<i>alyq</i>	4	QL 60 / 30 days PA
<i>ambrisentan</i>	5	QL 30 / 30 days PA
<i>bosentan (62.5 mg tab, 125 mg tab)</i>	5	QL 60 / 30 days PA
<i>bosentan 32 mg tab sol</i>	5	QL 120 / 30 day(s) PA
OPSUMIT	5	QL 30 / 30 days PA
ORENITRAM	5	PA
ORENITRAM MONTH 1	5	PA
ORENITRAM MONTH 2	5	PA
ORENITRAM MONTH 3	5	PA
<i>sildenafil citrate 10 mg/12.5ml solution</i>	5	PA
<i>sildenafil citrate 20 mg tab</i>	5	QL 90 / 30 days PA
<i>tadalafil (pah)</i>	4	QL 60 / 30 days PA
TYVASO	5	QL 28 / 28 days PA
TYVASO REFILL	5	QL 28 / 28 days PA
TYVASO STARTER	5	QL 28 / 28 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
UPTRAVI (200 & 800 MCG TAB THPK, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	5	PA
VENTAVIS	5	QL 270 / 30 days PA
PULMONARY FIBROSIS AGENTS		
OFEV	5	QL 60 / 30 days PA
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	5	QL 270 / 30 days PA
<i>pirfenidone (534 mg tab, 801 mg tab)</i>	5	QL 90 / 30 days PA
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	2	
ANORO ELLIPTA	3	QL 60 / 30 day(s)
<i>benzonatate (100 mg cap, 200 mg cap)</i>	2	
BEVESPI AEROSPHERE	3	QL 10.7 / 30 days
BREO ELLIPTA	3	QL 60 / 30 day(s)
<i>breynd</i>	2	QL 10.3 / 30 day(s)
BREZTRI AEROSPHERE	3	QL 10.7 / 30 days
<i>budesonide-formoterol fumarate</i>	2	QL 10.2 / 30 day(s)
COMBIVENT RESPIMAT	3	QL 4 / 30 days
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	2	QL 60 / 30 day(s)
<i>hydrocod poli-chlorphe poli er</i>	2	
<i>hydrocodone bit-homatrop mbr (mg tab, mg/5ml solution)</i>	2	

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>hydromet</i>	2	
<i>ipratropium-albuterol</i>	2	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenyleph-codeine</i>	2	
PROMETHAZINE-PHENYLEPHRINE	2	
<i>pseudoeph-bromphen-dm</i>	2	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	2	
TRELEGY ELLIPTA	3	QL 60 / 30 days
<i>wixela inhub</i>	2	QL 60 / 30 day(s)
SKELETAL MUSCLE RELAXANTS		
BOTOX	4	PA
<i>carisoprodol (250 mg tab, 350 mg tab)</i>	2	
<i>chlorzoxazone 500 mg tab</i>	2	
<i>cyclobenzaprine hcl (5 mg tab, 10 mg tab)</i>	2	
<i>metaxalone 800 mg tab</i>	4	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	2	
<i>orphenadrine citrate er</i>	2	
XEOMIN	4	PA
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
<i>doxepin hcl (3 mg tab, 6 mg tab)</i>	2	QL 30 / 30 days
<i>estazolam</i>	2	QL 30 / 30 days
<i>eszopiclone</i>	2	QL 30 / 30 days
<i>ramelteon</i>	2	QL 30 / 30 days
<i>tasimelteon</i>	4	QL 30 / 30 days PA

PRODUCT DESCRIPTION	TIER	LIMITS & RESTRICTIONS
<i>temazepam</i>	2	QL 30 / 30 days
<i>triazolam</i>	2	QL 30 / 30 days
<i>zaleplon</i>	2	QL 30 / 30 days
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	2	QL 30 / 30 days
<i>zolpidem tartrate er</i>	2	QL 30 / 30 days
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	2	QL 30 / 30 days PA
<i>modafinil 100 mg tab</i>	2	QL 30 / 30 days PA
<i>modafinil 200 mg tab</i>	2	QL 60 / 30 days PA
SODIUM OXYBATE	5	QL 540 / 30 days PA
SUNOSI	3	QL 30 / 30 days PA
XYWAV	5	QL 540 / 30 days PA
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LEDIPASVIR-SOFOSBUVIR	46	lidocaine	10
leena	92	lidocaine hcl	11
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LENVIMA (12 MG DAILY DOSE)	37	lidocan	11
LENVIMA (14 MG DAILY DOSE)	37	LILETTA (52 MG)	97
LENVIMA (18 MG DAILY DOSE)	37	lillow	92
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lojaimiess	93	meclizine hcl	25
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lyllana	93	mesalamine er	105
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methenamine hippurate	13	minzoya	93
methimazole	99	mirabegron er	85
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oxaliplatin	32	PEGASYS	100
oxandrolone	88	PEMAZYRE	38
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oxazepam	51	PENBRAYA	104
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oxiconazole nitrate	28	PENICILLIN G POT IN DEXTROSE	15
oxybutynin chloride	85	penicillin g potassium	15
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oxycodone hcl	9	penicillin g sodium	15
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oxymorphone hcl	10	PENTACEL	104
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paroxetine hcl	24	phenazo	86
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PASER	31	phenelzine sulfate	23
PAXLOVID	50	phenobarbital	19
PAXLOVID (150/100)	50	phenoxybenzamine hcl	59
PAXLOVID (300/100)	50	phenylephrine hcl	110
pazopanib hcl	38	phenytekt	21
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PEDVAX HIB	104	phenytoin infatabs	21
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polymyxin b-trimethoprim	111	procainamide hcl	60
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posaconazole	28	prochlorperazine maleate	26
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PROMETHAZINE-PHENYLEPHRINE	119
promethegan	26
propafenone hcl	60
propafenone hcl er	60
proparacaine hcl	110
propranolol hcl	61
propranolol hcl er	61
propylthiouracil	99
PROQUAD	104
protriptyline hcl	25
pruradik	77
pseudoeph-bromphen-dm	119
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pyrazinamide	31
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sertraline hcl	24	sotalol hcl (af)	60
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simliya	95	sps (sodium polystyrene sulf)	80
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sulfacetamide sodium	111	tarina fe 1/20	95
sulfacetamide sodium (acne)	73	tarina fe 1/20 eq	95
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sulfadiazine	16	taysofy	95
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sumatriptan	30	telmisartan	59
sumatriptan succinate	30	telmisartan-amlodipine	63
sumatriptan succinate refill	30	telmisartan-hctz	63
sumatriptan-naproxen sodium	30	temazepam	120
sunitinib malate	38	TEMODAR	32
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syeda	95	tenofovir disoproxil fumarate	48
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tadalafil	85	theophylline	116
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TIVICAY PD	47	tri-lo-marzia	95
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tobramycin sulfate	12	tri-nymyo	95
tobramycin-dexamethasone	110	tri-previfem	95
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tolvaptan	80	tri-vylibra lo	95
topiramate	18	triamcinolone acetonide	71,75
toposar	35	triamterene	64
topotecan hcl	35	triamterene-hctz	63
toremifene citrate	33	triazolam	120
torsemide	64	triderm	75
tramadol hcl	10	trientine hcl	80
tramadol hcl (er biphasic)	4	trifluoperazine hcl	42
tramadol hcl er	4	trifluridine	111
tramadol-acetaminophen	10	trihexyphenidyl hcl	41
trandolapril	60	TRIJARDY XR	54
trandolapril-verapamil hcl er	63	TRIKAFTA	116
tranexamic acid	58	trimethobenzamide hcl	26
tranylcypromine sulfate	23	trimethoprim	13
travoprost (bak free)	113	trimipramine maleate	25
trazodone hcl	24	TRINTELLIX	25
TRECTOR	31	TRIUMEQ	48
TRELEGY ELLIPTA	119	TRIUMEQ PD	48
TREMFYA	100	trivora (28)	95
TREMFYA ONE-PRESS	100	tropicamide	110
TREMFYA PEN	100	tropium chloride	85
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xarah fe	96	zelvysia	84
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XARELTO STARTER PACK	56	ZENPEP	84
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XCOPRI (250 MG DAILY DOSE)	21	ZERVIAE	111
XCOPRI (350 MG DAILY DOSE)	21	zidovudine	48
XELJANZ	100	ZIEXTENZO	57
XELJANZ XR	100	zileuton er	115
xelria fe	96	ZIOPTAN	113
XEOMIN	119	ziprasidone hcl	45
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XOLAIR	100	zolpidem tartrate	120
XOSPATA	39	zolpidem tartrate er	120
XPOVIO (100 MG ONCE WEEKLY)	39	zomig 2.5 mg tab (ndc: 60846-0130-30 and 60846-2383-03)	30
XPOVIO (40 MG ONCE WEEKLY)	39	zomig 5 mg tab (ndc: 60846-0133-60 and 60846-2384-04)	30
XPOVIO (40 MG TWICE WEEKLY)	39	zonisamide	21
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