Illinois Individual and Family Plans 2026 Prescription Drug List

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 All previous versions of this PDL are no longer in effect.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

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

Updated 12/1/2025

United Healthcare®

Formulary by health product name

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

How do I use my PDL?

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

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

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

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

Example:

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

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

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

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

What are tiers?

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

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

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

Your drug list has the following tiers:

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

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

When does the PDL change?

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

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

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

Utilization Management programs

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

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

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

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

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

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

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

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

What medications are covered under my medical benefit?

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

Your right to request access to a non-formulary drug

This plan must cover all medically necessary Prescription Drug Products.

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

Urgent requests

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

External review

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

Expedited external review

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

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

Requesting a prior authorization exception

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

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

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

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

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

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

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

Prescription delivery options

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

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

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

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

How do I get updated information about my pharmacy benefit?

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

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

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

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

Questions

Review your policy for more information about your pharmacy benefit.

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

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

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

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

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

Learn more

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

State of Illinois

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Drug name	Tier	Coverage Requirements and Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin chew tab 81 mg	1	$0 Copay for members between ages of 15 to 49 years.;
aspirin tab delayed release 81 mg	1	$0 Copay for members between ages of 15 to 49 years.;
celecoxib cap 50 mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 100 mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 200 mg	2	QL; Maximum of 2 capsules per day.
celecoxib cap 400 mg	2	QL; Maximum of 2 capsules per day.
diclofenac potassium tab 50 mg	2	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	3	QL; Maximum of 300 grams per 30 days.
diclofenac sodium tab delayed release 25 mg	2	
diclofenac sodium tab delayed release 50 mg	2	
diclofenac sodium tab delayed release 75 mg	2	
diclofenac sodium tab er 24hr 100 mg	3	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	
diflunisal tab 500 mg	2	
etodolac cap 200 mg	2	
etodolac cap 300 mg	2	
etodolac tab 400 mg	2	
etodolac tab 500 mg	2	
etodolac tab er 24hr 400 mg	3	
etodolac tab er 24hr 500 mg	3	
etodolac tab er 24hr 600 mg	3	
fenoprofen calcium tab 600 mg	4	
flurbiprofen tab 100 mg	2	
ibuprofen tab 400 mg	2	
ibuprofen tab 600 mg	2	
ibuprofen tab 800 mg	2	
indomethacin cap 25 mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap 50 mg	2	QL; Maximum of 3 capsules per day.
indomethacin cap er 75 mg	2	
ketoprofen cap 25 mg	3	
ketoprofen cap 50 mg	3	
ketoprofen cap er 24hr 200 mg	4	
ketorolac tromethamine tab 10 mg	2	
meclofenamate sodium cap 100 mg	4	
meclofenamate sodium cap 50 mg	4	
mefenamic acid cap 250 mg	4	
meloxicam tab 15 mg	2	

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Drug name	Tier	Notes
meloxicam tab 7.5 mg	2	
nabumetone tab 500 mg	2	
nabumetone tab 750 mg	2	
naproxen sodium tab 275 mg	2	
naproxen sodium tab 550 mg	2	
naproxen susp 125 mg/5ml	4	PA;
naproxen tab 250 mg	2	
naproxen tab 375 mg	2	
naproxen tab 500 mg	2	
naproxen tab ec 375 mg	2	
naproxen tab ec 375 mg	2	
naproxen tab ec 500 mg	2	
naproxen tab ec 500 mg	2	
oxaprozin tab 600 mg	3	
piroxicam cap 10 mg	2	
piroxicam cap 20 mg	2	
salsalate tab 500 mg	2	
salsalate tab 750 mg	2	
ST JOSEPH CHW LOW 81MG ***(aspirin chew tab 81 mg)***	1	$0 Copay for members between ages of 15 to 49 years.;
sulindac tab 150 mg	2	
sulindac tab 200 mg	2	
tolmetin sodium cap 400 mg	4	
tolmetin sodium tab 600 mg	4	
tramadol-acetaminophen tab 37.5-325 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
Opioid Analgesics, Long-acting		
fentanyl td patch 72hr 100 mcg/hr	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
fentanyl td patch 72hr 12 mcg/hr	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
fentanyl td patch 72hr 25 mcg/hr	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
fentanyl td patch 72hr 50 mcg/hr	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
fentanyl td patch 72hr 75 mcg/hr	3	PA; QL; MME; 7D;Maximum of 15 patches per 30 days.
hydrocodone bitartrate cap er 12hr 10 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
hydrocodone bitartrate cap er 12hr 15 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
hydrocodone bitartrate cap er 12hr 20 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
hydrocodone bitartrate cap er 12hr 30 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
hydrocodone bitartrate cap er 12hr 40 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.
hydrocodone bitartrate cap er 12hr 50 mg	4	PA; QL; MME; 7D;Maximum of 2 capsules per day.

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Drug name	Tier	Coverage Requirements and Limits
hydromorphone hcl tab er 24hr 12 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
hydromorphone hcl tab er 24hr 16 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
hydromorphone hcl tab er 24hr 32 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
hydromorphone hcl tab er 24hr 8 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
levorphanol tartrate tab 2 mg	4	PA; QL; MME; 7D;Maximum of 6 tablets per day.
levorphanol tartrate tab 3 mg	4	PA; QL; MME; 7D;Maximum of 6 tablets per day.
methadone hcl conc 10 mg/ml	2	PA; QL; MME; 7D;Maximum of 12 ml per day.
methadone hcl soln 10 mg/5ml	2	PA; QL; MME; 7D;Maximum of 60 ml per day.
methadone hcl soln 5 mg/5ml	2	PA; QL; MME; 7D;Maximum of 120 ml per day.
methadone hcl tab 10 mg	2	PA; QL; MME; 7D;Maximum of 12 tablets per day.
methadone hcl tab 5 mg	2	PA; QL; MME; 7D;Maximum of 8 tablets per day.
morphine sulfate tab er 100 mg	2	PA; QL; MME; 7D;Maximum of 3 tablets per day.
morphine sulfate tab er 15 mg	2	PA; QL; MME; 7D;Maximum of 3 tablets per day.
morphine sulfate tab er 200 mg	2	PA; QL; MME; 7D;Maximum of 2 tablets per day.
morphine sulfate tab er 30 mg	2	PA; QL; MME; 7D;Maximum of 4 tablets per day.
morphine sulfate tab er 60 mg	2	PA; QL; MME; 7D;Maximum of 4 tablets per day.
NUCYNTA ER TAB 100MG ***(tapentadol hcl tab er 12hr 100 mg)***	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
NUCYNTA ER TAB 150MG ***(tapentadol hcl tab er 12hr 150 mg)***	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
NUCYNTA ER TAB 200MG ***(tapentadol hcl tab er 12hr 200 mg)***	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
NUCYNTA ER TAB 250MG ***(tapentadol hcl tab er 12hr 250 mg)***	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
NUCYNTA ER TAB 50MG ***(tapentadol hcl tab er 12hr 50 mg)***	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
oxymorphone hcl tab er 12hr 10 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
oxymorphone hcl tab er 12hr 15 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
oxymorphone hcl tab er 12hr 20 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
oxymorphone hcl tab er 12hr 30 mg	4	PA; QL; MME; 7D;Maximum of 4 tablets per day.
oxymorphone hcl tab er 12hr 40 mg	4	PA; QL; MME; 7D;Maximum of 3 tablets per day.
oxymorphone hcl tab er 12hr 5 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
oxymorphone hcl tab er 12hr 7.5 mg	4	PA; QL; MME; 7D;Maximum of 2 tablets per day.
tramadol hcl tab 50 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
tramadol hcl tab er 24hr 100 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 200 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
tramadol hcl tab er 24hr 300 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 100 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 200 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
tramadol hcl tab er 24hr biphasic release 300 mg	3	PA; QL; MME; 7D;Maximum of 1 tablet per day.
XTAMPZA ER CAP 13.5MG ***(oxycodone cap er 12hr abuse-deterrent 13.5 mg)***	4	PA; QL; MME; 7D;Maximum of 3 capsules per day.
XTAMPZA ER CAP 18MG ***(oxycodone cap er 12hr abuse-deterrent 18 mg)***	4	PA; QL; MME; 7D;Maximum of 3 capsules per day.
XTAMPZA ER CAP 27MG ***(oxycodone cap er 12hr abuse-deterrent 27 mg)***	4	PA; QL; MME; 7D;Maximum of 6 capsules per day.
XTAMPZA ER CAP 36MG ***(oxycodone cap er 12hr abuse-deterrent 36 mg)***	4	PA; QL; MME; 7D;Maximum of 6 capsules per day.
XTAMPZA ER CAP 9MG ***(oxycodone cap er 12hr abuse-deterrent 9 mg)***	4	PA; QL; MME; 7D;Maximum of 3 capsules per day.
Opioid Analgesics, Short-acting		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL; MME; 7D;Maximum of 150 ml per day.
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL; MME; 7D;Maximum of 150 ml per day.
acetaminophen w/ codeine tab 300-15 mg	2	QL; MME; 7D;Maximum of 13 tablets per day.
acetaminophen w/ codeine tab 300-30 mg	2	QL; MME; 7D;Maximum of 13 tablets per day.
acetaminophen w/ codeine tab 300-60 mg	2	QL; MME; 7D;Maximum of 13 tablets per day.
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	4	QL; MME; 7D;Maximum of 10 capsules per day.
butalbital-acetaminophen tab 50-300 mg	3	QL; Maximum of 6 tablets per day.
butalbital-acetaminophen tab 50-325 mg	3	QL; Maximum of 6 tablets per day.
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	4	QL; MME; 7D;Maximum of 6 capsules per day.
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	4	QL; MME; 7D;Maximum of 6 capsules per day.
butalbital-acetaminophen-caffeine cap 50-300-40 mg	4	QL; Maximum of 6 capsules per day.
butalbital-acetaminophen-caffeine cap 50-325-40 mg	4	QL; Maximum of 6 capsules per day.
butalbital-acetaminophen-caffeine tab 50-325-40 mg	2	QL; Maximum of 6 tablets per day.
butalbital-acetaminophen-caffeine tab 50-325-40 mg	2	QL; Maximum of 6 tablets per day.
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3	QL; MME; 7D;Maximum of 6 capsules per day.
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	3	QL; MME; 7D;Maximum of 6 capsules per day.
butalbital-aspirin-caffeine cap 50-325-40 mg	3	QL; Maximum of 6 capsules per day.
codeine sulfate tab 15 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
codeine sulfate tab 30 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
codeine sulfate tab 60 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
fentanyl citrate lozenge on a handle 1200 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 1600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 200 mcg	4	PA; QL; Maximum of 4 lozenges per day.

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Drug name	Tier	Coverage Requirements and Limits
fentanyl citrate lozenge on a handle 400 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 600 mcg	4	PA; QL; Maximum of 4 lozenges per day.
fentanyl citrate lozenge on a handle 800 mcg	4	PA; QL; Maximum of 4 lozenges per day.
hydrocodone-acetaminophen soln 10-300 mg/15ml	2	QL; MME; 7D;Maximum of 195 ml per day.
hydrocodone-acetaminophen soln 10-325 mg/15ml	2	QL; MME; 7D;Maximum of 90 ml per day.
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL; MME; 7D;Maximum of 90 ml per day.
hydrocodone-acetaminophen tab 10-325 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
hydrocodone-acetaminophen tab 2.5-325 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
hydrocodone-acetaminophen tab 5-325 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
hydrocodone-ibuprofen tab 10-200 mg	4	QL; MME; 7D;Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 5-200 mg	4	QL; MME; 7D;Maximum of 5 tablets per day.
hydrocodone-ibuprofen tab 7.5-200 mg	4	QL; MME; 7D;Maximum of 5 tablets per day.
hydromorphone hcl liqd 1 mg/ml	3	QL; MME; 7D;Maximum of 50 ml per day.
hydromorphone hcl tab 2 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
hydromorphone hcl tab 4 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
hydromorphone hcl tab 8 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
morphine sulfate oral soln 10 mg/5ml	3	QL; MME; 7D;Maximum of 100 ml per day.
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL; MME; 7D;Maximum of 10 ml per day.
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL; MME; 7D;Maximum of 10 ml per day.
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	3	QL; MME; 7D;Maximum of 10 ml per day.
morphine sulfate oral soln 20 mg/5ml	3	QL; MME; 7D;Maximum of 50 ml per day.
morphine sulfate tab 15 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
morphine sulfate tab 30 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
oxycodone hcl cap 5 mg	2	QL; MME; 7D;Maximum of 12 capsules per day.
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	4	QL; MME; 7D;Maximum of 6 ml per day.
oxycodone hcl soln 5 mg/5ml	2	QL; MME; 7D;Maximum of 130 ml per day.
oxycodone hcl tab 10 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone hcl tab 15 mg	2	QL; MME; 7D;Maximum of 8 tablets per day.
oxycodone hcl tab 20 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
oxycodone hcl tab 30 mg	2	QL; MME; 7D;Maximum of 6 tablets per day.
oxycodone hcl tab 5 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 10-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 10-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL; MME; 7D;Maximum of 12 tablets per day.
oxymorphone hcl tab 10 mg	3	QL; MME; 7D;Maximum of 6 tablets per day.
oxymorphone hcl tab 5 mg	3	QL; MME; 7D;Maximum of 6 tablets per day.
pentazocine w/ naloxone hcl tab 50-0.5 mg	3	QL; MME; 7D;Maximum of 12 tablets per day.
TENCON TAB 50-325MG *(butalbital-acetaminophen tab 50-325 mg)*	3	QL; MME; 7D;Maximum of 6 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
Anesthetics		
Local Anesthetics		
lidocaine hcl laryngotracheal soln 4%	3	
lidocaine hcl soln 4%	3	
lidocaine hcl urethral/mucosal gel 2%	2	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	2	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	2	
lidocaine hcl viscous soln 2%	2	
lidocaine hcl viscous soln 2%	2	
lidocaine patch 5%	3	PA; QL; Maximum of 3 patches per day.
lidocaine-prilocaine cream 2.5-2.5%	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium tab delayed release 333 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	2	
naltrexone hcl tab 50 mg	2	
Opioid Dependence Treatments		
buprenorphine hcl sl tab 2 mg	2	
buprenorphine hcl sl tab 8 mg	2	
buprenorphine hcl-naloxone hcl sl film 12-3 mg	2	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	2	
buprenorphine hcl-naloxone hcl sl film 4-1 mg	2	
buprenorphine hcl-naloxone hcl sl film 8-2 mg	2	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg	2	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg	2	
lofexidine hcl tab 0.18 mg	2	
LUCEMYRA TAB 0.18MG ***(lofexidine hcl tab 0.18 mg)***	3	
SUBOXONE MIS 12-3MG ***(buprenorphine hcl-naloxone hcl sl film 12-3 mg)***	3	
SUBOXONE MIS 2-0.5MG ***(buprenorphine hcl-naloxone hcl sl film 2-0.5 mg)***	3	
SUBOXONE MIS 4-1MG ***(buprenorphine hcl-naloxone hcl sl film 4-1 mg)***	3	
SUBOXONE MIS 8-2MG ***(buprenorphine hcl-naloxone hcl sl film 8-2 mg)***	3	
ZUBSOLV SUB 0.7-0.18 ***(buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq***	3	
ZUBSOLV SUB 1.4-0.36 ***(buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq***	3	
ZUBSOLV SUB 11.4-2.9 ***(buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq***	3	
ZUBSOLV SUB 2.9-0.71 ***(buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq***	3	
ZUBSOLV SUB 5.7-1.4 ***(buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq***	3	
ZUBSOLV SUB 8.6-2.1 ***(buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq***	3	
Opioid Reversal Agents		

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Drug name	Tier	Coverage Requirements and Limits
KLOXXADO SPR 8MG ***(naloxone hcl nasal spray 8 mg/0.1ml)***	1	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
NARCAN SPR 4MG ***(naloxone hcl nasal spray 4 mg/0.1ml)***	1	
OPVEE SPR 2.7/0.1 ***(nalmefene hcl nasal spray 2.7 mg/0.1ml)***	3	
REXTOVY SPR 4/0.25ML ***(naloxone hcl nasal spray 4 mg/0.25ml)***	1	
ZIMHI SOL ***(naloxone hcl soln prefilled syringe 5 mg/0.5ml)***	1	
Smoking Cessation Agents		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	
NICODERM CQ DIS 14MG/24H ***(nicotine td patch 24hr 14 mg/24hr)***	1	
NICODERM CQ DIS 21MG/24H ***(nicotine td patch 24hr 21 mg/24hr)***	1	
NICODERM CQ DIS 7MG/24HR ***(nicotine td patch 24hr 7 mg/24hr)***	1	
NICORETTE GUM 2MG ***(nicotine polacrilex gum 2 mg)***	1	
NICORETTE GUM 4MG ***(nicotine polacrilex gum 4 mg)***	1	
NICORETTE LOZ 2MG MINT ***(nicotine polacrilex lozenge 2 mg)***	1	
NICORETTE LOZ 4MG MINT ***(nicotine polacrilex lozenge 4 mg)***	1	
nicotine polacrilex gum 2 mg	1	
nicotine polacrilex gum 4 mg	1	
nicotine polacrilex lozenge 2 mg	1	
nicotine polacrilex lozenge 4 mg	1	
nicotine td patch 24 hr kit 21-14-7 mg/24hr	1	
nicotine td patch 24hr 14 mg/24hr	1	
nicotine td patch 24hr 21 mg/24hr	1	
nicotine td patch 24hr 7 mg/24hr	1	
NICOTROL INH ***(nicotine inhaler system 10 mg (4 mg delivered***	1	
NICOTROL NS SPR 10MG/ML ***(nicotine nasal spray 10 mg/ml (0.5 mg/spray***	1	
THRIVE GUM 2MG MINT ***(nicotine polacrilex gum 2 mg)***	1	
varenicline tartrate tab 0.5 mg	1	
varenicline tartrate tab 1 mg	1	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	
Antibacterials		
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAP 250MG ***(paromomycin sulfate cap 250 mg)***	4	
neomycin sulfate tab 500 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
Antibacterials, Other		
ALTABAX OIN 1% ***(retapamulin oint 1%)***	4	QL; Maximum of 15 grams per 30 days.
clindamycin hcl cap 150 mg	2	
clindamycin hcl cap 300 mg	2	
clindamycin hcl cap 75 mg	2	
clindamycin palmitate hcl for soln 75 mg/5ml	3	
clindamycin phosphate vaginal cream 2%	2	
fosfomycin tromethamine powd pack 3 gm	4	
linezolid for susp 100 mg/5ml	4	QL; Maximum of 900 ml per 11 days.
linezolid tab 600 mg	3	QL; Maximum of 2 tablets per day.
mafenide acetate packet for topical soln 5% (50 gm)	4	
methenamine hippurate tab 1 gm	3	
metronidazole tab 250 mg	2	
metronidazole tab 500 mg	2	
metronidazole vaginal gel 0.75%	2	
metronidazole vaginal gel 0.75%	3	
mupirocin calcium cream 2%	4	QL; Maximum of 15 grams per 30 days.
mupirocin oint 2%	2	QL; Maximum of 110 grams per 30 days.
NEO-SYNALAR CRE ***(neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%)***	4	QL; Maximum of 60 grams per 30 days.
NEO-SYNALAR KIT ***(*neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit*)***	4	QL; Maximum of 315 grams per 30 days.
nitrofurantoin macrocrystalline cap 100 mg	3	
nitrofurantoin macrocrystalline cap 25 mg	4	QL; Maximum of 4 capsules per day.
nitrofurantoin macrocrystalline cap 50 mg	3	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	2	
nitrofurantoin susp 25 mg/5ml	4	PA;
nitrofurantoin susp 25 mg/5ml	4	PA;
silver sulfadiazine cream 1%	2	
silver sulfadiazine cream 1%	2	
SIVEXTRO TAB 200MG ***(tedizolid phosphate tab 200 mg)***	4	PA; QL; Maximum of 6 tablets per 30 days.
SULFAMYLON CRE 85MG/GM ***(mafenide acetate cream 85 mg/gm)***	4	
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	2	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg	2	QL; Maximum of 4 capsules per day.
vancomycin hcl cap 250 mg	2	QL; Maximum of 8 capsules per day.
vancomycin hcl for oral soln 25 mg/ml	3	
vancomycin hcl for oral soln 50 mg/ml	3	
vancomycin hcl for oral soln 50 mg/ml	3	
XEPI CRE 1% ***(ozenoxacin cream 1%)***	4	QL; Maximum of 30 grams per 30 days.
XIFAXAN TAB 200MG ***(rifaximin tab 200 mg)***	5	PA; QL; Maximum of 3 tablets per day.
XIFAXAN TAB 550MG ***(rifaximin tab 550 mg)***	5	PA; QL; Maximum of 3 tablets per day.
Beta-lactam, Cephalosporins		

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BAXDELA TAB 450MG ***(delafloxacin meglumine tab 450 mg)***	4	
cefaclor cap 250 mg	2	
cefaclor cap 500 mg	2	
cefaclor monohydrate tab er 12hr 500 mg	3	
cefadroxil cap 500 mg	2	
cefadroxil for susp 250 mg/5ml	2	
cefadroxil for susp 500 mg/5ml	2	
cefadroxil tab 1 gm	3	
cefdinir cap 300 mg	2	
cefdinir for susp 125 mg/5ml	2	
cefdinir for susp 250 mg/5ml	2	
cefixime cap 400 mg	3	
cefixime for susp 100 mg/5ml	4	
cefixime for susp 200 mg/5ml	4	
cefpodoxime proxetil for susp 100 mg/5ml	3	
cefpodoxime proxetil for susp 50 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml	2	
cefprozil for susp 250 mg/5ml	2	
cefprozil tab 250 mg	2	
cefprozil tab 500 mg	2	
cefuroxime axetil tab 250 mg	2	
cefuroxime axetil tab 500 mg	2	
cephalexin cap 250 mg	2	
cephalexin cap 500 mg	2	
cephalexin for susp 125 mg/5ml	2	
cephalexin for susp 250 mg/5ml	2	
Beta-lactam, Penicillins		
amoxicillin (trihydrate) cap 250 mg	2	
amoxicillin (trihydrate) cap 500 mg	2	
amoxicillin (trihydrate) chew tab 125 mg	2	
amoxicillin (trihydrate) chew tab 250 mg	2	
amoxicillin (trihydrate) for susp 125 mg/5ml	2	
amoxicillin (trihydrate) for susp 200 mg/5ml	2	
amoxicillin (trihydrate) for susp 250 mg/5ml	2	
amoxicillin (trihydrate) for susp 400 mg/5ml	2	
amoxicillin (trihydrate) tab 500 mg	2	
amoxicillin (trihydrate) tab 875 mg	2	
amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
amoxicillin & k clavulanate chew tab 400-57 mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	

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amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
dicloxacillin sodium cap 250 mg	2	
dicloxacillin sodium cap 500 mg	2	
penicillin v potassium for soln 125 mg/5ml	2	
penicillin v potassium for soln 250 mg/5ml	2	
penicillin v potassium tab 250 mg	2	
penicillin v potassium tab 500 mg	2	
Macrolides		
ampicillin cap 500 mg	2	
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	2	
azithromycin powd pack for susp 1 gm	2	
azithromycin tab 250 mg	2	
azithromycin tab 500 mg	2	
azithromycin tab 600 mg	2	
clarithromycin for susp 125 mg/5ml	4	
clarithromycin for susp 250 mg/5ml	4	
clarithromycin tab 250 mg	2	
clarithromycin tab 500 mg	2	
clarithromycin tab er 24hr 500 mg	3	
ERYTHROCIN TAB 250MG *(erythromycin stearate tab 250 mg)*	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	4	
erythromycin ethylsuccinate for susp 400 mg/5ml	4	
erythromycin ethylsuccinate tab 400 mg	4	
erythromycin tab 250 mg	3	
erythromycin tab 500 mg	3	
erythromycin tab delayed release 250 mg	3	
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	4	
Quinolones		
ciprofloxacin hcl tab 100 mg	2	
ciprofloxacin hcl tab 250 mg	2	
ciprofloxacin hcl tab 500 mg	2	
ciprofloxacin hcl tab 750 mg	2	
levofloxacin oral soln 25 mg/ml	4	
levofloxacin tab 250 mg	2	
levofloxacin tab 500 mg	2	
levofloxacin tab 750 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
moxifloxacin hcl tab 400 mg	2	
ofloxacin tab 300 mg	3	
ofloxacin tab 400 mg	3	
Sulfonamides		
sulfadiazine tab 500 mg	4	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	2	
sulfamethoxazole-trimethoprim tab 800-160 mg	2	
Tetracyclines		
demeclocycline hcl tab 150 mg	4	
demeclocycline hcl tab 300 mg	4	
doxycycline hyclate cap 100 mg	2	
doxycycline hyclate cap 50 mg	2	
doxycycline hyclate tab 100 mg	2	
doxycycline hyclate tab 20 mg	2	
doxycycline monohydrate cap 100 mg	2	
doxycycline monohydrate cap 50 mg	2	
doxycycline monohydrate for susp 25 mg/5ml	3	
doxycycline monohydrate tab 100 mg	2	
doxycycline monohydrate tab 150 mg	2	
doxycycline monohydrate tab 50 mg	2	
doxycycline monohydrate tab 75 mg	2	
minocycline hcl cap 100 mg	2	
minocycline hcl cap 50 mg	2	
minocycline hcl cap 75 mg	2	
tetracycline hcl cap 250 mg	2	
tetracycline hcl cap 500 mg	2	
Anticonvulsants		
Anticonvulsants, Other		
EPIDIOLEX SOL 100MG/ML ***(cannabidiol soln 100 mg/ml)***	5	PA; SP
levetiracetam oral soln 100 mg/ml	2	
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab 1000 mg	2	
levetiracetam tab 250 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 500 mg	2	
levetiracetam tab 750 mg	2	
levetiracetam tab er 24hr 500 mg	2	
levetiracetam tab er 24hr 750 mg	2	
Calcium Channel Modifying Agents		
ethosuximide cap 250 mg	3	
ethosuximide soln 250 mg/5ml	3	

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methsuximide cap 300 mg	3	
zonisamide cap 100 mg	2	
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam suspension 2.5 mg/ml	4	PA; QL; Maximum of 16 ml per day.
clobazam tab 10 mg	4	PA; QL; Maximum of 2 tablets per day.
clobazam tab 20 mg	4	PA; QL; Maximum of 2 tablets per day.
diazepam rectal gel delivery system 10 mg	3	QL; Maximum of 5 packages per 30 days.
diazepam rectal gel delivery system 2.5 mg	3	QL; Maximum of 5 packages per 30 days.
diazepam rectal gel delivery system 20 mg	3	QL; Maximum of 5 packages per 30 days.
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg	2	
divalproex sodium tab delayed release 250 mg	2	
divalproex sodium tab delayed release 500 mg	2	
divalproex sodium tab er 24 hr 250 mg	2	
divalproex sodium tab er 24 hr 500 mg	2	
gabapentin cap 100 mg	2	
gabapentin cap 300 mg	2	
gabapentin cap 400 mg	2	
gabapentin oral soln 250 mg/5ml	2	
gabapentin tab 600 mg	2	
gabapentin tab 800 mg	2	
NAYZILAM SPR 5MG ***(midazolam nasal spray soln 5 mg/0.1 ml)***	4	PA; QL; Maximum of 10 devices per 30 days.
phenobarbital elixir 20 mg/5ml	2	
phenobarbital elixir 20 mg/5ml	2	
phenobarbital elixir 20 mg/5ml	2	
phenobarbital elixir 20 mg/5ml	2	
phenobarbital tab 100 mg	2	
phenobarbital tab 15 mg	2	
phenobarbital tab 16.2 mg	2	
phenobarbital tab 30 mg	2	
phenobarbital tab 32.4 mg	2	
phenobarbital tab 60 mg	2	
phenobarbital tab 64.8 mg	2	
phenobarbital tab 97.2 mg	2	
primidone tab 125 mg	2	
primidone tab 250 mg	2	
primidone tab 50 mg	2	
tiagabine hcl tab 12 mg	4	
tiagabine hcl tab 16 mg	4	
tiagabine hcl tab 2 mg	4	
tiagabine hcl tab 4 mg	4	

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valproate sodium oral soln 250 mg/5ml	2	
valproate sodium oral soln 250 mg/5ml	2	
valproic acid cap 250 mg	2	
vigabatrin powd pack 500 mg	5	PA; QL; SP; Maximum of 6 packets per day.
vigabatrin powd pack 500 mg	5	PA; QL; SP; Maximum of 6 packets per day.
vigabatrin tab 500 mg	5	PA; QL; SP; Maximum of 6 tablets per day.
Gamma-aminobutyric Acid (GABA) Modulating Agents		
gabapentin oral soln 250 mg/5ml	2	
Glutamate Reducing Agents		
felbamate susp 600 mg/5ml	4	
felbamate tab 400 mg	4	
felbamate tab 600 mg	4	
FYCOMPA SUS 0.5MG/ML ***(perampanel susp 0.5 mg/ml)***	4	PA; QL; Maximum of 24 ml per day.
lamotrigine tab 100 mg	2	
lamotrigine tab 100 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 150 mg	2	
lamotrigine tab 200 mg	2	
lamotrigine tab 200 mg	2	
lamotrigine tab 25 mg	2	
lamotrigine tab 25 mg	2	
lamotrigine tab chewable dispersible 25 mg	2	
lamotrigine tab chewable dispersible 5 mg	2	
topiramate sprinkle cap 15 mg	3	
topiramate sprinkle cap 25 mg	3	
topiramate sprinkle cap 50 mg	3	
topiramate tab 100 mg	2	
topiramate tab 200 mg	2	
topiramate tab 25 mg	2	
topiramate tab 50 mg	2	
Sodium Channel Agents		
carbamazepine cap er 12hr 100 mg	3	
carbamazepine cap er 12hr 200 mg	3	
carbamazepine cap er 12hr 300 mg	3	
carbamazepine chew tab 100 mg	2	
carbamazepine susp 100 mg/5ml	3	
carbamazepine susp 100 mg/5ml	3	
carbamazepine tab 200 mg	2	
carbamazepine tab er 12hr 100 mg	3	
carbamazepine tab er 12hr 200 mg	3	
carbamazepine tab er 12hr 400 mg	3	
DILANTIN CAP 30MG ***(phenytoin sodium extended cap 30 mg)***	4	
EPITOL TAB 200MG ***(carbamazepine tab 200 mg)***	2	

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eslicarbazepine acetate tab 200 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 400 mg	4	PA; QL; Maximum of 1 tablet per day.
eslicarbazepine acetate tab 600 mg	4	PA; QL; Maximum of 2 tablets per day.
eslicarbazepine acetate tab 800 mg	4	PA; QL; Maximum of 2 tablets per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide oral solution 10 mg/ml	4	PA; QL; Maximum of 40 ml per day.
lacosamide tab 100 mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 150 mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 200 mg	2	QL; Maximum of 2 tablets per day.
lacosamide tab 50 mg	2	QL; Maximum of 2 tablets per day.
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	4	
oxcarbazepine tab 150 mg	2	
oxcarbazepine tab 300 mg	2	
oxcarbazepine tab 600 mg	2	
phenytoin chew tab 50 mg	2	
phenytoin sodium extended cap 100 mg	2	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 200 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin sodium extended cap 300 mg	2	
phenytoin susp 125 mg/5ml	2	
phenytoin susp 125 mg/5ml	2	
rufinamide susp 40 mg/ml	4	PA;
rufinamide tab 200 mg	4	PA;
rufinamide tab 400 mg	4	PA;
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hydrochloride orally disintegrating tab 10 mg	2	QL; Maximum of 2 tablets per day.
donepezil hydrochloride orally disintegrating tab 10 mg	2	QL; Maximum of 2 tablets per day.
donepezil hydrochloride orally disintegrating tab 5 mg	2	QL; Maximum of 1 tablet per day.
donepezil hydrochloride orally disintegrating tab 5 mg	2	QL; Maximum of 1 tablet per day.
donepezil hydrochloride tab 10 mg	2	QL; Maximum of 2 tablets per day.
donepezil hydrochloride tab 5 mg	2	QL; Maximum of 1 tablet per day.
galantamine hydrobromide cap er 24hr 16 mg	3	QL; Maximum of 1 capsule per day.
galantamine hydrobromide cap er 24hr 24 mg	3	QL; Maximum of 1 capsule per day.
galantamine hydrobromide cap er 24hr 8 mg	3	QL; Maximum of 1 capsule per day.
galantamine hydrobromide oral soln 4 mg/ml	4	QL; Maximum of 2 bottles (200 ml) per 30 days.
galantamine hydrobromide tab 12 mg	3	QL; Maximum of 2 tablets per day.
galantamine hydrobromide tab 4 mg	3	QL; Maximum of 2 tablets per day.

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galantamine hydrobromide tab 8 mg	3	QL; Maximum of 2 tablets per day.
rivastigmine tartrate cap 1.5 mg	2	QL; Maximum of 2 capsules per day.
rivastigmine tartrate cap 3 mg	2	QL; Maximum of 2 capsules per day.
rivastigmine tartrate cap 4.5 mg	2	QL; Maximum of 2 capsules per day.
rivastigmine tartrate cap 6 mg	2	QL; Maximum of 2 capsules per day.
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL; Maximum of 1 patch per day.
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL; Maximum of 1 patch per day.
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL; Maximum of 1 patch per day.
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	4	QL; Maximum of 10 ml per day.
memantine hcl oral solution 2 mg/ml	4	QL; Maximum of 10 ml per day.
memantine hcl tab 10 mg	2	QL; Maximum of 2 tablets per day.
memantine hcl tab 10 mg	2	QL; Maximum of 2 tablets per day.
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	QL; Maximum of 1 pack per year.
memantine hcl tab 5 mg	2	QL; Maximum of 3 tablets per day.
memantine hcl tab 5 mg	2	QL; Maximum of 3 tablets per day.
Antidepressants		
Antidepressants, Other		
bupropion hcl tab 100 mg	2	
bupropion hcl tab 75 mg	2	
bupropion hcl tab er 12hr 100 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 150 mg	2	
bupropion hcl tab er 12hr 200 mg	2	
bupropion hcl tab er 24hr 150 mg	2	QL; Maximum of 1 tablet per day.
bupropion hcl tab er 24hr 300 mg	2	QL; Maximum of 1 tablet per day.
chlordiazepoxide-amitriptyline tab 10-25 mg	3	
chlordiazepoxide-amitriptyline tab 5-12.5 mg	3	
mirtazapine orally disintegrating tab 15 mg	3	
mirtazapine orally disintegrating tab 30 mg	3	
mirtazapine orally disintegrating tab 45 mg	3	
mirtazapine tab 15 mg	2	
mirtazapine tab 30 mg	2	
mirtazapine tab 45 mg	2	
mirtazapine tab 7.5 mg	2	
olanzapine-fluoxetine hcl cap 12-25 mg	4	QL; Maximum of 1 capsule per day.
olanzapine-fluoxetine hcl cap 12-50 mg	4	QL; Maximum of 1 capsule per day.
olanzapine-fluoxetine hcl cap 3-25 mg	4	QL; Maximum of 1 capsule per day.
olanzapine-fluoxetine hcl cap 6-25 mg	4	QL; Maximum of 1 capsule per day.
olanzapine-fluoxetine hcl cap 6-50 mg	4	QL; Maximum of 1 capsule per day.
perphenazine-amitriptyline tab 2-10 mg	3	
perphenazine-amitriptyline tab 2-25 mg	3	
perphenazine-amitriptyline tab 4-10 mg	3	

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Drug name	Tier	Coverage Requirements and Limits
perphenazine-amitriptyline tab 4-25 mg	3	
perphenazine-amitriptyline tab 4-50 mg	3	
SPRAVATO SOL 56MG DOS ***(esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack***	5	PA; QL; SP; Maximum of 4 kits per 28 days.
SPRAVATO SOL 84MG DOS ***(esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack***	5	PA; QL; SP; Maximum of 4 kits per 28 days.
Monoamine Oxidase Inhibitors		
EMSAM DIS 12MG/24H ***(selegiline td patch 24hr 12 mg/24hr)***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 6MG/24HR ***(selegiline td patch 24hr 6 mg/24hr)***	4	PA; QL; Maximum of 1 patch per day.
EMSAM DIS 9MG/24HR ***(selegiline td patch 24hr 9 mg/24hr)***	4	PA; QL; Maximum of 1 patch per day.
MARPLAN TAB 10MG ***(isocarboxazid tab 10 mg)***	4	
phenelzine sulfate tab 15 mg	2	
tranylcypromine sulfate tab 10 mg	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitor/ Serotonin and Norepinephrine Reuptake Inhibitor)		
citalopram hydrobromide oral soln 10 mg/5ml	3	
citalopram hydrobromide oral soln 10 mg/5ml	3	
citalopram hydrobromide tab 10 mg	1	
citalopram hydrobromide tab 20 mg	1	
citalopram hydrobromide tab 40 mg	1	
desvenlafaxine succinate tab er 24hr 100 mg	3	QL; Maximum of 4 tablets per day.
desvenlafaxine succinate tab er 24hr 25 mg	3	QL; Maximum of 1 tablet per day.
desvenlafaxine succinate tab er 24hr 50 mg	3	QL; Maximum of 1 tablet per day.
escitalopram oxalate soln 5 mg/5ml	3	
escitalopram oxalate soln 5 mg/5ml	3	
escitalopram oxalate tab 10 mg	1	
escitalopram oxalate tab 20 mg	1	
escitalopram oxalate tab 5 mg	1	
FETZIMA CAP 120MG ***(levomilnacipran hcl cap er 24hr 120 mg)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 20MG ***(levomilnacipran hcl cap er 24hr 20 mg)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 40MG ***(levomilnacipran hcl cap er 24hr 40 mg)***	4	QL; Maximum of 1 capsule per day.
FETZIMA CAP 80MG ***(levomilnacipran hcl cap er 24hr 80 mg)***	4	QL; Maximum of 1 capsule per day.
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	3	QL; Maximum of 4 capsules per 28 days.
fluoxetine hcl solution 20 mg/5ml	2	
fluoxetine hcl tab 10 mg	3	QL; Maximum of 1 tablet per day.
fluoxetine hcl tab 20 mg	3	QL; Maximum of 1 tablet per day.
fluvoxamine maleate cap er 24hr 100 mg	4	QL; Maximum of 2 capsules per day.
fluvoxamine maleate cap er 24hr 150 mg	4	QL; Maximum of 2 capsules per day.
fluvoxamine maleate tab 100 mg	2	
fluvoxamine maleate tab 25 mg	2	
fluvoxamine maleate tab 50 mg	2	
nefazodone hcl tab 100 mg	3	

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Drug name	Tier	Coverage Requirements and Limits
nefazodone hcl tab 150 mg	3	
nefazodone hcl tab 200 mg	3	
nefazodone hcl tab 250 mg	3	
nefazodone hcl tab 50 mg	3	
paroxetine hcl oral susp 10 mg/5ml	4	
paroxetine hcl tab 10 mg	2	
paroxetine hcl tab 20 mg	2	
paroxetine hcl tab 30 mg	2	
paroxetine hcl tab 40 mg	2	
paroxetine hcl tab er 24hr 12.5 mg	3	QL; Maximum of 1 tablet per day.
paroxetine hcl tab er 24hr 25 mg	3	QL; Maximum of 2 tablets per day.
paroxetine hcl tab er 24hr 37.5 mg	3	QL; Maximum of 2 tablets per day.
sertraline hcl oral concentrate for solution 20 mg/ml	2	
sertraline hcl tab 100 mg	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
trazodone hcl tab 100 mg	2	
trazodone hcl tab 150 mg	2	
trazodone hcl tab 300 mg	2	
trazodone hcl tab 50 mg	2	
venlafaxine hcl cap er 24hr 150 mg	2	
venlafaxine hcl cap er 24hr 37.5 mg	2	
venlafaxine hcl cap er 24hr 75 mg	2	
venlafaxine hcl tab 100 mg	2	
venlafaxine hcl tab 25 mg	2	
venlafaxine hcl tab 37.5 mg	2	
venlafaxine hcl tab 50 mg	2	
venlafaxine hcl tab 75 mg	2	
vilazodone hcl tab 10 mg	4	QL; Maximum of 1 tablet per day.
vilazodone hcl tab 20 mg	4	QL; Maximum of 1 tablet per day.
vilazodone hcl tab 40 mg	4	QL; Maximum of 1 tablet per day.
Tricyclics		
amitriptyline hcl tab 10 mg	2	
amitriptyline hcl tab 100 mg	2	
amitriptyline hcl tab 150 mg	2	
amitriptyline hcl tab 25 mg	2	
amitriptyline hcl tab 50 mg	2	
amitriptyline hcl tab 75 mg	2	
amoxapine tab 100 mg	2	
amoxapine tab 150 mg	2	
amoxapine tab 25 mg	2	
amoxapine tab 50 mg	2	
clomipramine hcl cap 25 mg	4	

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Drug name	Tier	Coverage Requirements and Limits
clomipramine hcl cap 50 mg	4	
clomipramine hcl cap 75 mg	4	
desipramine hcl tab 10 mg	3	
desipramine hcl tab 100 mg	3	
desipramine hcl tab 150 mg	3	
desipramine hcl tab 25 mg	3	
desipramine hcl tab 50 mg	3	
desipramine hcl tab 75 mg	3	
doxepin hcl cap 10 mg	2	
doxepin hcl cap 100 mg	2	
doxepin hcl cap 150 mg	2	
doxepin hcl cap 25 mg	2	
doxepin hcl cap 50 mg	2	
doxepin hcl cap 75 mg	2	
doxepin hcl conc 10 mg/ml	2	
imipramine hcl tab 10 mg	2	
imipramine hcl tab 25 mg	2	
imipramine hcl tab 50 mg	2	
imipramine pamoate cap 100 mg	4	
imipramine pamoate cap 125 mg	4	
imipramine pamoate cap 150 mg	4	
imipramine pamoate cap 75 mg	4	
nortriptyline hcl cap 10 mg	2	
nortriptyline hcl cap 25 mg	2	
nortriptyline hcl cap 50 mg	2	
nortriptyline hcl cap 75 mg	2	
nortriptyline hcl soln 10 mg/5ml	3	
protriptyline hcl tab 10 mg	3	
protriptyline hcl tab 5 mg	3	
trimipramine maleate cap 100 mg	4	
trimipramine maleate cap 25 mg	4	
trimipramine maleate cap 50 mg	4	
Antiemetics		
Antiemetics, Other		
meclizine hcl tab 25 mg	2	
meclizine hcl tab 50 mg	3	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	2	
metoclopramide hcl tab 10 mg	2	
metoclopramide hcl tab 5 mg	2	
perphenazine tab 16 mg	2	
perphenazine tab 2 mg	2	
perphenazine tab 4 mg	2	

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Drug name	Tier	Notes
perphenazine tab 8 mg	2	
prochlorperazine maleate tab 10 mg	2	
prochlorperazine maleate tab 5 mg	2	
prochlorperazine suppos 25 mg	3	
promethazine hcl syrup 6.25 mg/5ml	2	
scopolamine td patch 72hr 1 mg/3days	3	
trimethobenzamide hcl cap 300 mg	2	
Emetogenic Therapy Adjuncts		
ANZEMET TAB 50MG ***(dolasetron mesylate tab 50 mg)***	4	QL; Maximum of 5 tablets per 30 days.
aprepitant capsule 125 mg	3	QL; Maxiumum of 2 capsules per 28 days.
aprepitant capsule 40 mg	3	QL; Maximum of 1 capsule per 30 days.
aprepitant capsule 80 mg	3	QL; Maxiumum of 4 capsules per 28 days.
aprepitant capsule therapy pack 80 & 125 mg	3	QL; Maxiumum of 6 capsules (2 packs) per 28 days.
dronabinol cap 10 mg	4	
dronabinol cap 2.5 mg	4	
dronabinol cap 5 mg	4	
granisetron hcl tab 1 mg	3	QL; Maximum of 2 tablets per day.
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 24 mg	2	
ondansetron hcl tab 4 mg	2	
ondansetron hcl tab 8 mg	2	
ondansetron orally disintegrating tab 4 mg	2	
ondansetron orally disintegrating tab 8 mg	2	
VARUBI TAB 90MG ***(rolapitant hcl tab therapy pack 2 x 90 mg)***	4	QL; Maximum of 4 tablets per 28 days.
Antifungals		
Antifungals		
ciclopirox gel 0.77%	2	
ciclopirox olamine cream 0.77%	2	
ciclopirox olamine susp 0.77%	2	
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	
ciclopirox solution 8%	2	
clotrimazole troche 10 mg	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	QL; Maximum of 15 grams per 30 days.
clotrimazole w/ betamethasone lotion 1-0.05%	3	
econazole nitrate cream 1%	3	QL; Maximum of 90 grams per 30 days.
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole tab 100 mg	2	
fluconazole tab 150 mg	2	
fluconazole tab 200 mg	2	
fluconazole tab 50 mg	2	
flucytosine cap 250 mg	4	

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Drug name	Tier	Coverage Requirements and Limits
flucytosine cap 500 mg	4	
griseofulvin microsize susp 125 mg/5ml	3	
griseofulvin microsize tab 500 mg	3	
griseofulvin ultramicrosize tab 125 mg	3	
griseofulvin ultramicrosize tab 250 mg	3	
GYNAZOLE-1 CRE 2% ***(butoconazole nitrate (one dose) vaginal cream 2%)***	4	
itraconazole cap 100 mg	4	QL; Maximum of 4 capsules per day.
itraconazole oral soln 10 mg/ml	4	QL; Maximum of 1800 ml per year.
itraconazole oral soln 10 mg/ml	4	QL; Maximum of 1800 ml per year.
ketoconazole cream 2%	2	QL; Maximum of 90 grams per 30 days.
ketoconazole shampoo 2%	2	
ketoconazole tab 200 mg	2	
luliconazole cream 1%	4	QL; Maximum of 60 grams per 28 days.
miconazole nitrate vaginal suppos 200 mg	2	
naftifine hcl cream 1%	4	
naftifine hcl cream 2%	4	
nystatin cream 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin susp 100000 unit/ml	2	
nystatin tab 500000 unit	2	
nystatin topical powder 100000 unit/gm	2	QL; Maximum of 120 grams per 30 days.
nystatin topical powder 100000 unit/gm	2	QL; Maximum of 120 grams per 30 days.
nystatin topical powder 100000 unit/gm	2	QL; Maximum of 120 grams per 30 days.
nystatin topical powder 100000 unit/gm	2	QL; Maximum of 120 grams per 30 days.
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	
posaconazole tab delayed release 100 mg	3	QL; Maximum of 6 tablets per day.
sulconazole nitrate cream 1%	4	
sulconazole nitrate cream 1%	4	
sulconazole nitrate solution 1%	4	
sulconazole nitrate solution 1%	4	
terbinafine hcl tab 250 mg	2	QL; Maximum of 90 tablets per year.
terconazole vaginal cream 0.4%	2	
terconazole vaginal cream 0.8%	2	
terconazole vaginal suppos 80 mg	3	
voriconazole for susp 40 mg/ml	4	
voriconazole tab 200 mg	4	QL; Maximum of 1 tablet per day.
voriconazole tab 50 mg	4	QL; Maximum of 4 tablets per day.
Antigout Agents		
Antigout Agents		
allopurinol tab 100 mg	2	
allopurinol tab 300 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
colchicine tab 0.6 mg	2	QL; Maximum of 4 tablets per day.
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg	2	QL; Maximum of 1 tablet per day.
febuxostat tab 80 mg	2	QL; Maximum of 1 tablet per day.
probenecid tab 500 mg	2	
Antimigraine Agents		
Antimigraine Agents		
UBRELVY TAB 100MG ***(ubrogepant tab 100 mg)***	3	PA; QL; Maximum of 16 tablets per 30 days.
UBRELVY TAB 50MG ***(ubrogepant tab 50 mg)***	3	PA; QL; Maximum of 16 tablets per 30 days.
Ergot Alkaloids		
dihydroergotamine mesylate inj 1 mg/ml	4	QL; Maximum of 24 ampules (24 ml) per 28 days.
ERGOMAR SUB 2MG ***(ergotamine tartrate sl tab 2 mg)***	4	QL; Maximum of 20 tablets per 28 days.
ergotamine w/ caffeine tab 1-100 mg	4	
MIGERGOT SUP 2/100 ***(ergotamine w/ caffeine suppos 2-100 mg)***	4	
Prophylactic		
AIMOVIG INJ 140MG/ML ***(erenumab-aooe subcutaneous soln auto-injector 140 mg/ml)***	3	PA; QL; Maximum of 1 pen (1 ml) per 30 days.
AIMOVIG INJ 70MG/ML ***(erenumab-aooe subcutaneous soln auto-injector 70 mg/ml)***	3	PA; QL; Maximum of 2 pens (2 ml) per 30 days.
EMGALITY INJ 100MG/ML ***(galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)***	3	PA; QL; Maximum of 3 syringes or pens (3 ml) per 30 days.
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml)***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
EMGALITY INJ 120MG/ML ***(galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml)***	3	PA; QL; Maximum of 2 syringes or pens (2 ml) per 30 days.
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate tab 12.5 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 12.5 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 6.25 mg	3	QL; Maximum of 12 tablets per 30 days.
almotriptan malate tab 6.25 mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan hydrobromide tab 20 mg	3	QL; Maximum of 12 tablets per 30 days.
eletriptan hydrobromide tab 40 mg	3	QL; Maximum of 12 tablets per 30 days.
naratriptan hcl tab 1 mg	2	QL; Maximum of 12 tablets per 30 days.
naratriptan hcl tab 2.5 mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate tab 10 mg	2	QL; Maximum of 12 tablets per 30 days.
rizatriptan benzoate tab 5 mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan nasal spray 20 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan nasal spray 5 mg/act	4	QL; Maximum of 12 devices per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate inj 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution auto-injector 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 4 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate solution cartridge 6 mg/0.5ml	4	QL; Maximum of 12 injections (6 ml) per 30 days.
sumatriptan succinate tab 100 mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan succinate tab 25 mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan succinate tab 50 mg	2	QL; Maximum of 12 tablets per 30 days.
sumatriptan-naproxen sodium tab 85-500 mg	4	QL; Maximum of 9 tablets per 30 days.
zolmitriptan nasal spray 2.5 mg/spray unit	4	QL; Maximum of 18 devices per 30 days.
zolmitriptan nasal spray 5 mg/spray unit	4	QL; Maximum of 12 devices per 30 days.
zolmitriptan orally disintegrating tab 2.5 mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan orally disintegrating tab 5 mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 2.5 mg	3	QL; Maximum of 12 tablets per 30 days.
zolmitriptan tab 5 mg	3	QL; Maximum of 12 tablets per 30 days.
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide oral soln 60 mg/5ml	4	
pyridostigmine bromide tab 60 mg	2	
pyridostigmine bromide tab er 180 mg	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tab 100 mg	2	
dapsone tab 25 mg	2	
rifabutin cap 150 mg	4	
Antituberculars		
cycloserine cap 250 mg	4	
ethambutol hcl tab 100 mg	2	
ethambutol hcl tab 400 mg	2	
isoniazid syrup 50 mg/5ml	4	
isoniazid tab 100 mg	2	
isoniazid tab 300 mg	2	
PRIFTIN TAB 150MG ***(rifapentine tab 150 mg)***	3	
pyrazinamide tab 500 mg	3	
rifampin cap 150 mg	2	
rifampin cap 300 mg	2	
SIRTURO TAB 100MG ***(bedaquiline fumarate tab 100 mg)***	5	PA;
SIRTURO TAB 20MG ***(bedaquiline fumarate tab 20 mg)***	5	PA;
TRECATOR TAB 250MG ***(ethionamide tab 250 mg)***	3	
Antineoplastics		
Alkylating Agents		
cyclophosphamide cap 25 mg	4	CM

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cyclophosphamide cap 50 mg	4	CM
cyclophosphamide tab 25 mg	4	CM
cyclophosphamide tab 50 mg	4	CM
GLEOSTINE CAP 100MG ***(lomustine cap 100 mg)***	5	SP; CM
GLEOSTINE CAP 10MG ***(lomustine cap 10 mg)***	5	SP; CM
GLEOSTINE CAP 40MG ***(lomustine cap 40 mg)***	5	SP; CM
LEUKERAN TAB 2MG ***(chlorambucil tab 2 mg)***	4	CM
MATULANE CAP 50MG ***(procarbazine hcl cap 50 mg)***	5	SP; CM
MELPHALAN TAB 2MG ***(melphalan tab 2 mg)***	4	CM
MYLERAN TAB 2MG ***(busulfan tab 2 mg)***	4	CM
temozolomide cap 100 mg	5	SP; CM
temozolomide cap 140 mg	5	SP; CM
temozolomide cap 180 mg	5	SP; CM
temozolomide cap 20 mg	5	SP; CM
temozolomide cap 250 mg	5	SP; CM
temozolomide cap 5 mg	5	SP; CM
VALCHLOR GEL 0.016% ***(mechlorethamine hcl gel 0.016%)***	5	PA; QL; SP; Maximum of 60 grams per 30 days.
Antiandrogens		
abiraterone acetate tab 250 mg	5	PA; QL; SP; Maximum of 4 tablets per day; CM
abiraterone acetate tab 500 mg	5	PA; QL; SP; Maximum of 4 tablets per day; CM
bicalutamide tab 50 mg	2	CM
ERLEADA TAB 240MG ***(apalutamide tab 240 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ERLEADA TAB 60MG ***(apalutamide tab 60 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
nilutamide tab 150 mg	5	SP; CM
NUBEQA TAB 300MG ***(darolutamide tab 300 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
XTANDI CAP 40MG ***(enzalutamide cap 40 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
XTANDI TAB 40MG ***(enzalutamide tab 40 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
XTANDI TAB 80MG ***(enzalutamide tab 80 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
Antiangiogenic Agents		
lenalidomide cap 10 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
lenalidomide cap 15 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
lenalidomide cap 20 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
lenalidomide cap 25 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
lenalidomide cap 5 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
lenalidomide caps 2.5 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM

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

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

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Drug name	Tier	Coverage Requirements and Limits
TALZENNA CAP 0.5MG ***(talazoparib tosylate cap 0.5 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TALZENNA CAP 0.75MG ***(talazoparib tosylate cap 0.75 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TALZENNA CAP 1MG ***(talazoparib tosylate cap 1 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
Molecular Target Inhibitors		
ALECENSA CAP 150MG ***(alectinib hcl cap 150 mg)***	5	PA; QL; SP; Maximum of 8 capsules per day; CM
BOSULIF CAP 100MG ***(bosutinib cap 100 mg)***	5	PA; QL; SP; Maximum of 6 capsules per day; CM
BOSULIF CAP 50MG ***(bosutinib cap 50 mg)***	5	PA; QL; SP; Maximum of 11 capsules per day; CM
BRUKINSA CAP 80MG ***(zanubrutinib cap 80 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
BRUKINSA TAB 160MG ***(zanubrutinib tab 160 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
cabozantinib s-malate tab 20 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
cabozantinib s-malate tab 40 mg	5	PA; QL; SP; Maximum of 2 tablets per day; CM
cabozantinib s-malate tab 60 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
CALQUENCE TAB 100MG ***(acalabrutinib maleate tab 100 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
CAPRELSA TAB 100MG ***(vandetanib tab 100 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
CAPRELSA TAB 300MG ***(vandetanib tab 300 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
COMETRIQ KIT 100MG ***(cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit)***	5	PA; QL; SP; Maximum of 2 capsules per day; CM
COMETRIQ KIT 140MG ***(cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
COMETRIQ KIT 60MG ***(cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit)***	5	PA; QL; SP; Maximum of 3 capsules per day; CM
COTELLIC TAB 20MG ***(cobimetinib fumarate tab 20 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM
dasatinib tab 100 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
dasatinib tab 140 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
dasatinib tab 20 mg	5	PA; QL; SP; Maximum of 3 tablets per day; CM
dasatinib tab 50 mg	5	PA; QL; SP; Maximum of 3 tablets per day; CM
dasatinib tab 70 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
dasatinib tab 80 mg	5	PA; QL; SP; Maximum of 2 tablets per day; CM
erlotinib hcl tab 100 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
erlotinib hcl tab 150 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
erlotinib hcl tab 25 mg	5	PA; QL; SP; Maximum of 3 tablets per day; CM
everolimus tab 10 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
everolimus tab 2.5 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
everolimus tab 5 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM
everolimus tab 7.5 mg	5	PA; QL; SP; Maximum of 1 tablet per day; CM

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Drug name	Tier	Coverage Requirements and Limits
gefitinib tab 250 mg	5	PA; QL; SP; Maximum of 2 tablets per day; CM
GILOTRIF TAB 20MG ***(afatinib dimaleate tab 20 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
GILOTRIF TAB 30MG ***(afatinib dimaleate tab 30 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
GILOTRIF TAB 40MG ***(afatinib dimaleate tab 40 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE CAP 100MG ***(palbociclib cap 100 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE CAP 125MG ***(palbociclib cap 125 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE CAP 75MG ***(palbociclib cap 75 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IBRANCE TAB 100MG ***(palbociclib tab 100 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE TAB 125MG ***(palbociclib tab 125 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IBRANCE TAB 75MG ***(palbociclib tab 75 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 10MG ***(ponatinib hcl tab 10 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 15MG ***(ponatinib hcl tab 15 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 30MG ***(ponatinib hcl tab 30 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
ICLUSIG TAB 45MG ***(ponatinib hcl tab 45 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IDHIFA TAB 100MG ***(enasidenib mesylate tab 100 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IDHIFA TAB 50MG ***(enasidenib mesylate tab 50 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
imatinib mesylate tab 100 mg	5	QL; SP; Maximum of 3 tablets per day; CM
imatinib mesylate tab 400 mg	5	QL; SP; Maximum of 3 tablets per day; CM
IMBRUVICA CAP 140MG ***(ibrutinib cap 140 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
IMBRUVICA CAP 70MG ***(ibrutinib cap 70 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
IMBRUVICA SUS 70MG/ML ***(ibrutinib oral susp 70 mg/ml)***	5	PA; QL; SP; Maximum of 8 ml per day; CM
IMBRUVICA TAB 140MG ***(ibrutinib tab 140 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IMBRUVICA TAB 280MG ***(ibrutinib tab 280 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
IMBRUVICA TAB 420MG ***(ibrutinib tab 420 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
INLYTA TAB 1MG ***(axitinib tab 1 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
INLYTA TAB 5MG ***(axitinib tab 5 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
JAKAFI TAB 10MG ***(ruxolitinib phosphate tab 10 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 15MG ***(ruxolitinib phosphate tab 15 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 20MG ***(ruxolitinib phosphate tab 20 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 25MG ***(ruxolitinib phosphate tab 25 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
JAKAFI TAB 5MG ***(ruxolitinib phosphate tab 5 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
lapatinib ditosylate tab 250 mg	5	PA; QL; SP; Maximum of 6 tablets per day; CM
LENVIMA CAP 10 MG ***(lenvatinib cap therapy pack 10 mg (10 mg daily dose***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
LENVIMA CAP 12MG ***(lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose***	5	PA; QL; SP; Maximum of 3 capsules per day; CM

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Drug name	Tier	Coverage Requirements and Limits
LENVIMA CAP 14 MG ***(lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose***	5	PA; QL; SP; Maximum of 2 capsules per day; CM
LENVIMA CAP 18 MG ***(lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose***	5	PA; QL; SP; Maximum of 3 capsules per day; CM
LENVIMA CAP 20 MG ***(lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose***	5	PA; QL; SP; Maximum of 2 capsules per day; CM
LENVIMA CAP 24 MG ***(lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose***	5	PA; QL; SP; Maximum of 3 capsules per day; CM
LENVIMA CAP 4MG ***(lenvatinib cap therapy pack 4 mg (4 mg daily dose***	5	PA; QL; SP; Maximum of 1 capsule per day; CM
LENVIMA CAP 8 MG ***(lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose***	5	PA; QL; SP; Maximum of 2 capsules per day; CM
LORBRENA TAB 100MG ***(lorlatinib tab 100 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
LORBRENA TAB 25MG ***(lorlatinib tab 25 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM
LYNPARZA TAB 100MG ***(olaparib tab 100 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
LYNPARZA TAB 150MG ***(olaparib tab 150 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
MEKINIST SOL 0.05/ML ***(trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq***	5	PA; QL; SP; Maximum of 40ml per day; CM
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide tab 0.5 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide tab 2 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
sorafenib tosylate tab 200 mg	5	PA; QL; SP; Maximum of 4 tablets per day; CM
STIVARGA TAB 40MG ***(regorafenib tab 40 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM
sunitinib malate cap 12.5 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
sunitinib malate cap 25 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
sunitinib malate cap 37.5 mg	5	PA; QL; SP; Maximum of 2 capsules per day; CM
sunitinib malate cap 50 mg	5	PA; QL; SP; Maximum of 1 capsule per day; CM
TAFINLAR CAP 50MG ***(dabrafenib mesylate cap 50 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
TAFINLAR CAP 75MG ***(dabrafenib mesylate cap 75 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
TAFINLAR TAB 10MG ***(dabrafenib mesylate tab for oral susp 10 mg)***	5	PA; QL; SP; Maximum of 30 Tablets per day; CM
TAGRISSO TAB 40MG ***(osimertinib mesylate tab 40 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
TAGRISSO TAB 80MG ***(osimertinib mesylate tab 80 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
TRUQAP PAK 160MG ***(capivasertib tab therapy pack 160 mg)***	5	PA; QL; SP; Maximum of 1 pack (64 tablets) per 28 days; CM
TRUQAP PAK 200MG ***(capivasertib tab therapy pack 200 mg)***	5	PA; QL; SP; Maximum of 1 pack (64 tablets) per 28 days; CM
TRUQAP TAB 160MG ***(capivasertib tab 160 mg)***	5	PA; QL; SP; Maximum of 64 tablets per 28 days; CM
TRUQAP TAB 200MG ***(capivasertib tab 200 mg)***	5	PA; QL; SP; Maximum of 64 tablets per 28 days; CM
TUKYSA TAB 150MG ***(tucatinib tab 150 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day; CM

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Drug name	Tier	Coverage Requirements and Limits
TUKYSA TAB 50MG ***(tucatinib tab 50 mg)***	5	PA; QL; SP; Maximum of 12 tablets per day; CM
TURALIO CAP 125MG ***(pexidartinib hcl cap 125 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
VENCLEXTA TAB 100MG ***(venetoclax tab 100 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day; CM
VENCLEXTA TAB 10MG ***(venetoclax tab 10 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
VENCLEXTA TAB 50MG ***(venetoclax tab 50 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day; CM
VENCLEXTA TAB START PK ***(venetoclax tab therapy starter pack 10 & 50 & 100 mg)***	5	PA; QL; SP; Maximum of 42 tablets per year; CM
VITRAKVI CAP 100MG ***(larotrectinib sulfate cap 100 mg)***	5	PA; QL; SP; Maximum of 4 capsules per day; CM
VITRAKVI CAP 25MG ***(larotrectinib sulfate cap 25 mg)***	5	PA; QL; SP; Maximum of 6 capsules per day; CM
VITRAKVI SOL 20MG/ML ***(larotrectinib sulfate oral soln 20 mg/ml)***	5	PA; QL; SP; Maximum of 20 ml per day; CM
XOSPATA TAB 40MG ***(gilteritinib fumarate tablet 40 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM
ZELBORAF TAB 240MG ***(vemurafenib tab 240 mg)***	5	PA; QL; SP; Maximum of 8 tablets per day; CM
ZYDELIG TAB 100MG ***(idelalisib tab 100 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
ZYDELIG TAB 150MG ***(idelalisib tab 150 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day; CM
ZYKADIA TAB 150MG ***(ceritinib tab 150 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day; CM
Retinoids		
bexarotene cap 75 mg	5	SP; CM
bexarotene gel 1%	5	QL; SP; Maximum of 60 grams per 30 days.
tretinoin cap 10 mg	5	QL; SP; Maximum of 9 capsules per day; CM
Treatment Adjuncts		
MESNA TAB 400MG ***(mesna tab 400 mg)***	5	SP
Antiparasitics		
Anthelmintics		
albendazole tab 200 mg	4	QL; Maximum of 16 tablets per day.
ivermectin lotion 0.5%	4	QL; Maximum of 117 grams per 30 days.
ivermectin tab 3 mg	2	PA; QL; Maximum of 20 tablets per 90 days.
praziquantel tab 600 mg	4	
Antiprotozoals		
ALINIA SUS 100/5ML ***(nitazoxanide for susp 100 mg/5ml)***	3	QL; Maximum of 2 ml per day.
atovaquone susp 750 mg/5ml	4	
atovaquone-proguanil hcl tab 250-100 mg	3	
atovaquone-proguanil hcl tab 62.5-25 mg	3	
benznidazole tab 100 mg	3	QL; Maximum of 4 tablets per day.
benznidazole tab 12.5 mg	3	QL; Maximum of 12 tablets per day.
chloroquine phosphate tab 250 mg	2	QL; Maximum of 2 tablets per day.
chloroquine phosphate tab 500 mg	2	QL; Maximum of 2 tablets per day.
hydroxychloroquine sulfate tab 100 mg	2	QL; Maximum of 2 tablets per day.
hydroxychloroquine sulfate tab 200 mg	2	QL; Maximum of 3 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
mefloquine hcl tab 250 mg	2	
nitazoxanide tab 500 mg	3	QL; Maximum of 6 tablets per 30 days.
pentamidine isethionate for nebulization soln 300 mg	3	QL; Maximum of 1 vial (300 mg) per 28 days.
primaquine phosphate tab 26.3 mg (15 mg base)	2	
pyrimethamine tab 25 mg	5	PA; SP
quinine sulfate cap 324 mg	3	
Pediculicides/Scabicides		
CROTAN LOT 10% ***(crotamiton lotion 10%)***	4	
malathion lotion 0.5%	4	
permethrin cream 5%	2	
spinosad susp 0.9%	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate tab 0.5 mg	2	
benztropine mesylate tab 1 mg	2	
benztropine mesylate tab 2 mg	2	
trihexyphenidyl hcl oral soln 0.4 mg/ml	2	
trihexyphenidyl hcl tab 2 mg	2	
trihexyphenidyl hcl tab 5 mg	2	
Antiparkinson Agents, Other		
amantadine hcl cap 100 mg	2	
amantadine hcl soln 50 mg/5ml	2	
amantadine hcl soln 50 mg/5ml	2	
amantadine hcl tab 100 mg	2	
entacapone tab 200 mg	3	
tolcapone tab 100 mg	4	QL; Maximum of 6 tablets per day.
Dopamine Agonists		
apomorphine hcl soln cartridge 30 mg/3ml	5	QL; SP; Maximum of 3 ml per day.
bromocriptine mesylate cap 5 mg	4	
bromocriptine mesylate tab 2.5 mg	3	
NEUPRO DIS 2MG/24HR ***(rotigotine td patch 24hr 2 mg/24hr)***	4	
pramipexole dihydrochloride tab 0.125 mg	2	
pramipexole dihydrochloride tab 0.25 mg	2	
pramipexole dihydrochloride tab 0.5 mg	2	
pramipexole dihydrochloride tab 0.75 mg	2	
pramipexole dihydrochloride tab 1 mg	2	
pramipexole dihydrochloride tab 1.5 mg	2	
ropinirole hydrochloride tab 0.25 mg	2	
ropinirole hydrochloride tab 0.5 mg	2	
ropinirole hydrochloride tab 1 mg	2	
ropinirole hydrochloride tab 2 mg	2	
ropinirole hydrochloride tab 3 mg	2	
ropinirole hydrochloride tab 4 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
ropinirole hydrochloride tab 5 mg	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa & levodopa orally disintegrating tab 10-100 mg	3	
carbidopa & levodopa orally disintegrating tab 25-100 mg	3	
carbidopa & levodopa orally disintegrating tab 25-250 mg	3	
carbidopa & levodopa tab 10-100 mg	2	
carbidopa & levodopa tab 25-100 mg	2	
carbidopa & levodopa tab 25-250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa tab 25 mg	4	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
DUOPA SUS 4.63-20 *(carbidopa-levodopa enteral susp 4.63-20 mg/ml)*	5	PA; SP
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tab 0.5 mg	4	
rasagiline mesylate tab 1 mg	4	
selegiline hcl cap 5 mg	3	
selegiline hcl tab 5 mg	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tab 10 mg	2	
chlorpromazine hcl tab 100 mg	2	
chlorpromazine hcl tab 200 mg	2	
chlorpromazine hcl tab 25 mg	2	
chlorpromazine hcl tab 50 mg	2	
fluphenazine hcl elixir 2.5 mg/5ml	3	
fluphenazine hcl oral conc 5 mg/ml	3	
fluphenazine hcl tab 1 mg	3	
fluphenazine hcl tab 10 mg	3	
fluphenazine hcl tab 2.5 mg	3	
fluphenazine hcl tab 5 mg	3	
haloperidol lactate oral conc 2 mg/ml	2	
haloperidol tab 0.5 mg	2	
haloperidol tab 1 mg	2	
haloperidol tab 10 mg	2	
haloperidol tab 2 mg	2	
haloperidol tab 20 mg	2	
haloperidol tab 5 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
loxapine succinate cap 10 mg	2	
loxapine succinate cap 25 mg	2	
loxapine succinate cap 5 mg	2	
loxapine succinate cap 50 mg	2	
pimozide tab 1 mg	3	
pimozide tab 2 mg	3	
thioridazine hcl tab 10 mg	2	
thioridazine hcl tab 100 mg	2	
thioridazine hcl tab 25 mg	2	
thioridazine hcl tab 50 mg	2	
thiothixene cap 1 mg	2	
thiothixene cap 10 mg	2	
thiothixene cap 2 mg	2	
thiothixene cap 5 mg	2	
trifluoperazine hcl tab 1 mg	2	
trifluoperazine hcl tab 10 mg	2	
trifluoperazine hcl tab 2 mg	2	
trifluoperazine hcl tab 5 mg	2	
2nd Generation/Atypical		
aripiprazole oral solution 1 mg/ml	4	QL; Maximum of 25 ml per day.
aripiprazole tab 10 mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 15 mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 2 mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 20 mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 30 mg	2	QL; Maximum of 1 tablet per day.
aripiprazole tab 5 mg	2	QL; Maximum of 1 tablet per day.
asenapine maleate sl tab 10 mg	4	QL; Maximum of 2 tablets per day.
asenapine maleate sl tab 2.5 mg	4	QL; Maximum of 2 tablets per day.
asenapine maleate sl tab 5 mg	4	QL; Maximum of 2 tablets per day.
lurasidone hcl tab 120 mg	2	QL; Maximum of 1 tablet per day.
lurasidone hcl tab 20 mg	2	QL; Maximum of 1 tablet per day.
lurasidone hcl tab 40 mg	2	QL; Maximum of 1 tablet per day.
lurasidone hcl tab 60 mg	2	QL; Maximum of 1 tablet per day.
lurasidone hcl tab 80 mg	2	QL; Maximum of 2 tablets per day.
olanzapine orally disintegrating tab 10 mg	3	QL; Maximum of 2 tablets per day.
olanzapine orally disintegrating tab 15 mg	3	QL; Maximum of 1 tablet per day.
olanzapine orally disintegrating tab 20 mg	3	QL; Maximum of 1 tablet per day.
olanzapine orally disintegrating tab 5 mg	3	QL; Maximum of 2 tablets per day.
olanzapine tab 10 mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 15 mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 2.5 mg	2	QL; Maximum of 2 tablets per day.
olanzapine tab 20 mg	2	QL; Maximum of 1 tablet per day.
olanzapine tab 5 mg	2	QL; Maximum of 2 tablets per day.

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olanzapine tab 7.5 mg	2	QL; Maximum of 2 tablets per day.
paliperidone tab er 24hr 1.5 mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 24hr 3 mg	4	QL; Maximum of 1 tablet per day.
paliperidone tab er 24hr 6 mg	4	QL; Maximum of 2 tablets per day.
paliperidone tab er 24hr 9 mg	4	QL; Maximum of 1 tablet per day.
quetiapine fumarate tab 100 mg	2	QL; Maximum of 3 tablets per day.
quetiapine fumarate tab 150 mg	2	QL; Maximum of 3 tablets per day.
quetiapine fumarate tab 200 mg	2	QL; Maximum of 3 tablets per day.
quetiapine fumarate tab 25 mg	2	QL; Maximum of 4 tablets per day.
quetiapine fumarate tab 300 mg	2	QL; Maximum of 2 tablets per day.
quetiapine fumarate tab 400 mg	2	QL; Maximum of 2 tablets per day.
quetiapine fumarate tab 50 mg	2	QL; Maximum of 3 tablets per day.
quetiapine fumarate tab er 24hr 150 mg	3	QL; Maximum of 1 tablet per day.
quetiapine fumarate tab er 24hr 200 mg	3	QL; Maximum of 1 tablet per day.
quetiapine fumarate tab er 24hr 300 mg	3	QL; Maximum of 2 tablets per day.
quetiapine fumarate tab er 24hr 400 mg	3	QL; Maximum of 2 tablets per day.
quetiapine fumarate tab er 24hr 50 mg	3	QL; Maximum of 2 tablets per day.
risperidone orally disintegrating tab 0.25 mg	3	
risperidone orally disintegrating tab 0.5 mg	3	
risperidone orally disintegrating tab 1 mg	3	
risperidone orally disintegrating tab 2 mg	3	
risperidone orally disintegrating tab 3 mg	3	
risperidone orally disintegrating tab 4 mg	3	
risperidone soln 1 mg/ml	2	
risperidone tab 0.25 mg	2	
risperidone tab 0.5 mg	2	
risperidone tab 1 mg	2	
risperidone tab 2 mg	2	
risperidone tab 3 mg	2	
risperidone tab 4 mg	2	
VRAYLAR CAP 1.5-3MG ***(cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6***	4	PA; QL; Maximum of 7 capsules per year.
VRAYLAR CAP 1.5MG ***(cariprazine hcl cap 1.5 mg)***	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 3MG ***(cariprazine hcl cap 3 mg)***	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 4.5MG ***(cariprazine hcl cap 4.5 mg)***	4	PA; QL; Maximum of 1 capsule per day.
VRAYLAR CAP 6MG ***(cariprazine hcl cap 6 mg)***	4	PA; QL; Maximum of 1 capsule per day.
ziprasidone hcl cap 20 mg	3	QL; Maximum of 2 capsules per day.
ziprasidone hcl cap 40 mg	3	QL; Maximum of 2 capsules per day.
ziprasidone hcl cap 60 mg	3	QL; Maximum of 2 capsules per day.
ziprasidone hcl cap 80 mg	3	QL; Maximum of 2 capsules per day.
Treatment-Resistant		
clozapine orally disintegrating tab 100 mg	4	QL; Maximum of 9 tablets per day.
clozapine orally disintegrating tab 12.5 mg	4	QL; Maximum of 2 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
clozapine orally disintegrating tab 150 mg	4	QL; Maximum of 6 tablets per day.
clozapine orally disintegrating tab 200 mg	4	QL; Maximum of 4 tablets per day.
clozapine orally disintegrating tab 25 mg	4	QL; Maximum of 3 tablets per day.
clozapine tab 100 mg	2	
clozapine tab 200 mg	2	
clozapine tab 25 mg	2	
clozapine tab 50 mg	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl for soln 50 mg/ml	4	QL; Maximum of 36 ml per day.
valganciclovir hcl tab 450 mg	2	QL; Maximum of 4 tablets per day.
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tab 10 mg	5	
BARACLUDE SOL ***(entecavir oral soln 0.05 mg/ml)***	5	
entecavir tab 0.5 mg	3	
entecavir tab 1 mg	3	
lamivudine tab 100 mg (hbv)	3	
VEMLIDY TAB 25MG ***(tenofovir alafenamide fumarate tab 25 mg)***	5	QL; Maximum of 1 tablet per day.
Anti-hepatitis C (HCV) Agents		
ledipasvir-sofosbuvir tab 90-400 mg	4	PA; QL; SP; Maximum of 1 tablet per day.
MAVYRET PAK 50-20MG ***(glecaprevir-pibrentasvir pellet pack 50-20 mg)***	4	PA; QL; SP; Maximum of 5 packs per day.
MAVYRET TAB 100-40MG ***(glecaprevir-pibrentasvir tab 100-40 mg)***	4	PA; QL; SP; Maximum of 3 tablets per day.
PEGASYS INJ ***(peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml)***	5	PA; QL; SP; Maximum of 2 ml per 28 days.
PEGASYS INJ 180MCG/M ***(peginterferon alfa-2a inj 180 mcg/ml)***	5	PA; QL; SP; Maximum of 4 ml per 28 days.
ribavirin cap 200 mg	3	
ribavirin tab 200 mg	3	
sofosbuvir-velpatasvir tab 400-100 mg	4	PA; QL; SP; Maximum of 1 tablet per day.
SOVALDI PAK 150MG ***(sofosbuvir pellet pack 150 mg)***	5	PA; QL; SP; Maximum of 1 carton (28 packets) per 28 days.
SOVALDI PAK 200MG ***(sofosbuvir pellet pack 200 mg)***	5	PA; QL; SP; Maximum of 2 cartons (56 packets) per 28 days.
SOVALDI TAB 200MG ***(sofosbuvir tab 200 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
SOVALDI TAB 400MG ***(sofosbuvir tab 400 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
ZEPATIER TAB 50-100MG ***(elbasvir-grazoprevir tab 50-100 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
DOVATO TAB 50-300MG ***(dolutegravir sodium-lamivudine tab 50-300 mg (base eq***	4	QL; Maximum of 1 tablet per day. SM
GENVOYA TAB ***(elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg)***	4	QL; Maximum of 1 tablet per day. SM
ISENTRESS POW 100MG ***(raltegravir potassium packet for susp 100 mg)***	4	QL; Maximum of 2 packets per day. SM
TIVICAY TAB 10MG ***(dolutegravir sodium tab 10 mg)***	4	QL; Maximum of 1 tablet per day. SM
TIVICAY TAB 25MG ***(dolutegravir sodium tab 25 mg)***	4	QL; Maximum of 1 tablet per day. SM
TIVICAY TAB 50MG ***(dolutegravir sodium tab 50 mg)***	4	QL; Maximum of 2 tablets per day. SM
TRIUMEQ TAB ***(abacavir-dolutegravir-lamivudine tab 600-50-300 mg)***	4	QL; Maximum of 1 tablet per day. SM
TYBOST TAB 150MG ***(cobicistat tab 150 mg)***	4	QL; Maximum of 1 tablet per day. SM

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Drug name	Tier	Coverage Requirements and Limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT PED TAB 2.5MG ***(rilpivirine hcl tab for oral susp 2.5 mg)***	4	QL; Maximum of 6 tablets per day. SM
EDURANT TAB 25MG ***(rilpivirine hcl tab 25 mg)***	4	QL; Maximum of 1 tablet per day. SM
efavirenz cap 200 mg	2	QL; Maximum of 3 capsules per day. SM
efavirenz cap 50 mg	2	QL; Maximum of 3 capsules per day. SM
efavirenz tab 600 mg	2	QL; Maximum of 1 tablet per day. SM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	QL; Maximum of 1 tablet per day. SM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	3	QL; Maximum of 1 tablet per day. SM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	QL; Maximum of 1 tablet per day. SM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	4	QL; Maximum of 1 tablet per day. SM
etravirine tab 100 mg	4	QL; Maximum of 2 tablets per day. SM
etravirine tab 200 mg	4	QL; Maximum of 2 tablets per day. SM
INTELENCE TAB 25MG ***(etravirine tab 25 mg)***	4	QL; Maximum of 4 tablets per day. SM
JULUCA TAB 50-25MG ***(dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq***	4	QL; Maximum of 1 tablet per day. SM
nevirapine susp 50 mg/5ml	2	QL; Maximum of 40 ml per day. SM
nevirapine tab 200 mg	2	QL; Maximum of 2 tablets per day. SM
nevirapine tab er 24hr 100 mg	2	QL; Maximum of 2 tablets per day. SM
nevirapine tab er 24hr 400 mg	2	QL; Maximum of 1 tablet per day. SM
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg)***	4	QL; Maximum of 1 tablet per day. SM
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate soln 20 mg/ml	3	QL; Maximum of 32 ml per day. SM
abacavir sulfate tab 300 mg	2	QL; Maximum of 2 tablets per day. SM
abacavir sulfate-lamivudine tab 600-300 mg	2	QL; Maximum of 1 tablet per day. SM
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)***	4	QL; Maximum of 1 tablet per day. SM
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg)***	4	QL; Maximum of 1 tablet per day. SM
DESCOVY TAB 200/25MG ***(emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg)***	4	QL;;$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
emtricitabine caps 200 mg	3	QL; Maximum of 1 capsule per day. SM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	QL; Maximum of 1 tablet per day. SM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	QL; Maximum of 1 tablet per day. SM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	QL; Maximum of 1 tablet per day. SM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
lamivudine oral soln 10 mg/ml	2	QL; Maximum of 32 ml per day. SM
lamivudine oral soln 10 mg/ml	2	QL; Maximum of 32 ml per day. SM
lamivudine tab 150 mg	2	QL; Maximum of 2 tablets per day. SM
lamivudine tab 300 mg	2	QL; Maximum of 1 tablet per day. SM
lamivudine-zidovudine tab 150-300 mg	2	QL; Maximum of 2 tablets per day. SM

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Drug name	Tier	Coverage Requirements and Limits
tenofovir disoproxil fumarate tab 300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.;Maximum of 1 tablet per day. SM
zidovudine cap 100 mg	2	QL; Maximum of 6 capsules per day. SM
zidovudine syrup 10 mg/ml	2	QL; Maximum of 64 ml per day. SM
zidovudine tab 300 mg	2	QL; Maximum of 2 tablets per day. SM
Anti-HIV Agents, Other		
FUZEON INJ 90MG ***(enfuvirtide for inj 90 mg)***	5	QL; Maximum of 2 vials per day. SM
maraviroc tab 150 mg	2	QL; Maximum of 2 tablets per day. SM
maraviroc tab 300 mg	2	QL; Maximum of 4 tablets per day. SM
SELZENTRY SOL 20MG/ML ***(maraviroc oral soln 20 mg/ml)***	4	QL; Maximum of 8 bottles (1840 ml) per 30 days. SM
SELZENTRY TAB 25MG ***(maraviroc tab 25 mg)***	4	QL; Maximum of 4 tablets per day. SM
SELZENTRY TAB 75MG ***(maraviroc tab 75 mg)***	4	QL; Maximum of 2 tablets per day. SM
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAP 250MG ***(tipranavir cap 250 mg)***	4	QL; Maximum of 4 capsules per day. SM
atazanavir sulfate cap 150 mg	2	QL; Maximum of 1 capsule per day. SM
atazanavir sulfate cap 200 mg	2	QL; Maximum of 2 capsules per day. SM
atazanavir sulfate cap 300 mg	2	QL; Maximum of 1 capsule per day. SM
darunavir tab 600 mg	2	QL; Maximum of 2 tablets per day. SM
darunavir tab 800 mg	2	QL; Maximum of 1 tablet per day. SM
EVOTAZ TAB 300-150 ***(atazanavir sulfate-cobicistat tab 300-150 mg)***	4	QL; Maximum of 1 tablet per day. SM
fosamprenavir calcium tab 700 mg	4	QL; Maximum of 4 tablets per day. SM
LEXIVA SUS 50MG/ML ***(fosamprenavir calcium susp 50 mg/ml)***	4	QL; Maximum of 60 ml per day. SM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	QL; Maximum of 2 bottles (320 ml) per 30 days. SM
lopinavir-ritonavir tab 100-25 mg	2	QL; Maximum of 2 tablets per day. SM
lopinavir-ritonavir tab 200-50 mg	2	QL; Maximum of 4 tablets per day. SM
NORVIR POW 100MG ***(ritonavir powder packet 100 mg)***	4	QL; Maximum of 12 packets per day. SM
PREZCOBIX TAB 675/150 ***(darunavir-cobicistat tab 675-150 mg)***	4	QL; Maximum of 1 tablet per day. SM
PREZCOBIX TAB 800-150 ***(darunavir-cobicistat tab 800-150 mg)***	4	QL; Maximum of 1 tablet per day. SM
PREZISTA SUS 100MG/ML ***(darunavir oral susp 100 mg/ml)***	4	QL; Maximum of 2 bottles (400 ml) per 30 days. SM
REYATAZ POW 50MG ***(atazanavir sulfate oral powder packet 50 mg)***	4	QL; Maximum of 6 packets per day. SM
ritonavir tab 100 mg	2	QL; Maximum of 12 tablets per day. SM
VIRACEPT TAB 250MG ***(nelfinavir mesylate tab 250 mg)***	4	QL; Maximum of 10 tablets per day. SM
VIRACEPT TAB 625MG ***(nelfinavir mesylate tab 625 mg)***	4	QL; Maximum of 4 tablets per day. SM
Anti-influenza Agents		
oseltamivir phosphate cap 30 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate cap 45 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate cap 75 mg	2	QL; Maximum of 2 capsules per day.
oseltamivir phosphate for susp 6 mg/ml	2	QL; Maximum of 26 ml per day.
RELENZA MIS DISKHALE ***(zanamivir aerosol powder breath activated 5 mg/act)***	4	QL; Maximum of 3 inhalers (60 blisters) per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
rimantadine hydrochloride tab 100 mg	3	
Antiherpetic Agents		
acyclovir cap 200 mg	2	
acyclovir oint 5%	3	QL; Maximum of 1 tube (30 grams) per 30 days.
acyclovir susp 200 mg/5ml	2	
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg	2	
acyclovir tab 800 mg	2	
famciclovir tab 125 mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 250 mg	2	QL; Maximum of 2 tablets per day.
famciclovir tab 500 mg	2	QL; Maximum of 3 tablets per day.
valacyclovir hcl tab 1 gm	2	QL; Maximum of 4 tablets per day.
valacyclovir hcl tab 500 mg	2	QL; Maximum of 2 tablets per day.
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tab 10 mg	2	
buspirone hcl tab 15 mg	2	
buspirone hcl tab 30 mg	2	
buspirone hcl tab 5 mg	2	
buspirone hcl tab 7.5 mg	2	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl syrup 10 mg/5ml	2	
hydroxyzine hcl tab 10 mg	2	
hydroxyzine hcl tab 25 mg	2	
hydroxyzine hcl tab 50 mg	2	
hydroxyzine pamoate cap 100 mg	2	
hydroxyzine pamoate cap 25 mg	2	
hydroxyzine pamoate cap 50 mg	2	
meprobamate tab 200 mg	4	
meprobamate tab 400 mg	4	
Benzodiazepines		
alprazolam conc 1 mg/ml	3	QL; Maximum of 10 ml per day.
alprazolam orally disintegrating tab 0.25 mg	3	QL; Maximum of 4 tablets per day.
alprazolam orally disintegrating tab 0.5 mg	3	QL; Maximum of 4 tablets per day.
alprazolam orally disintegrating tab 1 mg	3	QL; Maximum of 4 tablets per day.
alprazolam orally disintegrating tab 2 mg	3	QL; Maximum of 5 tablets per day.
alprazolam tab 0.25 mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 0.5 mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 1 mg	2	QL; Maximum of 4 tablets per day.
alprazolam tab 2 mg	2	QL; Maximum of 5 tablets per day.
alprazolam tab er 24hr 0.5 mg	3	QL; Maximum of 1 tablet per day.
alprazolam tab er 24hr 1 mg	3	QL; Maximum of 1 tablet per day.
alprazolam tab er 24hr 2 mg	3	QL; Maximum of 5 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
alprazolam tab er 24hr 3 mg	3	QL; Maximum of 3 tablets per day.
chlordiazepoxide hcl cap 10 mg	2	
chlordiazepoxide hcl cap 25 mg	2	
chlordiazepoxide hcl cap 5 mg	2	
clonazepam orally disintegrating tab 0.125 mg	3	QL; Maximum of 4 tablets per day.
clonazepam orally disintegrating tab 0.25 mg	3	QL; Maximum of 4 tablets per day.
clonazepam orally disintegrating tab 0.5 mg	3	QL; Maximum of 4 tablets per day.
clonazepam orally disintegrating tab 1 mg	3	QL; Maximum of 4 tablets per day.
clonazepam orally disintegrating tab 2 mg	3	QL; Maximum of 10 tablets per day.
clonazepam tab 0.5 mg	2	QL; Maximum of 4 tablets per day.
clonazepam tab 1 mg	2	QL; Maximum of 4 tablets per day.
clonazepam tab 2 mg	2	QL; Maximum of 10 tablets per day.
clorazepate dipotassium tab 15 mg	3	QL; Maximum of 6 tablets per day.
clorazepate dipotassium tab 3.75 mg	3	QL; Maximum of 24 tablets per day.
clorazepate dipotassium tab 7.5 mg	3	QL; Maximum of 12 tablets per day.
diazepam conc 5 mg/ml	2	QL; Maximum of 8 ml per day.
diazepam conc 5 mg/ml	2	QL; Maximum of 8 ml per day.
diazepam oral soln 1 mg/ml	2	
diazepam tab 10 mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 2 mg	2	QL; Maximum of 4 tablets per day.
diazepam tab 5 mg	2	QL; Maximum of 4 tablets per day.
estazolam tab 1 mg	2	QL; Maximum of 1 tablet per day.
estazolam tab 2 mg	2	QL; Maximum of 1 tablet per day.
lorazepam conc 2 mg/ml	2	QL; Maximum of 5 ml per day.
lorazepam tab 0.5 mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 1 mg	2	QL; Maximum of 4 tablets per day.
lorazepam tab 2 mg	2	QL; Maximum of 5 tablets per day.
oxazepam cap 10 mg	2	
oxazepam cap 15 mg	2	
oxazepam cap 30 mg	2	
quazepam tab 15 mg	4	
triazolam tab 0.125 mg	2	QL; Maximum of 1 tablet per day.
triazolam tab 0.25 mg	2	QL; Maximum of 2 tablets per day.
Benzodiazepines		
alprazolam tab er 24hr 0.5 mg	3	QL; Maximum of 1 tablet per day.
alprazolam tab er 24hr 1 mg	3	QL; Maximum of 1 tablet per day.
alprazolam tab er 24hr 2 mg	3	QL; Maximum of 5 tablets per day.
alprazolam tab er 24hr 3 mg	3	QL; Maximum of 3 tablets per day.
Bipolar Agents		
Mood Stabilizers		
lithium carbonate cap 150 mg	2	
lithium carbonate cap 300 mg	2	
lithium carbonate cap 600 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
lithium carbonate tab 300 mg	2	
lithium carbonate tab er 300 mg	2	
lithium carbonate tab er 450 mg	2	
lithium oral solution 8 meq/5ml	2	
Blood Glucose Monitoring		
Blood Glucose Monitoring		
lancet devices*	1	
lancets*	1	
ACCU-CHEK KIT GUIDE ***(*blood glucose monitoring kit w/ device***)***	3	QL; Maximum of 1 device per year.
ACCU-CHEK KIT GUIDE ME ***(*blood glucose monitoring kit w/ device***)***	3	QL; Maximum of 1 device per year.
AUTOPEN MIS 1-21UNIT ***(injection device for insulin)***	1	
CONTOUR NEXT KIT ONE ***(*blood glucose monitoring kit***)***	1	QL; Maximum of 1 device per year.
IHEALTH LIQ CONTROL ***(*blood glucose calibration - liquid***)***	1	QL; Maximum of 2 boxes per year.
PRODIGY AUTO KIT MONITOR ***(*blood glucose monitoring kit w/ device***)***	4	PA; QL; Maximum of 1 device per year.
PRODIGY AUTO MIS SYSTEM ***(*blood glucose monitoring devices***)***	4	PA; QL; Maximum of 1 device per year.
PRODIGY KIT NO CODIN ***(*blood glucose monitoring kit w/ device***)***	4	PA; QL; Maximum of 1 device per year.
PRODIGY NO TES CODING ***(glucose blood test strip)***	4	PA; QL; Maximum of 100 strips per month.
PRODIGY PCKT KIT METER ***(*blood glucose monitoring kit w/ device***)***	4	PA; QL; Maximum of 1 device per year.
PRODIGY VOIC KIT METER ***(*blood glucose monitoring kit w/ device***)***	4	PA; QL; Maximum of 1 device per year.
SELECT-LITE KIT DEV/LANC ***(*lancets kit***)***	1	QL; Maximum of 1 device per year.
TRUE METRIX SOL LEVEL 1 ***(*blood glucose calibration - liquid - low***)***	1	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 2 ***(*blood glucose calibration - liquid - normal***)***	1	QL; Maximum of 2 boxes per year.
TRUE METRIX SOL LEVEL 3 ***(*blood glucose calibration - liquid - high***)***	1	QL; Maximum of 2 boxes per year.
Insulins		
NOVOPEN ECHO MIS ***(injection device for insulin)***	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tab 100 mg	2	QL; Maximum of 3 tablets per day.
acarbose tab 25 mg	2	QL; Maximum of 12 tablets per day.
acarbose tab 50 mg	2	QL; Maximum of 6 tablets per day.
BYDUREON BC INJ 2/0.85ML ***(exenatide extended release susp auto-injector 2 mg/0.85ml)***	3	PA; QL; Maximum of 4 pens (3.4 ml) per 28 days.
FARXIGA TAB 10MG ***(dapagliflozin propanediol tab 10 mg)***	3	QL; Maximum of 1 tablet per day.
FARXIGA TAB 5MG ***(dapagliflozin propanediol tab 5 mg)***	3	QL; Maximum of 1 tablet per day.
glimepiride tab 1 mg	1	QL; Maximum of 8 tablets per day.
glimepiride tab 2 mg	1	QL; Maximum of 4 tablets per day.
glimepiride tab 4 mg	1	QL; Maximum of 2 tablets per day.
glipizide tab 10 mg	1	QL; Maximum of 4 tablets per day.
glipizide tab 2.5 mg	1	QL; Maximum of 8 tablets per day.
glipizide tab 5 mg	1	QL; Maximum of 8 tablets per day.
glipizide tab er 24hr 10 mg	1	QL; Maximum of 2 tablets per day.
glipizide tab er 24hr 2.5 mg	1	QL; Maximum of 8 tablets per day.
glipizide tab er 24hr 5 mg	1	QL; Maximum of 4 tablets per day.
glipizide-metformin hcl tab 2.5-250 mg	3	QL; Maximum of 8 tablets per day.

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glipizide-metformin hcl tab 2.5-250 mg	3	QL; Maximum of 8 tablets per day.
glipizide-metformin hcl tab 2.5-500 mg	3	QL; Maximum of 4 tablets per day.
glipizide-metformin hcl tab 2.5-500 mg	3	QL; Maximum of 4 tablets per day.
glipizide-metformin hcl tab 5-500 mg	3	QL; Maximum of 4 tablets per day.
glyburide micronized tab 1.5 mg	2	QL; Maximum of 8 tablets per day.
glyburide micronized tab 3 mg	2	QL; Maximum of 4 tablets per day.
glyburide micronized tab 6 mg	2	QL; Maximum of 2 tablets per day.
glyburide tab 1.25 mg	2	QL; Maximum of 16 tablets per day.
glyburide tab 2.5 mg	2	QL; Maximum of 8 tablets per day.
glyburide tab 5 mg	2	QL; Maximum of 4 tablets per day.
glyburide-metformin tab 1.25-250 mg	2	QL; Maximum of 8 tablets per day.
glyburide-metformin tab 2.5-500 mg	2	QL; Maximum of 4 tablets per day.
glyburide-metformin tab 5-500 mg	2	QL; Maximum of 4 tablets per day.
JARDIANCE TAB 10MG ***(empagliflozin tab 10 mg)***	3	QL; Maximum of 1 tablet per day.
JARDIANCE TAB 25MG ***(empagliflozin tab 25 mg)***	3	QL; Maximum of 1 tablet per day.
metformin hcl oral soln 500 mg/5ml	4	QL; Maximum of 25.5 ml per day.
metformin hcl tab 1000 mg	1	QL; Maximum of 2.5 tablets per day.
metformin hcl tab 500 mg	1	QL; Maximum of 5 tablets per day.
metformin hcl tab 850 mg	1	QL; Maximum of 3 tablets per day.
metformin hcl tab er 24hr 500 mg	1	QL; Maximum of 4 tablets per day.
metformin hcl tab er 24hr 750 mg	1	QL; Maximum of 2 tablets per day.
miglitol tab 100 mg	3	QL; Maximum of 3 tablets per day.
miglitol tab 25 mg	3	QL; Maximum of 12 tablets per day.
miglitol tab 50 mg	3	QL; Maximum of 6 tablets per day.
MOUNJARO INJ 10MG/0.5 ***(tirzepatide soln auto-injector 10 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 12.5/0.5 ***(tirzepatide soln auto-injector 12.5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 15MG/0.5 ***(tirzepatide soln auto-injector 15 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 2.5/0.5 ***(tirzepatide soln auto-injector 2.5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 5MG/0.5 ***(tirzepatide soln auto-injector 5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
MOUNJARO INJ 7.5/0.5 ***(tirzepatide soln auto-injector 7.5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2ml) per 28 days.
nateglinide tab 120 mg	3	QL; Maximum of 3 tablets per day.
nateglinide tab 60 mg	3	QL; Maximum of 6 tablets per day.
OZEMPIC INJ 2MG/3ML ***(semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 4MG/3ML ***(semaglutide soln pen-inj 1 mg/dose (4 mg/3ml***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
OZEMPIC INJ 8MG/3ML ***(semaglutide soln pen-inj 2 mg/dose (8 mg/3ml***	3	PA; QL; Maximum of 1 pen (3 ml) per 28 days.
pioglitazone hcl tab 15 mg	1	QL; Maximum of 3 tablets per day.
pioglitazone hcl tab 30 mg	1	QL; Maximum of 1 tablet per day.
pioglitazone hcl tab 45 mg	1	QL; Maximum of 1 tablet per day.
pioglitazone hcl-metformin hcl tab 15-500 mg	3	QL; Maximum of 3 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
pioglitazone hcl-metformin hcl tab 15-850 mg	3	QL; Maximum of 3 tablets per day.
repaglinide tab 0.5 mg	2	QL; Maximum of 32 tablets per day.
repaglinide tab 1 mg	2	QL; Maximum of 16 tablets per day.
repaglinide tab 2 mg	2	QL; Maximum of 8 tablets per day.
RYBELSUS TAB 14MG ***(semaglutide tab 14 mg)***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 3MG ***(semaglutide tab 3 mg)***	3	PA; QL; Maximum of 1 tablet per day.
RYBELSUS TAB 7MG ***(semaglutide tab 7 mg)***	3	PA; QL; Maximum of 1 tablet per day.
saxagliptin hcl tab 2.5 mg	3	QL; Maximum of 1 tablet per day.
saxagliptin hcl tab 5 mg	3	QL; Maximum of 1 tablet per day.
SYNJARDY TAB ***(empagliflozin-metformin hcl tab 12.5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl tab 12.5-500 mg)***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl tab 5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl tab 5-500 mg)***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB ***(empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
SYNJARDY XR TAB 10-1000 ***(empagliflozin-metformin hcl tab er 24hr 10-1000 mg)***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl tab er 24hr 25-1000 mg)***	3	QL; Maximum of 1 tablet per day.
SYNJARDY XR TAB 5-1000MG ***(empagliflozin-metformin hcl tab er 24hr 5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
TRULICITY INJ 0.75/0.5 ***(dulaglutide soln auto-injector 0.75 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 1.5/0.5 ***(dulaglutide soln auto-injector 1.5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 3/0.5 ***(dulaglutide soln auto-injector 3 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
TRULICITY INJ 4.5/0.5 ***(dulaglutide soln auto-injector 4.5 mg/0.5ml)***	3	PA; QL; Maximum of 4 pens (2 ml) per 28 days.
XIGDUO XR TAB 10-1000 ***(dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg)***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 10-500MG ***(dapagliflozin prop-metformin hcl tab er 24hr 10-500 mg)***	3	QL; Maximum of 1 tablet per day.
XIGDUO XR TAB 2.5-1000 ***(dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-1000MG ***(dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg)***	3	QL; Maximum of 2 tablets per day.
XIGDUO XR TAB 5-500MG ***(dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg)***	3	QL; Maximum of 1 tablet per day.
Glycemic Agents		
BAQSIMI ONE POW 3MG/DOSE ***(glucagon nasal powder 3 mg/dose)***	1	QL; Maximum of 2 intranasal devices per month.
BAQSIMI TWO POW 3MG/DOSE ***(glucagon nasal powder 3 mg/dose)***	1	QL; Maximum of 2 intranasal devices per month.
diazoxide susp 50 mg/ml	4	
glucagon (rdna) for inj kit 1 mg	1	QL; Maximum of 2 devices per month.
GLUCAGON EMR SOL 1MG ***(glucagon hcl for inj 1 mg)***	1	QL; Maximum of 2 kits per 30 days.
GVOKE HYPO 1 INJ 0.5/.1ML ***(glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml)***	1	QL; Maximum of 0.2 ml per 30 days.
GVOKE HYPO 1 INJ 1/0.2ML ***(glucagon subcutaneous solution auto-injector 1 mg/0.2ml)***	1	QL; Maximum of 0.4 ml per 30 days.

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

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LEVEMIR INJ ***(insulin detemir inj 100 unit/ml)***	1	QL; Maximum of 1 ml per day.
LEVEMIR INJ FLEXPEN ***(insulin detemir soln pen-injector 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEX REL ***(insulin aspart soln pen-injector 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ FLEXPEN ***(insulin aspart soln pen-injector 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG INJ PENFILL ***(insulin aspart soln cartridge 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ 70/30 ***(insulin aspart prot & aspart (human) inj 100 unit/ml (70-30***	1	QL; Maximum of 1 ml per day.
NOVOLOG MIX INJ FLEX REL ***(insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30***	1	QL; Maximum of 1.5 ml per day.
NOVOLOG RELI INJ 70/30 ***(insulin aspart prot & aspart (human) inj 100 unit/ml (70-30***	1	QL; Maximum of 1 ml per day.
REZVOGLAR INJ 100UT/ML ***(insulin glargine-aglr soln pen-injector 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
SOLIQUA INJ 100/33 ***(insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)***	3	QL; Maximum of 6 pens (18 ml) per 30 days; SM
TRESIBA FLEX INJ 100UNIT ***(insulin degludec soln pen-injector 100 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
TRESIBA FLEX INJ 200UNIT ***(insulin degludec soln pen-injector 200 unit/ml)***	1	QL; Maximum of 1.5 ml per day.
TRESIBA INJ 100UNIT ***(insulin degludec inj 100 unit/ml)***	1	QL; Maximum of 1 ml per day.
XULTOPHY INJ 100/3.6 ***(insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml)***	3	QL; Maximum of 5 pens (15 ml) per 30 days; SM
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	3	QL; Maximum of 2 capsules per day.
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	3	QL; Maximum of 2 capsules per day.
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	3	QL; Maximum of 2 capsules per day.
ELIQUIS ST P TAB 5MG ***(apixaban tab starter pack 5 mg)***	3	QL; Maximum of 1 pack per year.
ELIQUIS TAB 2.5MG ***(apixaban tab 2.5 mg)***	3	QL; Maximum of 2 tablets per day.
ELIQUIS TAB 5MG ***(apixaban tab 5 mg)***	3	QL; Maximum of 2 tablets per day.
enoxaparin sodium inj 300 mg/3ml	3	QL; Maximum of 1 vial (3 ml) per day.
enoxaparin sodium inj soln pref syr 100 mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin sodium inj soln pref syr 150 mg/ml	3	QL; Maximum of 2 syringes (2 ml) per day.
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	3	QL; Maximum of 2 syringes (0.6 ml) per day.
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	3	QL; Maximum of 2 syringes (0.8 ml) per day.
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	3	QL; Maximum of 2 syringes (1.2 ml) per day.
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	3	QL; Maximum of 2 syringes (1.6 ml) per day.
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	3	QL; Maximum of 2 syringes (1.6 ml) per day.
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	4	QL; Maximum of 24 ml per 30 days.
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	4	QL; Maximum of 15 ml per 30 days.
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	4	QL; Maximum of 12 ml per 30 days.
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	4	QL; Maximum of 18 ml per 30 days.
FRAGMIN INJ 10000/ML ***(dalteparin sodium soln prefilled syr 10000 unit/ml)***	5	QL; Maximum of 30 ml per 30 days.

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

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XARELTO STAR TAB 15/20MG ***(rivaroxaban tab starter therapy pack 15 mg & 20 mg)***	3	QL; Maximum of 1 pack (51 tablets) per year.
XARELTO SUS 1MG/ML ***(rivaroxaban for susp 1 mg/ml)***	3	QL; Maximum of 20 ml per day.
XARELTO TAB 10MG ***(rivaroxaban tab 10 mg)***	3	QL; Maximum of 1 tablet per day.
XARELTO TAB 15MG ***(rivaroxaban tab 15 mg)***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 2.5MG ***(rivaroxaban tab 2.5 mg)***	3	QL; Maximum of 2 tablets per day.
XARELTO TAB 20MG ***(rivaroxaban tab 20 mg)***	3	QL; Maximum of 1 tablet per day.
Blood Formation Modifiers		
anagrelide hcl cap 0.5 mg	4	
anagrelide hcl cap 1 mg	4	
ARANESP INJ 100MCG ***(darbepoetin alfa soln inj 100 mcg/ml)***	5	QL; SP; Maximum of 2 ml per 28 days.
ARANESP INJ 100MCG ***(darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml)***	5	QL; SP; Maximum of 1 ml per 28 days.
ARANESP INJ 10MCG ***(darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml)***	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 150MCG ***(darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml)***	5	QL; SP; Maximum of 0.6 ml per 28 days.
ARANESP INJ 200MCG ***(darbepoetin alfa soln inj 200 mcg/ml)***	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 200MCG ***(darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml)***	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 25MCG ***(darbepoetin alfa soln inj 25 mcg/ml)***	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 25MCG ***(darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml)***	5	QL; SP; Maximum of 1.68 ml per 28 days.
ARANESP INJ 300MCG ***(darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml)***	5	QL; SP; Maximum of 1.2 ml per 28 days.
ARANESP INJ 40MCG ***(darbepoetin alfa soln inj 40 mcg/ml)***	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 40MCG ***(darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml)***	5	QL; SP; Maximum of 1.6 ml per 28 days.
ARANESP INJ 500MCG ***(darbepoetin alfa soln prefilled syringe 500 mcg/ml)***	5	QL; SP; Maximum of 2 ml per 28 days.
ARANESP INJ 60MCG ***(darbepoetin alfa soln inj 60 mcg/ml)***	5	QL; SP; Maximum of 4 ml per 28 days.
ARANESP INJ 60MCG ***(darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml)***	5	QL; SP; Maximum of 1.2 ml per 28 days.
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	5	PA; QL; SP; Maximum of 6 packets per day.
eltrombopag olamine powder pack for susp 25 mg	5	PA; QL; SP; Maximum of 6 packets per day.
eltrombopag olamine tab 12.5 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
eltrombopag olamine tab 25 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
eltrombopag olamine tab 50 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
eltrombopag olamine tab 75 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
LEUKINE INJ 250MCG ***(sargramostim lyophilized for inj 250 mcg)***	5	SP
NEULASTA INJ 6MG/0.6M ***(pegfilgrastim soln prefilled syringe 6 mg/0.6ml)***	5	SP
NEULASTA KIT 6MG/0.6M ***(pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)***	5	SP
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	SP
RETACRIT INJ 10000UNT ***(epoetin alfa-epbx inj 10000 unit/ml)***	5	QL; SP; Maximum of 8 ml per 21 days.
RETACRIT INJ 20000UNI ***(epoetin alfa-epbx inj 20000 unit/ml)***	5	QL; SP; Maximum of 4 ml per 21 days.
RETACRIT INJ 2000UNIT ***(epoetin alfa-epbx inj 2000 unit/ml)***	5	QL; SP; Maximum of 12 ml per 21 days.
RETACRIT INJ 3000UNIT ***(epoetin alfa-epbx inj 3000 unit/ml)***	5	QL; SP; Maximum of 12 ml per 21 days.

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RETACRIT INJ 40000UNT ***(epoetin alfa-epbx inj 40000 unit/ml)***	5	QL; SP; Maximum of 4 ml per 21 days.
RETACRIT INJ 4000UNIT ***(epoetin alfa-epbx inj 4000 unit/ml)***	5	QL; SP; Maximum of 12 ml per 21 days.
ZARXIO INJ 300/0.5 ***(filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml)***	5	SP
ZARXIO INJ 480/0.8 ***(filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml)***	5	SP
Hemostasis Agents		
aminocaproic acid oral soln 0.25 gm/ml	4	
aminocaproic acid tab 1000 mg	4	
aminocaproic acid tab 500 mg	4	
RECOTHROM SOL 20000UNT ***(thrombin (recombinant) for soln 20000 unit)***	4	
RECOTHROM SOL 5000UNIT ***(thrombin (recombinant) for soln 5000 unit)***	4	
thrombin for soln 20000 unit	4	
thrombin for soln 5000 unit	4	
thrombin for soln kit 20000 unit	4	
thrombin for soln kit 5000 unit	4	
thrombin for soln kit 5000 unit	4	
tranexamic acid tab 650 mg	3	QL; Maximum of 6 tablets per day.
Platelet Modifying Agents		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	QL; Maximum of 2 capsules per day.
cilostazol tab 100 mg	2	
cilostazol tab 50 mg	2	
clopidogrel bisulfate tab 300 mg	2	QL; Maximum of 1 tablet per day.
clopidogrel bisulfate tab 75 mg	2	QL; Maximum of 4 tablets per day.
dipyridamole tab 25 mg	2	
dipyridamole tab 50 mg	2	
dipyridamole tab 75 mg	2	
prasugrel hcl tab 10 mg	2	QL; Maximum of 1 tablet per day.
prasugrel hcl tab 5 mg	2	QL; Maximum of 1 tablet per day.
ticagrelor tab 60 mg	4	QL; Maximum of 2 tablets per day.
ticagrelor tab 90 mg	4	QL; Maximum of 2 tablets per day.
YOSPRALA TAB 325-40MG ***(aspirin-omeprazole tab delayed release 325-40 mg)***	3	QL; Maximum of 1 tablet per day.
YOSPRALA TAB 81-40MG ***(aspirin-omeprazole tab delayed release 81-40 mg)***	3	QL; Maximum of 1 tablet per day.
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl tab 0.1 mg	2	
clonidine hcl tab 0.2 mg	2	
clonidine hcl tab 0.3 mg	2	
clonidine td patch weekly 0.1 mg/24hr	3	
clonidine td patch weekly 0.2 mg/24hr	3	
clonidine td patch weekly 0.3 mg/24hr	3	
guanfacine hcl tab 1 mg	2	QL; Maximum of 2 tablets per day.
guanfacine hcl tab 2 mg	2	QL; Maximum of 2 tablets per day.
methyldopa tab 250 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
methyldopa tab 500 mg	2	
midodrine hcl tab 10 mg	2	
midodrine hcl tab 2.5 mg	2	
midodrine hcl tab 5 mg	2	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate tab 1 mg	2	
doxazosin mesylate tab 2 mg	2	
doxazosin mesylate tab 4 mg	2	
doxazosin mesylate tab 8 mg	2	
phenoxybenzamine hcl cap 10 mg	4	
prazosin hcl cap 1 mg	2	
prazosin hcl cap 2 mg	2	
prazosin hcl cap 5 mg	2	
Angiotensin II Receptor Antagonists		
amlodipine besylate-valsartan tab 10-160 mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate-valsartan tab 10-320 mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate-valsartan tab 5-160 mg	3	QL; Maximum of 1 tablet per day.
amlodipine besylate-valsartan tab 5-320 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil tab 16 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil tab 32 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil tab 4 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil tab 8 mg	3	QL; Maximum of 3 tablets per day.
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	3	QL; Maximum of 1 tablet per day.
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	3	QL; Maximum of 1 tablet per day.
irbesartan tab 150 mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 300 mg	2	QL; Maximum of 1 tablet per day.
irbesartan tab 75 mg	2	QL; Maximum of 3 tablets per day.
irbesartan-hydrochlorothiazide tab 150-12.5 mg	2	QL; Maximum of 1 tablet per day.
irbesartan-hydrochlorothiazide tab 300-12.5 mg	2	QL; Maximum of 1 tablet per day.
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	QL; Maximum of 1 tablet per day.
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	QL; Maximum of 1 tablet per day.
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	QL; Maximum of 2 tablets per day.
losartan potassium tab 100 mg	1	QL; Maximum of 1 tablet per day.
losartan potassium tab 25 mg	1	QL; Maximum of 2 tablets per day.
losartan potassium tab 50 mg	1	QL; Maximum of 2 tablets per day.
olmesartan medoxomil tab 20 mg	2	QL; Maximum of 1 tablet per day.
olmesartan medoxomil tab 40 mg	2	QL; Maximum of 1 tablet per day.
olmesartan medoxomil tab 5 mg	2	QL; Maximum of 2 tablets per day.
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	2	QL; Maximum of 1 tablet per day.
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	2	QL; Maximum of 1 tablet per day.
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	2	QL; Maximum of 1 tablet per day.
telmisartan tab 20 mg	3	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
telmisartan tab 40 mg	3	QL; Maximum of 1 tablet per day.
telmisartan tab 80 mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 40-12.5 mg	3	QL; Maximum of 1 tablet per day.
telmisartan-hydrochlorothiazide tab 80-12.5 mg	3	QL; Maximum of 2 tablets per day.
telmisartan-hydrochlorothiazide tab 80-25 mg	3	QL; Maximum of 1 tablet per day.
valsartan tab 160 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 320 mg	2	QL; Maximum of 1 tablet per day.
valsartan tab 40 mg	2	QL; Maximum of 2 tablets per day.
valsartan tab 80 mg	2	QL; Maximum of 2 tablets per day.
valsartan-hydrochlorothiazide tab 160-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 160-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-12.5 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 320-25 mg	2	QL; Maximum of 1 tablet per day.
valsartan-hydrochlorothiazide tab 80-12.5 mg	2	QL; Maximum of 1 tablet per day.
Angiotensin-converting Enzyme (ACE) Inhibitors		
amlodipine besylate-benazepril hcl cap 10-20 mg	2	QL; Maximum of 1 capsule per day.
amlodipine besylate-benazepril hcl cap 10-40 mg	2	QL; Maximum of 1 capsule per day.
amlodipine besylate-benazepril hcl cap 2.5-10 mg	2	QL; Maximum of 1 capsule per day.
amlodipine besylate-benazepril hcl cap 5-10 mg	2	QL; Maximum of 1 capsule per day.
amlodipine besylate-benazepril hcl cap 5-20 mg	2	QL; Maximum of 1 capsule per day.
amlodipine besylate-benazepril hcl cap 5-40 mg	2	QL; Maximum of 1 capsule per day.
benazepril & hydrochlorothiazide tab 10-12.5 mg	3	QL; Maximum of 1 tablet per day.
benazepril & hydrochlorothiazide tab 20-12.5 mg	3	QL; Maximum of 1 tablet per day.
benazepril & hydrochlorothiazide tab 20-25 mg	3	QL; Maximum of 1 tablet per day.
benazepril & hydrochlorothiazide tab 5-6.25 mg	3	QL; Maximum of 1 tablet per day.
benazepril hcl tab 10 mg	2	QL; Maximum of 2 tablets per day.
benazepril hcl tab 20 mg	2	QL; Maximum of 2 tablets per day.
benazepril hcl tab 40 mg	2	QL; Maximum of 2 tablets per day.
benazepril hcl tab 5 mg	2	QL; Maximum of 2 tablets per day.
captopril & hydrochlorothiazide tab 25-15 mg	3	QL; Maximum of 3 tablets per day.
captopril & hydrochlorothiazide tab 25-25 mg	3	QL; Maximum of 2 tablets per day.
captopril & hydrochlorothiazide tab 50-15 mg	3	QL; Maximum of 3 tablets per day.
captopril & hydrochlorothiazide tab 50-25 mg	3	QL; Maximum of 2 tablets per day.
captopril tab 100 mg	2	QL; Maximum of 4 tablets per day.
captopril tab 12.5 mg	2	QL; Maximum of 3 tablets per day.
captopril tab 25 mg	2	QL; Maximum of 3 tablets per day.
captopril tab 50 mg	2	QL; Maximum of 9 tablets per day.
enalapril maleate & hydrochlorothiazide tab 10-25 mg	2	QL; Maximum of 2 tablets per day.
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	2	QL; Maximum of 1 tablet per day.
enalapril maleate tab 10 mg	2	QL; Maximum of 2 tablets per day.
enalapril maleate tab 2.5 mg	2	QL; Maximum of 2 tablets per day.
enalapril maleate tab 20 mg	2	QL; Maximum of 2 tablets per day.
enalapril maleate tab 5 mg	2	QL; Maximum of 2 tablets per day.

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Drug name	Tier	Coverage Requirements and Limits
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	3	QL; Maximum of 4 tablets per day.
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	3	QL; Maximum of 4 tablets per day.
fosinopril sodium tab 10 mg	2	QL; Maximum of 2 tablets per day.
fosinopril sodium tab 20 mg	2	QL; Maximum of 2 tablets per day.
fosinopril sodium tab 40 mg	2	QL; Maximum of 2 tablets per day.
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	QL; Maximum of 1 tablet per day.
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	QL; Maximum of 4 tablets per day.
lisinopril & hydrochlorothiazide tab 20-25 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 10 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 2.5 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 20 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 30 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 40 mg	1	QL; Maximum of 2 tablets per day.
lisinopril tab 5 mg	1	QL; Maximum of 2 tablets per day.
moexipril hcl tab 15 mg	2	QL; Maximum of 2 tablets per day.
moexipril hcl tab 7.5 mg	2	QL; Maximum of 2 tablets per day.
perindopril erbumine tab 4 mg	2	QL; Maximum of 2 tablets per day.
perindopril erbumine tab 8 mg	2	QL; Maximum of 2 tablets per day.
quinapril hcl tab 10 mg	2	QL; Maximum of 2 tablets per day.
quinapril hcl tab 20 mg	2	QL; Maximum of 2 tablets per day.
quinapril hcl tab 40 mg	2	QL; Maximum of 2 tablets per day.
quinapril hcl tab 5 mg	2	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 10-12.5 mg	3	QL; Maximum of 1 tablet per day.
quinapril-hydrochlorothiazide tab 20-12.5 mg	3	QL; Maximum of 2 tablets per day.
quinapril-hydrochlorothiazide tab 20-25 mg	3	QL; Maximum of 2 tablets per day.
ramipril cap 1.25 mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 10 mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 2.5 mg	2	QL; Maximum of 2 capsules per day.
ramipril cap 5 mg	2	QL; Maximum of 2 capsules per day.
trandolapril tab 1 mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 2 mg	2	QL; Maximum of 1 tablet per day.
trandolapril tab 4 mg	2	QL; Maximum of 2 tablets per day.
Antiarrhythmics		
amiodarone hcl tab 100 mg	2	
amiodarone hcl tab 200 mg	2	
amiodarone hcl tab 400 mg	2	
disopyramide phosphate cap 100 mg	3	
disopyramide phosphate cap 150 mg	3	
dofetilide cap 125 mcg (0.125 mg)	4	QL; Maximum of 2 capsules per day.
dofetilide cap 250 mcg (0.25 mg)	4	QL; Maximum of 2 capsules per day.
dofetilide cap 500 mcg (0.5 mg)	4	QL; Maximum of 2 capsules per day.
flecainide acetate tab 100 mg	2	
flecainide acetate tab 150 mg	2	

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Drug name	Tier	Coverage Requirements and Limits
flecainide acetate tab 50 mg	2	
mexiletine hcl cap 150 mg	3	
mexiletine hcl cap 200 mg	3	
mexiletine hcl cap 250 mg	3	
MULTAQ TAB 400MG ***(dronedarone hcl tab 400 mg)***	4	PA; QL; Maximum of 2 tablets per day.
NORPACE CAP 100MG CR ***(disopyramide phosphate cap er 12hr 100 mg)***	3	
NORPACE CAP 150MG CR ***(disopyramide phosphate cap er 12hr 150 mg)***	3	
propafenone hcl cap er 12hr 225 mg	4	
propafenone hcl cap er 12hr 325 mg	4	
propafenone hcl cap er 12hr 425 mg	4	
propafenone hcl tab 150 mg	2	
propafenone hcl tab 225 mg	2	
propafenone hcl tab 300 mg	2	
quinidine gluconate tab er 324 mg	2	
quinidine gluconate tab er 324 mg	2	
quinidine sulfate tab 200 mg	2	
quinidine sulfate tab 300 mg	2	
sotalol hcl (afib/afl) tab 120 mg	2	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl (afib/afl) tab 80 mg	2	
sotalol hcl tab 120 mg	2	
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
sotalol hcl tab 80 mg	2	
SOTYLIZE SOL 5MG/ML ***(sotalol hcl oral solution 5 mg/ml)***	4	PA;
Beta-adrenergic Blocking Agents		
acebutolol hcl cap 200 mg	2	
acebutolol hcl cap 400 mg	2	
atenolol & chlorthalidone tab 100-25 mg	2	
atenolol & chlorthalidone tab 50-25 mg	2	
atenolol tab 100 mg	2	
atenolol tab 25 mg	2	
atenolol tab 50 mg	2	
betaxolol hcl tab 10 mg	2	
betaxolol hcl tab 20 mg	2	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	2	QL; Maximum of 2 tablets per day.
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	2	QL; Maximum of 2 tablets per day.
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	2	QL; Maximum of 2 tablets per day.
bisoprolol fumarate tab 10 mg	2	
bisoprolol fumarate tab 2.5 mg	2	
bisoprolol fumarate tab 5 mg	2	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	

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Drug name	Tier	Coverage Requirements and Limits
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
labetalol hcl tab 100 mg	2	
labetalol hcl tab 200 mg	2	
labetalol hcl tab 300 mg	2	
labetalol hcl tab 400 mg	2	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	3	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol tartrate tab 100 mg	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg	1	
nadolol tab 20 mg	2	
nadolol tab 40 mg	2	
nadolol tab 80 mg	2	
nebivolol hcl tab 10 mg	2	QL; Maximum of 1 tablet per day.
nebivolol hcl tab 2.5 mg	2	QL; Maximum of 1 tablet per day.
nebivolol hcl tab 20 mg	2	QL; Maximum of 2 tablets per day.
nebivolol hcl tab 5 mg	2	QL; Maximum of 1 tablet per day.
pindolol tab 10 mg	2	
pindolol tab 5 mg	2	
propranolol hcl cap er 24hr 120 mg	2	
propranolol hcl cap er 24hr 160 mg	2	
propranolol hcl cap er 24hr 60 mg	2	
propranolol hcl cap er 24hr 80 mg	2	
propranolol hcl oral soln 20 mg/5ml	2	
propranolol hcl oral soln 40 mg/5ml	2	
propranolol hcl tab 10 mg	2	
propranolol hcl tab 20 mg	2	
propranolol hcl tab 40 mg	2	
propranolol hcl tab 60 mg	2	
propranolol hcl tab 80 mg	2	
timolol maleate tab 10 mg	2	
timolol maleate tab 20 mg	2	
timolol maleate tab 5 mg	2	
Calcium Channel Blocking Agents		
amlodipine besylate tab 10 mg	1	
amlodipine besylate tab 2.5 mg	1	
amlodipine besylate tab 5 mg	1	

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Drug name	Tier	Coverage Requirements and Limits
CARTIA XT CAP 120/24HR ***(diltiazem hcl coated beads cap er 24hr 120 mg)***	2	
CARTIA XT CAP 180/24HR ***(diltiazem hcl coated beads cap er 24hr 180 mg)***	2	
CARTIA XT CAP 240/24HR ***(diltiazem hcl coated beads cap er 24hr 240 mg)***	2	
CARTIA XT CAP 300/24HR ***(diltiazem hcl coated beads cap er 24hr 300 mg)***	2	
DILT-XR CAP 120MG ***(diltiazem hcl cap er 24hr 120 mg)***	2	
DILT-XR CAP 180MG ***(diltiazem hcl cap er 24hr 180 mg)***	2	
DILT-XR CAP 240MG ***(diltiazem hcl cap er 24hr 240 mg)***	2	
diltiazem hcl cap er 12hr 120 mg	3	
diltiazem hcl cap er 12hr 60 mg	3	
diltiazem hcl cap er 12hr 90 mg	3	
diltiazem hcl cap er 24hr 120 mg	2	
diltiazem hcl cap er 24hr 180 mg	2	
diltiazem hcl cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg	2	
diltiazem hcl coated beads cap er 24hr 180 mg	2	
diltiazem hcl coated beads cap er 24hr 240 mg	2	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl coated beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 180 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 240 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 360 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl extended release beads cap er 24hr 420 mg	2	
diltiazem hcl tab 120 mg	2	
diltiazem hcl tab 30 mg	2	
diltiazem hcl tab 60 mg	2	
diltiazem hcl tab 90 mg	2	
diltiazem hcl tab er 24hr 120 mg	3	
diltiazem hcl tab er 24hr 180 mg	3	
diltiazem hcl tab er 24hr 180 mg	3	
diltiazem hcl tab er 24hr 240 mg	3	
diltiazem hcl tab er 24hr 240 mg	3	
diltiazem hcl tab er 24hr 240 mg	3	
diltiazem hcl tab er 24hr 300 mg	3	
diltiazem hcl tab er 24hr 300 mg	3	

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diltiazem hcl tab er 24hr 300 mg	3	
diltiazem hcl tab er 24hr 360 mg	3	
diltiazem hcl tab er 24hr 360 mg	3	
diltiazem hcl tab er 24hr 360 mg	3	
diltiazem hcl tab er 24hr 420 mg	3	
diltiazem hcl tab er 24hr 420 mg	3	
felodipine tab er 24hr 10 mg	2	
felodipine tab er 24hr 2.5 mg	2	
felodipine tab er 24hr 5 mg	2	
isradipine cap 2.5 mg	2	
isradipine cap 5 mg	2	
nicardipine hcl cap 20 mg	3	
nicardipine hcl cap 30 mg	3	
nifedipine cap 10 mg	2	
nifedipine cap 20 mg	2	
nifedipine tab er 24hr 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr 90 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 30 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 60 mg	2	QL; Maximum of 2 tablets per day.
nifedipine tab er 24hr osmotic release 90 mg	2	QL; Maximum of 2 tablets per day.
nimodipine cap 30 mg	4	
nisoldipine tab er 24hr 17 mg	3	
nisoldipine tab er 24hr 20 mg	3	
nisoldipine tab er 24hr 25.5 mg	3	
nisoldipine tab er 24hr 30 mg	3	
nisoldipine tab er 24hr 34 mg	3	
nisoldipine tab er 24hr 40 mg	3	
nisoldipine tab er 24hr 8.5 mg	3	
NYMALIZE SOL ***(nimodipine oral soln 6 mg/ml)***	3	
TAZTIA XT CAP 120MG/24 ***(diltiazem hcl extended release beads cap er 24hr 120 mg)***	2	
TAZTIA XT CAP 180MG/24 ***(diltiazem hcl extended release beads cap er 24hr 180 mg)***	2	
TAZTIA XT CAP 240MG/24 ***(diltiazem hcl extended release beads cap er 24hr 240 mg)***	2	
TAZTIA XT CAP 300MG ER ***(diltiazem hcl extended release beads cap er 24hr 300 mg)***	2	
TAZTIA XT CAP 360MG/24 ***(diltiazem hcl extended release beads cap er 24hr 360 mg)***	2	
verapamil hcl cap er 24hr 100 mg	3	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 120 mg	3	
verapamil hcl cap er 24hr 180 mg	3	
verapamil hcl cap er 24hr 180 mg	3	

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verapamil hcl cap er 24hr 200 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 240 mg	3	
verapamil hcl cap er 24hr 300 mg	3	
verapamil hcl cap er 24hr 360 mg	3	
verapamil hcl tab 120 mg	2	
verapamil hcl tab 40 mg	2	
verapamil hcl tab 80 mg	2	
verapamil hcl tab er 120 mg	2	
verapamil hcl tab er 180 mg	2	
verapamil hcl tab er 240 mg	2	
Cardiovascular Agents, Other		
amiloride & hydrochlorothiazide tab 5-50 mg	2	
CORLANOR SOL 5MG/5ML ***(ivabradine hcl oral soln 5 mg/5ml)***	4	PA; QL; Maximum of 15 ml per day.
digoxin oral soln 0.05 mg/ml	3	
digoxin tab 125 mcg (0.125 mg)	2	
digoxin tab 250 mcg (0.25 mg)	2	
digoxin tab 62.5 mcg (0.0625 mg)	4	
ENTRESTO CAP 15-16MG ***(sacubitril-valsartan sprinkle cap 15-16 mg)***	4	PA; QL; Maximum of 8 capsules per day.
ENTRESTO CAP 6-6MG ***(sacubitril-valsartan sprinkle cap 6-6 mg)***	4	PA; QL; Maximum of 8 capsules per day.
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	QL; Maximum of 6 tablets per day.
ivabradine hcl tab 5 mg	4	PA; QL; Maximum of 2 tablets per day.
ivabradine hcl tab 7.5 mg	4	PA; QL; Maximum of 2 tablets per day.
perindopril erbumine tab 2 mg	2	QL; Maximum of 2 tablets per day.
ranolazine tab er 12hr 1000 mg	4	QL; Maximum of 2 tablets per day.
ranolazine tab er 12hr 500 mg	4	QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 24-26 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 49-51 mg	4	PA; QL; Maximum of 2 tablets per day.
sacubitril-valsartan tab 97-103 mg	4	PA; QL; Maximum of 2 tablets per day.
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 37.5-25 mg	2	
triamterene & hydrochlorothiazide tab 75-50 mg	2	
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide cap er 12hr 500 mg	3	
acetazolamide tab 125 mg	3	
acetazolamide tab 250 mg	3	
methazolamide tab 25 mg	4	
methazolamide tab 50 mg	4	
Diuretics, Loop		
bumetanide tab 0.5 mg	2	
bumetanide tab 1 mg	2	
bumetanide tab 2 mg	2	

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ethacrynic acid tab 25 mg	4	
furosemide oral soln 10 mg/ml	2	
furosemide oral soln 8 mg/ml	2	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
torsemide tab 10 mg	2	
torsemide tab 100 mg	2	
torsemide tab 20 mg	2	
torsemide tab 5 mg	2	
Diuretics, Potassium-sparing		
amiloride hcl tab 5 mg	2	
eplerenone tab 25 mg	3	
eplerenone tab 50 mg	3	
spironolactone tab 100 mg	2	SM
spironolactone tab 25 mg	2	SM
spironolactone tab 50 mg	2	SM
Diuretics, Thiazide		
chlorthalidone tab 25 mg	2	
chlorthalidone tab 50 mg	2	
DIURIL SUS 250/5ML ***(chlorothiazide susp 250 mg/5ml)***	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	2	
indapamide tab 2.5 mg	2	
metolazone tab 10 mg	2	
metolazone tab 2.5 mg	2	
metolazone tab 5 mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized cap 134 mg	2	
fenofibrate micronized cap 200 mg	2	
fenofibrate micronized cap 67 mg	2	
fenofibrate tab 145 mg	2	
fenofibrate tab 160 mg	2	
fenofibrate tab 48 mg	2	
fenofibrate tab 54 mg	2	
gemfibrozil tab 600 mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tab 10 mg	1	QL; Maximum of 1 tablet per day.
atorvastatin calcium tab 20 mg	1	QL; Maximum of 1 tablet per day.
atorvastatin calcium tab 40 mg	1	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
atorvastatin calcium tab 80 mg	1	QL; Maximum of 1 tablet per day.
fluvastatin sodium cap 20 mg	3	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.;Maximum of 1 capsule per day.
fluvastatin sodium cap 40 mg	3	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.;Maximum of 2 capsules per day.
lovastatin tab 10 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
lovastatin tab 20 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
lovastatin tab 40 mg	2	QL; $0 Copay for members between ages 40 to 75 years.;Maximum of 2 tablets per day.
pravastatin sodium tab 10 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
pravastatin sodium tab 20 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
pravastatin sodium tab 40 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
pravastatin sodium tab 80 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
rosuvastatin calcium tab 10 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
rosuvastatin calcium tab 20 mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin calcium tab 40 mg	2	QL; Maximum of 1 tablet per day.
rosuvastatin calcium tab 5 mg	2	QL;$0 Copay for members between ages 40 to 75 years.;Maximum of 1 tablet per day.
simvastatin tab 10 mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 20 mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 40 mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 5 mg	1	QL; Maximum of 1 tablet per day.
simvastatin tab 80 mg	1	QL; Maximum of 1 tablet per day.
Dyslipidemics, Other		
cholestyramine light powder 4 gm/dose	3	
cholestyramine light powder 4 gm/dose	3	
cholestyramine light powder packets 4 gm	3	
cholestyramine light powder packets 4 gm	3	
cholestyramine powder 4 gm/dose	3	
cholestyramine powder packets 4 gm	3	
colesevelam hcl packet for susp 3.75 gm	3	
colesevelam hcl tab 625 mg	3	

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Drug name	Tier	Coverage Requirements and Limits
colestipol hcl granule packets 5 gm	3	
colestipol hcl granules 5 gm	3	
colestipol hcl tab 1 gm	2	
ezetimibe tab 10 mg	2	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-10 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-20 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-40 mg	3	QL; Maximum of 1 tablet per day.
ezetimibe-simvastatin tab 10-80 mg	3	QL; Maximum of 1 tablet per day.
icosapent ethyl cap 0.5 gm	4	PA;
icosapent ethyl cap 1 gm	4	PA;
niacin (antihyperlipidemic) tab 500 mg	3	
niacin (antihyperlipidemic) tab 500 mg	3	
niacin tab er 1000 mg (antihyperlipidemic)	3	
niacin tab er 500 mg (antihyperlipidemic)	3	
niacin tab er 500 mg (antihyperlipidemic)	3	
niacin tab er 750 mg (antihyperlipidemic)	3	
omega-3-acid ethyl esters cap 1 gm	2	PA; QL; Maximum of 4 capsules per day.
pentoxifylline tab er 400 mg	2	
REPATHA INJ 140MG/ML ***(evolocumab subcutaneous soln prefilled syringe 140 mg/ml)***	4	PA; QL; Maximum of 3 syringes (3 ml) per 28 days.
REPATHA PUSH INJ 420/3.5 ***(evolocumab subcutaneous soln cartridge/ infusor 420 mg/3.5ml)***	4	PA; QL; Maximum of 1 cartridge (3.5 ml) per 28 days.
REPATHA SURE INJ 140MG/ML ***(evolocumab subcutaneous soln auto-injector 140 mg/ml)***	4	PA; QL; Maximum of 3 pens (3 ml) per 28 days.
Vasodilators, Direct-acting Arterial		
hydralazine hcl tab 10 mg	2	
hydralazine hcl tab 100 mg	2	
hydralazine hcl tab 25 mg	2	
hydralazine hcl tab 50 mg	2	
minoxidil tab 10 mg	2	
minoxidil tab 2.5 mg	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate tab 10 mg	2	
isosorbide dinitrate tab 20 mg	2	
isosorbide dinitrate tab 30 mg	2	
isosorbide dinitrate tab 5 mg	2	
isosorbide mononitrate tab 10 mg	2	
isosorbide mononitrate tab 20 mg	2	
isosorbide mononitrate tab er 24hr 120 mg	2	
isosorbide mononitrate tab er 24hr 30 mg	2	
isosorbide mononitrate tab er 24hr 60 mg	2	
NITRO-BID OIN 2% ***(nitroglycerin oint 2%)***	3	
NITRO-DUR DIS 0.3MG/HR ***(nitroglycerin td patch 24hr 0.3 mg/hr)***	4	
NITRO-DUR DIS 0.8MG/HR ***(nitroglycerin td patch 24hr 0.8 mg/hr)***	4	
nitroglycerin oint 0.4%	4	QL; Maximum of 30 grams per 30 days.

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nitroglycerin sl tab 0.3 mg	2	
nitroglycerin sl tab 0.4 mg	2	
nitroglycerin sl tab 0.6 mg	2	
nitroglycerin td patch 24hr 0.1 mg/hr	2	
nitroglycerin td patch 24hr 0.2 mg/hr	2	
nitroglycerin td patch 24hr 0.4 mg/hr	2	
nitroglycerin td patch 24hr 0.6 mg/hr	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate tab 10 mg	4	PA;
amphetamine sulfate tab 5 mg	4	PA;
amphetamine-dextroamphetamine cap er 24hr 10 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine cap er 24hr 15 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine cap er 24hr 20 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine cap er 24hr 25 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine cap er 24hr 30 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine cap er 24hr 5 mg	3	PA; QL; Maximum of 2 capsules per day.
amphetamine-dextroamphetamine tab 10 mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine-dextroamphetamine tab 12.5 mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine-dextroamphetamine tab 15 mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine-dextroamphetamine tab 20 mg	2	PA; QL; Maximum of 3 tablets per day.
amphetamine-dextroamphetamine tab 30 mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine-dextroamphetamine tab 5 mg	2	PA; QL; Maximum of 2 tablets per day.
amphetamine-dextroamphetamine tab 7.5 mg	2	PA; QL; Maximum of 2 tablets per day.
dextroamphetamine sulfate cap er 24hr 10 mg	3	PA; QL; Maximum of 6 capsules per day.
dextroamphetamine sulfate cap er 24hr 15 mg	3	PA; QL; Maximum of 4 capsules per day.
dextroamphetamine sulfate cap er 24hr 5 mg	3	PA; QL; Maximum of 3 capsules per day.
dextroamphetamine sulfate oral solution 5 mg/5ml	3	PA;
dextroamphetamine sulfate tab 10 mg	2	PA; QL; Maximum of 6 tablets per day.
dextroamphetamine sulfate tab 5 mg	2	PA; QL; Maximum of 6 tablets per day.
lisdexamfetamine dimesylate cap 10 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 20 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 30 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 40 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 50 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 60 mg	4	PA; QL; Maximum of 1 capsule per day.
lisdexamfetamine dimesylate cap 70 mg	4	PA; QL; Maximum of 1 capsule per day.
methamphetamine hcl tab 5 mg	4	PA;
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl cap 10 mg	3	QL; Maximum of 2 capsules per day.
atomoxetine hcl cap 100 mg	3	QL; Maximum of 1 capsule per day.
atomoxetine hcl cap 18 mg	3	QL; Maximum of 2 capsules per day.
atomoxetine hcl cap 25 mg	3	QL; Maximum of 2 capsules per day.

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atomoxetine hcl cap 40 mg	3	QL; Maximum of 2 capsules per day.
atomoxetine hcl cap 60 mg	3	QL; Maximum of 1 capsule per day.
atomoxetine hcl cap 80 mg	3	QL; Maximum of 1 capsule per day.
clonidine hcl tab er 12hr 0.1 mg	3	
dexmethylphenidate hcl cap er 24 hr 10 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 15 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 20 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 25 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 30 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 35 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 40 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl cap er 24 hr 5 mg	3	PA; QL; Maximum of 1 capsule per day.
dexmethylphenidate hcl tab 10 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 2.5 mg	2	PA; QL; Maximum of 2 tablets per day.
dexmethylphenidate hcl tab 5 mg	2	PA; QL; Maximum of 2 tablets per day.
guanfacine hcl tab er 24hr 1 mg	2	QL; Maximum of 1 tablet per day.
guanfacine hcl tab er 24hr 2 mg	2	QL; Maximum of 1 tablet per day.
guanfacine hcl tab er 24hr 3 mg	2	QL; Maximum of 2 tablets per day.
guanfacine hcl tab er 24hr 4 mg	2	QL; Maximum of 1 tablet per day.
methylphenidate hcl cap er 10 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 20 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 24hr 10 mg (la)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 24hr 20 mg (la)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 24hr 30 mg (la)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 24hr 40 mg (la)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 24hr 60 mg (la)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 30 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 40 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 50 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl cap er 60 mg (cd)	3	PA; QL; Maximum of 1 capsule per day.
methylphenidate hcl chew tab 10 mg	3	PA; QL; Maximum of 6 tablets per day.
methylphenidate hcl chew tab 2.5 mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl chew tab 5 mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl soln 10 mg/5ml	3	PA; QL; Maximum of 30 ml per day.
methylphenidate hcl soln 5 mg/5ml	3	PA; QL; Maximum of 60 ml per day.
methylphenidate hcl tab 10 mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl tab 20 mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl tab 5 mg	2	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl tab er 10 mg	3	PA; QL; Maximum of 4 tablets per day.
methylphenidate hcl tab er 20 mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl tab er osmotic release (osm) 18 mg	3	PA; QL; Maximum of 3 tablets per day.
methylphenidate hcl tab er osmotic release (osm) 27 mg	3	PA; QL; Maximum of 2 tablets per day.
methylphenidate hcl tab er osmotic release (osm) 36 mg	3	PA; QL; Maximum of 2 tablets per day.

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methylphenidate hcl tab er osmotic release (osm) 54 mg	3	PA; QL; Maximum of 1 tablet per day.
Central Nervous System, Other		
AUSTEDO TAB 12MG ***(deutetrabenazine tab 12 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO TAB 6MG ***(deutetrabenazine tab 6 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO TAB 9MG ***(deutetrabenazine tab 9 mg)***	5	PA; QL; SP; Maximum of 4 tablets per day.
AUSTEDO XR TAB 12MG ***(deutetrabenazine tab er 24hr 12 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 18MG ***(deutetrabenazine tab er 24hr 18 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 24MG ***(deutetrabenazine tab er 24hr 24 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
AUSTEDO XR TAB 30MG ER ***(deutetrabenazine tab er 24hr 30 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 36MG ER ***(deutetrabenazine tab er 24hr 36 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 42MG ER ***(deutetrabenazine tab er 24hr 42 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 48MG ER ***(deutetrabenazine tab er 24hr 48 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB 6MG ***(deutetrabenazine tab er 24hr 6 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
AUSTEDO XR TAB TITR KIT ***(deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg)***	5	PA; QL; SP; Maximum of 1 kit (28 tablets) per year.
AUSTEDO XR TAB TITR KIT ***(deutetrabenazine tab er titration pack 6 mg & 12 mg & 24 mg)***	5	PA; QL; SP; Maximum of 1 kit (42 tablets) per year.
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	2	
DAYBUE SOL 200MG/ML ***(trofinetide oral soln 200 mg/ml)***	5	PA; QL; SP; Maximum of 120 mL per day.
INGREZZA CAP 40-80MG ***(valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21***	5	PA; QL; SP; Maximum of 1 pack (28 capsules) per 28 days.
INGREZZA CAP 40MG ***(valbenazine tosylate cap 40 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 40MG ***(valbenazine tosylate capsule sprinkle 40 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***(valbenazine tosylate cap 60 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 60MG ***(valbenazine tosylate capsule sprinkle 60 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***(valbenazine tosylate cap 80 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
INGREZZA CAP 80MG ***(valbenazine tosylate capsule sprinkle 80 mg)***	5	PA; QL; SP; Maximum of 1 capsule per day.
riluzole tab 50 mg	4	SP
tetrabenazine tab 12.5 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
tetrabenazine tab 25 mg	4	PA; QL; SP; Maximum of 4 tablets per day.
Fibromyalgia Agents		
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	2	QL; Maximum of 2 capsules per day.
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	2	QL; Maximum of 3 capsules per day.
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	2	QL; Maximum of 2 capsules per day.
pregabalin cap 100 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 150 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 200 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 225 mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 25 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 300 mg	2	QL; Maximum of 2 capsules per day.
pregabalin cap 50 mg	2	QL; Maximum of 3 capsules per day.
pregabalin cap 75 mg	2	QL; Maximum of 3 capsules per day.
SAVELLA MIS TITR PAK ***(milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak)***	4	QL; Maximum of 55 tablets (1 pack) per year.

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SAVELLA TAB 100MG ***(milnacipran hcl tab 100 mg)***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 12.5MG ***(milnacipran hcl tab 12.5 mg)***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 25MG ***(milnacipran hcl tab 25 mg)***	4	QL; Maximum of 2 tablets per day.
SAVELLA TAB 50MG ***(milnacipran hcl tab 50 mg)***	4	QL; Maximum of 2 tablets per day.
Multiple Sclerosis Agents		
AVONEX PEN KIT 30MCG ***(interferon beta-1a im auto-injector kit 30 mcg/0.5ml)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
AVONEX PREFL KIT 30MCG ***(interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
BETASERON INJ 0.3MG ***(interferon beta-1b for inj kit 0.3 mg)***	5	PA; QL; SP; Maximum of 1 kit (15 vials) per 30 days.
dalfampridine tab er 12hr 10 mg	4	PA; QL; SP; Maximum of 2 tablets per day.
dimethyl fumarate capsule delayed release 120 mg	4	PA; QL; SP; Maximum of 2 capsules per day.
dimethyl fumarate capsule delayed release 240 mg	4	PA; QL; SP; Maximum of 2 capsules per day.
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA; QL; SP; Maximum of 60 tablets (1 pack) per year.
fingolimod hcl cap 0.5 mg	5	PA; QL; SP; Maximum of 1 pack (30 capsules) per 30 days.
glatiramer acetate soln prefilled syringe 20 mg/ml	4	PA; QL; SP; Maximum of 1 syringe (1 ml) per day.
glatiramer acetate soln prefilled syringe 20 mg/ml	4	PA; QL; SP; Maximum of 1 syringe (1 ml) per day.
glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA; QL; SP; Maximum of 12 syringes (12 ml) per 28 days.
glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA; QL; SP; Maximum of 12 syringes (12 ml) per 28 days.
teriflunomide tab 14 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
teriflunomide tab 7 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
Dental and Oral Agents		
Dental and Oral Agents		
cevimeline hcl cap 30 mg	4	
chlorhexidine gluconate soln 0.12%	2	
chlorhexidine gluconate soln 0.12%	2	
pilocarpine hcl tab 5 mg	3	
pilocarpine hcl tab 7.5 mg	3	
triamcinolone acetonide dental paste 0.1%	2	
triamcinolone acetonide dental paste 0.1%	2	
Dermatological Agents		
Dermatological Agents		
acitretin cap 10 mg	4	
acitretin cap 17.5 mg	4	
acitretin cap 25 mg	4	
adapalene cream 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.1%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3%	4	PA; QL; Maximum of 45 grams per 30 days.
adapalene gel 0.3%	4	PA; QL; Maximum of 45 grams per 30 days.
AMNESTEEM CAP 10MG ***(isotretinoin cap 10 mg)***	4	
AMNESTEEM CAP 20MG ***(isotretinoin cap 20 mg)***	4	

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AMNESTEEM CAP 30MG ***(isotretinoin cap 30 mg)***	4	
AMNESTEEM CAP 40MG ***(isotretinoin cap 40 mg)***	4	
azelaic acid gel 15%	4	QL; Maximum of 50 grams per 30 days.
benzoyl peroxide-erythromycin gel 5-3%	3	QL; Maximum of 46.6 grams per 30 days.
brimonidine tartrate gel 0.33%	4	QL; Maximum of 30 grams per 30 days.
calcipotriene cream 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene oint 0.005%	4	QL; Maximum of 120 grams per 30 days.
calcipotriene soln 0.005% (50 mcg/ml)	3	QL; Maximum of 60 ml per 30 days.
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	4	QL; Maximum of 400 grams per 30 days.
calcitriol oint 3 mcg/gm	4	QL; Maximum of 100 grams per 30 days.
CLINDACIN KIT ETZ 1% ***(*clindamycin phosphate swab 1% & cleanser kit***)***	2	QL; Maximum of 1 kit per 30 days.
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	QL; Maximum of 45 grams per 30 days.
clindamycin phosphate gel 1% (once-daily)	3	QL; Maximum of 75 grams per 30 days.
clindamycin phosphate gel 1% (twice-daily)	3	QL; Maximum of 60 grams per 30 days.
clindamycin phosphate lotion 1%	3	QL; Maximum of 2 ml per day.
clindamycin phosphate soln 1%	2	QL; Maximum of 30 ml per 30 days.
clindamycin phosphate swab 1%	2	QL; Maximum of 69 pads per 30 days.
clindamycin phosphate swab 1%	2	QL; Maximum of 69 pads per 30 days.
doxepin hcl cream 5%	4	PA; QL; Maximum of 90 grams per 30 days.
DUPIXENT INJ 100/0.67 ***(dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml)***	5	PA; QL; SP; Maximum of 2 syringes (1.34 mL) per 28 days.
DUPIXENT INJ 200/1.14 ***(dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml)***	5	PA; QL; SP; Maximum of 4 syringes (4.56 ml) per 28 days.
DUPIXENT INJ 200MG ***(dupilumab subcutaneous soln auto-injector 200 mg/1.14ml)***	5	PA; QL; SP; Maximum of 4 pens (4.56 ml) per 28 days.
DUPIXENT INJ 300/2ML ***(dupilumab subcutaneous soln auto-injector 300 mg/2ml)***	5	PA; QL; SP; Maximum of 4 pens (8 ml) per 28 days.
DUPIXENT INJ 300/2ML ***(dupilumab subcutaneous soln prefilled syringe 300 mg/2ml)***	5	PA; QL; SP; Maximum of 4 syringes (8 ml) per 28 days.
erythromycin gel 2%	3	
erythromycin pads 2%	2	
erythromycin soln 2%	3	
ESKATA SOL 40% ***(hydrogen peroxide soln 40%)***	4	
imiquimod cream 5%	2	QL; Maximum of 24 grams per 30 days.
isotretinoin cap 10 mg	4	
isotretinoin cap 10 mg	4	
isotretinoin cap 10 mg	4	
isotretinoin cap 10 mg	4	
isotretinoin cap 20 mg	4	
isotretinoin cap 20 mg	4	
isotretinoin cap 20 mg	4	
isotretinoin cap 20 mg	4	
isotretinoin cap 30 mg	4	
isotretinoin cap 30 mg	4	

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isotretinoin cap 30 mg	4	
isotretinoin cap 30 mg	4	
isotretinoin cap 40 mg	4	
isotretinoin cap 40 mg	4	
isotretinoin cap 40 mg	4	
isotretinoin cap 40 mg	4	
ivermectin cream 1%	4	QL; Maximum of 45 grams per 30 days.
lactic acid (ammonium lactate) cream 12%	2	
methoxsalen rapid cap 10 mg	4	
metronidazole cream 0.75%	3	
metronidazole gel 0.75%	3	
metronidazole lotion 0.75%	3	
pimecrolimus cream 1%	4	QL; Maximum of 100 grams per 30 days.
podofilox gel 0.5%	4	
podofilox soln 0.5%	2	
REGRANEX GEL 0.01% ***(becaplermin gel 0.01%)***	3	PA; QL; Maximum of 30 grams per 30 days.
selenium sulfide lotion 2.5%	2	
STEQEYMA INJ 45/0.5ML ***(ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)***	5	PA; QL; SP; Maximum of 1 ml per 84 days.
STEQEYMA INJ 90MG/ML ***(ustekinumab-stba soln prefilled syringe 90 mg/ml)***	5	PA; QL; SP; Maximum of 2 ml per 84 days.
sulfacetamide sodium lotion 10% (acne)	4	
tacrolimus oint 0.03%	4	QL; Maximum of 30 grams per 30 days.
tacrolimus oint 0.1%	4	QL; Maximum of 30 grams per 30 days.
TALTZ INJ 20/0.25 ***(ixekizumab subcutaneous soln prefilled syringe 20 mg/0.25ml)***	5	PA; QL; SP; Maximum of 0.25 ml per 28 days.
TALTZ INJ 40/0.5ML ***(ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml)***	5	PA; QL; SP; Maximum of 0.5 ml per 28 days.
TALTZ INJ 80MG/ML ***(ixekizumab subcutaneous soln auto-injector 80 mg/ml)***	5	PA; QL; SP; Maximum of 1 ml per 28 days.
TALTZ INJ 80MG/ML ***(ixekizumab subcutaneous soln prefilled syringe 80 mg/ml)***	5	PA; QL; SP; Maximum of 1 ml per 28 days.
tazarotene cream 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.05%	4	PA; QL; Maximum of 30 grams per 30 days.
tazarotene gel 0.1%	4	PA; QL; Maximum of 30 grams per 30 days.
tretinoin cream 0.025%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cream 0.05%	3	PA; QL; Maximum of 45 grams per 30 days.
tretinoin cream 0.1%	3	PA; QL; Maximum of 45 grams per 30 days.
YESINTEK INJ 45/0.5ML ***(ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)***	5	PA; QL; SP; Maximum of 1 ml per 84 days.
YESINTEK INJ 45/0.5ML ***(ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)***	5	PA; QL; SP; Maximum of 1 ml per 84 days.
YESINTEK INJ 90MG/ML ***(ustekinumab-kfce soln prefilled syringe 90 mg/ml)***	5	PA; QL; SP; Maximum of 2 ml per 84 days.
Pediculicides/Scabicides		
PRURADIK LOT 10% ***(crotamiton lotion 10%)***	4	
Electrolytes/Minerals/Metals/Vitamins		

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Drug name	Tier	Coverage Requirements and Limits
Electrolyte/Mineral Replacement		
carglumic acid soluble tab 200 mg	5	PA; SP
EFFER-K TAB 10MEQ ***(potassium bicarbonate-citric acid effer tab 10 meq)***	3	
EFFER-K TAB 20MEQ ***(potassium bicarbonate-citric acid effer tab 20 meq)***	3	
EFFER-K TAB 25MEQ EF ***(potassium bicarbonate effer tab 25 meq)***	2	
GALZIN CAP 25MG ***(zinc acetate cap 25 mg (elemental zinc***	4	
GALZIN CAP 50MG ***(zinc acetate cap 50 mg (elemental zinc***	4	
levocarnitine oral soln 1 gm/10ml (10%)	3	
levocarnitine tab 330 mg	2	
potassium bicarbonate effer tab 25 meq	2	
potassium chloride cap er 10 meq	2	
potassium chloride cap er 8 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 10 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 15 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride microencapsulated crys er tab 20 meq	2	
potassium chloride oral soln 10% (20 meq/15ml)	2	
potassium chloride oral soln 20% (40 meq/15ml)	2	
potassium chloride powder packet 20 meq	4	
potassium chloride powder packet 20 meq	4	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 10 meq	2	
potassium chloride tab er 15 meq	2	
potassium chloride tab er 20 meq (1500 mg)	2	
potassium chloride tab er 8 meq (600 mg)	2	
potassium chloride tab er 8 meq (600 mg)	2	
potassium citrate tab er 10 meq (1080 mg)	3	
potassium citrate tab er 15 meq (1620 mg)	3	
potassium citrate tab er 5 meq (540 mg)	3	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	$0 Copay for members ages 0 to 16 years.;

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sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	$0 Copay for members ages 0 to 16 years.;
Electrolyte/Mineral/Metal Modifiers		
****sodium polystyrene sulfonate powder*****	2	
CHEMET CAP 100MG ***(succimer cap 100 mg)***	3	
deferasirox granules packet 180 mg	5	PA; SP
deferasirox granules packet 360 mg	5	PA; SP
deferasirox granules packet 90 mg	5	PA; SP
deferasirox tab 180 mg	4	PA; SP
deferasirox tab 360 mg	4	PA; SP
deferasirox tab 90 mg	4	PA; SP
deferasirox tab for oral susp 125 mg	5	PA; SP
deferasirox tab for oral susp 250 mg	5	PA; SP
deferasirox tab for oral susp 500 mg	5	PA; SP
LOKELMA PAK 10GM ***(sodium zirconium cyclosilicate for susp packet 10 gm)***	4	PA; QL; Maximum of 90 packets per 30 days.
LOKELMA PAK 5GM ***(sodium zirconium cyclosilicate for susp packet 5 gm)***	4	PA; QL; Maximum of 90 packets per 30 days.
tolvaptan tab 15 mg	4	PA; QL; SP; Maximum of 2 tablets per day.
tolvaptan tab 30 mg	4	PA; QL; SP; Maximum of 2 tablets per day.
TRIENTINE CAP 250MG ***(trientine hcl cap 250 mg)***	5	PA; QL; SP; Maximum of 8 capsules per day.
Phosphate Binders		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	2	
calcium acetate (phosphate binder) tab 667 mg	2	
ferric citrate tab 1 gm (210 mg ferric iron)	4	SP
FOSRENOL POW 1000MG ***(lanthanum carbonate oral powder pack 1000 mg (elemental***	4	
FOSRENOL POW 750MG ***(lanthanum carbonate oral powder pack 750 mg (elemental***	4	
lanthanum carbonate chew tab 1000 mg (elemental)	4	
lanthanum carbonate chew tab 500 mg (elemental)	4	
lanthanum carbonate chew tab 750 mg (elemental)	4	
sevelamer carbonate packet 0.8 gm	4	
sevelamer carbonate packet 2.4 gm	4	
sevelamer carbonate tab 800 mg	3	
VELPHORO CHW 500MG ***(sucroferric oxyhydroxide chew tab 500 mg)***	3	SP
Vitamins		
****prenatal w/o vit a w/ fe fum-dss-fa-dha cap 27-1.25-300 mg****	2	
ATABEX EC TAB 29-1MG ***(*prenatal vit w/ dss-iron carbonyl-fa tab dr 29-1 mg***)***	2	
ATABEX OB TAB 29-1MG ***(*prenatal vit w/ fe bisglycinate chelate-fa tab 29-1 mg***)***	2	
CO-NATAL FA TAB 29-1MG ***(*prenatal vit w/ fe fumarate-fa tab 29-1 mg***)***	2	

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COMPLETE NAT PAK DHA ***(*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**)***	2	
COMPLETENATE CHW ***(*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***)***	2	
cyanocobalamin inj 1000 mcg/ml	2	
cyanocobalamin inj 1000 mcg/ml	2	
cyanocobalamin inj 1000 mcg/ml	2	
cyanocobalamin inj 2000 mcg/ml	2	
DODEX INJ ***(cyanocobalamin inj 1000 mcg/ml)***	3	
ergocalciferol cap 1.25 mg (50000 unit)	2	
ergocalciferol cap 1.25 mg (50000 unit)	2	
FA-8 CAP 800MCG ***(folic acid cap 0.8 mg)***	1	
folic acid tab 1 mg	2	
folic acid tab 1 mg	2	
folic acid tab 400 mcg	1	
folic acid tab 800 mcg	1	
FOLIVANE-OB CAP ***(*prenatal w/o a w/fe fum-fe poly-fa cap 85-1 mg***)***	2	
INATAL GT TAB ***(*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***)***	2	
M-NATAL PLUS TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NEONATAL PLS TAB 27-1MG ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NEONATAL TAB COMPLTE ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NEONATAL TAB PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
NIVA-PLUS TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
ONE VITE TAB 1MG PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
PHYTONADIONE TAB 5MG ***(phytonadione tab 5 mg)***	4	QL; Maximum of 2 tablets per day.
PNV 27-CA/FE TAB /FA ***(*prenatal vit w/ fe fumarate-fa tab 60-1 mg***)***	2	
PRENATAL 19 TAB 29-1MG ***(*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***)***	2	
PRENATAL PLS MIS MV + DHA ***(*prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak*)***	2	
PRENATAL TAB PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
PRENATAL-U CAP 106.5-1 ***(*prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg***)***	2	
PRENATRIX TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
PRENATRYL TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
PROVIDA OB CAP ***(*prenatal w/o a w/fe fum-fe poly-fa cap 20-20-1.25 mg***)***	2	
SE-NATAL 19 CHW ***(*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***)***	2	
SE-NATAL 19 TAB ***(*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***)***	2	
TARON-C DHA CAP ***(*prenatal w/fe fum-fe poly -fa-omega 3 cap 35-1 mg***)***	2	
THRIVITE RX TAB 29-1MG ***(*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***)***	2	
TRICARE TAB PRENATAL ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
TRINATAL RX TAB 1 ***(*prenatal vit w/ fe fumarate-fa tab 60-1 mg***)***	2	
TRINATE TAB ***(*prenatal vit w/ fe fumarate-fa tab 28-1 mg***)***	2	
VITATHELY TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	

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WESNATAL DHA PAK COMPLETE ***(*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**)***	2	
WESTAB PLUS TAB 27-1MG ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl cap 10 mg	2	
dicyclomine hcl oral soln 10 mg/5ml	3	
dicyclomine hcl tab 20 mg	2	
glycopyrrolate tab 1 mg	2	
glycopyrrolate tab 2 mg	2	
methscopolamine bromide tab 2.5 mg	3	
methscopolamine bromide tab 5 mg	3	
Gastrointestinal Agents, Other		
alvimopan cap 12 mg	4	
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	4	QL; Maximum of 112 capsules (1 kit) per 180 days.
cromolyn sodium oral conc 100 mg/5ml	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	2	
loperamide hcl cap 2 mg	2	
opium tincture 1% (10 mg/ml) (morphine equiv)	4	QL; Maximum of 2.4 ml per day.
RELISTOR INJ 12/0.6ML ***(methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml***	4	PA; QL; Maximum of 0.6 ml per day.
RELISTOR INJ 8/0.4ML ***(methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml***	4	PA; QL; Maximum of 0.4 ml per day.
SYMPROIC TAB 0.2MG ***(naldemedine tosylate tab 0.2 mg)***	3	PA; QL; Maximum of 1 tablet per day.
ursodiol cap 300 mg	2	
ursodiol tab 250 mg	2	
ursodiol tab 500 mg	2	
Histamine2 (H2) receptor Antagonists		
cimetidine hcl soln 300 mg/5ml	2	
cimetidine tab 200 mg	2	
cimetidine tab 300 mg	2	
cimetidine tab 400 mg	2	
cimetidine tab 800 mg	2	
famotidine for susp 40 mg/5ml	3	
famotidine tab 20 mg	2	
famotidine tab 40 mg	2	
nizatidine cap 150 mg	3	
nizatidine cap 300 mg	3	
Irritable Bowel Syndrome Agents		
alosetron hcl tab 0.5 mg	4	PA; QL; Maximum of 2 tablets per day.
alosetron hcl tab 1 mg	4	PA; QL; Maximum of 2 tablets per day.
LINZESS CAP 145MCG ***(linaclotide cap 145 mcg)***	3	PA; QL; Maximum of 1 capsule per day.
LINZESS CAP 290MCG ***(linaclotide cap 290 mcg)***	3	PA; QL; Maximum of 1 capsule per day.

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LINZESS CAP 72MCG ***(linaclotide cap 72 mcg)***	3	PA; QL; Maximum of 1 capsule per day.
lubiprostone cap 24 mcg	4	QL; Maximum of 2 capsules per day.
lubiprostone cap 8 mcg	4	QL; Maximum of 2 capsules per day.
VIBERZI TAB 100MG ***(eluxadoline tab 100 mg)***	4	PA; QL; SP; Maximum of 2 tablets per day.
VIBERZI TAB 75MG ***(eluxadoline tab 75 mg)***	4	PA; QL; SP; Maximum of 2 tablets per day.
Laxatives		
bisacodyl tab delayed release 5 mg	1	QL; Maximum of 4 tablets per month.
CITROMA SOL LEMONY ***(magnesium citrate soln)***	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
CLEARLAX POW ***(polyethylene glycol 3350 oral powder 17 gm/scoop)***	1	QL; Maximum of 850 grams per month.
CLENPIQ SOL ***(sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml)***	4	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;
CVS PURELAX POW ***(polyethylene glycol 3350 oral powder 17 gm/scoop)***	1	QL; Maximum of 850 grams per month.
KRISTALOSE PAK 10GM ***(lactulose oral crystal packet 10 gm)***	4	
KRISTALOSE PAK 20GM ***(lactulose oral crystal packet 20 gm)***	4	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose (encephalopathy) solution 10 gm/15ml	2	
lactulose oral crystal packet 10 gm	4	
lactulose oral crystal packet 20 gm	4	
lactulose solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
lactulose solution 10 gm/15ml	2	
magnesium citrate soln	1	QL; Maximum of 296 ml (1 bottle) per 30 days.
MIRALAX POW 3350 NF ***(polyethylene glycol 3350 oral powder 17 gm/scoop)***	1	QL; Maximum of 850 grams per month.
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 1 kit per month.
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 4000 ml (1 jug) per 30 days.

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PLENVU SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm)***	4	QL;$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 3 pouches (1 kit) per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
polyethylene glycol 3350 oral powder 17 gm/scoop	1	QL; Maximum of 850 grams per month.
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.;Maximum of 11.8 ml per day.
Protectants		
misoprostol tab 100 mcg	2	SM
misoprostol tab 200 mcg	2	SM
sucralfate susp 1 gm/10ml	4	PA;
sucralfate tab 1 gm	2	
Proton Pump Inhibitors		
esomeprazole magnesium cap delayed release 20 mg (base eq)	2	QL; Maximum of 3 capsules per day.
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	QL; Maximum of 2 capsules per day.
lansoprazole cap delayed release 15 mg	2	QL; Maximum of 2 capsules per day.
lansoprazole cap delayed release 30 mg	2	QL; Maximum of 2 capsules per day.
omeprazole cap delayed release 10 mg	2	QL; Maximum of 3 capsules per day.
omeprazole cap delayed release 20 mg	2	
omeprazole cap delayed release 40 mg	2	
pantoprazole sodium ec tab 20 mg	2	QL; Maximum of 3 tablets per day.
pantoprazole sodium ec tab 40 mg	2	QL; Maximum of 2 tablets per day.
rabeprazole sodium ec tab 20 mg	3	QL; Maximum of 1 tablet per day.
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
****betaine powder for oral solution******	5	SP
CREON CAP 12000UNT ***(pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit)***	3	
CREON CAP 24000UNT ***(pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit)***	3	
CREON CAP 3000UNIT ***(pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit)***	3	
CREON CAP 36000UNT ***(pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit)***	3	
CREON CAP 6000UNIT ***(pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit)***	3	
CYSTAGON CAP 150MG ***(cysteamine bitartrate cap 150 mg)***	5	SP
CYSTAGON CAP 50MG ***(cysteamine bitartrate cap 50 mg)***	5	SP
MYALEPT INJ 11.3MG ***(metreleptin for subcutaneous inj 11.3 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
OCALIVA TAB 10MG ***(obeticholic acid tab 10 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
OCALIVA TAB 5MG ***(obeticholic acid tab 5 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
sapropterin dihydrochloride powder packet 100 mg	5	PA; QL; SP; Maximum of 480 packets per 30 days.

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sapropterin dihydrochloride powder packet 500 mg	5	PA; QL; SP; Maximum of 120 packets per 30 days.
sapropterin dihydrochloride tab 100 mg	5	PA; QL; SP; Maximum of 16 tablets per day.
ZENPEP CAP 10000UNT ***(pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit)***	3	
ZENPEP CAP 15000UNT ***(pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit)***	3	
ZENPEP CAP 20000UNT ***(pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit)***	3	
ZENPEP CAP 25000UNT ***(pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit)***	3	
ZENPEP CAP 3000UNIT ***(pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit)***	3	
ZENPEP CAP 40000UNT ***(pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit)***	3	
ZENPEP CAP 5000UNIT ***(pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit)***	3	
ZENPEP CAP 60000UNT ***(pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit)***	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide tab er 24hr 15 mg	3	QL; Maximum of 1 tablet per day.
darifenacin hydrobromide tab er 24hr 7.5 mg	3	QL; Maximum of 1 tablet per day.
fesoterodine fumarate tab er 24hr 4 mg	4	QL; Maximum of 1 tablet per day.
fesoterodine fumarate tab er 24hr 8 mg	4	QL; Maximum of 1 tablet per day.
flavoxate hcl tab 100 mg	2	
oxybutynin chloride solution 5 mg/5ml	2	
oxybutynin chloride tab 5 mg	2	
oxybutynin chloride tab er 24hr 10 mg	2	QL; Maximum of 3 tablets per day.
oxybutynin chloride tab er 24hr 15 mg	2	QL; Maximum of 2 tablets per day.
oxybutynin chloride tab er 24hr 5 mg	2	QL; Maximum of 1 tablet per day.
solifenacin succinate tab 10 mg	2	QL; Maximum of 1 tablet per day.
solifenacin succinate tab 5 mg	2	QL; Maximum of 1 tablet per day.
tolterodine tartrate cap er 24hr 2 mg	3	
tolterodine tartrate cap er 24hr 4 mg	3	
tolterodine tartrate tab 1 mg	3	
tolterodine tartrate tab 2 mg	3	
trospium chloride cap er 24hr 60 mg	3	
trospium chloride tab 20 mg	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl tab er 24hr 10 mg	2	
dutasteride cap 0.5 mg	2	QL; Maximum of 1 capsule per day.
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	
finasteride tab 5 mg	2	
silodosin cap 4 mg	3	QL; Maximum of 1 capsule per day.
silodosin cap 8 mg	3	QL; Maximum of 1 capsule per day.
tadalafil tab 2.5 mg	4	QL; Maximum of 1 tablet per day.

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tadalafil tab 5 mg	4	QL; Maximum of 1 tablet per day.
tamsulosin hcl cap 0.4 mg	2	
terazosin hcl cap 1 mg	2	
terazosin hcl cap 10 mg	2	
terazosin hcl cap 2 mg	2	
terazosin hcl cap 5 mg	2	
Genitourinary Agents, Other		
bethanechol chloride tab 10 mg	2	
bethanechol chloride tab 25 mg	2	
bethanechol chloride tab 5 mg	2	
bethanechol chloride tab 50 mg	2	
ELMIRON CAP 100MG ***(pentosan polysulfate sodium caps 100 mg)***	3	
ENCARE SUP 100MG ***(nonoxynol-9 vaginal suppos 100 mg)***	1	QL; Maximum of 36 suppositories per month.
GYNOL II GEL 3% ***(nonoxynol-9 gel 3%)***	1	
penicillamine cap 250 mg	5	SP
penicillamine tab 250 mg	5	SP
phenazopyridine hcl tab 100 mg	2	
phenazopyridine hcl tab 200 mg	2	
phenazopyridine hcl tab 200 mg	2	
TODAY SPONGE MIS ***(nonoxynol-9 vaginal sponge 1000 mg)***	1	
VCF VAGINAL GEL CONTRACE ***(nonoxynol-9 gel 4%)***	1	
VCF VAGINAL MIS CONTRACP ***(nonoxynol-9 film 28%)***	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometasone dipropionate cream 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
amcinonide cream 0.1%	4	
amcinonide lotion 0.1%	4	
amcinonide oint 0.1%	4	
betamethasone dipropionate augmented cream 0.05%	3	
betamethasone dipropionate augmented gel 0.05%	3	
betamethasone dipropionate augmented lotion 0.05%	3	
betamethasone dipropionate augmented oint 0.05%	3	
betamethasone dipropionate cream 0.05%	3	
betamethasone dipropionate lotion 0.05%	3	
betamethasone dipropionate oint 0.05%	3	
betamethasone valerate cream 0.1%	3	
betamethasone valerate lotion 0.1%	3	
betamethasone valerate oint 0.1%	3	
clobetasol propionate cream 0.05%	3	QL; Maximum of 30 grams per 30 days.
clobetasol propionate emollient base cream 0.05%	4	QL; Maximum of 15 grams per 30 days.
clobetasol propionate gel 0.05%	3	QL; Maximum of 15 grams per 30 days.
clobetasol propionate oint 0.05%	3	QL; Maximum of 15 grams per 30 days.

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clobetasol propionate soln 0.05%	4	QL; Maximum of 25 ml per 30 days.
clocortolone pivalate cream 0.1%	4	QL; Maximum of 45 grams per 30 days.
desonide lotion 0.05%	3	QL; Maximum of 60 ml per 30 days.
desonide oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
desoximetasone cream 0.05%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone cream 0.25%	3	QL; Maximum of 100 grams per 30 days.
desoximetasone gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone oint 0.25%	3	QL; Maximum of 60 grams per 30 days.
desoximetasone spray 0.25%	3	QL; Maximum of 100 ml per 30 days.
dexamethasone conc 1 mg/ml	2	
dexamethasone elixir 0.5 mg/5ml	2	
dexamethasone soln 0.5 mg/5ml	2	
dexamethasone tab 0.5 mg	2	
dexamethasone tab 0.75 mg	2	
dexamethasone tab 1 mg	2	
dexamethasone tab 1.5 mg	2	
dexamethasone tab 2 mg	2	
dexamethasone tab 4 mg	2	
dexamethasone tab 6 mg	2	
diflorasone diacetate cream 0.05%	4	QL; Maximum of 240 grams per 30 days.
fludrocortisone acetate tab 0.1 mg	2	
fluocinolone acetonide cream 0.01%	3	QL; Maximum of 15 grams per 30 days.
fluocinolone acetonide cream 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocinolone acetonide oil 0.01% (body oil)	3	QL; Maximum of 118.28 ml per 30 days.
fluocinolone acetonide oil 0.01% (body oil)	3	QL; Maximum of 118.28 ml per 30 days.
fluocinolone acetonide oil 0.01% (body oil)	3	QL; Maximum of 118.28 ml per 30 days.
fluocinolone acetonide oil 0.01% (scalp oil)	3	QL; Maximum of 118.28 ml per 30 days.
fluocinolone acetonide oil 0.01% (scalp oil)	3	QL; Maximum of 118.28 ml per 30 days.
fluocinolone acetonide oint 0.025%	3	QL; Maximum of 120 grams per 30 days.
fluocinolone acetonide soln 0.01%	3	QL; Maximum of 60 ml per 30 days.
fluocinonide cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide emulsified base cream 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide gel 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide oint 0.05%	3	QL; Maximum of 60 grams per 30 days.
fluocinonide soln 0.05%	3	QL; Maximum of 60 mls per 30 days.
flurandrenolide lotion 0.05%	4	QL; Maximum of 240 ml per 30 days.
fluticasone propionate cream 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate cream 0.05%	3	QL; Maximum of 15 grams per 30 days.
halobetasol propionate oint 0.05%	3	QL; Maximum of 15 grams per 30 days.
hydrocortisone butyrate cream 0.1%	4	QL; Maximum of 60 grams per 30 days.
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	4	QL; Maximum of 60 grams per 30 days.

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hydrocortisone butyrate oint 0.1%	4	
hydrocortisone butyrate soln 0.1%	4	
hydrocortisone cream 2.5%	2	
hydrocortisone lotion 2.5%	2	
hydrocortisone oint 1%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone tab 10 mg	2	
hydrocortisone tab 20 mg	2	
hydrocortisone tab 5 mg	2	
hydrocortisone valerate cream 0.2%	3	QL; Maximum of 60 grams per 30 days.
hydrocortisone valerate oint 0.2%	3	QL; Maximum of 15 grams per 30 days.
methylprednisolone tab 16 mg	2	
methylprednisolone tab 32 mg	2	
methylprednisolone tab 4 mg	2	
methylprednisolone tab 8 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	2	
mometasone furoate cream 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate solution 0.1% (lotion)	2	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	4	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	4	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	4	
prednisolone sod phosphate oral soln 10 mg/5ml	2	
prednisolone sod phosphate oral soln 15 mg/5ml	2	
prednisolone sod phosphate oral soln 20 mg/5ml	2	
prednisolone sod phosphate oral soln 5 mg/5ml	2	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	2	
prednisolone tab 5 mg	3	
prednisone conc 5 mg/ml	3	
prednisone oral soln 5 mg/5ml	3	
prednisone tab 1 mg	2	
prednisone tab 10 mg	2	
prednisone tab 2.5 mg	2	
prednisone tab 20 mg	2	
prednisone tab 5 mg	2	
prednisone tab 50 mg	2	
prednisone tab therapy pack 10 mg (21)	2	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab therapy pack 5 mg (21)	2	
prednisone tab therapy pack 5 mg (48)	2	
triamcinolone acetonide cream 0.025%	2	QL; Maximum of 80 grams per 30 days.
triamcinolone acetonide cream 0.1%	2	QL; Maximum of 80 grams per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
triamcinolone acetonide cream 0.5%	2	QL; Maximum of 15 grams per 30 days.
triamcinolone acetonide cream 0.5%	2	QL; Maximum of 15 grams per 30 days.
triamcinolone acetonide lotion 0.025%	2	
triamcinolone acetonide lotion 0.1%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
desonide cream 0.05%	3	QL; Maximum of 60 gramPlease replace each reference to "Coverage Requirements and Limits" in the document with Coverage Requirements and Limitss per 30 days.
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
cabergoline tab 0.5 mg	2	
desmopressin acetate inj 4 mcg/ml	4	
desmopressin acetate inj 4 mcg/ml	4	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	3	
desmopressin acetate nasal spray soln 0.01%	3	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	4	
desmopressin acetate tab 0.1 mg	2	
desmopressin acetate tab 0.2 mg	2	
FOLLISTIM AQ INJ 300UNIT ***(follitropin beta inj 300 unit/0.36ml)***	5	PA; SP
FOLLISTIM AQ INJ 600UNIT ***(follitropin beta inj 600 unit/0.72ml)***	5	PA; SP
FOLLISTIM AQ INJ 900UNIT ***(follitropin beta inj 900 unit/1.08ml)***	5	PA; SP
INCRELEX INJ 40MG/4ML ***(mecasermin inj 40 mg/4ml (10 mg/ml***	5	PA; QL; SP; Maximum of 52 ml per 30 days.
MENOPUR INJ 75UNIT ***(menotropins for subcutaneous inj 75 unit)***	5	PA; SP
NORDITROPIN INJ 10/1.5ML ***(somatropin solution pen-injector 10 mg/1.5ml)***	4	PA; QL; SP; Maximum of 0.45 ml per day.
NORDITROPIN INJ 15/1.5ML ***(somatropin solution pen-injector 15 mg/1.5ml)***	4	PA; QL; SP; Maximum of 0.3 ml per day.
NORDITROPIN INJ 30/3ML ***(somatropin solution pen-injector 30 mg/3ml)***	4	PA; QL; SP; Maximum of 0.3 ml per day.
NORDITROPIN INJ 5/1.5ML ***(somatropin solution pen-injector 5 mg/1.5ml)***	4	PA; QL; SP; Maximum of 0.9 ml per day.
OMNITROPE INJ 10/1.5ML ***(somatropin solution cartridge 10 mg/1.5ml)***	4	PA; QL; SP; Maximum of 0.45 ml per day.
OMNITROPE INJ 5.8MG ***(somatropin for inj 5.8 mg)***	4	PA; QL; SP; Maximum of 16 vials per 30 days.
OMNITROPE INJ 5/1.5ML ***(somatropin solution cartridge 5 mg/1.5ml)***	4	PA; QL; SP; Maximum of 0.9 ml per day.
PREGNYL INJ 10000UNT ***(chorionic gonadotropin for im inj 10000 unit)***	4	PA;
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate tab 50 mg	3	PA;
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
MIFEPREX TAB 200MG ***(mifepristone tab 200 mg)***	3	SM
mifepristone tab 200 mg	2	SM
PREPIDIL GEL 0.5MG/3G ***(dinoprostone cervical gel 0.5 mg/3gm)***	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol cap 100 mg	3	
danazol cap 200 mg	3	

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Drug name	Tier	Coverage Requirements and Limits
danazol cap 50 mg	3	
methyltestosterone cap 10 mg	4	SM
testosterone cypionate im inj in oil 100 mg/ml	2	PA; SM
testosterone cypionate im inj in oil 200 mg/ml	2	PA; SM
testosterone enanthate im inj in oil 200 mg/ml	2	PA; SM
testosterone td gel 20.25 mg/act (1.62%)	3	PA; QL; Maximum of 150 grams (2 canisters) per month; SM
testosterone td gel 50 mg/5gm (1%)	3	PA; QL; Maximum of 10 grams (2 units) per day; SM
Estrogens		
ANNOVERA MIS ***(segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr)***	1	QL; Maximum of 1 ring per year.
BIJUVA CAP 0.5-100 ***(estradiol-progesterone cap 0.5-100 mg)***	4	
CLIMARA PRO DIS WEEKLY ***(estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day)***	4	QL; Maximum of 4 patches per 28 days.
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
DUAVEE TAB 0.45-20 ***(conjugated estrogens-bazedoxifene tab 0.45-20 mg)***	4	QL; Maximum of 1 tablet per day.

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Drug name	Tier	Coverage Requirements and Limits
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol & norethindrone acetate tab 1-0.5 mg	3	
estradiol tab 0.5 mg	2	SM
estradiol tab 1 mg	2	SM
estradiol tab 2 mg	2	SM
estradiol td patch twice weekly 0.025 mg/24hr	3	QL; SM
estradiol td patch twice weekly 0.025 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.025 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.0375 mg/24hr	3	QL; SM
estradiol td patch twice weekly 0.0375 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.0375 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.05 mg/24hr	3	QL; SM
estradiol td patch twice weekly 0.05 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.05 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.075 mg/24hr	3	QL; SM
estradiol td patch twice weekly 0.075 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.075 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.1 mg/24hr	3	QL; SM
estradiol td patch twice weekly 0.1 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch twice weekly 0.1 mg/24hr	3	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch weekly 0.025 mg/24hr	2	QL; Maximum of 4 patches per 28 days; SM
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	2	QL; Maximum of 4 patches per 28 days; SM
estradiol td patch weekly 0.05 mg/24hr	2	QL; Maximum of 8 patches per 28 days; SM
estradiol td patch weekly 0.06 mg/24hr	2	QL; Maximum of 4 patches per 28 days; SM
estradiol td patch weekly 0.075 mg/24hr	2	QL; Maximum of 4 patches per 28 days; SM
estradiol td patch weekly 0.1 mg/24hr	2	QL; Maximum of 4 patches per 28 days; SM
estradiol vaginal cream 0.1 mg/gm	3	
estradiol vaginal tab 10 mcg	3	QL; Maximum of 18 tablets per 28 days; SM
estradiol vaginal tab 10 mcg	3	QL; Maxiumum of 18 tablets per 28 days.
estradiol valerate im in oil 10 mg/ml	2	SM
estradiol valerate im in oil 20 mg/ml	2	SM
estradiol valerate im in oil 40 mg/ml	2	SM
ESTRING MIS 7.5/24HR ***(estradiol vaginal ring 2 mg (7.5 mcg/24hrs***	3	QL; Maximum of 1 ring per 90 days.
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	

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ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	

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levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
LO LOESTRIN TAB 1-10-10 ***(norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2***	1	
NEXTSTELLIS TAB 3-14.2MG ***(drospirenone-estetrol tab 3-14.2 mg)***	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	

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Drug name	Tier	Coverage Requirements and Limits
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	

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Drug name	Tier	Coverage Requirements and Limits
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	
PREMARIN VAG CRE 0.625MG ***(estrogens, conjugated vaginal cream 0.625 mg/gm)***	4	
TWIRLA DIS 120-30 ***(levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr)***	1	
TYBLUME CHW 0.1-0.02 ***(levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)***	1	
Progestins		
DEPO-SQ PROV INJ 104 ***(medroxyprogesterone acetate susp pref syr 104 mg/0.65ml)***	1	QL; Maximum of 5 doses (520 mg) per year; SM
drospirenone tab 4 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	

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Drug name	Tier	Coverage Requirements and Limits
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
levonorgestrel tab 1.5 mg	1	
medroxyprogesterone acetate im susp 150 mg/ml	1	QL; Maximum of 5 ml per year; SM
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	SM
medroxyprogesterone acetate tab 10 mg	2	SM
medroxyprogesterone acetate tab 2.5 mg	2	SM
medroxyprogesterone acetate tab 5 mg	2	SM
megestrol acetate susp 40 mg/ml	2	CM
megestrol acetate susp 40 mg/ml	2	CM
megestrol acetate susp 40 mg/ml	2	CM
megestrol acetate susp 625 mg/5ml	4	CM
megestrol acetate tab 20 mg	2	CM
megestrol acetate tab 40 mg	2	CM
norethindrone acetate tab 5 mg	2	
norethindrone acetate tab 5 mg	2	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norethindrone tab 0.35 mg	1	
norgestrel tab 0.075 mg	1	
progesterone cap 100 mg	2	SM
progesterone cap 200 mg	2	SM
progesterone im in oil 50 mg/ml	2	SM
ulipristal acetate tab 30 mg	1	QL; Maximum of 1 tablet per 21 days.
Selective Estrogen Receptor Modifying Agents		
ospemifene tab 60 mg	4	PA; QL; Maximum of 1 tablet per day.

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

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

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Drug name	Tier	Coverage Requirements and Limits
SYNTHROID TAB 25MCG ***(levothyroxine sodium tab 25 mcg)***	3	
SYNTHROID TAB 300MCG ***(levothyroxine sodium tab 300 mcg)***	3	
SYNTHROID TAB 50MCG ***(levothyroxine sodium tab 50 mcg)***	3	
SYNTHROID TAB 75MCG ***(levothyroxine sodium tab 75 mcg)***	3	
SYNTHROID TAB 88MCG ***(levothyroxine sodium tab 88 mcg)***	3	
THYQUIDITY SOL 100/5ML ***(levothyroxine sodium oral solution 100 mcg/5ml)***	4	PA;
THYQUIDITY SOL 100MCG ***(levothyroxine sodium oral solution 100 mcg/5ml)***	4	PA;
thyroid tab 120 mg (2 grain)	4	
thyroid tab 120 mg (2 grain)	4	
thyroid tab 15 mg (1/4 grain)	4	
thyroid tab 15 mg (1/4 grain)	4	
thyroid tab 30 mg (1/2 grain)	4	
thyroid tab 30 mg (1/2 grain)	4	
thyroid tab 60 mg (1 grain)	4	
thyroid tab 60 mg (1 grain)	4	
thyroid tab 90 mg (1 1/2 grain)	4	
thyroid tab 90 mg (1 1/2 grain)	4	
TIROSINT-SOL SOL 100MCG ***(levothyroxine sodium oral solution 100 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 112MCG ***(levothyroxine sodium oral solution 112 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 125MCG ***(levothyroxine sodium oral solution 125 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 137MCG ***(levothyroxine sodium oral solution 137 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 13MCG/ML ***(levothyroxine sodium oral solution 13 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 150MCG ***(levothyroxine sodium oral solution 150 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 175MCG ***(levothyroxine sodium oral solution 175 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 200MCG ***(levothyroxine sodium oral solution 200 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 25MCG/ML ***(levothyroxine sodium oral solution 25 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 37.5/ML ***(levothyroxine sodium oral solution 37.5 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 44MCG/ML ***(levothyroxine sodium oral solution 44 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 50MCG/ML ***(levothyroxine sodium oral solution 50 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 62.5/ML ***(levothyroxine sodium oral solution 62.5 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 75MCG/ML ***(levothyroxine sodium oral solution 75 mcg/ml)***	4	PA;
TIROSINT-SOL SOL 88MCG/ML ***(levothyroxine sodium oral solution 88 mcg/ml)***	4	PA;
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		

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Drug name	Tier	Coverage Requirements and Limits
LYSODREN TAB 500MG ***(mitotane tab 500 mg)***	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
ELIGARD INJ 22.5MG ***(leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg)***	5	PA; SP; SM
ELIGARD INJ 30MG ***(leuprolide acetate (4 month) for subcutaneous inj kit 30 mg)***	5	PA; SP; SM
ELIGARD INJ 45MG ***(leuprolide acetate (6 month) for subcutaneous inj kit 45 mg)***	5	PA; SP; SM
ELIGARD INJ 7.5MG ***(leuprolide acetate for subcutaneous inj kit 7.5 mg)***	5	PA; SP; SM
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	5	PA; SP
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	PA; SP; SM
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	PA; SP; SM
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	PA; SP; SM
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	PA; SP; SM
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA; SP
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA; SP
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA; SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA; SP
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA; SP
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA; SP
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA; SP
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA; SP
ORILISSA TAB 150MG ***(elagolix sodium tab 150 mg)***	4	PA; QL; Maximum of 1 tablet per day.
ORILISSA TAB 200MG ***(elagolix sodium tab 200 mg)***	4	PA; QL; Maximum of 2 tablets per day.
SIGNIFOR INJ 0.3MG/ML ***(pasireotide diaspartate inj 0.3 mg/ml)***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.6MG/ML ***(pasireotide diaspartate inj 0.6 mg/ml)***	5	PA; QL; SP; Maximum of 2 ml per day.
SIGNIFOR INJ 0.9MG/ML ***(pasireotide diaspartate inj 0.9 mg/ml)***	5	PA; QL; SP; Maximum of 2 ml per day.
SOMAVERT INJ 10MG ***(pegvisomant for inj 10 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 15MG ***(pegvisomant for inj 15 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 20MG ***(pegvisomant for inj 20 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 25MG ***(pegvisomant for inj 25 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
SOMAVERT INJ 30MG ***(pegvisomant for inj 30 mg)***	5	PA; QL; SP; Maximum of 1 vial per day.
SYNAREL SOL 2MG/ML ***(nafarelin acetate nasal soln 2 mg/ml (200 mcg/act***	3	SM
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tab 10 mg	2	
methimazole tab 5 mg	2	
propylthiouracil tab 50 mg	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA INJ 2000UNIT ***(c1 esterase inhibitor (human) for subcutaneous inj 2000 unit)***	5	PA; QL; SP; Maximum of 24 vials per 28 days.
HAEGARDA INJ 3000UNIT ***(c1 esterase inhibitor (human) for subcutaneous inj 3000 unit)***	5	PA; QL; SP; Maximum of 16 vials per 28 days.

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Drug name	Tier	Coverage Requirements and Limits
ICATIBANT INJ 30MG/3ML ***(icatibant acetate subcutaneous soln pref syr 30 mg/3ml)***	4	PA; QL; SP; Maximum of 3 syringes (9 ml) per day.
Immune Suppressants		
ADALIMU-ADAZ INJ 10/0.1ML ***(adalimumab-adaz soln prefilled syringe 10 mg/0.1ml)***	5	PA; QL; SP; Maximum of 2 syringes (0.2 ml) per 28 days.
ADALIMU-ADAZ INJ 20/0.2ML ***(adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)***	5	PA; QL; SP; Maximum of 2 syringes (0.4 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***(adalimumab-adaz soln auto-injector 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 2 pens (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 40/0.4ML ***(adalimumab-adaz soln prefilled syringe 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 2 syringes (0.8 ml) per 28 days.
ADALIMU-ADAZ INJ 80/0.8ML ***(adalimumab-adaz soln auto-injector 80 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 pens (1.6 ml) per 28 days.
ADALIMU-ADBM KIT 10/0.2ML ***(adalimumab-adbm prefilled syringe kit 10 mg/0.2ml)***	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 20/0.4ML ***(adalimumab-adbm prefilled syringe kit 20 mg/0.4ml)***	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***(adalimumab-adbm auto-injector kit 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
ADALIMU-ADBM KIT 40/0.4ML ***(adalimumab-adbm auto-injector kit 40 mg/0.4ml)***	5	PA; SP
ADALIMU-ADBM KIT 40/0.4ML ***(adalimumab-adbm prefilled syringe kit 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***(adalimumab-adbm auto-injector kit 40 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 pens per 28 days.
ADALIMU-ADBM KIT 40/0.8ML ***(adalimumab-adbm auto-injector kit 40 mg/0.8ml)***	5	PA; SP
ADALIMU-ADBM KIT 40/0.8ML ***(adalimumab-adbm prefilled syringe kit 40 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 20/0.2ML ***(adalimumab-atto soln prefilled syringe 20 mg/0.2ml)***	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 40/0.4ML ***(adalimumab-atto soln auto-injector 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 2 pens per 28 days.
AMJEVITA INJ 40/0.4ML ***(adalimumab-atto soln prefilled syringe 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 2 syringes per 28 days.
AMJEVITA INJ 80/0.8ML ***(adalimumab-atto soln auto-injector 80 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 pens per 28 days.
azathioprine tab 50 mg	2	
CIMZIA KIT 200MG ***(certolizumab pegol for inj kit 2 x 200 mg)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
CIMZIA PREFL KIT 200MG/ML ***(certolizumab pegol prefilled syringe kit 200 mg/ml)***	5	PA; QL; SP; Maximum of 1 kit per 28 days.
CIMZIA START KIT 200MG/ML ***(certolizumab pegol prefilled syringe kit 200 mg/ml)***	5	PA; SP
cyclosporine cap 100 mg	4	
cyclosporine cap 25 mg	4	
cyclosporine modified cap 100 mg	2	
cyclosporine modified cap 25 mg	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified oral soln 100 mg/ml	3	
GENGRAF CAP 100MG ***(cyclosporine modified cap 100 mg)***	2	
GENGRAF CAP 25MG ***(cyclosporine modified cap 25 mg)***	2	
GENGRAF SOL 100MG/ML ***(cyclosporine modified oral soln 100 mg/ml)***	3	

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HADLIMA INJ 40/0.4ML ***(adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 6 syringes (2.4 ml) per 28 days.
HADLIMA INJ 40/0.8ML ***(adalimumab-bwwd soln prefilled syringe 40 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 syringes (1.6 ml) per 28 days.
HADLIMA PUSH INJ 40/0.4ML ***(adalimumab-bwwd soln auto-injector 40 mg/0.4ml)***	5	PA; QL; SP; Maximum of 6 pens (2.4 ml) per 28 days.
HADLIMA PUSH INJ 40/0.8ML ***(adalimumab-bwwd soln auto-injector 40 mg/0.8ml)***	5	PA; QL; SP; Maximum of 2 pens (1.6 ml) per 28 days.
methotrexate sodium for inj 1 gm	2	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	2	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	2	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	2	
methotrexate sodium tab 2.5 mg	2	CM
mycophenolate mofetil cap 250 mg	2	
mycophenolate mofetil for oral susp 200 mg/ml	4	
mycophenolate mofetil tab 500 mg	2	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	
OLUMIANT TAB 1MG ***(baricitinib tab 1 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
OLUMIANT TAB 2MG ***(baricitinib tab 2 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
OLUMIANT TAB 4MG ***(baricitinib tab 4 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
SANDIMMUNE SOL 100MG/ML ***(cyclosporine oral soln 100 mg/ml)***	5	
SIMPONI INJ 100MG/ML ***(golimumab subcutaneous soln auto-injector 100 mg/ml)***	5	PA; QL; SP; Maximum of 1 ml per 28 days.
SIMPONI INJ 100MG/ML ***(golimumab subcutaneous soln prefilled syringe 100 mg/ml)***	5	PA; QL; SP; Maximum of 1 ml per 28 days.
SIMPONI INJ 50/0.5ML ***(golimumab subcutaneous soln auto-injector 50 mg/0.5ml)***	5	PA; QL; SP; Maximum of 0.5 ml per 28 days.
SIMPONI INJ 50/0.5ML ***(golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml)***	5	PA; QL; SP; Maximum of 0.5 ml per 28 days.
SIROLIMUS SOL 1MG/ML ***(sirolimus oral soln 1 mg/ml)***	5	
SIROLIMUS TAB 0.5MG ***(sirolimus tab 0.5 mg)***	4	
SIROLIMUS TAB 1MG ***(sirolimus tab 1 mg)***	4	
SIROLIMUS TAB 2MG ***(sirolimus tab 2 mg)***	4	
SKYRIZI INJ 150MG/ML ***(risankizumab-rzaa soln prefilled syringe 150 mg/ml)***	5	PA; QL; SP; Maximum 1mL (1 prefilled syringe) per 84 days.
SKYRIZI INJ 180/1.2 ***(risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml)***	5	PA; QL; SP; Maximum of 1.2 mL (1 cartridge) per 56 days.
SKYRIZI INJ 360/2.4 ***(risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml)***	5	PA; QL; SP; Maximum of 2.4 mL (1 cartridge) per 56 days.
SKYRIZI PEN INJ 150MG/ML ***(risankizumab-rzaa soln auto-injector 150 mg/ml)***	5	PA; QL; SP; Maximum 1mL (1 auto-injector) per 84 days.
tacrolimus cap 0.5 mg	2	
tacrolimus cap 1 mg	2	
tacrolimus cap 5 mg	2	

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XELJANZ SOL 1MG/ML ***(tofacitinib citrate oral soln 1 mg/ml)***	5	PA; QL; SP; Maximum of 10 ml per day.
XELJANZ TAB 10MG ***(tofacitinib citrate tab 10 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
XELJANZ TAB 5MG ***(tofacitinib citrate tab 5 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
XELJANZ XR TAB 11MG ***(tofacitinib citrate tab er 24hr 11 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
XELJANZ XR TAB 22MG ***(tofacitinib citrate tab er 24hr 22 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
Immunomodulators		
ACTEMRA INJ 162/0.9 ***(tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml)***	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
ACTEMRA INJ ACTPEN ***(tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml)***	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
ACTIMMUNE INJ 2MU/0.5 ***(interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml***	5	PA; QL; SP; Maximum of 13 ml per 30 days.
leflunomide tab 10 mg	2	
leflunomide tab 20 mg	2	
OTEZLA TAB 10/20 ***(apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)***	5	PA; QL; SP; Maximum of 55 tablets per year.
OTEZLA TAB 10/20/30 ***(apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg)***	5	PA; QL; SP; Maximum of 55 tablets per year.
OTEZLA TAB 20MG ***(apremilast tab 20 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
OTEZLA TAB 30MG ***(apremilast tab 30 mg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
RINVOQ LQ SOL 1MG/ML ***(upadacitinib oral soln 1 mg/ml)***	5	PA; QL; SP; Maximum of 12 ml per day.
RINVOQ TAB 15MG ER ***(upadacitinib tab er 24hr 15 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
RINVOQ TAB 30MG ER ***(upadacitinib tab er 24hr 30 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
RINVOQ TAB 45MG ER ***(upadacitinib tab er 24hr 45 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
TYENNE INJ 162/0.9 ***(tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml)***	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
TYENNE INJ 162MG ***(tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml)***	5	PA; QL; SP; Maximum of 3.6 ml per 28 days.
Vaccines		
ABRYSVO INJ ***(rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml)***	1	QL; 1 vaccination dose (1 injection) per day.
ABRYSVO INJ 120MCG ***(rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml)***	1	QL; 1 vaccination dose (1 injection) per day.
ACTHIB INJ ***(haemophilus b polysaccharide conjugate vaccine for inj)***	1	QL; 1 vaccination dose (1 injection) per day.
ADACEL INJ ***(tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2024-25 ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2024-25 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AFLURIA INJ 2025-26 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QQL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
AREXVY INJ 120MCG ***(rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml)***	1	QL; $0 Copay for members 60 years of age or older. ;1 vaccination dose (1 injection) per day.

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BEXSERO INJ ***(meningococcal vac b (recomb omv adjuv) inj prefilled syringe)***	1	QL; $0 copay for members 10 years of age or older. ;1 vaccination dose (0.5 ml) per day.
BEYFORTUS INJ 100MG/ML ***(nirsevimab-alip im soln prefilled syringe 100 mg/ml)***	1	QL; $0 copay for members 19 months of age or younger.;1 vaccination dose (2 ml) per day.
BEYFORTUS INJ 50/0.5ML ***(nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml)***	1	QL; $0 copay for members 19 months of age or younger.;1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ ***(tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
BOOSTRIX INJ ***(tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
CAPVAXIVE INJ 0.5ML ***(pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml)***	1	QL; $0 copay for members 19 years of age or older. ;1 vaccination dose (0.5 ml) per day.
COMIRNATY INJ 2024-25 ***(covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)***	1	QL; $0 copay for members 12 years of age or older. ;1 vaccination dose (0.3 ml) per day.
DAPTACEL INJ ***(diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
DENGVAXIA SUS ***(dengue virus vaccine live tetravalent for subcutaneous susp)***	1	QL; $0 copay for members between ages of 9 to 16 years.;1 vaccination dose (1 injection) per day.
ENFLONSIA INJ 105MG ***(clesrovimab-cfor im soln prefilled syringe 105 mg/0.7ml)***	1	QL; $0 copay for members 1 year of age or younger.;1 vaccination dose (0.7 ml) per day.
ENGERIX-B INJ 10/0.5ML ***(hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recombinant) susp 20 mcg/ml)***	1	QL; 1 vaccination dose (2 ml) per day.
ENGERIX-B INJ 20MCG/ML ***(hepatitis b vaccine (recombinant) susp pref syr 20 mcg/ml)***	1	QL; 1 vaccination dose (2 ml) per day.
FLUAD INJ 2024-25 ***(influenza vac type a&b surface ant adj susp pref syr 0.5 ml)***	1	QL;$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUAD INJ 2025-26 ***(influenza vac type a&b surface ant adj susp pref syr 0.5 ml)***	1	QL;$0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUARIX INJ 2024-25 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUARIX INJ 2025-26 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUBLOK INJ 2024-25 ***(influenza virus vacc recombinant ha pf soln pref syr 0.5 ml)***	1	QL;$0 copay for members 9 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUBLOK INJ 2025-26 ***(influenza virus vacc recombinant ha pf soln pref syr 0.5 ml)***	1	QL;$0 copay for members 9 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2024-25 ***(influenza virus vac tiss-cult subunit im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2024-25 ***(influenza virus vac tiss-cult subunit susp pref syr 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUCELVAX INJ 2025-26 ***(influenza virus vac tiss-cult subunit im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.

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FLUCELVAX INJ 2025-26 ***(influenza virus vac tiss-cult subunit susp pref syr 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLULAVAL INJ 2024-25 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLULAVAL INJ 2025-26 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUMIST NASA LIQ 2024-25 ***(influenza virus vaccine live intranasal liquid)***	1	$0 copay for members between ages of 2 to 49 years.;1 vaccination dose (0.2 ml) per day.
FLUMIST NASA LIQ 2025-26 ***(influenza virus vaccine live intranasal liquid)***	1	$0 copay for members between ages of 2 to 49 years.;1 vaccination dose (0.2 ml) per day.
FLUZONE HD INJ 2024-25 ***(influenza virus vac split high-dose pf susp pref syr 0.5ml)***	1	QL; $0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUZONE HD INJ 2025-26 ***(influenza virus vac split high-dose pf susp pref syr 0.5ml)***	1	QL; $0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2024-25 ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2024-25 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2025-26 ***(influenza virus vaccine split im susp)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
FLUZONE INJ 2025-26 ***(influenza virus vaccine split pf susp pref syringe 0.5 ml)***	1	QL; $0 copay for members 6 months of age or older.;1 vaccination dose (0.5 ml) per day.
GARDASIL 9 INJ ***(human papillomavirus (hpv) 9-valent recomb vac im susp)***	1	QL; $0 copay for members between ages of 9 to 45 years.;1 vaccination dose (0.5 ml) per day.
GARDASIL 9 INJ ***(human papillomavirus (hpv) 9-valent recomb vac susp pref syr)***	1	QL; $0 copay for members between ages of 9 to 45 years.;1 vaccination dose (0.5 ml) per day.
HAVRIX INJ 1440UNIT ***(hepatitis a vaccine inj susp 1440 el unit/ml)***	1	QL; Maximum of 2 vaccines per lifetime.
HAVRIX INJ 720UNIT ***(hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml)***	1	QL; Maximum of 2 vaccines per lifetime.
HEPLISAV-B INJ 20/0.5ML ***(hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml)***	1	QL; $0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
HIBERIX SOL 10MCG ***(haemophilus b polysaccharide conjugate vac for inj 10 mcg)***	1	QL; 1 vaccination dose (1 injection) per day.
INFANRIX INJ ***(diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml)***	1	QL;1 vaccination dose (0.5 ml) per day.
IPOL INJ INACTIVE ***(poliovirus vaccine, ipv injection)***	1	QL;1 vaccination dose (0.5 ml) per day.
JYNNEOS INJ ***(smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)***	1	QL; $0 copay for members 18 years of age or older. ;1 vaccination dose (0.5 ml) per day.
KINRIX INJ ***(diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)***	1	QL;;1 vaccination dose (0.5 ml) per day.
M-M-R II INJ ***(measles-mumps-rubella virus vaccines for inj soln)***	1	QL; 1 vaccination dose (1 injection) per day.

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MENQUADFI INJ ***(meningococcal (a, c, y, and w-135) tetanus conjugate vaccine)***	1	QL; 1 vaccination dose (0.5 ml) per day.
MENVEO INJ ***(meningococcal (a, c, y, and w-135) oligo conj vac for inj)***	1	QL; 1 vaccination dose (1 injection) per day.
MENVEO SOL ***(meningococcal (a, c, y, and w-135) oligo conj vac im soln)***	1	QL; 1 vaccination dose (1 injection) per day.
MNEXSPIKE INJ 2025-26 ***(covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml)***	1	QL; $0 copay for members 12 years of age or older. ;1 vaccination dose (0.2 ml) per day.
MODERNA INJ 2024-25 ***(covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)***	1	QL; $0 copay for members between ages of 6 months to 11 years.;1 vaccination dose (0.25 ml) per day.
MODERNA INJ 2025-26 ***(covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)***	1	QL; $0 copay for members between ages of 6 months to 11 years.;1 vaccination dose (0.25 ml) per day.
MRESVIA INJ 50MCG ***(rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml)***	1	QL; ;$0 copay for members 60 years of age or older. ;1 vaccination dose (0.5 ml) per day.
NOVAVAX INJ 2024-25 ***(covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)***	1	QL; $0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
PEDIARIX INJ 0.5ML ***(diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr)***	1	QL; $0 copay for members 6 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
PEDVAX HIB INJ ***(haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
PENBRAYA INJ ***(meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj)***	1	QL; $0 copay for members between ages of 10 to 25 years.;1 vaccination dose (1 injection) per day.
PENMENVY INJ ***(meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj)***	1	QL; $0 copay for members between ages of 10 to 25 years.;1 vaccination dose (1 injection) per day.
PENTACEL INJ ***(diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp)***	1	QL; $0 copay for members 4 years of age or younger. ;1 vaccination dose (1 injection) per day.
PFIZER 5-11Y INJ 2024-25 ***(covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)***	1	QL; $0 copay for members between ages of 5 to 11 years.;1 vaccination dose (0.3 ml) per day.
PFIZER 6M-4Y INJ 2024-25 ***(covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)***	1	QL; $0 copay for members between ages of 6 months to 4 years.;1 vaccination dose (0.3 ml) per day.
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
PREHEVBRIO SUS 10MCG/ML ***(hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml)***	1	QL; $0 copay for members 18 years of age or older. ;1 vaccination dose (1 ml) per day.
PREVNAR 13 INJ ***(pneumococcal 13-valent conjugate vaccine inj)***	1	QL; 1 vaccination dose (0.5 ml) per day.
PREVNAR 20 INJ ***(pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml)***	1	QL; $0 copay for members 1 month of age or older. ;1 vaccination dose (0.5 ml) per day.
PRIORIX INJ ***(measles-mumps-rubella virus vaccines for subcutaneous susp)***	1	QL; 1 vaccination dose (1 injection) per day.
PROQUAD INJ ***(measles-mumps-rubella-varicella virus vaccines for susp)***	1	QL;;$0 copay for members between ages of 1 to 12 years.;1 vaccination dose (1 injection) per day.

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QUADRACEL INJ 0.5ML ***(diph-tetanus tox ad-acell pert & polio virus, ipv vac inj)***	1	QL; 1 vaccination dose (0.5 ml) per day.
QUADRACEL INJ 0.5ML ***(diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recombinant) susp 10 mcg/ml)***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 10MCG/ML ***(hepatitis b vaccine (recombinant) susp pref syr 10 mcg/ml)***	1	QL; 1 vaccination dose (1 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA HB INJ 5MCG/0.5 ***(hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.
RECOMBIVA-HB INJ 40MCG/ML ***(hepatitis b vaccine (recombinant) susp 40 mcg/ml)***	1	QL; 1 vaccination dose (1 ml) per day.
ROTARIX SUS ***(rotavirus vaccine, live for oral susp)***	1	QL; $0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
ROTARIX SUS ***(rotavirus vaccine, live oral susp)***	1	QL; $0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
ROTATEQ SOL ***(rotavirus vaccine, live oral pentavalent soln)***	1	QL; $0 copay for members 8 months of age or younger. ;1 vaccination dose (1 ml) per day.
SHINGRIX INJ 50/0.5ML ***(zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml)***	1	QL; $0 Copay for members 19 years of age or older. ;1 vaccination dose (1 injection) per day.
SPIKEVAX INJ 2024-25 ***(covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)***	1	QL; 0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
SPIKEVAX INJ 2025-26 ***(covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml)***	1	QL; 0 copay for members 12 years of age or older. ;1 vaccination dose (0.5 ml) per day.
TENIVAC INJ 5-2LF ***(tetanus-diphtheria toxoids (td) inj 5-2 lfu)***	1	QL; 1 vaccination dose (0.5 ml) per day.
TRUMENBA INJ ***(meningococcal group b vac (recomb) im susp prefilled syr)***	1	QL; $0 copay for members 10 years of age or older. ;1 vaccination dose (0.5 ml) per day.
TWINRIX INJ ***(hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml)***	1	QL; 1 vaccination dose (1 ml) per day.
VAQTA INJ 25/0.5ML ***(hepatitis a vaccine inj susp 25 unit/0.5ml)***	1	QL; Maximum of 2 vaccines per lifetime.
VAQTA INJ 50UNT/ML ***(hepatitis a vaccine inj susp 50 unit/ml)***	1	QL; Maximum of 2 vaccines per lifetime.
VARIVAX INJ ***(varicella virus vac live for inj 1350 pfu/0.5ml)***	1	QL; 1 vaccination dose (1 injection) per day.
VAXELIS INJ ***(diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr)***	1	QL; $0 copay for members 4 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
VAXELIS INJ ***(diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recmb susp)***	1	QL; $0 copay for members 4 years of age or younger. ;1 vaccination dose (0.5 ml) per day.
VAXNEUVANCE INJ ***(pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml)***	1	QL; $0 copay for members 1 month of age or older.;1 vaccination dose (0.5 ml) per day.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
mesalamine rectal enema 4 gm & cleanser wipe kit*	4	QL; Maximum of 4 kits (28 bottles) per 28 days.

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Drug name	Tier	Coverage Requirements and Limits
balsalazide disodium cap 750 mg	3	
DIPENTUM CAP 250MG ***(olsalazine sodium cap 250 mg)***	4	
mesalamine cap er 24hr 0.375 gm	3	QL; Maximum of 4 capsules per day.
mesalamine enema 4 gm	4	QL; Maximum of 1 bottle (60 ml) per day.
mesalamine suppos 1000 mg	4	QL; Maximum of 1 suppository per day.
mesalamine tab delayed release 1.2 gm	3	QL; Maximum of 4 tablets per day.
Glucocorticoids		
ANALPRAM-HC LOT 2.5% ***(hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%)***	4	
budesonide delayed release particles cap 3 mg	4	
CORTIFOAM AER 90MG ***(hydrocortisone acetate perianal foam 10% (90 mg/dose***	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	3	
hydrocortisone enema 100 mg/60ml	3	
hydrocortisone perianal cream 2.5%	2	
hydrocortisone perianal cream 2.5%	2	
Sulfonamides		
sulfasalazine tab 500 mg	2	
sulfasalazine tab delayed release 500 mg	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium oral soln 70 mg/75ml	3	
alendronate sodium tab 10 mg	2	QL; Maximum of 1 tablet per day.
alendronate sodium tab 35 mg	2	QL; Maximum of 8 tablets per 28 days.
alendronate sodium tab 70 mg	2	QL; Maximum of 4 tablets per 28 days.
calcitonin (salmon) nasal soln 200 unit/act	2	QL; Maximum of 1 bottle per 28 days.
calcitriol cap 0.25 mcg	2	
calcitriol cap 0.5 mcg	2	
calcitriol oral soln 1 mcg/ml	3	
cinacalcet hcl tab 30 mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet hcl tab 60 mg	3	PA; QL; Maximum of 2 tablets per day.
cinacalcet hcl tab 90 mg	3	PA; QL; Maximum of 4 tablets per day.
doxercalciferol cap 0.5 mcg	4	
doxercalciferol cap 1 mcg	4	
doxercalciferol cap 2.5 mcg	4	
ibandronate sodium tab 150 mg	2	QL; Maximum of 1 tablet per 28 days.
paricalcitol cap 1 mcg	3	
paricalcitol cap 2 mcg	3	
paricalcitol cap 4 mcg	3	
risedronate sodium tab 150 mg	3	QL; Maximum of 1 tablet per 30 days.
risedronate sodium tab 30 mg	3	QL; Maximum of 1 tablet per day.
risedronate sodium tab 35 mg	3	QL; Maximum of 4 tablets per 28 days.
risedronate sodium tab 5 mg	3	QL; Maximum of 1 tablet per day.
TYMLOS INJ ***(abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml)***	5	PA; QL; SP; Maximum of 1.56 ml per 30 days.

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Drug name	Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol swabs*	1	
condoms - male*	1	QL; Maximum of 36 condoms per month.
gauze pads & dressings - pads 2" x 2"*	3	
sharps container - misc*	1	
alcohol, rubbing 70%	1	
BD GLUCOSE CHW 5GM ***(glucose chew tab 5 gm)***	3	
CAYA DPR ***(*diaphragm arc-spring***)***	1	
CHEMSTRIP K TES ***(acetone (urine) test strip)***	1	
CHEMSTRIP TES MICRAL ***(albumin (urine) test strip)***	1	
COMFORT TOUC MIS 31GX4MM ***(insulin pen needle 31 g x 4 mm (1/6" or 5/32")***	1	
COMFORT TOUC MIS 32GX8MM ***(insulin pen needle 32 g x 8 mm (1/3" or 5/16")***	1	
COMFORT TOUC MIS 33GX1/4" ***(insulin pen needle 33 g x 6 mm (1/4" or 15/64")***	1	
COMFORT TOUC MIS 33GX3/16 ***(insulin pen needle 33 g x 5 mm (1/5" or 3/16")***	1	
COMFORT TOUC MIS 33GX5/32 ***(insulin pen needle 33 g x 4 mm (1/6" or 5/32")***	1	
CONTOUR KIT NEXT ***(*blood glucose monitoring kit w/ device***)***	1	QL; Maximum of 1 device per year.
CONTOUR KIT NEXT EZ ***(*blood glucose monitoring kit w/ device***)***	1	QL; Maximum of 1 device per year.
CONTOUR NEXT KIT GEN ***(*blood glucose monitoring kit w/ device***)***	1	QL; Maximum of 1 device per year.
CONTOUR NEXT MIS GEN ***(*blood glucose monitoring devices***)***	1	QL; Maximum of 1 device per year.
CONTOUR NEXT MIS ONE ***(*blood glucose monitoring devices***)***	1	QL; Maximum of 1 device per year.
CONTOUR PLUS KIT BLUE ***(*blood glucose monitoring kit w/ device***)***	1	QL; Maximum of 1 device per year.
CONTOUR PLUS TES BLD GLUC ***(glucose blood test strip)***	1	QL; Maximum of 100 strips per month.
CONTOUR TES NEXT ***(glucose blood test strip)***	1	QL; Maximum of 100 strips per month.
COUNT-A-DOSE MIS ***(*insulin administration supplies - misc***)***	1	
DEXCOM G6 MIS RECEIVER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
DEXCOM G6 MIS SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 3 sensors per 30 days; SM
DEXCOM G6 MIS TRANSMIT ***(*continuous glucose system transmitter***)***	4	PA; QL; Maximum of 1 transmitter per 90 days; SM
DEXCOM G7 MIS RECEIVER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
DEXCOM G7 MIS SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 3 sensors per 30 days; SM
DIASCREEN MIS 1G ***(*urine glucose monitoring supplies***)***	1	
DIASTIX TES STRIPS ***(glucose urine test-(glucose oxidase) strip)***	1	
DROPLET MICR MIS 34GX9/64 ***(insulin pen needle 34 g x 3.5 mm (9/64")***	1	
DUREX MIS REALFEEL ***(condoms non-latex lubricated)***	1	QL; Maximum of 36 condoms per month.
DUREX MIS TROPICAL ***(condoms latex lubricated)***	1	QL; Maximum of 36 condoms per month.
EASY COMFORT MIS 29GX4MM ***(insulin pen needle 29 g x 4 mm (1/6" or 5/32")***	1	
EASY TOUCH MIS 30G ***(insulin pen needle 30 g x 6 mm (1/4" or 15/64")***	1	

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ERGOLOID MES TAB 1MG ORAL ***(ergoloid mesylates tab 1 mg)***	4	
FC2 FEMALE MIS CONDOM ***(*condoms - female***)***	1	QL; Maximum of 36 condoms per month.
FEMCAP MIS 22MM ***(cervical cap 22 mm)***	1	
FEMCAP MIS 26MM ***(cervical cap 26 mm)***	1	
FEMCAP MIS 30MM ***(cervical cap 30 mm)***	1	
FLEXICHAMBER MIS MASK SM ***(*spacer/aerosol-holding chamber supplies - masks***)***	2	QL; Maximum of 2 spacers per 180 days.
FREE LIBRE2 KIT PLUS/SEN ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREE LIBRE3 KIT PLUS/SEN ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT 2 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT 3 SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR KIT SENSOR ***(*continuous glucose system sensor***)***	4	PA; QL; Maximum of 2 sensors per 28 days; SM
FREESTY LIBR MIS 2 READER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTY LIBR MIS 3 READER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTY LIBR MIS READER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
FREESTYLE MIS READER ***(*continuous glucose system receiver***)***	4	PA; QL; Maximum of 1 receiver per year; SM
glucose chew tab 1 gm	3	
glucose chew tab 4 gm (rounded)	3	
glucose gel 15 gm/33gm	3	
glucose gel 40%	3	
glucose gel 77.4%	3	
GNP GLUCOSE CHW 2GM ***(glucose chew tab 2 gm (carb equiv***	3	
hydrogen peroxide soln 3%	1	
INSPIREASE MIS DD SYST ***(*spacer/aerosol-holding chambers - device***)***	2	QL; Maximum of 2 spacers per 180 days.
INSPIREASE MIS RES BAG ***(*spacer/aerosol-holding chamber supplies - bags***)***	2	QL; Maximum of 2 spacers per 180 days.
insulin pen needle 29 g x 12 mm (1/2")	1	
insulin pen needle 29 g x 12.7 mm (1/2")	1	
insulin pen needle 29 g x 5 mm (1/5" or 3/16")	1	
insulin pen needle 29 g x 8 mm (1/3" or 5/16")	1	
insulin pen needle 31 g x 5 mm (1/5" or 3/16")	1	
insulin pen needle 31 g x 6 mm (1/4" or 15/64")	1	
insulin pen needle 31 g x 8 mm (1/3" or 5/16")	1	
insulin syringe/needle u-100 0.3 ml 29 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 1/2"	1	
insulin syringe/needle u-100 0.3 ml 30 x 5/16"	1	
insulin syringe/needle u-100 0.3 ml 31 x 15/64"	1	
insulin syringe/needle u-100 0.3 ml 31 x 5/16"	1	
insulin syringe/needle u-100 0.5 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1 ml 27 x 5/8"	1	
insulin syringe/needle u-100 1 ml 28 x 1/2"	1	

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Drug name	Tier	Coverage Requirements and Limits
insulin syringe/needle u-100 1 ml 28 x 5/16"	1	
insulin syringe/needle u-100 1 ml 29 x 1/2"	1	
insulin syringe/needle u-100 1 ml 29 x 5/16"	1	
insulin syringe/needle u-100 1 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1 ml 31 x 5/16"	1	
insulin syringe/needle u-100 1 ml 32 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 28 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 29 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 30 x 1/2"	1	
insulin syringe/needle u-100 1/2 ml 30 x 5/16"	1	
insulin syringe/needle u-100 1/2 ml 31 x 15/64"	1	
insulin syringe/needle u-100 1/2 ml 31 x 5/16"	1	
insulin syringe/needle u-500 0.5 ml 31g x 6mm (15/64")	1	
isopropyl alcohol, rubbing 70%	1	
KETO-DIASTIX TES ***(*urine glucose-ketones test strips***)***	1	
LAGEVRIO CAP 200MG ***(molnupiravir cap 200 mg)***	4	QL; Maximum of 40 tablets (1 treatment course) per 30 days.
MASK VORTEX/ MIS FROG ***(*spacer/aerosol-holding chamber supplies - masks***)***	2	QL; Maximum of 2 spacers per 180 days.
MAXICOMFORT MIS 27GX1/2 ***(insulin syringe/needle u-100 1/2 ml 27 x 1/2")***	1	
MAXICOMFORT MIS 27GX1/2" ***(insulin syringe/needle u-100 1 ml 27 x 1/2")***	1	
methylergonovine maleate tab 0.2 mg	4	QL; Maximum of 28 tablets per year.
NOVOFINE AUT MIS 30GX8MM ***(insulin pen needle 30 g x 8 mm (1/3" or 5/16"***	1	
NOVOFINE MIS 32GX6MM ***(insulin pen needle 32 g x 6 mm (1/4" or 15/64"***	1	
NOVOFINE PLS MIS 32GX4MM ***(insulin pen needle 32 g x 4 mm (1/6" or 5/32"***	1	
OMNIFLEX DPR ***(*diaphragms***)***	1	
OMNIPOD 5 DX KIT INT G7G6 ***(*insulin infusion disposable pump kit***)***	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 DX MIS POD G7G6 ***(*insulin infusion disposable pump reservoir***)***	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 G7 KIT INTRO ***(*insulin infusion disposable pump kit***)***	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 G7 MIS PODS ***(*insulin infusion disposable pump reservoir***)***	4	PA; QL; Maximum of 10 pods per 30 days.
OMNIPOD 5 L2 KIT INTRO G6 ***(*insulin infusion disposable pump kit***)***	4	PA; QL; Maximum of 1 kit per 180 days.
OMNIPOD 5 L2 MIS PODS G6 ***(*insulin infusion disposable pump reservoir***)***	4	PA; QL; Maximum of 10 pods per 30 days.
PAXLOVID PAK ***(nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)***	4	QL; Maximum of 11 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 150-100 ***(nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)***	4	QL; Maximum of 20 tablets (1 treatment course) per 30 days.
PAXLOVID TAB 300-100 ***(nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)***	4	QL; Maximum of 30 tablets (1 treatment course) per 30 days.
PENTIPS MIS 29GX12MM ***(insulin pen needle 29 g x 12 mm (1/2"***	1	
PENTIPS MIS 31GX5MM ***(insulin pen needle 31 g x 5 mm (1/5" or 3/16"***	1	
PENTIPS MIS 31GX8MM ***(insulin pen needle 31 g x 8 mm (1/3" or 5/16"***	1	

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Drug name	Tier	Coverage Requirements and Limits
PENTIPS MIS 32GX4MM ***(insulin pen needle 32 g x 4 mm (1/6" or 5/32"***	1	
PHEXXI GEL ***(lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)***	1	QL;Maximum of 180 grams (36 packets) per month.
PRECISN XTRA TES KETONE ***(ketone blood test strip)***	1	
QUICK TOUCH MIS 33GX8MM ***(insulin pen needle 33 g x 8 mm (1/3" or 5/16"***	1	
RA URINARY TES TRACT IN ***(*urinary tract infection (uti) test strip***)***	3	
RADIOGARDASE CAP 0.5GM ***(prussian blue insoluble cap 0.5 gm)***	5	
TRUEPLS GLUC GEL 15/32ML ***(glucose gel 15 gm/32ml)***	3	
TRUEPLUS CHW GLUCOSE ***(glucose chew tab 4 gm (rounded***	3	
ULTICARE MIS 30GX3/16 ***(insulin pen needle 30 g x 5 mm (1/5" or 3/16"***	1	
UTI HOME TES TEST ***(*urinary tract infection (uti) test***)***	3	
WIDE-SEAL DPR KIT 60 ***(diaphragm wide seal 60 mm)***	1	
WIDE-SEAL DPR KIT 65 ***(diaphragm wide seal 65 mm)***	1	
WIDE-SEAL DPR KIT 70 ***(diaphragm wide seal 70 mm)***	1	
WIDE-SEAL DPR KIT 75 ***(diaphragm wide seal 75 mm)***	1	
WIDE-SEAL DPR KIT 80 ***(diaphragm wide seal 80 mm)***	1	
WIDE-SEAL DPR KIT 85 ***(diaphragm wide seal 85 mm)***	1	
WIDE-SEAL DPR KIT 90 ***(diaphragm wide seal 90 mm)***	1	
WIDE-SEAL DPR KIT 95 ***(diaphragm wide seal 95 mm)***	1	
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophth soln 0.3%	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
tobramycin ophth soln 0.3%	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN GEL 0.15% ***(ganciclovir ophth gel 0.15%)***	4	
Antibacterials, Other		
bacitracin ophth oint 500 unit/gm	3	
bacitracin-polymyxin b ophth oint	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	3	
BETADINE SOL 5% OP ***(povidone-iodine ophth soln 5%)***	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	3	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	2	
Antifungals		
NATACYN SUS 5% OP ***(natamycin ophth susp 5%)***	4	
Antiherpetic Agents		
trifluridine ophth soln 1%	3	
Macrolides		

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AZASITE SOL 1% ***(azithromycin ophth soln 1%)***	4	
erythromycin ophth oint 5 mg/gm	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns. ;
Ophthalmic Agents, Other		
AKTEN GEL 3.5% OP ***(lidocaine hcl ophth gel 3.5%)***	4	
ALTACAINE SOL 0.5% OP ***(tetracaine hcl ophth soln 0.5%)***	2	
atropine sulfate ophth soln 1%	2	
CYCLOMYDRIL SOL OP ***(cyclopentolate w/ phenylephrine ophth soln 0.2-1%)***	4	
cyclopentolate hcl ophth soln 1%	2	
ISOPTO ATROP SOL 1% OP ***(atropine sulfate ophth soln 1%)***	4	
MITOSOL KIT 0.2MG ***(mitomycin for ophth soln kit 0.2 mg)***	4	
proparacaine hcl ophth soln 0.5%	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
tetracaine hcl ophth soln 0.5%	2	
ZYLET SUS 0.5-0.3% ***(loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)***	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOL 2% ***(nedocromil sodium ophth soln 2%)***	4	
ALOMIDE SOL 0.1% OP ***(lodoxamide tromethamine ophth soln 0.1%)***	4	
ALTAFRIN SOL 10% OP ***(phenylephrine hcl ophth soln 10%)***	2	
ALTAFRIN SOL 2.5% OP ***(phenylephrine hcl ophth soln 2.5%)***	2	
azelastine hcl ophth soln 0.05%	2	
bepotastine besilate ophth soln 1.5%	4	QL; Maximum of 5 ml per 30 days.
ciprofloxacin hcl ophth soln 0.3%	2	
cromolyn sodium ophth soln 4%	2	
epinastine hcl ophth soln 0.05%	2	QL; Maximum of 5 ml per 30 days.
LASTACAFT SOL 0.25% ***(alcaftadine ophth soln 0.25%)***	4	QL; Maximum of 3 ml per 30 days.
olopatadine hcl ophth soln 0.1%	2	QL; Maximum of 5 ml per 30 days.
phenylephrine hcl ophth soln 10%	2	
phenylephrine hcl ophth soln 2.5%	2	
Ophthalmic Anti-inflammatories		
bromfenac sodium ophth soln 0.09% (once-daily)	3	QL; Maximum of 1.7 ml per 30 days.
cyclosporine (ophth) emulsion 0.05%	4	PA; QL; Maximum of 2 vials per day.
dexamethasone sodium phosphate ophth soln 0.1%	2	
diclofenac sodium ophth soln 0.1%	2	
difluprednate ophth emulsion 0.05%	4	
fluorometholone ophth susp 0.1%	2	
flurbiprofen sodium ophth soln 0.03%	2	
INVELTYS SUS 1% ***(loteprednol etabonate ophth susp 1%)***	4	QL; Maximum of 2.8 ml per 30 days.
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	2	
LOTEMAX OIN 0.5% ***(loteprednol etabonate ophth oint 0.5%)***	4	

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LOTEMAX SM GEL 0.38% ***(loteprednol etabonate ophth gel 0.38%)***	4	QL; Maximum of 5 grams per 30 days.
loteprednol etabonate ophth susp 0.5%	4	QL; Maximum of 5 ml per 30 days.
prednisolone acetate ophth susp 1%	2	
prednisolone sodium phosphate ophth soln 1%	2	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl ophth soln 0.5%	2	
betaxolol hcl ophth soln 0.5%	2	
brimonidine tartrate ophth soln 0.15%	2	QL; Maximum of 30 ml per 30 days.
brimonidine tartrate ophth soln 0.2%	2	QL; Maximum of 30 ml per 30 days.
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	QL; Maximum of 5 ml per 30 days.
brinzolamide ophth susp 1%	3	QL; Maximum of 10 ml per 30 days.
brinzolamide ophth susp 1%	3	QL; Maximum of 10 ml per 30 days.
dorzolamide hcl ophth soln 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	QL; Maximum of 10 ml per 30 days.
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	3	QL; Maximum of 60 vials per 30 days.
echothiophate iodide ophth for soln 0.125%	3	
IOPIDINE SOL 1% OP ***(apraclonidine hcl ophth soln 1%)***	4	
levobunolol hcl ophth soln 0.5%	2	
pilocarpine hcl ophth soln 1%	2	
pilocarpine hcl ophth soln 2%	2	
pilocarpine hcl ophth soln 4%	2	
SIMBRINZA SUS 1-0.2% ***(brinzolamide-brimonidine tartrate ophth susp 1-0.2%)***	4	QL; Maximum of 8 ml per 30 days.
timolol maleate ophth soln 0.25%	2	
timolol maleate ophth soln 0.5% (once-daily)	3	
timolol maleate ophth soln 0.5%	2	
timolol ophth soln 0.5%	3	QL; Maximum of 5 ml per 30 days.
Ophthalmic Beta-Adrenergic Blocking Agents		
timolol maleate ophth soln 0.5% (once-daily)	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophth soln 0.005%	2	
LUMIGAN SOL 0.01% OP ***(bimatoprost ophth soln 0.01%)***	3	QL; Maximum of 5 ml per 30 days.
tafluprost preservative free (pf) ophth soln 0.0015%	4	QL; Maximum of 30 vials per 30 days.
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	QL; Maximum of 2.5 ml per 30 days.
Quinolones		
carteolol hcl ophth soln 1%	2	
gatifloxacin ophth soln 0.5%	3	
levofloxacin ophth soln 0.5%	2	
levofloxacin ophth soln 1.5%	2	
moxifloxacin hcl ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5%	2	
ofloxacin ophth soln 0.3%	2	
Sulfonamides		
sulfacetamide sodium ophth oint 10%	2	

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Drug name	Tier	Coverage Requirements and Limits
sulfacetamide sodium ophth soln 10%	2	
Otic Agents		
Otic Agents		
acetic acid otic soln 2%	2	
ciprofloxacin hcl otic soln 0.2%	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	4	
CORTISPORIN SUS -TC OTIC ***(neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)***	4	
fluocinolone acetonide (otic) oil 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	3	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin otic soln 0.3%	2	
OTOVEL DRO ***(ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%)***	4	
Respiratory Tract/Pulmonary Agent		
Antihistamines		
diphenhydramine hcl elixir 12.5 mg/5ml	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO AER 160MCG ***(ciclesonide inhal aerosol 160 mcg/act)***	4	QL; Maximum of 2 inhalers (12.2 grams) per 30 days. SM
ALVESCO AER 80MCG ***(ciclesonide inhal aerosol 80 mcg/act)***	4	QL; Maximum of 1 inhaler (6.1 grams) per 30 days. SM
ARNUITY ELPT INH 100MCG ***(fluticasone furoate aerosol powder breath activ 100 mcg/act)***	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ARNUITY ELPT INH 200MCG ***(fluticasone furoate aerosol powder breath activ 200 mcg/act)***	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ARNUITY ELPT INH 50MCG ***(fluticasone furoate aerosol powder breath activ 50 mcg/act)***	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ASMANEX 120 AER 220MCG ***(mometasone furoate inhal powd 220 mcg/act (breath activated***	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX 14 AER 220MCG ***(mometasone furoate inhal powd 220 mcg/act (breath activated***	3	QL; Maximum of 2 inhalers per 28 days. SM
ASMANEX 30 AER 110MCG ***(mometasone furoate inhal powd 110 mcg/act (breath activated***	3	QL; Maximum of 2 inhalers per 30 days. SM
ASMANEX 30 AER 220MCG ***(mometasone furoate inhal powd 220 mcg/act (breath activated***	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX 60 AER 220MCG ***(mometasone furoate inhal powd 220 mcg/act (breath activated***	3	QL; Maximum of 1 inhaler per 30 days. SM
ASMANEX HFA AER 100 MCG ***(mometasone furoate inhal aerosol suspension 100 mcg/act)***	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
ASMANEX HFA AER 200 MCG ***(mometasone furoate inhal aerosol suspension 200 mcg/act)***	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
ASMANEX HFA AER 50MCG ***(mometasone furoate inhal aerosol suspension 50 mcg/act)***	3	QL; Maximum of 1 inhaler (13 grams) per 30 days. SM
BEVESPI AER 9-4.8MCG ***(glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act)***	3	QL; Maximum of 1 inhaler (10.7 grams) per 30 days. SM

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Drug name	Tier	Coverage Requirements and Limits
BREYNA AER 160/4.5 ***(budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act)***	4	QL; Maximum of 1 inhaler per 30 days. SM
BREYNA AER 80/4.5 ***(budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act)***	4	QL; Maximum of 1 inhaler per 30 days. SM
budesonide inhalation susp 0.25 mg/2ml	3	QL; Maximum of 4 ml per day. SM
budesonide inhalation susp 0.5 mg/2ml	3	QL; Maximum of 4 ml per day. SM
budesonide inhalation susp 1 mg/2ml	3	QL; Maximum of 2 ml per day. SM
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	4	QL; Maximum of 1 inhaler per 30 days. SM
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	4	QL; Maximum of 1 inhaler per 30 days. SM
flunisolide nasal soln 25 mcg/act (0.025%)	3	
fluticasone propionate nasal susp 50 mcg/act	2	QL; Maximum of 16 grams per 30 days. SM
fluticasone-salmeterol aer powder ba 100-50 mcg/act	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL; Maximum of 1 inhaler per 30 days. SM
fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL; Maximum of 1 inhaler per 30 days. SM
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL; Maximum of 1 inhaler per 30 days. SM
mometasone furoate nasal susp 50 mcg/act	3	QL; Maximum of 17 grams per 30 days.
QVAR REDIHA AER 80MCG ***(beclomethasone diprop hfa breath act inh aer 80 mcg/act)***	3	QL; Maximum of 2 inhalers (21.2 grams) per 30 days; SM
QVAR REDIHAL AER 40MCG ***(beclomethasone diprop hfa breath act inh aer 40 mcg/act)***	3	QL; Maximum of 2 inhalers (21.2 grams) per 30 days; SM
WIXELA INHUB AER 100/50 ***(fluticasone-salmeterol aer powder ba 100-50 mcg/act)***	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
WIXELA INHUB AER 250/50 ***(fluticasone-salmeterol aer powder ba 250-50 mcg/act)***	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
WIXELA INHUB AER 500/50 ***(fluticasone-salmeterol aer powder ba 500-50 mcg/act)***	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
Antihistamines		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	2	QL; Maximum of 1 ml per day.
carbinoxamine maleate soln 4 mg/5ml	2	
carbinoxamine maleate tab 4 mg	2	
clemastine fumarate tab 2.68 mg	2	
cyproheptadine hcl syrup 2 mg/5ml	2	
cyproheptadine hcl tab 4 mg	2	
desloratadine tab 5 mg	3	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	3	
levocetirizine dihydrochloride tab 5 mg	2	QL; Maximum of 1 tablet per day.
olopatadine hcl nasal soln 0.6%	3	QL; Maximum of 30.5 grams per 30 days.
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	
promethazine hcl oral soln 6.25 mg/5ml	2	
promethazine hcl oral soln 6.25 mg/5ml	2	
promethazine hcl suppos 12.5 mg	3	QL; Maximum of 6 suppositories per day.
promethazine hcl suppos 25 mg	3	QL; Maximum of 4 suppositories per day.

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promethazine hcl tab 12.5 mg	2	
promethazine hcl tab 25 mg	2	
promethazine hcl tab 50 mg	2	
Antileukotrienes		
montelukast sodium chew tab 4 mg	2	QL; Maximum of 1 tablet per day.
montelukast sodium chew tab 5 mg	2	QL; Maximum of 1 tablet per day.
montelukast sodium oral granules packet 4 mg	2	QL; Maximum of 1 packet per day.
montelukast sodium tab 10 mg	2	QL; Maximum of 1 tablet per day.
zafirlukast tab 10 mg	3	QL; Maximum of 2 tablets per day.
zafirlukast tab 20 mg	3	QL; Maximum of 2 tablets per day.
zileuton tab er 12hr 600 mg	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AER 17MCG ***(ipratropium bromide hfa inhal aerosol 17 mcg/act)***	4	QL; Maximum of 2 inhalers per 30 days. SM
BREZTRI AERO AER SPHERE ***(budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)***	3	QL; Maximum of 1 inhaler (10.7 grams) per 30 days. SM
INCRUSE ELPT INH 62.5MCG ***(umeclidinium br aero powd breath act 62.5 mcg/act (base eq***	3	QL; Maximum of 1 inhaler (30 blisters) per 30 days. SM
ipratropium bromide inhal soln 0.02%	2	SM
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2	SM
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2	SM
SPIRIVA AER 1.25MCG ***(tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act)***	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
SPIRIVA SPR 2.5MCG ***(tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act)***	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
STIOLTO AER 2.5-2.5 ***(tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act)***	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
tiotropium bromide monohydrate inhal cap 18 mcg	3	QL; Maximum of 1 capsule per day. SM
TRELEGY AER 100MCG ***(fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act)***	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
TRELEGY AER 200MCG ***(fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/act)***	3	QL; Maximum of 1 inhaler (60 blisters) per 30 days. SM
Bronchodilators, Sympathomimetic		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	
albuterol sulfate soln nebu 0.63 mg/3ml	1	
albuterol sulfate soln nebu 1.25 mg/3ml	1	
albuterol sulfate syrup 2 mg/5ml	3	
albuterol sulfate syrup 2 mg/5ml	3	
albuterol sulfate tab 2 mg	3	
albuterol sulfate tab 4 mg	3	
arformoterol tartrate soln nebu 15 mcg/2ml	4	QL; Maximum of 2 vials (4 ml) per day. SM
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days

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epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL; Maximum of 4 pens (2 boxes) per 30 days; SM
formoterol fumarate soln nebu 20 mcg/2ml	4	QL; Maximum of 2 vials (4 ml) per day. SM
levalbuterol hcl soln nebu 0.31 mg/3ml	3	QL; Maximum of 18 ml per day. SM
levalbuterol hcl soln nebu 0.63 mg/3ml	3	QL; Maximum of 18 ml per day. SM
levalbuterol hcl soln nebu 1.25 mg/3ml	3	QL; Maximum of 9 ml per day. SM
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml	3	QL; Maximum of 90 vials per 30 days. SM
STRIVERDI AER 2.5MCG ***(olodaterol hcl inhal aerosol soln 2.5 mcg/act)***	3	QL; Maximum of 1 inhaler (4 grams) per 30 days. SM
SYMJEPI INJ 0.15MG ***(epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000***	1	QL; Maximum of 4 syringes per 30 days.
SYMJEPI INJ 0.3MG ***(epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000***	1	QL; Maximum of 4 syringes per 30 days.
terbutaline sulfate tab 2.5 mg	4	
terbutaline sulfate tab 5 mg	4	
VENTOLIN HFA AER ***(albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv***	1	
Cystic Fibrosis Agents		
ORKAMBI GRA 100-125 ***(lumacaftor-ivacaftor granules packet 100-125 mg)***	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI GRA 150-188 ***(lumacaftor-ivacaftor granules packet 150-188 mg)***	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI GRA 75-94MG ***(lumacaftor-ivacaftor granules packet 75-94 mg)***	5	PA; QL; SP; Maximum of 56 packets per 28 days.
ORKAMBI TAB 100-125 ***(lumacaftor-ivacaftor tab 100-125 mg)***	5	PA; QL; SP; Maximum of 112 tablets per 28 days.
ORKAMBI TAB 200-125 ***(lumacaftor-ivacaftor tab 200-125 mg)***	5	PA; QL; SP; Maximum of 112 tablets per 28 days.
PULMOZYME SOL 1MG/ML ***(dornase alfa inhal soln 2.5 mg/2.5ml)***	5	PA; QL; SP; Maximum of 2 ampules (5 ml) per day.
tobramycin nebu soln 300 mg/5ml	5	PA; QL; SP; Maximum of 2 ampules (10 ml) per day.
Mast Cell Stabilizers		
cromolyn sodium soln nebu 20 mg/2ml	3	
Phosphodiesterase Inhibitors, Airways Disease		
roflumilast tab 250 mcg	4	QL; Maximum of 1 tablet per day.
roflumilast tab 500 mcg	4	QL; Maximum of 1 tablet per day.
THEO-24 CAP 100MG CR ***(theophylline cap er 24hr 100 mg)***	4	
THEO-24 CAP 200MG CR ***(theophylline cap er 24hr 200 mg)***	4	
THEO-24 CAP 300MG CR ***(theophylline cap er 24hr 300 mg)***	4	
THEO-24 CAP 400MG ER ***(theophylline cap er 24hr 400 mg)***	4	
theophylline elixir 80 mg/15ml	3	
theophylline elixir 80 mg/15ml	3	
theophylline soln 80 mg/15ml	3	
theophylline tab er 12hr 100 mg	2	
theophylline tab er 12hr 200 mg	2	
theophylline tab er 12hr 300 mg	2	
theophylline tab er 12hr 450 mg	2	
theophylline tab er 24hr 400 mg	2	

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theophylline tab er 24hr 600 mg	2	
Pulmonary Antihypertensives		
ADEMPAS TAB 0.5MG ***(riociguat tab 0.5 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 1.5MG ***(riociguat tab 1.5 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 1MG ***(riociguat tab 1 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 2.5MG ***(riociguat tab 2.5 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day.
ADEMPAS TAB 2MG ***(riociguat tab 2 mg)***	5	PA; QL; SP; Maximum of 3 tablets per day.
ALYQ TAB 20MG ***(tadalafil tab 20 mg (pah***	5	PA; QL; SP; Maximum of 2 tablets per day.
ambrisentan tab 10 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
ambrisentan tab 5 mg	5	PA; QL; SP; Maximum of 1 tablet per day.
bosentan tab 125 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
bosentan tab 62.5 mg	5	PA; QL; SP; Maximum of 2 tablets per day.
OPSUMIT TAB 10MG ***(macitentan tab 10 mg)***	5	PA; QL; SP; Maximum of 1 tablet per day.
ORENITRAM TAB 0.125MG ***(treprostinil diolamine tab er 0.125 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 0.25MG ***(treprostinil diolamine tab er 0.25 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 1MG ***(treprostinil diolamine tab er 1 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 2.5MG ***(treprostinil diolamine tab er 2.5 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB 5MG ***(treprostinil diolamine tab er 5 mg)***	5	PA; QL; SP; Maximum of 6 tablets per day.
ORENITRAM TAB MONTH 1 ***(treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg)***	5	PA; QL; SP; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 2 ***(treprostinil tab er titr pk (mo2) 126 x0.125mg & 210 x0.25mg)***	5	PA; QL; SP; Maximum of 1 titration kit per year.
ORENITRAM TAB MONTH 3 ***(treprostinil tab er titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg)***	5	PA; QL; SP; Maximum of 1 titration kit per year.
sildenafil citrate for suspension 10 mg/ml	5	PA; QL; SP; Maximum of 6 ml per day.
sildenafil citrate tab 20 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
tadalafil tab 20 mg (pah)	5	PA; QL; SP; Maximum of 2 tablets per day.
TYVASO DPI POW 16-32-48 ***(treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg)***	5	PA; QL; SP; Maximum of 252 cartridges (1 kit) per year.
TYVASO DPI POW 16-32MCG ***(treprostinil inh powder 112 x 16mcg & 84 x 32mcg)***	5	PA; QL; SP; Maximum of 196 cartridges (1 kit) per year.
TYVASO DPI POW 16MCG ***(treprostinil inh powder 16 mcg/cartridge)***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 32MCG ***(treprostinil inh powder 32 mcg/cartridge)***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 48MCG ***(treprostinil inh powder 48 mcg/cartridge)***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO DPI POW 64MCG ***(treprostinil inh powder 64 mcg/cartridge)***	5	PA; QL; SP; Maximum of 112 cartridges (1 kit) per 28 days.
TYVASO RF KT SOL 0.6MG/ML ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO SOL 0.6MG/ML ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
TYVASO ST KT SOL 0.6MG/ML ***(treprostinil inhalation solution 0.6 mg/ml)***	5	PA; QL; SP; Maximum of 4 ampules (11.6 ml) per day.
UPTRAVI PACK TAB 200/800 ***(selexipag tab therapy pack 200 mcg (140) & 800 mcg (60***	5	PA; QL; SP; Maximum of 200 tablets per year.
UPTRAVI TAB 1000MCG ***(selexipag tab 1000 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 1200MCG ***(selexipag tab 1200 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.

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UPTRAVI TAB 1400MCG ***(selexipag tab 1400 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 1600MCG ***(selexipag tab 1600 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 200MCG ***(selexipag tab 200 mcg)***	5	PA; QL; SP; Maximum of 5 tablets per day.
UPTRAVI TAB 400MCG ***(selexipag tab 400 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 600MCG ***(selexipag tab 600 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
UPTRAVI TAB 800MCG ***(selexipag tab 800 mcg)***	5	PA; QL; SP; Maximum of 2 tablets per day.
VENTAVIS SOL 10MCG/ML ***(iloprost inhalation solution 10 mcg/ml)***	5	PA; QL; SP; Maximum of 7 ml per day.
VENTAVIS SOL 20MCG/ML ***(iloprost inhalation solution 20 mcg/ml)***	5	PA; QL; SP; Maximum of 3 ml per day.
Pulmonary Fibrosis Agents		
OFEV CAP 100MG ***(nintedanib esylate cap 100 mg)***	5	PA; QL; SP; Maximum of 2 capsules per day.
OFEV CAP 150MG ***(nintedanib esylate cap 150 mg)***	5	PA; QL; SP; Maximum of 2 capsules per day.
pirfenidone cap 267 mg	4	PA; QL; SP; Maximum of 9 capsules per day.
pirfenidone tab 267 mg	4	PA; QL; SP; Maximum of 9 tablets per day.
pirfenidone tab 534 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
pirfenidone tab 801 mg	4	PA; QL; SP; Maximum of 3 tablets per day.
Respiratory Tract Agents, Other		
acetylcysteine inhal soln 10%	2	
acetylcysteine inhal soln 20%	2	
benzonatate cap 100 mg	2	
benzonatate cap 200 mg	2	
GILTUSS TAB 10-388MG ***(phenylephrine-guaifenesin tab 10-388 mg)***	4	
guaifenesin-codeine soln 100-10 mg/5ml	2	PA; QL; Maximum of 360 ml per 30 days.
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	PA; QL; Maximum of 12 ml per day.
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	PA; QL; Maximum of 12 ml per day.
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	2	PA; QL; Maximum of 12 ml per day.
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	2	PA; QL; Maximum of 12 tablets per day.
HYPERSAL NEB 3.5% ***(sodium chloride soln nebu 3.5%)***	3	
HYPERSAL NEB 7% ***(sodium chloride soln nebu 7%)***	3	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	
NEBUSAL NEB 3% ***(sodium chloride soln nebu 3%)***	3	
NEBUSAL NEB 6% ***(sodium chloride soln nebu 6%)***	3	
promethazine w/ codeine syrup 6.25-10 mg/5ml	2	PA; QL; Maximum of 36 ml per day.
promethazine-dm syrup 6.25-15 mg/5ml	2	
promethazine-dm syrup 6.25-15 mg/5ml	2	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	2	PA; QL; Maximum of 36 ml per day.
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	2	
PULMOSAL NEB 7% ***(sodium chloride soln nebu 7%)***	3	
sodium chloride soln nebu 0.9%	2	
sodium chloride soln nebu 10%	2	
sodium chloride soln nebu 3%	2	

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sodium chloride soln nebu 7%	2	
XOLAIR INJ 150MG/ML ***(omalizumab subcutaneous soln auto-injector 150 mg/ml)***	5	PA; QL; SP; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 150MG/ML ***(omalizumab subcutaneous soln prefilled syringe 150 mg/ml)***	5	PA; QL; SP; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 300/2ML ***(omalizumab subcutaneous soln auto-injector 300 mg/2ml)***	5	PA; QL; SP; Maximum of 4ml (4 pens) per 28 days.
XOLAIR INJ 300/2ML ***(omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)***	5	PA; QL; SP; Maximum of 4ml (4 syringes) per 28 days.
XOLAIR INJ 75/0.5 ***(omalizumab subcutaneous soln auto-injector 75 mg/0.5ml)***	5	PA; QL; SP; Maximum of 1ml (2 pens) per 28 days.
XOLAIR INJ 75/0.5 ***(omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml)***	5	PA; QL; SP; Maximum of 1ml (2 syringes) per 28 days.
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Skeletal Muscle Relaxants		
baclofen tab 10 mg	2	
baclofen tab 20 mg	2	
baclofen tab 5 mg	2	
carisoprodol tab 350 mg	2	QL; Maximum of 4 tablets per day.
chlorzoxazone tab 500 mg	3	
cyclobenzaprine hcl tab 10 mg	2	
cyclobenzaprine hcl tab 5 mg	2	
cyclobenzaprine hcl tab 7.5 mg	2	
dantrolene sodium cap 100 mg	3	
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tizanidine hcl tab 4 mg	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone tab 1 mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 2 mg	2	QL; Maximum of 1 tablet per day.
eszopiclone tab 3 mg	2	QL; Maximum of 1 tablet per day.
flurazepam hcl cap 15 mg	2	QL; Maximum of 1 capsule per day.
flurazepam hcl cap 30 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 15 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 22.5 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 30 mg	2	QL; Maximum of 1 capsule per day.
temazepam cap 7.5 mg	2	QL; Maximum of 1 capsule per day.

KEY: **CM** ..... Orally administered anticancer medication
PA..... Prior authorization required
QL ..... Quantity Limit
SP..... Specialty medication
SM.....Cost share cap by state mandate applies when condition appropriate

Drug name	Tier	Coverage Requirements and Limits
zaleplon cap 10 mg	2	QL; Maximum of 2 capsules per day.
zaleplon cap 5 mg	2	QL; Maximum of 1 capsule per day.
zolpidem tartrate tab 10 mg	2	QL; Maximum of 1 tablet per day.
zolpidem tartrate tab 5 mg	2	QL; Maximum of 1 tablet per day.
zolpidem tartrate tab er 12.5 mg	3	QL; Maximum of 1 tablet per day.
zolpidem tartrate tab er 6.25 mg	3	QL; Maximum of 1 tablet per day.
Sleep Disorders, Other		
armodafinil tab 150 mg	3	PA; QL; Maximum of 1 tablet per day.
armodafinil tab 200 mg	3	PA; QL; Maximum of 1 tablet per day.
armodafinil tab 250 mg	3	PA; QL; Maximum of 1 tablet per day.
armodafinil tab 50 mg	3	PA; QL; Maximum of 2 tablets per day.
BELSOMRA TAB 10MG ***(suvorexant tab 10 mg)***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 15MG ***(suvorexant tab 15 mg)***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 20MG ***(suvorexant tab 20 mg)***	4	QL; Maximum of 1 tablet per day.
BELSOMRA TAB 5MG ***(suvorexant tab 5 mg)***	4	QL; Maximum of 1 tablet per day.
doxepin hcl (sleep) tab 3 mg	4	QL; Maximum of 1 tablet per day.
doxepin hcl (sleep) tab 6 mg	4	QL; Maximum of 1 tablet per day.
modafinil tab 100 mg	2	PA; QL; Maximum of 1 tablet per day.
modafinil tab 200 mg	2	PA; QL; Maximum of 2 tablets per day.
ramelteon tab 8 mg	4	QL; Maximum of 1 tablet per day.
sodium oxybate oral solution 500 mg/ml	5	PA; QL; SP; Maximum of 18 ml per day.
SUNOSI TAB 150MG ***(solriamfetol hcl tab 150 mg)***	4	PA; QL; Maximum of 1 tablet per day.
SUNOSI TAB 75MG ***(solriamfetol hcl tab 75 mg)***	4	PA; QL; Maximum of 1 tablet per day.
tasimelteon capsule 20 mg	5	PA; QL; SP; Maximum of 1 capsule per day.
Vaccines		
Vaccines		
TDVAX INJ 2-2 LF ***(tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml)***	1	QL; 1 vaccination dose (0.5 ml) per day.

KEY: **CM** ..... Orally administered anticancer medication
PA..... Prior authorization required
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BELSOMRA TAB 10MG ***(suvorexant tab 10 mg)*** 121
BELSOMRA TAB 15MG ***(suvorexant tab 15 mg)*** 121
BELSOMRA TAB 20MG ***(suvorexant tab 20 mg)*** 121
benazepril hcl tab 5 mg 62
benazepril hcl tab 10 mg 62
benazepril hcl tab 20 mg 62
benazepril hcl tab 40 mg 62
benazepril & hydrochlorothiazide tab 5-6.25 mg 62
benazepril & hydrochlorothiazide tab 10-12.5 mg 62
benazepril & hydrochlorothiazide tab 20-12.5 mg 62
benazepril & hydrochlorothiazide tab 20-25 mg 62
benznidazole tab 12.5 mg 43
benznidazole tab 100 mg 43
benzonatate cap 100 mg 119
benzonatate cap 200 mg 119
benzoyl peroxide-erythromycin gel 5-3% 76
benztropine mesylate tab 0.5 mg 44
benztropine mesylate tab 1 mg 44
benztropine mesylate tab 2 mg 44
bepotastine besilate ophth soln 1.5% 112
BETADINE SOL 5% OP ***(povidone-iodine ophth soln 5%)*** 111
*betaine powder for oral solution*** 83
betamethasone dipropionate augmented cream 0.05% 85
betamethasone dipropionate augmented gel 0.05% 85
betamethasone dipropionate augmented lotion 0.05% 85
betamethasone dipropionate augmented oint 0.05% 85
betamethasone dipropionate cream 0.05% 85
betamethasone dipropionate lotion 0.05% 85
betamethasone dipropionate oint 0.05% 85
betamethasone valerate cream 0.1% 85
betamethasone valerate lotion 0.1% 85
betamethasone valerate oint 0.1% 85
BETASERON INJ 0.3MG ***(interferon beta-1b for inj kit 0.3 mg)*** 75
betaxolol hcl ophth soln 0.5% 113
betaxolol hcl tab 10 mg 64
betaxolol hcl tab 20 mg 64
bethanechol chloride tab 5 mg 85
bethanechol chloride tab 10 mg 85
bethanechol chloride tab 25 mg 85
bethanechol chloride tab 50 mg 85
BEVESPI AER 9-4.8MCG ***(glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act)*** 115
bexarotene cap 75 mg 43
bexarotene gel 1% 43
BEXSERO INJ ***(meningococcal vac b (recomb omv adjuv)*** inj prefilled syringe) 103
BEYFORTUS INJ 50/0.5ML ***(nirsevimab-alip im soln prefilled syringe 50 mg/0.5ml)*** 103
BEYFORTUS INJ 100MG/ML ***(nirsevimab-alip im soln prefilled syringe 100 mg/ml)*** 103
bicalutamide tab 50 mg 37
BIJUVA CAP 0.5-100 ***(estradiol-progesterone cap 0.5-100 mg)*** 89
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg)*** 49
BIKTARVY TAB ***(bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg)*** 49
bisacodyl tab delayed release 5 mg 82
bisoprolol fumarate tab 2.5 mg 64
bisoprolol fumarate tab 5 mg 64
bisoprolol fumarate tab 10 mg 64
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 64
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 64
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 64
BOOSTRIX INJ ***(tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml)*** 103
BOOSTRIX INJ ***(tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml)*** 103
bosentan tab 62.5 mg 118
bosentan tab 125 mg 118
BOSULIF CAP 50MG ***(bosutinib cap 50 mg)*** 40
BOSULIF CAP 100MG ***(bosutinib cap 100 mg)*** 40
BREYNA AER 80/4.5 ***(budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act)*** 115
BREYNA AER 160/4.5 ***(budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act)*** 115
BREZTRI AERO AER SPHERE ***(budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act)*** 116
brimonidine tartrate gel 0.33% 76
brimonidine tartrate ophth soln 0.2% 113
brimonidine tartrate ophth soln 0.15% 113
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 113
brinzolamide ophth susp 1% 113

brinzolamide ophth susp 1%.....113
bromfenac sodium ophth soln 0.09% ***(once-daily)***.....112
bromocriptine mesylate cap 5 mg 44
bromocriptine mesylate tab 2.5 mg .. 44
BRUKINSA CAP 80MG ***(zanubrutinib cap 80 mg)***..... 40
BRUKINSA TAB 160MG ***(zanubrutinib tab 160 mg)*** 40
budesonide delayed release particles cap 3 mg 107
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 115
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 115
budesonide inhalation susp 0.5 mg/2ml.....115
budesonide inhalation susp 0.25 mg/2ml.....115
budesonide inhalation susp 1 mg/2ml115
bumetanide tab 0.5 mg..... 68
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buprenorphine hcl-naloxone hcl sl film 2-0.5 mg 20
buprenorphine hcl-naloxone hcl sl film 4-1 mg 20
buprenorphine hcl-naloxone hcl sl film 8-2 mg 20
buprenorphine hcl-naloxone hcl sl film 12-3 mg 20
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg 20
buprenorphine hcl-naloxone hcl sl tab 8-2 mg 20
buprenorphine hcl sl tab 2 mg 20
buprenorphine hcl sl tab 8 mg 20
bupropion hcl ***(smoking deterrent)*** tab er 12hr 150 mg 21
bupropion hcl tab 75 mg 29
bupropion hcl tab 100 mg..... 29
bupropion hcl tab er 12hr 100 mg..... 29
bupropion hcl tab er 12hr 150 mg 29
bupropion hcl tab er 12hr 150 mg 29
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bupropion hcl tab er 24hr 150 mg..... 29
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-acetaminophen-caffeine cap 50-300-40 mg.....18
butalbital-acetaminophen-caffeine cap 50-325-40 mg 18
butalbital-acetaminophen-caffeine tab 50-325-40 mg 18
butalbital-acetaminophen-caffeine tab 50-325-40 mg 18
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg 18
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 18
butalbital-acetaminophen tab 50-300 mg.....18
butalbital-acetaminophen tab 50-325 mg 18
butalbital-aspirin-caffeine cap 50-325-40 mg 18
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg 18
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg 18
BYDUREON BC INJ 2/0.85ML ***(exenatide extended release susp auto-injector 2 mg/0.85ml)***..... 53
cabergoline tab 0.5 mg..... 88
cabozantinib s-malate tab 20 mg 40
cabozantinib s-malate tab 40 mg 40
cabozantinib s-malate tab 60 mg 40
caffeine citrate oral soln 60 mg/3ml ***(10 mg/ml base equiv)***.....74
caffeine citrate oral soln 60 mg/3ml ***(10 mg/ml base equiv)***.....74
calcipotriene-betamethasone dipropionate oint 0.005-0.064% 76
calcipotriene-betamethasone dipropionate susp 0.005-0.064%..... 76
calcipotriene cream 0.005%..... 76
calcipotriene oint 0.005% 76
calcipotriene soln 0.005% ***(50 mcg/ml)***..... 76
calcitonin ***(salmon)*** nasal soln 200 unit/act..... 107
calcitriol cap 0.5 mcg 107
calcitriol cap 0.25 mcg..... 107
calcitriol oint 3 mcg/gm 76
calcitriol oral soln 1 mcg/ml 107
calcium acetate ***(phosphate binder)*** cap 667 mg ***(169 mg ca)***..... 79
calcium acetate ***(phosphate binder)*** tab 667 mg..... 79
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candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg....61
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg ...61
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 61
candesartan cilexetil tab 4 mg 61
candesartan cilexetil tab 8 mg 61
candesartan cilexetil tab 16 mg 61
candesartan cilexetil tab 32 mg 61
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capecitabine tab 500 mg..... 38
CAPRELSA TAB 100MG ***(vandetanib tab 100 mg)***..... 40
CAPRELSA TAB 300MG ***(vandetanib tab 300 mg)***..... 40
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captopril & hydrochlorothiazide tab 25-25 mg 62
captopril & hydrochlorothiazide tab 50-15 mg 62
captopril & hydrochlorothiazide tab 50-25 mg..... 62
captopril tab 12.5 mg 62
captopril tab 25 mg..... 62
captopril tab 50 mg..... 62
captopril tab 100 mg 62
CAPVAXIVE INJ 0.5ML ***(pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml)***..... 103
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carbamazepine cap er 12hr 200 mg... 27
carbamazepine cap er 12hr 300 mg... 27
carbamazepine chew tab 100 mg..... 27
carbamazepine susp 100 mg/5ml..... 27
carbamazepine susp 100 mg/5ml..... 27
carbamazepine tab 200 mg 27
carbamazepine tab er 12hr 100 mg ... 27
carbamazepine tab er 12hr 200 mg ... 27
carbamazepine tab er 12hr 400 mg... 27
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg..... 45
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 45
carbidopa-levodopa-entacapone tabs 25-100-200 mg..... 45
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 45
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg..... 45
carbidopa-levodopa-entacapone tabs 50-200-200 mg 45
carbidopa & levodopa orally disintegrating tab 10-100 mg 45
carbidopa & levodopa orally disintegrating tab 25-100 mg 45
carbidopa & levodopa orally disintegrating tab 25-250 mg 45
carbidopa & levodopa tab 10-100 mg. 45
carbidopa & levodopa tab 25-100 mg. 45
carbidopa & levodopa tab 25-250 mg. 45
carbidopa & levodopa tab er 25-100 mg..... 45
carbidopa & levodopa tab er 50-200 mg..... 45
carbidopa tab 25 mg..... 45
carbinoxamine maleate soln 4 mg/5ml.....115
carbinoxamine maleate tab 4 mg.....115
carglumic acid soluble tab 200 mg ... 78

carisoprodol tab 350 mg 120
carteolol hcl ophth soln 1% 113
CARTIA XT CAP 120/24HR ***(diltiazem hcl coated beads cap er 24hr 120 mg)*** 66
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CARTIA XT CAP 240/24HR ***(diltiazem hcl coated beads cap er 24hr 240 mg)*** 66
CARTIA XT CAP 300/24HR ***(diltiazem hcl coated beads cap er 24hr 300 mg)*** 66
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carvedilol tab 6.25 mg 65
carvedilol tab 12.5 mg 65
carvedilol tab 25 mg 65
CAYA DPR ***(*diaphragm arc-spring***)*** 108
cefaclor cap 250 mg 23
cefaclor cap 500 mg 23
cefaclor monohydrate tab er 12hr 500 mg 23
cefadroxil cap 500 mg 23
cefadroxil for susp 250 mg/5ml 23
cefadroxil for susp 500 mg/5ml 23
cefadroxil tab 1 gm 23
cefdinir cap 300 mg 23
cefdinir for susp 125 mg/5ml 23
cefdinir for susp 250 mg/5ml 23
cefixime cap 400 mg 23
cefixime for susp 100 mg/5ml 23
cefixime for susp 200 mg/5ml 23
cefpodoxime proxetil for susp 50 mg/5ml 23
cefpodoxime proxetil for susp 100 mg/5ml 23
cefpodoxime proxetil tab 100 mg 23
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cefprozil for susp 125 mg/5ml 23
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cefprozil tab 250 mg 23
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celecoxib cap 400 mg 15
cephalexin cap 250 mg 23
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cephalexin for susp 125 mg/5ml 23
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chlordiazepoxide-amitriptyline tab 10-25 mg 29
chlordiazepoxide hcl cap 5 mg 52
chlordiazepoxide hcl cap 10 mg 52
chlordiazepoxide hcl cap 25 mg 52
chlorhexidine gluconate soln 0.12% ... 75
chlorhexidine gluconate soln 0.12% ... 75
chloroquine phosphate tab 250 mg .. 43
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chlorpromazine hcl tab 10 mg 45
chlorpromazine hcl tab 25 mg 45
chlorpromazine hcl tab 50 mg 45
chlorpromazine hcl tab 100 mg 45
chlorpromazine hcl tab 200 mg 45
chlorthalidone tab 25 mg 69
chlorthalidone tab 50 mg 69
chlorzoxazone tab 500 mg 120
cholestyramine light powder 4 gm/dose 70
cholestyramine light powder 4 gm/dose 70
cholestyramine light powder packets 4 gm 70
cholestyramine light powder packets 4 gm 70
cholestyramine powder 4 gm/dose ... 70
cholestyramine powder packets 4 gm 70
ciclopirox gel 0.77% 33
ciclopirox olamine cream 0.77% 33
ciclopirox olamine susp 0.77% 33
ciclopirox shampoo 1% 33
ciclopirox solution 8% 33
ciclopirox solution 8% 33
cilostazol tab 50 mg 60
cilostazol tab 100 mg 60
cimetidine hcl soln 300 mg/5ml 81
cimetidine tab 200 mg 81
cimetidine tab 300 mg 81
cimetidine tab 400 mg 81
cimetidine tab 800 mg 81
CIMZIA KIT 200MG ***(certolizumab pegol for inj kit 2 x 200 mg)*** 100
CIMZIA PREFL KIT 200MG/ML ***(certolizumab pegol prefilled syringe kit 200 mg/ml)*** 100
CIMZIA START KIT 200MG/ML ***(certolizumab pegol prefilled syringe kit 200 mg/ml)*** 100
cinacalcet hcl tab 30 mg 107
cinacalcet hcl tab 60 mg 107
cinacalcet hcl tab 90 mg 107
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 114
ciprofloxacin-fluocinolone aceton ***(pf)*** otic soln 0.3-0.025% 114
ciprofloxacin hcl ophth soln 0.3% 112
ciprofloxacin hcl otic soln 0.2% 114
ciprofloxacin hcl tab 100 mg 24
ciprofloxacin hcl tab 250 mg 24
ciprofloxacin hcl tab 500 mg 24
ciprofloxacin hcl tab 750 mg 24
citalopram hydrobromide oral soln 10 mg/5ml 30
citalopram hydrobromide oral soln 10 mg/5ml 30
citalopram hydrobromide tab 10 mg . 30
citalopram hydrobromide tab 20 mg . 30
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clarithromycin for susp 250 mg/5ml .. 24
clarithromycin tab 250 mg 24
clarithromycin tab 500 mg 24
clarithromycin tab er 24hr 500 mg 24
CLEARLAX POW ***(polyethylene glycol 3350 oral powder 17 gm/scoop)*** 82
clemastine fumarate tab 2.68 mg 115
CLENPIQ SOL ***(sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml)*** 82
CLIMARA PRO DIS WEEKLY ***(estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day)*** 89
CLINDACIN KIT ETZ 1% ***(*clindamycin phosphate swab 1% & cleanser kit***)*** 76
clindamycin hcl cap 75 mg 22
clindamycin hcl cap 150 mg 22
clindamycin hcl cap 300 mg 22
clindamycin palmitate hcl for soln 75 mg/5ml 22
clindamycin phosphate gel 1% ***(once-daily)*** 76
clindamycin phosphate gel 1% ***(twice-daily)*** 76
clindamycin phosphate lotion 1% 76
clindamycin phosphate soln 1% 76
clindamycin phosphate swab 1% 76
clindamycin phosphate swab 1% 76
clindamycin phosphate vaginal cream 2% 22
clindamycin phosph-benzoyl peroxide ***(refrig)*** gel 1.2 ***(1)***-5% 76
clobazam suspension 2.5 mg/ml 26
clobazam tab 10 mg 26
clobazam tab 20 mg 26
clobetasol propionate cream 0.05% .. 85
clobetasol propionate emollient base cream 0.05% 86
clobetasol propionate gel 0.05% 86

clobetasol propionate oint 0.05% 86
clobetasol propionate soln 0.05% 86
clocortolone pivalate cream 0.1% 86
clomiphene citrate tab 50 mg..... 88
clomipramine hcl cap 25 mg 31
clomipramine hcl cap 50 mg 32
clomipramine hcl cap 75 mg 32
clonazepam orally disintegrating tab 0.5 mg 52
clonazepam orally disintegrating tab 0.25 mg..... 52
clonazepam orally disintegrating tab 0.125 mg..... 52
clonazepam orally disintegrating tab 1 mg 52
clonazepam orally disintegrating tab 2 mg 52
clonazepam tab 0.5 mg..... 52
clonazepam tab 1 mg 52
clonazepam tab 2 mg..... 52
clonidine hcl tab 0.1 mg 60
clonidine hcl tab 0.2 mg 60
clonidine hcl tab 0.3 mg 60
clonidine hcl tab er 12hr 0.1 mg 73
clonidine td patch weekly 0.1 mg/24hr60
clonidine td patch weekly 0.2 mg/24hr60
clonidine td patch weekly 0.3 mg/24hr60
clopidogrel bisulfate tab 75 mg 60
clopidogrel bisulfate tab 300 mg 60
clorazepate dipotassium tab 3.75 mg. 52
clorazepate dipotassium tab 7.5 mg .. 52
clorazepate dipotassium tab 15 mg... 52
clotrimazole troche 10 mg..... 33
clotrimazole w/ betamethasone cream 1-0.05% 33
clotrimazole w/ betamethasone lotion 1-0.05%..... 33
clozapine orally disintegrating tab 12.5 mg 47
clozapine orally disintegrating tab 25 mg..... 48
clozapine orally disintegrating tab 100 mg 47
clozapine orally disintegrating tab 150 mg 48
clozapine orally disintegrating tab 200 mg..... 48
clozapine tab 25 mg 48
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codeine sulfate tab 15 mg 18
codeine sulfate tab 30 mg.....18
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colesevelam hcl tab 625 mg.....71
colestipol hcl granule packets 5 gm ...71
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COMETRIQ KIT 60MG ***(cabozantinib s-malate cap 3 x 20 mg (60 mg dose)*** kit) 40
COMETRIQ KIT 100MG ***(cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose)*** kit)..... 40
COMETRIQ KIT 140MG ***(cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose)*** kit) 40
COMFORT TOUC MIS 31GX4MM ***(insulin pen needle 31 g x 4 mm (1/6" or 5/32"*** 108
COMFORT TOUC MIS 32GX8MM ***(insulin pen needle 32 g x 8 mm (1/3" or 5/16"*** 108
COMFORT TOUC MIS 33GX1/4" ***(insulin pen needle 33 g x 6 mm (1/4" or 15/64"*** 108
COMFORT TOUC MIS 33GX3/16 ***(insulin pen needle 33 g x 5 mm (1/5" or 3/16"*** 108
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COMPLETE NAT PAK DHA ***(*prenat-fe bis-fe prot succ-fa-ca tab & omega 3 cap 200 pk**)*** 80
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CORTISPORIN SUS -TC OTIC ***(neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml)***.....114
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CREON CAP 12000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 12000-38000-60000 unit)..... 83
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cromolyn sodium oral conc 100 mg/5ml.....81
cromolyn sodium soln nebu 20 mg/2ml.....117
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CVS PURELAX POW ***(polyethylene glycol 3350 oral powder 17 gm/scoop)***82
cyanocobalamin inj 1000 mcg/ml..... 80
cyanocobalamin inj 1000 mcg/ml..... 80
cyanocobalamin inj 1000 mcg/ml..... 80
cyanocobalamin inj 2000 mcg/ml 80
cyclobenzaprine hcl tab 5 mg 120
cyclobenzaprine hcl tab 7.5 mg..... 120
cyclobenzaprine hcl tab 10 mg..... 120
CYCLOMYDRIL SOL OP ***(cyclopentolate w/ phenylephrine ophth soln 0.2-1%)***.....112
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cyclophosphamide cap 50 mg 37
cyclophosphamide tab 25 mg..... 37
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cycloserine cap 250 mg 36
cyclosporine cap 25 mg 100
cyclosporine cap 100 mg 100
cyclosporine modified cap 25 mg....100
cyclosporine modified cap 50 mg ...100
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cyclosporine modified oral soln 100 mg/ml 100
cyclosporine ***(ophth)*** emulsion 0.05% 112

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dabigatran etexilate mesylate cap 110 mg ***(etexilate base eq)*** 57
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dalfampridine tab er 12hr 10 mg 75
danazol cap 50 mg. 89
danazol cap 100 mg 89
danazol cap 200 mg 89
dantrolene sodium cap 25 mg 120
dantrolene sodium cap 50 mg 120
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dapsone tab 100 mg. 36
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dasatinib tab 20 mg 40
dasatinib tab 50 mg 40
dasatinib tab 70 mg 40
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desipramine hcl tab 50 mg. 32
desipramine hcl tab 75 mg 32
desipramine hcl tab 100 mg. 32
desipramine hcl tab 150 mg. 32
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drospirenone-ethinyl estradiol tab 3-0.02 mg 89
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GARDASIL 9 INJ ***(human papillomavirus (hpv)*** 9-valent recomb vac susp pref syr) 104
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MAXICOMFORT MIS 27GX1/2 ***(insulin syringe/needle u-100 1/2 ml 27 x 1/2")*** ... 110
MAXICOMFORT MIS 27GX1/2" ***(insulin syringe/needle u-100 1 ml 27 x 1/2")*** ... 110
meclizine hcl tab 25 mg ... 32
meclizine hcl tab 50 mg ... 32
meclofenamate sodium cap 50 mg ... 15
meclofenamate sodium cap 100 mg ... 15
medroxyprogesterone acetate im susp 150 mg/ml ... 95
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml ... 95
medroxyprogesterone acetate tab 2.5 mg ... 95
medroxyprogesterone acetate tab 5 mg ... 95
medroxyprogesterone acetate tab 10 mg ... 95
mefenamic acid cap 250 mg ... 15
mefloquine hcl tab 250 mg ... 44
megestrol acetate susp 40 mg/ml ... 95
megestrol acetate susp 40 mg/ml ... 95
megestrol acetate susp 40 mg/ml ... 95
megestrol acetate susp 625 mg/5ml ... 95
megestrol acetate tab 20 mg ... 95
megestrol acetate tab 40 mg ... 95
MEKINIST SOL 0.05/ML ***(trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq*** ... 42
MEKINIST TAB 0.5MG ***(trametinib dimethyl sulfoxide tab 0.5 mg)*** ... 42
MEKINIST TAB 2MG ***(trametinib dimethyl sulfoxide tab 2 mg)*** ... 42
meloxicam tab 7.5 mg ... 16
meloxicam tab 15 mg ... 15
MELPHALAN TAB 2MG ***(melphalan tab 2 mg)*** ... 37
memantine hcl oral solution 2 mg/ml ... 29
memantine hcl oral solution 2 mg/ml ... 29
memantine hcl tab 5 mg ... 29
memantine hcl tab 5 mg ... 29
memantine hcl tab 10 mg ... 29
memantine hcl tab 10 mg ... 29
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack ... 29
MENOPUR INJ 75UNIT ***(menotropins for subcutaneous inj 75 unit)*** ... 88
MENQUADFI INJ ***(meningococcal (a, c, y, and w-135)*** tetanus conjugate vaccine) ... 105
MENVEO INJ ***(meningococcal (a, c, y, and w-135)*** oligo conj vac for inj) ... 105
MENVEO SOL ***(meningococcal (a, c, y, and w-135)*** oligo conj vac im soln) ... 105
meprobamate tab 200 mg ... 51
meprobamate tab 400 mg ... 51
MERCAPTOPUR TAB 50MG ***(mercaptopurine tab 50 mg)*** ... 38
mesalamine cap er 24hr 0.375 gm ... 107
mesalamine enema 4 gm ... 107
*mesalamine rectal enema 4 gm & cleanser wipe kit** ... 107
mesalamine suppos 1000 mg ... 107
mesalamine tab delayed release 1.2 gm ... 107
MESNA TAB 400MG ***(mesna tab 400 mg)*** ... 43
metaxalone tab 800 mg ... 120
metformin hcl oral soln 500 mg/5ml ... 54
metformin hcl tab 500 mg ... 54
metformin hcl tab 850 mg ... 54
metformin hcl tab 1000 mg ... 54
metformin hcl tab er 24hr 500 mg ... 54
metformin hcl tab er 24hr 750 mg ... 54
methadone hcl conc 10 mg/ml ... 17
methadone hcl soln 5 mg/5ml ... 17
methadone hcl soln 10 mg/5ml ... 17
methadone hcl tab 5 mg ... 17
methadone hcl tab 10 mg ... 17
methamphetamine hcl tab 5 mg ... 72
methazolamide tab 25 mg ... 68
methazolamide tab 50 mg ... 68
methenamine hippurate tab 1 gm ... 22
methimazole tab 5 mg ... 99
methimazole tab 10 mg ... 99
methocarbamol tab 500 mg ... 120
methocarbamol tab 750 mg ... 120
methotrexate sodium for inj 1 gm ... 101

methotrexate sodium inj 50 mg/2ml ***(25 mg/ml)*** 101
methotrexate sodium inj 50 mg/2ml ***(25 mg/ml)*** 101
methotrexate sodium inj 250 mg/10ml ***(25 mg/ml)*** 101
methotrexate sodium inj pf 50 mg/2ml ***(25 mg/ml)*** 101
methotrexate sodium inj pf 250 mg/10ml ***(25 mg/ml)*** 101
methotrexate sodium inj pf 1000 mg/40ml ***(25 mg/ml)*** 101
methotrexate sodium inj pf 1000 mg/40ml ***(25 mg/ml)*** 101
methotrexate sodium tab 2.5 mg 101
methoxsalen rapid cap 10 mg 77
methscopolamine bromide tab 2.5 mg 81
methscopolamine bromide tab 5 mg .. 81
methsuximide cap 300 mg 26
methyldopa tab 250 mg 61
methyldopa tab 500 mg 61
methylergonovine maleate tab 0.2 mg 110
methylphenidate hcl cap er 10 mg ***(cd)*** 73
methylphenidate hcl cap er 20 mg ***(cd)*** 73
methylphenidate hcl cap er 24hr 10 mg ***(la)*** 73
methylphenidate hcl cap er 24hr 20 mg ***(la)*** 73
methylphenidate hcl cap er 24hr 30 mg ***(la)*** 73
methylphenidate hcl cap er 24hr 40 mg ***(la)*** 73
methylphenidate hcl cap er 24hr 60 mg ***(la)*** 73
methylphenidate hcl cap er 30 mg ***(cd)*** 73
methylphenidate hcl cap er 40 mg ***(cd)*** 73
methylphenidate hcl cap er 50 mg ***(cd)*** 73
methylphenidate hcl cap er 60 mg ***(cd)*** 73
methylphenidate hcl chew tab 2.5 mg 73
methylphenidate hcl chew tab 5 mg .. 73
methylphenidate hcl chew tab 10 mg. 73
methylphenidate hcl soln 5 mg/5ml .. 73
methylphenidate hcl soln 10 mg/5ml . 73
methylphenidate hcl tab 5 mg 73
methylphenidate hcl tab 10 mg 73
methylphenidate hcl tab 20 mg 73
methylphenidate hcl tab er 10 mg 73
methylphenidate hcl tab er 20 mg 73
methylphenidate hcl tab er osmotic release ***(osm)*** 18 mg 73
methylphenidate hcl tab er osmotic release ***(osm)*** 27 mg 74
methylphenidate hcl tab er osmotic release ***(osm)*** 36 mg 74
methylphenidate hcl tab er osmotic release ***(osm)*** 54 mg 74
methylprednisolone tab 4 mg 87
methylprednisolone tab 8 mg 87
methylprednisolone tab 16 mg 87
methylprednisolone tab 32 mg 87
methylprednisolone tab therapy pack 4 mg ***(21)*** 87
methyltestosterone cap 10 mg 89
metoclopramide hcl soln 5 mg/5ml ***(10 mg/10ml)*** 32
metoclopramide hcl soln 5 mg/5ml ***(10 mg/10ml)*** 32
metoclopramide hcl tab 5 mg 32
metoclopramide hcl tab 10 mg 32
metolazone tab 2.5 mg 69
metolazone tab 5 mg 69
metolazone tab 10 mg 69
metoprolol & hydrochlorothiazide tab 50-25 mg 65
metoprolol & hydrochlorothiazide tab 100-25 mg 65
metoprolol & hydrochlorothiazide tab 100-50 mg 65
metoprolol succinate tab er 24hr 25 mg ***(tartrate equiv)*** 65
metoprolol succinate tab er 24hr 50 mg ***(tartrate equiv)*** 65
metoprolol succinate tab er 24hr 100 mg ***(tartrate equiv)*** 65
metoprolol succinate tab er 24hr 200 mg ***(tartrate equiv)*** 65
metoprolol tartrate tab 25 mg 65
metoprolol tartrate tab 50 mg 65
metoprolol tartrate tab 100 mg 65
metronidazole cream 0.75% 77
metronidazole gel 0.75% 77
metronidazole lotion 0.75% 77
metronidazole tab 250 mg 22
metronidazole tab 500 mg 22
metronidazole vaginal gel 0.75% 22
metronidazole vaginal gel 0.75% 22
mexiletine hcl cap 150 mg 64
mexiletine hcl cap 200 mg 64
mexiletine hcl cap 250 mg 64
miconazole nitrate vaginal suppos 200 mg 34
midodrine hcl tab 2.5 mg 61
midodrine hcl tab 5 mg 61
midodrine hcl tab 10 mg 61
MIFEPREX TAB 200MG ***(mifepristone tab 200 mg)*** 88
mifepristone tab 200 mg 88
MIGERGOT SUP 2/100 ***(ergotamine w/ caffeine suppos 2-100 mg)*** 35
miglitol tab 25 mg 54
miglitol tab 50 mg 54
miglitol tab 100 mg 54
minocycline hcl cap 50 mg 25
minocycline hcl cap 75 mg 25
minocycline hcl cap 100 mg 25
minoxidil tab 2.5 mg 71
minoxidil tab 10 mg 71
MIRALAX POW 3350 NF ***(polyethylene glycol 3350 oral powder 17 gm/scoop)*** 82
mirtazapine orally disintegrating tab 15 mg 29
mirtazapine orally disintegrating tab 30 mg 29
mirtazapine orally disintegrating tab 45 mg 29
mirtazapine tab 7.5 mg 29
mirtazapine tab 15 mg 29
mirtazapine tab 30 mg 29
mirtazapine tab 45 mg 29
misoprostol tab 100 mcg 83
misoprostol tab 200 mcg 83
MITOSOL KIT 0.2MG ***(mitomycin for ophth soln kit 0.2 mg)*** 112
M-M-R II INJ ***(measles-mumps-rubella virus vaccines for inj soln)*** ... 105
M-NATAL PLUS TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
MNEXSPIKE INJ 2025-26 ***(covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml)*** 105
modafinil tab 100 mg 121
modafinil tab 200 mg 121
MODERNA INJ 2024-25 ***(covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)*** 105
MODERNA INJ 2025-26 ***(covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml)*** 105
moexipril hcl tab 7.5 mg 63
moexipril hcl tab 15 mg 63
mometasone furoate cream 0.1% 87
mometasone furoate nasal susp 50 mcg/act 115
mometasone furoate oint 0.1% 87
mometasone furoate solution 0.1% ***(lotion)*** 87
montelukast sodium chew tab 4 mg .116
montelukast sodium chew tab 5 mg .116
montelukast sodium oral granules packet 4 mg 116
montelukast sodium tab 10 mg 116
morphine sulfate oral soln 10 mg/5ml .19
morphine sulfate oral soln 20 mg/5ml .19
morphine sulfate oral soln 100 mg/5ml ***(20 mg/ml)*** 19
morphine sulfate oral soln 100 mg/5ml ***(20 mg/ml)*** 19

morphine sulfate oral soln 100 mg/5ml ***(20 mg/ml)*** 19
morphine sulfate tab 15 mg 19
morphine sulfate tab 30 mg 19
morphine sulfate tab er 15 mg 17
morphine sulfate tab er 30 mg 17
morphine sulfate tab er 60 mg 17
morphine sulfate tab er 100 mg 17
morphine sulfate tab er 200 mg 17
MOUNJARO INJ 2.5/0.5 ***(tirzepatide soln auto-injector 2.5 mg/0.5ml)*** 54
MOUNJARO INJ 5MG/0.5 ***(tirzepatide soln auto-injector 5 mg/0.5ml)*** 54
MOUNJARO INJ 7.5/0.5 ***(tirzepatide soln auto-injector 7.5 mg/0.5ml)*** 54
MOUNJARO INJ 10MG/0.5 ***(tirzepatide soln auto-injector 10 mg/0.5ml)*** 54
MOUNJARO INJ 12.5/0.5 ***(tirzepatide soln auto-injector 12.5 mg/0.5ml)*** 54
MOUNJARO INJ 15MG/0.5 ***(tirzepatide soln auto-injector 15 mg/0.5ml)*** 54
moxifloxacin hcl ophth soln 0.5% 113
moxifloxacin hcl ophth soln 0.5% 113
moxifloxacin hcl tab 400 mg 25
MRESVIA INJ 50MCG ***(rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml)*** 105
MULTAQ TAB 400MG ***(dronedarone hcl tab 400 mg)*** 64
mupirocin calcium cream 2% 22
mupirocin oint 2% 22
MYALEPT INJ 11.3MG ***(metreleptin for subcutaneous inj 11.3 mg)*** 83
mycophenolate mofetil cap 250 mg 101
mycophenolate mofetil for oral susp 200 mg/ml 101
mycophenolate mofetil tab 500 mg 101
mycophenolate sodium tab dr 180 mg ***(mycophenolic acid equiv)*** 101
mycophenolate sodium tab dr 360 mg ***(mycophenolic acid equiv)*** 101
MYLERAN TAB 2MG ***(busulfan tab 2 mg)*** 37
nabumetone tab 500 mg 16
nabumetone tab 750 mg 16
nadolol tab 20 mg 65
nadolol tab 40 mg 65
nadolol tab 80 mg 65
naftifine hcl cream 1% 34
naftifine hcl cream 2% 34
naloxone hcl inj 0.4 mg/ml 21
naloxone hcl inj 4 mg/10ml 21
naloxone hcl inj 4 mg/10ml 21
naloxone hcl nasal spray 4 mg/0.1ml 21
naloxone hcl nasal spray 4 mg/0.1ml 21
naloxone hcl soln cartridge 0.4 mg/ml 21
naloxone hcl soln prefilled syringe 0.4 mg/ml 21
naloxone hcl soln prefilled syringe 2 mg/2ml 21
naloxone hcl soln prefilled syringe 2 mg/2ml 21
naltrexone hcl tab 50 mg 20
naproxen sodium tab 275 mg 16
naproxen sodium tab 550 mg 16
naproxen susp 125 mg/5ml 16
naproxen tab 250 mg 16
naproxen tab 375 mg 16
naproxen tab 500 mg 16
naproxen tab ec 375 mg 16
naproxen tab ec 375 mg 16
naproxen tab ec 500 mg 16
naproxen tab ec 500 mg 16
naratriptan hcl tab 1 mg 35
naratriptan hcl tab 2.5 mg 35
NARCAN SPR 4MG ***(naloxone hcl nasal spray 4 mg/0.1ml)*** 21
NATACYN SUS 5% OP ***(natamycin ophth susp 5%)*** 111
nateglinide tab 60 mg 54
nateglinide tab 120 mg 54
NAYZILAM SPR 5MG ***(midazolam nasal spray soln 5 mg/0.1 ml)*** 26
nebivolol hcl tab 2.5 mg 65
nebivolol hcl tab 5 mg 65
nebivolol hcl tab 10 mg 65
nebivolol hcl tab 20 mg 65
NEBUSAL NEB 3% ***(sodium chloride soln nebu 3%)*** 119
NEBUSAL NEB 6% ***(sodium chloride soln nebu 6%)*** 119
nefazodone hcl tab 50 mg 31
nefazodone hcl tab 100 mg 30
nefazodone hcl tab 150 mg 31
nefazodone hcl tab 200 mg 31
nefazodone hcl tab 250 mg 31
neomycin-bacitrac zn-polymyx 5***(3.5)***mg-400unt-10000unt op oin 111
neomycin-bacitrac zn-polymyx 5***(3.5)***mg-400unt-10000unt op oin 111
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml 111
neomycin-polymyxin-dexamethasone ophth oint 0.1% 111
neomycin-polymyxin-dexamethasone ophth susp 0.1% 111
neomycin-polymyxin-hc ophth susp 111
neomycin-polymyxin-hc otic soln 1% 114
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 114
neomycin sulfate tab 500 mg 21
NEONATAL PLS TAB 27-1MG ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
NEONATAL TAB COMPLTE ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
NEONATAL TAB PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
NEO-SYNALAR CRE ***(neomycin sulfate-fluocinolone acetonide cream 0.5-0.025%)*** 22
NEO-SYNALAR KIT ***(*neomycin-fluocinolone cream 0.5-0.025% & emollient cr kit*)*** 22
NEULASTA INJ 6MG/0.6M ***(pegfilgrastim soln prefilled syringe 6 mg/0.6ml)*** 59
NEULASTA KIT 6MG/0.6M ***(pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)*** 59
NEUPRO DIS 2MG/24HR ***(rotigotine td patch 24hr 2 mg/24hr)*** 44
nevirapine susp 50 mg/5ml 49
nevirapine tab 200 mg 49
nevirapine tab er 24hr 100 mg 49
nevirapine tab er 24hr 400 mg 49
NEXTSTELLIS TAB 3-14.2MG ***(drospirenone-estetrol tab 3-14.2 mg)*** 92
niacin ***(antihyperlipidemic)*** tab 500 mg 71
niacin ***(antihyperlipidemic)*** tab 500 mg 71
niacin tab er 500 mg ***(antihyperlipidemic)*** 71
niacin tab er 500 mg ***(antihyperlipidemic)*** 71
niacin tab er 750 mg ***(antihyperlipidemic)*** 71
niacin tab er 1000 mg ***(antihyperlipidemic)*** 71
nicardipine hcl cap 20 mg 67
nicardipine hcl cap 30 mg 67
NICODERM CQ DIS 7MG/24HR ***(nicotine td patch 24hr 7 mg/24hr)*** 21
NICODERM CQ DIS 14MG/24H ***(nicotine td patch 24hr 14 mg/24hr)*** 21
NICODERM CQ DIS 21MG/24H ***(nicotine td patch 24hr 21 mg/24hr)*** 21
NICORETTE GUM 2MG ***(nicotine polacrilex gum 2 mg)*** 21
NICORETTE GUM 4MG ***(nicotine polacrilex gum 4 mg)*** 21
NICORETTE LOZ 2MG MINT ***(nicotine polacrilex lozenge 2 mg)*** 21
NICORETTE LOZ 4MG MINT ***(nicotine polacrilex lozenge 4 mg)*** 21
nicotine polacrilex gum 2 mg 21
nicotine polacrilex gum 4 mg 21
nicotine polacrilex lozenge 2 mg 21
nicotine polacrilex lozenge 4 mg 21
nicotine td patch 24hr 7 mg/24hr 21
nicotine td patch 24hr 14 mg/24hr 21

nicotine td patch 24hr 21 mg/24hr 21
nicotine td patch 24 hr kit 21-14-7 mg/24hr 21
NICOTROL INH ***(nicotine inhaler system 10 mg (4 mg delivered*** 21
NICOTROL NS SPR 10MG/ML ***(nicotine nasal spray 10 mg/ml (0.5 mg/spray*** 21
nifedipine cap 10 mg 67
nifedipine cap 20 mg 67
nifedipine tab er 24hr 30 mg 67
nifedipine tab er 24hr 60 mg 67
nifedipine tab er 24hr 90 mg 67
nifedipine tab er 24hr osmotic release 30 mg 67
nifedipine tab er 24hr osmotic release 60 mg 67
nifedipine tab er 24hr osmotic release 90 mg 67
nilutamide tab 150 mg 37
nimodipine cap 30 mg 67
nisoldipine tab er 24hr 8.5 mg 67
nisoldipine tab er 24hr 17 mg 67
nisoldipine tab er 24hr 20 mg 67
nisoldipine tab er 24hr 25.5 mg 67
nisoldipine tab er 24hr 30 mg 67
nisoldipine tab er 24hr 34 mg 67
nisoldipine tab er 24hr 40 mg 67
nitazoxanide tab 500 mg 44
NITRO-BID OIN 2% ***(nitroglycerin oint 2%)*** 71
NITRO-DUR DIS 0.3MG/HR ***(nitroglycerin td patch 24hr 0.3 mg/hr)*** 71
NITRO-DUR DIS 0.8MG/HR ***(nitroglycerin td patch 24hr 0.8 mg/hr)*** 72
nitrofurantoin macrocrystalline cap 25 mg 22
nitrofurantoin macrocrystalline cap 50 mg 22
nitrofurantoin macrocrystalline cap 100 mg 22
nitrofurantoin monohydrate macrocrystalline cap 100 mg 22
nitrofurantoin susp 25 mg/5ml 22
nitrofurantoin susp 25 mg/5ml 22
nitroglycerin oint 0.4% 72
nitroglycerin sl tab 0.3 mg 72
nitroglycerin sl tab 0.4 mg 72
nitroglycerin sl tab 0.6 mg 72
nitroglycerin td patch 24hr 0.1 mg/hr 72
nitroglycerin td patch 24hr 0.2 mg/hr 72
nitroglycerin td patch 24hr 0.4 mg/hr 72
nitroglycerin td patch 24hr 0.6 mg/hr 72
NIVA-PLUS TAB ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
NIVA THYROID TAB 15MG ***(thyroid tab 15 mg (1/4 grain*** 97
NIVA THYROID TAB 30MG ***(thyroid tab 30 mg (1/2 grain*** 97
NIVA THYROID TAB 60MG ***(thyroid tab 60 mg (1 grain*** 97
NIVA THYROID TAB 90MG ***(thyroid tab 90 mg (1 1/2 grain*** 97
NIVA THYROID TAB 120MG ***(thyroid tab 120 mg (2 grain*** 97
nizatidine cap 150 mg 81
nizatidine cap 300 mg 81
NORDITROPIN INJ 5/1.5ML ***(somatropin solution pen-injector 5 mg/1.5ml)*** 88
NORDITROPIN INJ 10/1.5ML ***(somatropin solution pen-injector 10 mg/1.5ml)*** 88
NORDITROPIN INJ 15/1.5ML ***(somatropin solution pen-injector 15 mg/1.5ml)*** 88
NORDITROPIN INJ 30/3ML ***(somatropin solution pen-injector 30 mg/3ml)*** 88
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 92
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 92
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 92
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg ***(24)*** 93
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 93
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 93
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 93
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norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 93
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg ***(24)*** 93
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 93
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 93
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 93
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 93
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norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 92
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norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 92
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 93
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 93
norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg 93
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 93
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 93
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 93

norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 94
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 94
norethindrone acetate tab 5 mg 95
norethindrone acetate tab 5 mg 95
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 92
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 92
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 92
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg 92
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 94
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 94
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 92
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 92
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg 92
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norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 92
norethindrone & ethinyl estradiol tab 1 mg-35 mcg 92
norethindrone tab 0.35 mg 95
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norethindrone tab 0.35 mg 95
norethindrone tab 0.35 mg 95
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
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norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 94
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 94
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norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 94
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norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 94
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 94
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 94
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NORPACE CAP 100MG CR ***(disopyramide phosphate cap er 12hr 100 mg)*** 64
NORPACE CAP 150MG CR ***(disopyramide phosphate cap er 12hr 150 mg)*** 64
nortriptyline hcl cap 10 mg 32
nortriptyline hcl cap 25 mg 32
nortriptyline hcl cap 50 mg 32
nortriptyline hcl cap 75 mg 32
nortriptyline hcl soln 10 mg/5ml 32
NORVIR POW 100MG ***(ritonavir powder packet 100 mg)*** 50
NOVAVAX INJ 2024-25 ***(covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)*** 105
NOVOFINE AUT MIS 30GX8MM ***(insulin pen needle 30 g x 8 mm (1/3" or 5/16"*** 110
NOVOFINE MIS 32GX6MM ***(insulin pen needle 32 g x 6 mm (1/4" or 15/64"*** 110
NOVOFINE PLS MIS 32GX4MM ***(insulin pen needle 32 g x 4 mm (1/6" or 5/32"*** 110
NOVOLOG INJ FLEXPEN ***(insulin aspart soln pen-injector 100 unit/ml)*** 57
NOVOLOG INJ FLEX REL ***(insulin aspart soln pen-injector 100 unit/ml)*** 57
NOVOLOG INJ PENFILL ***(insulin aspart soln cartridge 100 unit/ml)*** 57
NOVOLOG MIX INJ 70/30 ***(insulin aspart prot & aspart (human)*** inj 100 unit/ml ***(70-30*** 57
NOVOLOG MIX INJ FLEXPEN ***(insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30*** 57
NOVOLOG MIX INJ FLEX REL ***(insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30*** 57
NOVOLOG RELI INJ 70/30 ***(insulin aspart prot & aspart (human)*** inj 100 unit/ml ***(70-30*** 57
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NUCYNTA ER TAB 50MG ***(tapentadol hcl tab er 12hr 50 mg)*** 17
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nystatin oint 100000 unit/gm 34
nystatin oint 100000 unit/gm 34
nystatin susp 100000 unit/ml 34
nystatin tab 500000 unit 34
nystatin topical powder 100000 unit/gm 34
nystatin topical powder 100000 unit/gm 34
nystatin topical powder 100000 unit/gm 34
nystatin topical powder 100000 unit/gm 34
nystatin-triamcinolone cream 100000-0.1 unit/gm-% 34
nystatin-triamcinolone oint 100000-0.1 unit/gm-% 34
OCALIVA TAB 5MG ***(obeticholic acid tab 5 mg)*** 84
OCALIVA TAB 10MG ***(obeticholic acid tab 10 mg)*** 84
octreotide acetate inj 50 mcg/ml ***(0.05 mg/ml)*** 99
octreotide acetate inj 100 mcg/ml ***(0.1 mg/ml)*** 99
octreotide acetate inj 200 mcg/ml ***(0.2 mg/ml)*** 99
octreotide acetate inj 500 mcg/ml ***(0.5 mg/ml)*** 99
octreotide acetate inj 1000 mcg/ml ***(1 mg/ml)*** 99
octreotide acetate subcutaneous soln pref syr 50 mcg/ml 99
octreotide acetate subcutaneous soln pref syr 100 mcg/ml 99
octreotide acetate subcutaneous soln pref syr 500 mcg/ml 99
ODEFSEY TAB ***(emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg)*** 49
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OFEV CAP 150MG ***(nintedanib esylate cap 150 mg)*** 119
ofloxacin ophth soln 0.3% 114
ofloxacin otic soln 0.3% 114
ofloxacin tab 300 mg 25
ofloxacin tab 400 mg 25
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olanzapine-fluoxetine hcl cap 6-25 mg 29
olanzapine-fluoxetine hcl cap 6-50 mg 29
olanzapine-fluoxetine hcl cap 12-25 mg 29
olanzapine-fluoxetine hcl cap 12-50 mg 29
olanzapine orally disintegrating tab 5 mg 46
olanzapine orally disintegrating tab 10 mg 46
olanzapine orally disintegrating tab 15 mg 46
olanzapine orally disintegrating tab 20 mg 46
olanzapine tab 2.5 mg 46
olanzapine tab 5 mg 46
olanzapine tab 7.5 mg 47
olanzapine tab 10 mg 46
olanzapine tab 15 mg 46
olanzapine tab 20 mg 46
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olmesartan medoxomil tab 5 mg 61
olmesartan medoxomil tab 20 mg 61
olmesartan medoxomil tab 40 mg 61
olopatadine hcl nasal soln 0.6% 115
olopatadine hcl ophth soln 0.1% 112
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OLUMIANT TAB 2MG ***(baricitinib tab 2 mg)*** 101
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OMNIPOD 5 DX MIS POD G7G6 ***(*insulin infusion disposable pump reservoir***)*** 110
OMNIPOD 5 G7 KIT INTRO ***(*insulin infusion disposable pump kit***)*** 110
OMNIPOD 5 G7 MIS PODS ***(*insulin infusion disposable pump reservoir***)*** 110
OMNIPOD 5 L2 KIT INTRO G6 ***(*insulin infusion disposable pump kit***)*** 110
OMNIPOD 5 L2 MIS PODS G6 ***(*insulin infusion disposable pump reservoir***)*** 110
OMNITROPE INJ 5/1.5ML ***(somatropin solution cartridge 5 mg/1.5ml)*** 88
OMNITROPE INJ 5.8MG ***(somatropin for inj 5.8 mg)*** 88
OMNITROPE INJ 10/1.5ML ***(somatropin solution cartridge 10 mg/1.5ml)*** 88
ondansetron hcl oral soln 4 mg/5ml . . 33
ondansetron hcl tab 4 mg 33
ondansetron hcl tab 8 mg 33
ondansetron hcl tab 24 mg 33
ondansetron orally disintegrating tab 4 mg 33
ondansetron orally disintegrating tab 8 mg 33
ONE VITE TAB 1MG PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)*** 80
opium tincture 1% ***(10 mg/ml) (morphine equiv)*** 81
OPSUMIT TAB 10MG ***(macitentan tab 10 mg)*** 118
OPVEE SPR 2.7/0.1 ***(nalmefene hcl nasal spray 2.7 mg/0.1ml)*** 21
ORENITRAM TAB 0.25MG ***(treprostinil diolamine tab er 0.25 mg)*** 118
ORENITRAM TAB 0.125MG ***(treprostinil diolamine tab er 0.125 mg)*** 118
ORENITRAM TAB 1MG ***(treprostinil diolamine tab er 1 mg)*** 118
ORENITRAM TAB 2.5MG ***(treprostinil diolamine tab er 2.5 mg)*** 118
ORENITRAM TAB 5MG ***(treprostinil diolamine tab er 5 mg)*** 118
ORENITRAM TAB MONTH 1 ***(treprostinil tab er titr pk (mo1)*** 126 x0.125mg & 42 x0.25mg) 118
ORENITRAM TAB MONTH 2 ***(treprostinil tab er titr pk (mo2)*** 126 x0.125mg & 210 x0.25mg) 118
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ORILISSA TAB 150MG ***(elagolix sodium tab 150 mg)*** 99
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ORKAMBI GRA 100-125 ***(lumacaftor-ivacaftor granules packet 100-125 mg)*** 117
ORKAMBI GRA 150-188 ***(lumacaftor-ivacaftor granules packet 150-188 mg)*** 117
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ORKAMBI TAB 200-125 ***(lumacaftor-ivacaftor tab 200-125 mg)*** 117
orphenadrine citrate tab er 12hr 100 mg 120
oseltamivir phosphate cap 30 mg 50

oseltamivir phosphate cap 45 mg 50
oseltamivir phosphate cap 75 mg 50
oseltamivir phosphate for susp 6 mg/ml 50
ospemifene tab 60 mg 96
OTEZLA TAB 10/20/30 ***(apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg)*** 102
OTEZLA TAB 10/20 ***(apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg)*** 102
OTEZLA TAB 20MG ***(apremilast tab 20 mg)*** 102
OTEZLA TAB 30MG ***(apremilast tab 30 mg)*** 102
OTOVEL DRO ***(ciprofloxacin-fluocinolone aceton (pf)*** otic soln 0.3-0.025%) 114
oxaprozin tab 600 mg 16
oxazepam cap 10 mg 52
oxazepam cap 15 mg 52
oxazepam cap 30 mg 52
oxcarbazepine susp 300 mg/5ml ***(60 mg/ml)*** 28
oxcarbazepine tab 150 mg 28
oxcarbazepine tab 300 mg 28
oxcarbazepine tab 600 mg 28
oxybutynin chloride solution 5 mg/5ml 84
oxybutynin chloride tab 5 mg 84
oxybutynin chloride tab er 24hr 5 mg 84
oxybutynin chloride tab er 24hr 10 mg 84
oxybutynin chloride tab er 24hr 15 mg 84
oxycodone hcl cap 5 mg 19
oxycodone hcl conc 100 mg/5ml ***(20 mg/ml)*** 19
oxycodone hcl soln 5 mg/5ml 19
oxycodone hcl tab 5 mg 19
oxycodone hcl tab 10 mg 19
oxycodone hcl tab 15 mg 19
oxycodone hcl tab 20 mg 19
oxycodone hcl tab 30 mg 19
oxycodone w/ acetaminophen tab 2.5-325 mg 19
oxycodone w/ acetaminophen tab 2.5-325 mg 19
oxycodone w/ acetaminophen tab 5-325 mg 19
oxycodone w/ acetaminophen tab 5-325 mg 19
oxycodone w/ acetaminophen tab 7.5-325 mg 19
oxycodone w/ acetaminophen tab 7.5-325 mg 19
oxycodone w/ acetaminophen tab 10-325 mg 19
oxycodone w/ acetaminophen tab 10-325 mg 19
oxymorphone hcl tab 5 mg 19
oxymorphone hcl tab 10 mg 19
oxymorphone hcl tab er 12hr 5 mg 17
oxymorphone hcl tab er 12hr 7.5 mg 17
oxymorphone hcl tab er 12hr 10 mg 17
oxymorphone hcl tab er 12hr 15 mg 17
oxymorphone hcl tab er 12hr 20 mg 17
oxymorphone hcl tab er 12hr 30 mg 17
oxymorphone hcl tab er 12hr 40 mg 17
OZEMPIC INJ 2MG/3ML ***(semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml*** 54
OZEMPIC INJ 4MG/3ML ***(semaglutide soln pen-inj 1 mg/dose (4 mg/3ml*** 54
OZEMPIC INJ 8MG/3ML ***(semaglutide soln pen-inj 2 mg/dose (8 mg/3ml*** 54
paliperidone tab er 24hr 1.5 mg 47
paliperidone tab er 24hr 3 mg 47
paliperidone tab er 24hr 6 mg 47
paliperidone tab er 24hr 9 mg 47
pantoprazole sodium ec tab 20 mg 83
pantoprazole sodium ec tab 40 mg 83
paricalcitol cap 1 mcg 107
paricalcitol cap 2 mcg 107
paricalcitol cap 4 mcg 107
paroxetine hcl oral susp 10 mg/5ml 31
paroxetine hcl tab 10 mg 31
paroxetine hcl tab 20 mg 31
paroxetine hcl tab 30 mg 31
paroxetine hcl tab 40 mg 31
paroxetine hcl tab er 24hr 12.5 mg 31
paroxetine hcl tab er 24hr 25 mg 31
paroxetine hcl tab er 24hr 37.5 mg 31
PAXLOVID PAK ***(nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak)*** 110
PAXLOVID TAB 150-100 ***(nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)*** 110
PAXLOVID TAB 300-100 ***(nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)*** 110
PEDIARIX INJ 0.5ML ***(diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr)*** 105
PEDVAX HIB INJ ***(haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml)*** 105
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 82
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 82
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 82
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm 82
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 83
PEGASYS INJ 180MCG/M ***(peginterferon alfa-2a inj 180 mcg/ml)*** 48
PEGASYS INJ ***(peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml)*** 48
PENBRAYA INJ ***(meningococcal acyw (tet conj)***-mening b ***(rcmb)*** vacc for inj) 105
penicillamine cap 250 mg 85
penicillamine tab 250 mg 85
penicillin v potassium for soln 125 mg/5ml 24
penicillin v potassium for soln 250 mg/5ml 24
penicillin v potassium tab 250 mg 24
penicillin v potassium tab 500 mg 24
PENMENVY INJ ***(meningococcal acwy (oligo conj)***-mening b ***(rcmb)*** vacc for inj) 105
PENTACEL INJ ***(diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp)*** 105
pentamidine isethionate for nebulization soln 300 mg 44
pentazocine w/ naloxone hcl tab 50-0.5 mg 20
PENTIPS MIS 29GX12MM ***(insulin pen needle 29 g x 12 mm (1/2"*** 111
PENTIPS MIS 31GX5MM ***(insulin pen needle 31 g x 5 mm (1/5" or 3/16"*** 111
PENTIPS MIS 31GX8MM ***(insulin pen needle 31 g x 8 mm (1/3" or 5/16"*** 111
PENTIPS MIS 32GX4MM ***(insulin pen needle 32 g x 4 mm (1/6" or 5/32"*** 111
pentoxifylline tab er 400 mg 71
perindopril erbumine tab 2 mg 68
perindopril erbumine tab 4 mg 63
perindopril erbumine tab 8 mg 63
permethrin cream 5% 44
perphenazine-amitriptyline tab 2-10 mg 29
perphenazine-amitriptyline tab 2-25 mg 29
perphenazine-amitriptyline tab 4-10 mg 29
perphenazine-amitriptyline tab 4-25 mg 30
perphenazine-amitriptyline tab 4-50 mg 30
perphenazine tab 2 mg 32
perphenazine tab 4 mg 32
perphenazine tab 8 mg 33
perphenazine tab 16 mg 32
PFIZER 5-11Y INJ 2024-25 ***(covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml)*** 105
PFIZER 6M-4Y INJ 2024-25 ***(covid-19 mrna vac tris-s 6mo-4y-pfizer im susp 3 mcg/0.3ml)*** 105
phenazopyridine hcl tab 100 mg 85

phenazopyridine hcl tab 200 mg..... 85
phenazopyridine hcl tab 200 mg..... 85
phenelzine sulfate tab 15 mg..... 30
phenobarbital elixir 20 mg/5ml..... 26
phenobarbital elixir 20 mg/5ml..... 26
phenobarbital elixir 20 mg/5ml..... 26
phenobarbital elixir 20 mg/5ml..... 26
phenobarbital tab 15 mg 26
phenobarbital tab 16.2 mg..... 26
phenobarbital tab 30 mg..... 26
phenobarbital tab 32.4 mg 26
phenobarbital tab 60 mg..... 26
phenobarbital tab 64.8 mg..... 26
phenobarbital tab 97.2 mg..... 26
phenobarbital tab 100 mg..... 26
phenoxybenzamine hcl cap 10 mg.....61
phenylephrine hcl ophth soln 2.5%....112
phenylephrine hcl ophth soln 10% 112
phenytoin chew tab 50 mg..... 28
phenytoin sodium extended cap 100 mg..... 28
phenytoin sodium extended cap 200 mg..... 28
phenytoin sodium extended cap 200 mg..... 28
phenytoin sodium extended cap 300 mg..... 28
phenytoin sodium extended cap 300 mg..... 28
phenytoin susp 125 mg/5ml..... 28
phenytoin susp 125 mg/5ml..... 28
PHEXXI GEL ***(lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%)*** .111
PHYTONADIONE TAB 5MG ***(phytonadione tab 5 mg)***..... 80
pilocarpine hcl ophth soln 1% 113
pilocarpine hcl ophth soln 2% 113
pilocarpine hcl ophth soln 4% 113
pilocarpine hcl tab 5 mg..... 75
pilocarpine hcl tab 7.5 mg 75
pimecrolimus cream 1% 77
pimozide tab 1 mg 46
pimozide tab 2 mg..... 46
pindolol tab 5 mg 65
pindolol tab 10 mg..... 65
pioglitazone hcl-metformin hcl tab 15-500 mg..... 54
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pioglitazone hcl tab 30 mg 54
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PIQRAY 250MG TAB DOSE ***(alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs*** 39
PIQRAY 300MG TAB DOSE ***(alpelisib tab pack 300 mg daily dose (2x150 mg tab*** 39
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pirfenidone tab 267 mg 119
pirfenidone tab 534 mg 119
pirfenidone tab 801 mg..... 119
piroxicam cap 10 mg.....16
piroxicam cap 20 mg 16
PLENVU SOL ***(peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 140 gm)***..... 83
plerixafor subcutaneous inj 24 mg/1.2ml ***(20 mg/ml)***..... 59
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vaccine polyvalent inj soln 25 mcg/0.5ml)***..... 105
PNEUMOVAX 23 INJ 25/0.5 ***(pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml)***..... 105
PNV 27-CA/FE TAB /FA ***(*prenatal vit w/ fe fumarate-fa tab 60-1 mg***)*** 80
podofilox gel 0.5% 77
podofilox soln 0.5% 77
polyethylene glycol 3350 oral powder 17 gm/scoop 83
polyethylene glycol 3350 oral powder 17 gm/scoop 83
polyethylene glycol 3350 oral powder 17 gm/scoop 83
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....111
POMALYST CAP 1MG ***(pomalidomide cap 1 mg)***..... 38
POMALYST CAP 2MG ***(pomalidomide cap 2 mg)***..... 38
POMALYST CAP 3MG ***(pomalidomide cap 3 mg)*** 38
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potassium chloride cap er 8 meq 78
potassium chloride cap er 10 meq 78
potassium chloride microencapsulated crys er tab 10 meq78
potassium chloride microencapsulated crys er tab 10 meq78
potassium chloride microencapsulated crys er tab 10 meq78
potassium chloride microencapsulated crys er tab 10 meq78
potassium chloride microencapsulated crys er tab 15 meq78
potassium chloride microencapsulated crys er tab 15 meq78
potassium chloride microencapsulated crys er tab 15 meq78
potassium chloride microencapsulated crys er tab 20 meq78
potassium chloride microencapsulated crys er tab 20 meq78
potassium chloride microencapsulated crys er tab 20 meq78
potassium chloride oral soln 10% ***(20 meq/15ml)*** 78
potassium chloride oral soln 20% ***(40 meq/15ml)*** 78
potassium chloride powder packet 20 meq 78
potassium chloride powder packet 20 meq 78
potassium chloride tab er 8 meq ***(600 mg)*** 78
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potassium citrate tab er 10 meq ***(1080 mg)*** 78
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pramipexole dihydrochloride tab 0.25 mg..... 44
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prasugrel hcl tab 5 mg 60
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pravastatin sodium tab 10 mg..... 70
pravastatin sodium tab 20 mg 70
pravastatin sodium tab 40 mg 70
pravastatin sodium tab 80 mg 70
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prazosin hcl cap 1 mg.....61
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prednisolone sodium phosphate oral soln 25 mg/5ml ***(base eq)*** 87
prednisolone sod phos orally disintegr tab 10 mg ***(base eq)*** 87

prednisolone sod phos orally disintegr tab 15 mg ***(base eq)*** 87
prednisolone sod phos orally disintegr tab 30 mg ***(base eq)*** 87
prednisolone sod phosphate oral soln 5 mg/5ml 87
prednisolone sod phosphate oral soln 10 mg/5ml 87
prednisolone sod phosphate oral soln 15 mg/5ml 87
prednisolone sod phosphate oral soln 20 mg/5ml 87
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PREHEVBRIO SUS 10MCG/ML ***(hepatitis b vaccine 3-antigen (recombinant)*** susp 10 mcg/ml) 105
PREMARIN VAG CRE 0.625MG ***(estrogens, conjugated vaginal cream 0.625 mg/gm)*** 94
PRENATAL 19 TAB 29-1MG ***(*prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg***)*** 80
PRENATAL PLS MIS MV + DHA ***(*prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak*)*** 80
PRENATAL TAB PLUS ***(*prenatal vit w/ fe fumarate-fa tab 27-1 mg***)***.... 80
PRENATAL-U CAP 106.5-1 ***(*prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg***)*** 80
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PREZCOBIX TAB 800-150 ***(darunavir-cobicistat tab 800-150 mg)***..... 50
PREZISTA SUS 100MG/ML ***(darunavir oral susp 100 mg/ml)***..... 50
PRIFTIN TAB 150MG ***(rifapentine tab 150 mg)*** 36
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silodosin cap 4 mg 85
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simvastatin tab 10 mg 70
simvastatin tab 20 mg 70
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SKYRIZI INJ 180/1.2 ***(risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml)*** 101
SKYRIZI INJ 360/2.4 ***(risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml)*** 101
SKYRIZI PEN INJ 150MG/ML ***(risankizumab-rzaa soln auto-injector 150 mg/ml)*** 101
sodium chloride soln nebu 0.9% 120
sodium chloride soln nebu 3% 120
sodium chloride soln nebu 7% 120
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sodium fluoride chew tab 0.5 mg f ***(from 1.1 mg naf)*** 78
sodium fluoride chew tab 0.5 mg f ***(from 1.1 mg naf)*** 78
sodium fluoride chew tab 0.25 mg f ***(from 0.55 mg naf)*** 78
sodium fluoride chew tab 0.25 mg f ***(from 0.55 mg naf)*** 78
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sodium fluoride soln 0.5 mg/ml f ***(from 1.1 mg/ml naf)*** 79
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sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 83
sofosbuvir-velpatasvir tab 400-100 mg 48
solifenacin succinate tab 5 mg 84
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SOLIQUA INJ 100/33 ***(insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)*** 57
SOMAVERT INJ 10MG ***(pegvisomant for inj 10 mg)*** 99
SOMAVERT INJ 15MG ***(pegvisomant for inj 15 mg)*** 99
SOMAVERT INJ 20MG ***(pegvisomant for inj 20 mg)*** 99
SOMAVERT INJ 25MG ***(pegvisomant for inj 25 mg)*** 99
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sorafenib tosylate tab 200 mg 42
sotalol hcl ***(afib/afl)*** tab 80 mg 64
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sotalol hcl tab 80 mg 64
sotalol hcl tab 120 mg 64
sotalol hcl tab 160 mg 64
sotalol hcl tab 240 mg 64
SOTYLIZE SOL 5MG/ML ***(sotalol hcl oral solution 5 mg/ml)*** 64
SOVALDI PAK 150MG ***(sofosbuvir pellet pack 150 mg)*** 48
SOVALDI PAK 200MG ***(sofosbuvir pellet pack 200 mg)*** 48
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SPIRIVA AER 1.25MCG ***(tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act)*** 116
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spironolactone & hydrochlorothiazide tab 25-25 mg 68
spironolactone tab 25 mg 69
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SPRAVATO SOL 56MG DOS ***(esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack*** 30
SPRAVATO SOL 84MG DOS ***(esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack*** 30
STEQEYMA INJ 45/0.5ML ***(ustekinumab-stba soln prefilled syringe 45 mg/0.5ml)*** 77
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STIOLTO AER 2.5-2.5 ***(tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act)*** 116
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SUBOXONE MIS 4-1MG ***(buprenorphine hcl-naloxone hcl sl film 4-1 mg)*** 20
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sucralfate susp 1 gm/10ml 83
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sulconazole nitrate cream 1% 34
sulconazole nitrate cream 1% 34
sulconazole nitrate solution 1% 34
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sulfacetamide sodium lotion 10% ***(acne)*** 77
sulfacetamide sodium ophth oint 10% 114
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sulfadiazine tab 500 mg 25
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 25
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sulindac tab 150 mg 16
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sumatriptan succinate inj 6 mg/0.5ml 35
sumatriptan succinate inj 6 mg/0.5ml 35
sumatriptan succinate solution auto-injector 4 mg/0.5ml 35
sumatriptan succinate solution auto-injector 6 mg/0.5ml 36
sumatriptan succinate solution auto-injector 6 mg/0.5ml 36
sumatriptan succinate solution cartridge 4 mg/0.5ml 36
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sumatriptan succinate tab 25 mg 36
sumatriptan succinate tab 50 mg 36
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sunitinib malate cap 12.5 mg 42
sunitinib malate cap 25 mg 42
sunitinib malate cap 37.5 mg 42
sunitinib malate cap 50 mg 42
SUNOSI TAB 75MG ***(solriamfetol hcl tab 75 mg)*** 121
SUNOSI TAB 150MG ***(solriamfetol hcl tab 150 mg)*** 121
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SYMPROIC TAB 0.2MG ***(naldemedine tosylate tab 0.2 mg)*** 81
SYNAREL SOL 2MG/ML ***(nafarelin acetate nasal soln 2 mg/ml (200 mcg/act*** 99
SYNJARDY TAB 5-500MG ***(empagliflozin-metformin hcl tab 5-500 mg)*** 55
SYNJARDY TAB 5-1000MG ***(empagliflozin-metformin hcl tab 5-1000 mg)*** 55
SYNJARDY TAB 12.5-500 ***(empagliflozin-metformin hcl tab 12.5-500 mg)*** 55
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SYNJARDY XR TAB 25-1000 ***(empagliflozin-metformin hcl tab er 24hr 25-1000 mg)*** 55

SYNJARDY XR TAB ***(empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg)*** 55
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SYNTHROID TAB 50MCG ***(levothyroxine sodium tab 50 mcg)*** .. 98
SYNTHROID TAB 75MCG ***(levothyroxine sodium tab 75 mcg)*** .. 98
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tacrolimus cap 1 mg 102
tacrolimus cap 5 mg 102
tacrolimus oint 0.1% 77
tacrolimus oint 0.03% 77
tadalafil tab 2.5 mg 85
tadalafil tab 5 mg 85
tadalafil tab 20 mg ***(pah)*** 118
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TAFINLAR CAP 75MG ***(dabrafenib mesylate cap 75 mg)*** 42
TAFINLAR TAB 10MG ***(dabrafenib mesylate tab for oral susp 10 mg)*** 42
tafluprost preservative free ***(pf)*** ophth soln 0.0015% 113
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TALTZ INJ 40/0.5ML ***(ixekizumab subcutaneous soln prefilled syringe 40 mg/0.5ml)*** 77
TALTZ INJ 80MG/ML ***(ixekizumab subcutaneous soln auto-injector 80 mg/ml)*** 77
TALTZ INJ 80MG/ML ***(ixekizumab subcutaneous soln prefilled syringe 80 mg/ml)*** 77
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TALZENNA CAP 0.25MG ***(talazoparib tosylate cap 0.25 mg)*** 39
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XOLAIR INJ 150MG/ML ***(omalizumab subcutaneous soln prefilled syringe 150 mg/ml)*** 120
XOLAIR INJ 300/2ML ***(omalizumab subcutaneous soln auto-injector 300 mg/2ml)*** 120
XOLAIR INJ 300/2ML ***(omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)*** 120
XOSPATA TAB 40MG ***(gilteritinib fumarate tablet 40 mg)*** 43
XTAMPZA ER CAP 9MG ***(oxycodone cap er 12hr abuse-deterrent 9 mg)*** 18
XTAMPZA ER CAP 13.5MG ***(oxycodone cap er 12hr abuse-deterrent 13.5 mg)*** 18
XTAMPZA ER CAP 18MG ***(oxycodone cap er 12hr abuse-deterrent 18 mg)*** 18
XTAMPZA ER CAP 27MG ***(oxycodone cap er 12hr abuse-deterrent 27 mg)*** 18
XTAMPZA ER CAP 36MG ***(oxycodone cap er 12hr abuse-deterrent 36 mg)*** 18
XTANDI CAP 40MG ***(enzalutamide cap 40 mg)*** 37
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XTANDI TAB 80MG ***(enzalutamide tab 80 mg)*** 37
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YESINTEK INJ 45/0.5ML ***(ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml)*** 77
YESINTEK INJ 45/0.5ML ***(ustekinumab-kfce subcutaneous soln 45 mg/0.5ml)*** 77
YESINTEK INJ 90MG/ML ***(ustekinumab-kfce soln prefilled syringe 90 mg/ml)*** 77
YOSPRALA TAB 81-40MG ***(aspirin-omeprazole tab delayed release 81-40 mg)*** 60
YOSPRALA TAB 325-40MG ***(aspirin-omeprazole tab delayed release 325-40 mg)*** 60
zafirlukast tab 10 mg 116
zafirlukast tab 20 mg 116
zaleplon cap 5 mg 121
zaleplon cap 10 mg 121
ZARXIO INJ 300/0.5 ***(filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml)*** 60
ZARXIO INJ 480/0.8 ***(filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml)*** 60
ZEGALOGUE INJ 0.6/0.6 ***(dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml)*** 56
ZEGALOGUE INJ 0.6/0.6 ***(dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml)*** 56
ZELBORAF TAB 240MG ***(vemurafenib tab 240 mg)*** 43
ZENPEP CAP 3000UNIT ***(pancrelipase (lip-prot-amyl)*** dr cap 3000-10000-14000 unit) 84
ZENPEP CAP 5000UNIT ***(pancrelipase (lip-prot-amyl)*** dr cap 5000-17000-24000 unit) 84
ZENPEP CAP 10000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 10000-32000-42000 unit) 84
ZENPEP CAP 15000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 15000-47000-63000 unit) 84
ZENPEP CAP 20000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 20000-63000-84000 unit) 84
ZENPEP CAP 25000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 25000-79000-105000 unit) 84
ZENPEP CAP 40000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 40000-126000-168000 unit) 84
ZENPEP CAP 60000UNT ***(pancrelipase (lip-prot-amyl)*** dr cap 60000-189600-252600 unit) 84
ZEPATIER TAB 50-100MG ***(elbasvir-grazoprevir tab 50-100 mg)*** 48
zidovudine cap 100 mg 50
zidovudine syrup 10 mg/ml 50
zidovudine tab 300 mg 50
zileuton tab er 12hr 600 mg 116
ZIMHI SOL ***(naloxone hcl soln prefilled syringe 5 mg/0.5ml)*** 21
ziprasidone hcl cap 20 mg 47
ziprasidone hcl cap 40 mg 47
ziprasidone hcl cap 60 mg 47
ziprasidone hcl cap 80 mg 47
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zolmitriptan nasal spray 5 mg/spray unit 36
zolmitriptan orally disintegrating tab 2.5 mg 36
zolmitriptan orally disintegrating tab 5 mg 36
zolmitriptan tab 2.5 mg 36
zolmitriptan tab 5 mg 36
zolpidem tartrate tab 5 mg 121
zolpidem tartrate tab 10 mg 121
zolpidem tartrate tab er 6.25 mg 121
zolpidem tartrate tab er 12.5 mg 121
zonisamide cap 25 mg 26
zonisamide cap 50 mg 26
zonisamide cap 100 mg 26
ZUBSOLV SUB 0.7-0.18 ***(buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq*** 20
ZUBSOLV SUB 1.4-0.36 ***(buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq*** 20

ZUBSOLV SUB 2.9-0.71 ***(buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq*** 20
ZUBSOLV SUB 5.7-1.4 ***(buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq*** 20
ZUBSOLV SUB 8.6-2.1 ***(buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq*** 20
ZUBSOLV SUB 11.4-2.9 ***(buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq*** 20
ZYDELIG TAB 100MG ***(idelalisib tab 100 mg)*** 43
ZYDELIG TAB 150MG ***(idelalisib tab 150 mg)*** 43
ZYKADIA TAB 150MG ***(ceritinib tab 150 mg)*** 43
ZYLET SUS 0.5-0.3% ***(loteprednol etabonate-tobramycin ophth susp 0.5-0.3%)*** 112

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Email: **UHC_Civil_Rights@uhc.com**

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

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

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

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

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We also provide free language services to people whose primary language is not English, such as:

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