

Prescription Drug List

2023 Express Scripts High Performance Formulary for Cigna + Oscar*

All Cigna + Oscar plans include the Express Scripts Network, so you can fill your prescriptions at retail pharmacies, national pharmacy chains, and independent pharmacies.

Visit cignaoscar.com/search to see if your pharmacy is in-network. Check the cost of any medications before and after your deductible by logging into your member account at cignaoscar.com/member.

For the most updated list of the drugs in our formulary visit hioscar.com/drug-formularies.

Any questions? Message with your Care Team or call 855-672-2789.

For California: Cigna + Oscar LocalPlus, Cigna + Oscar Open Access Plus

Last updated: 2/1/2023. This drug list is subject to change and all prior versions are no longer in effect.

* **Cigna + Oscar coverage is insured by Cigna Health and Life Insurance Company.** CA: benefits administered by Oscar Health Administrators. Other states: benefits administered by Oscar Management Corporation. Pharmacy benefits provided by Express Scripts, Inc. Cigna + Oscar health insurance contains exclusions and limitations. For complete details on product availability and coverage, please refer to your plan documents or contact a representative. Learn more about our plans at cignaoscar.com

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Information about your drug list

Frequently asked questions (FAQs)

Understanding your prescription medication coverage can be confusing. Here are answers to some commonly asked questions.

Q. How often is my drug list updated? How do I know if my medication coverage changed?

- A. Express Scripts reviews and updates the prescription drug list regularly. We make changes for many reasons – like when new medications become available or are no longer available, or when medication prices change. We try to give you many options to choose from to treat your health condition. These changes may include:
- › Moving a medication to a lower cost tier. This can happen at any time during the year.
 - › Moving a brand medication to a higher cost tier when a generic becomes available. This can happen at any time during the year.
 - › Moving a medication to a higher cost tier and/or no longer covering a medication. This typically happens twice a year on January 1st and July 1st.
 - › Adding coverage requirements to a medication. For example, requiring approval from Express Scripts before a medication may be covered or adding a quantity limit to a medication.

When a medication changes tiers or is no longer covered, you may pay a different amount to fill that medication. It's important to know that when we make a change that affects the coverage of a medication you're taking, we let you know before it begins so you have time to talk with your doctor.

Q. Why doesn't my plan cover certain medications?

- A. To help lower your overall health care costs, your plan doesn't cover certain high-cost brand medications because they have lower-cost, covered alternatives which are used to treat the same condition. Meaning, the alternative works the same or similar to the non-covered medication. If you're taking a medication that your plan doesn't cover and your doctor feels an alternative isn't right for you, he or she can ask Express Scripts to consider approving coverage of your medication.

Q. How do you decide which medications are covered?

- A. The Express Scripts Drug List is developed with the help of Express Scripts Pharmacy and Therapeutics (P&T) Committee, which is a group of practicing doctors and pharmacists. The group meets regularly to review medical evidence and information provided by federal agencies, drug manufacturers, medical professional associations, national organizations and peer-reviewed journals medications about the safety and effectiveness

of medications that are newly approved by the FDA and medications already on the market. The Express Scripts P&T Team looks at clinical review, as well as the medication's overall value and other factors before adding it to, or removing it from, the drug list.

Q. Are medications newly approved by the FDA covered on my drug list?

- A. Newly approved medications may not be covered on your drug list for the first six months after they receive FDA approval. These include, but are not limited to, medications, medical supplies or devices covered under standard pharmacy benefit plans. We review all newly approved medications to determine if they should be covered – and if so, at what tier level. If your doctor feels a currently covered medication isn't right for you, he or she can ask Express Scripts to consider approving coverage of the newly approved medication.

Q. I see several medications on this drug list that can be used to treat my condition. Will my doctor write me a prescription for all of them?

- A. No. Just because a medication is listed on your plan's drug list doesn't mean your doctor will write you a prescription for it. Your doctor will work with you to find the medication he or she feels is best for your specific treatment.

Q. My medication needs approval before my plan will cover it (also known as prior authorization). What do I need to do to get it covered?

- A. Ask your doctor's office to contact Express Scripts so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can request authorization directly from Express Script's website at www.express-scripts.com/corporate/healthcare-providers

Express Scripts will review information your doctor provides to make sure you meet coverage guidelines for the medication. If you do, you'll be approved for coverage of the medication. If you don't meet guidelines, you and your doctor can appeal the decision. We'll send you information either way.

For non-urgent requests, Express Scripts will let you and your doctor know within 72 hours of receiving the request. For urgent requests based on exigent circumstances, Express Scripts will let you and your doctor know within 24 hours of

receiving the request was received. If Express Scripts doesn't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and we can't deny coverage of the medication. Also, if you've already received approval from Express Scripts to cover your medication, Express Scripts can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

Q. My plan doesn't cover my medication. I need to take it because it's medically necessary for my treatment. What do I need to do to get my plan to cover it?

- A.** If your doctor feels that your medication is necessary for your treatment and an alternative isn't right for you, he or she can ask Express Scripts to consider approving coverage of your medication. Ask your doctor's office to contact Express Scripts so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the doctor asks, they can request authorization directly from Express Script's website at www.express-scripts.com/corporate/healthcare-providers

Express Scripts will review information your doctor provides to make sure you meet coverage guidelines for the medication. If you do, you'll be approved for coverage of your medication. If you don't meet guidelines, you and your doctor can appeal the decision. We'll send you information either way.

For non-urgent requests, Express Scripts will let you and your doctor know within 72 hours of receiving the request. If approved, coverage will be provided until the prescription runs out (including refills). For urgent requests based on exigent circumstances, Express Scripts will let you and your doctor know within 24 hours of receiving the request. If approved, coverage will be provided for the duration of the exigency.

If Express Scripts doesn't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication. Also, if you've already received approval from Express Scripts to cover your medication, Express Scripts can't limit or exclude coverage for that medication if your doctor continues to prescribe it to treat your condition (as long as the medication is appropriately prescribed and is safe and effective in treating your condition).

It's important to know that when medications are approved, it's typically for one year of coverage.

If your medication is approved for less time, it's because there's a clinical reason based on Express Script's coverage guidelines for the medication and/or the reviewing doctor.

Q. My medication is part of the Step Therapy program. I don't want to try an alternative. What do I need to do to get my medication covered?

- A.** If you and your doctor feel an alternative medication won't work for you, your doctor can ask Express Scripts to consider approving coverage of your medication. Ask your doctor's office to contact Express Scripts so we can start the coverage review process. They know how the review process works and will take care of everything for you. In case the office asks, they can request authorization directly from Express Script's website at www.express-scripts.com/corporate/healthcare-providers

Express Scripts will review information your doctor provides to make sure you meet coverage guidelines for the medication. If you do, you'll be approved for coverage of your medication. If you don't meet guidelines, you and your doctor can appeal the decision. We'll send you information either way.

For non-urgent requests, Express Scripts will let you and your doctor know within 72 hours of receiving the request. For urgent requests based on exigent circumstances, Express Scripts will let you and your doctor know within 24 hours of receiving the request. If Express Scripts doesn't respond to a completed prior authorization exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request will be considered approved and your plan can't deny coverage of the medication.

Your Step Therapy rights under California State law:

1. Express Scripts may impose prior authorization requirements on prescription drug benefits.
2. If there is more than one drug that is clinically appropriate for the treatment of a medical condition, Express Scripts may require step therapy.
 - a. Express Scripts must expeditiously grant a step therapy exception request if the doctor submits necessary justification and supporting clinical documentation supporting the doctor's determination that the required prescription drug is inconsistent with good professional practice for provision of medically necessary covered services. The basis

of the doctor's determination may include, but is not limited to, any of the following criteria:

- i. The required prescription drug is contraindicated or is likely, or expected, to cause an adverse reaction or harm to you in comparison to the requested prescription drug.
 - ii. The required prescription drug is expected to be ineffective.
 - iii. You have tried the required prescription drug, and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse reaction. Express Scripts may require documentation demonstrating that you tried the required prescription drug before it was discontinued.
 - iv. The required prescription drug is not clinically appropriate for you because the required drug is expected to do any of the following, as determined by your doctor: (I) worsen a comorbid condition; (II) decrease the capacity to maintain a reasonable functional ability in performing daily activities; (III) pose a significant barrier to adherence to, or compliance with, your drug regimen or plan of care.
 - v. You are stable on a prescription drug selected by your doctor for the medical condition under consideration.
- b. Step therapy exception requests will be deemed approved if Express Scripts fails to send an approval or denial within 72 hours for nonurgent requests, or within 24 hours if exigent circumstances exist.
 - c. Your doctor may appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request consistent with the Express Scripts current utilization management processes. You may appeal a denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance.
 - d. Express Scripts may require you to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. A health care provider is not prohibited from prescribing a prescription drug that is clinically appropriate.
3. Express Scripts shall provide coverage for the medically necessary dosage and quantity of the drug prescribed for the treatment of a medical condition consistent with professionally recognized standards of practice.

Q. How can I find out how much I'll pay for a specific medication?

- A. Prescription prices can vary by pharmacy. Before you fill your prescription, compare your costs online. Log in to the **Oscar** app or **hioscar.com** and click on **hioscar.com/search** to see how much your medication may cost you at the different pharmacies in your plan's network. You can also see if there are lower-cost alternatives available.¹

Q. How can I save money on my prescription medications?

- A. You may be able to save money by switching to a medication that's on a lower tier (ex. generic or preferred brand) or by filling a 90-day supply, if your plan allows. You should talk with your doctor to find out if one of these options may work for you.

Q. What's the difference between brand name and generic medications?

- A. The FDA requires generic medications to provide the same clinical benefit as its brand name versions. The FDA also requires generic makers to prove that the generic works in the same way as the brand name medication. This means that generic equivalent medications must:²
 - › Have the same active ingredient, strength and dosage form as the brand name medication
 - › Deliver the same amount of active ingredients into the bloodstream in the same amount of time as the brand name medication
 - › Be used in the same way as the brand name medication

Generics typically cost much less than brand name medications – in some cases, up to 85% less.² Just because generics cost less than brands, it doesn't mean they're lower-quality medications.

Q. How do I know which pharmacies are in my network?

- A. There are thousands of retail pharmacies in your plan's network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop. And some stores are open 24-hours. To find an in-network pharmacy near you, log in to the **Oscar** app or **hioscar.com** then click on **hioscar.com/search** to start searching. Or call **855.672.2789**

Q. Can I fill my prescriptions by mail?

- A. Yes, as long as your plan offers home delivery.
 - › If you're taking a medication every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma, you can order up to a 90-day supply through our home delivery pharmacy. To get started, log in to the **Oscar** app or **hioscar.com** and click on **hioscar.com/search**

- › If you're taking a specialty medication to treat a complex medical condition like multiple sclerosis, hepatitis C, or rheumatoid arthritis, you can fill your prescription through Accredo, a specialty pharmacy. Accredo will ship your medication to your home (or location of your choice). To get started, call Accredo at **877.842.9788**. They're available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST. **Be sure to call Accredo about two weeks before your next refill so they have time to get a new prescription from your doctor's office.** You can also talk with an Accredo pharmacist at any time, 24/7.

Q. I take a medication every day to treat diabetes. My plan has the option to fill my medication through home delivery. What do I need to do to get started?

- A. Some plans encourage you to fill maintenance medications through home delivery. "Maintenance medications" are the medications you take every day to treat an ongoing health condition like diabetes, high blood pressure, high cholesterol or asthma.

To get started using home delivery, log in to the **Oscar** app or **hioscar.com** and click on **hioscar.com/search** or call **855.672.2789**. Our home delivery pharmacy will deliver your medications right to your door (or location of your choice) and you can get up to a 90-day supply of your medication at one time. And you can manage your orders online or through the **Oscar** mobile app.

Q. I take a specialty medication that can only be filled at certain pharmacies in the United States. How do I fill my prescription?

- A. You may be able to use Accredo, an Express Scripts specialty pharmacy, to fill your prescription. Accredo has access to most specialty medications. Ask your doctor to send them your prescription.

To get started using Accredo, call **877.842.9788** for more information. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST.

Q. How can I fill my prescription?

- A. First, you'll need to get a prescription from your doctor. Then, your doctor can either:
 1. Send it electronically to the in-network pharmacy of your choice.
 2. Give you a paper prescription. You can bring it to the in-network pharmacy of your choice, or you can mail it to home delivery.

Q. How can I get help with my specialty medication?

- A. Managing a complex condition isn't easy. As part of your Express Scripts pharmacy benefits,

you have access to Accredo, a Express Scripts specialty pharmacy. Accredo's team of specialty-trained pharmacists and nurses will provide you with the personalized care and support you need to manage your complex medical condition. They'll help you work through side effects, check in with you and your doctor to see how your therapy's going, help you get your medications approved for coverage, and more.

To get started using Accredo, call **877.842.9788**. Representatives are available Monday–Friday, 7:00 am–10:00 pm CST and on Saturdays, 7:00 am–4:00 pm CST.

Q. Where can I find more information about my prescription medication plan?

- A. You can use the online tools and resources on the **Oscar** app or **hioscar.com** to help you better understand your pharmacy coverage. You can find out how much your medication costs, see which medications your plan covers, find an in-network pharmacy, and see your pharmacy claims and coverage details. You can also manage your home delivery prescription orders.

Q. How can I find out my cost-share for each tier on my drug list?

- A. Covered medications are divided into tiers (or cost-share levels). Typically, the higher the tier, the higher the price you'll pay to fill the prescription. Here are several places you can go to find out how much you'll pay for your medication based on the tier it's listed in, including the maximum cost-share amount allowed:
 1. Log in to the **Oscar** app or **hioscar.com** to view your pharmacy coverage information. You can also use the on **hioscar.com/search** feature to find out how much your medication may cost you at the different pharmacies in your plan's network.¹
 2. Check your Summary of Benefits coverage document.

Q. What's the difference between medications covered under the pharmacy benefit and medical benefit?

- A. Some medications are covered under the pharmacy benefit, some are covered under the medical benefit, and others are covered under both benefits. Typically, medications that are injected or infused are covered under the medical benefit. These are administered at a doctor's office, an infusion center or at home. Typically, medications that are self-administered and can be filled at a retail pharmacy or through home delivery are covered under the pharmacy benefit. The medications in this drug list are covered under the pharmacy benefit. Check your medical summary of benefits coverage to learn more about how your plan covers medications under the medical benefit.

Q. I take an oral cancer medication. How much will I pay for my medication?

- A.** On January 1, 2015, California passed a bill limiting the cost-share for oral chemotherapy medications to \$250 per 30 day supply.
- › For copay plans: If your copay is less than \$250 you will pay the lesser amount.
 - › For high deductible health plans (HDHPs) that include a Health Savings Account (HSA) or qualified HDHPs: You'll pay your plan deductible first. After that, your coinsurance will be no more than \$250 per 30 day supply. If your coinsurance is less than \$250 you will pay the lesser amount.

Q. Which medications are covered under the health care reform law?

- A.** The Affordable Care Act (ACA), commonly referred to as "health care reform," was signed into law on March 23, 2010. Under this law, certain preventive medications (including some over-the-counter medicines) are available to you at no cost-share (\$0). Log in to the **Oscar** app, **hioscar.com** or call **855.672.2789** or check your plan materials, to learn more about how your plan covers preventive medications.

Q. How are medications, devices and FDA-approved diabetic, contraceptive and federally-mandated products covered under the pharmacy benefit?

- A.** Here is how these products are covered under the pharmacy benefit:
- › **Preventive care medications and products covered under the Affordable Care Act (ACA), also known as "health care reform:"**
 - **Contraceptives:** Covered at 100%, or no cost-share (\$0) to you. Certain prescription contraceptives are available at their applicable cost-share.
 - **Tobacco cessation products:** All FDA approved prescription tobacco cessation products are covered at 100%, or no cost-share (\$0) to you.
 - **Certain vitamins:** Covered at 100%, or no cost-share (\$0) to you. All other prescription vitamins are available at their applicable cost-share and deductible (if applicable).
 - › **Certain over-the-counter (OTC) medicines:** Covered at 100%, or no cost-share (\$0) to you, if you have a prescription from a doctor. All other OTC medicines are excluded from coverage.
 - › **Vaccines: These are currently covered under the pharmacy and medical benefits. Not all plans will cover vaccines in the same way.**
 - › **Compounded medications:** All medications within the compound will need to be covered. If any of the medications are excluded, you'll need approval from Express Scripts before your plan will cover them (prior authorization).

Exclusions and limitations

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and be medically necessary. Your plan provides coverage for certain preventive prescription drugs with no cost-share. When you use a pharmacy that does not participate in your plan's network, the dollar amount that you pay for the prescription could be higher and could even be the full cost of the prescription.

Certain drugs may require prior authorization, or be subject to step therapy, quantity limits or other utilization management requirements.

Plans do not provide coverage for the following under the pharmacy benefit:

- › over-the-counter (OTC) medicines (those that do not require a prescription) except certain preventive prescription drugs or items, contraceptives and insulin unless state or federal law requires coverage of such medicines;
- › doctor-administered injectable medications covered under the Plan's medical benefit, unless otherwise covered under the Plan's prescription drug list or approved by Express Scripts;
- › implantable contraceptive devices covered under the Plan's medical benefit;
- › medications that are not medically necessary;
- › experimental or investigational medications, including FDA-approved medications used for purposes other than those approved by the FDA unless the medication is recognized for the treatment of the particular indication;
- › medications that must be FDA approved and that are not approved by the Food & Drug Administration (FDA);
- › medications used for fertility, sexual dysfunction, cosmetic purposes, or athletic enhancement;
- › prescription vitamins (other than prenatal vitamins) or dietary supplements unless state or federal law requires coverage of such products;
- › immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions as these items are covered under the medical benefit;
- › replacement of prescription medications and related supplies due to loss or theft, unless You are displaced by a declared state of emergency or drug is lost, stolen or destroyed prior to you taking possession, such as mail order drugs that are lost or stolen in transit;
- › medications which are to be taken by or administered to a covered person while they are a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals;
- › coverage for prescription medication products for the amount dispensed (days' supply) which is more than the applicable quantity limit(s) or dosage limit(s) set by the P&T Committee, unless such limits is allowed by an approved exception request;
- › more than one prescription order or refill for a given prescription supply period for the same prescription medication product prescribed by one or more doctors and dispensed by one or more pharmacies;
- › prescription medication products dispensed outside the jurisdiction of the United States, except as required for emergency or urgent care treatment. In addition to the plan's standard pharmacy exclusions, certain new FDA-approved medication products (including, but not limited to, medications, medical supplies or devices that are covered under standard pharmacy benefit plans) may not be covered for the first six months of market availability unless approved by Express Scripts as medically necessary.

Words you may need to know

- › **Brand name drug:** A drug that is marketed under a proprietary, trademark-protected name. Brand name drugs are listed in all CAPITAL letters.
- › **Coinsurance:** A percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if one applies to the benefit.
- › **Copayment:** A fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the benefit.
- › **Deductible:** The amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.
- › **Drug tier:** A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.
- › **Exception request:** A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.
- › **Exigent circumstances:** When you suffer from a medical 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 non-formulary drug.
- › **Formulary or prescription drug list:** The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.
- › **Generic drug:** A drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.
- › **Medically Necessary:** Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.
- › **Non-formulary drug:** A prescription drug that is not listed on this formulary.
- › **Out-of-pocket costs:** Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.
- › **Prescribing provider:** A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.
- › **Prescription:** An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.
- › **Prescription drug:** A drug that by law requires a prescription.
- › **Prior Authorization:** A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.
- › **Step Therapy:** A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.
- › **Quantity Limits:** For some medications, your plan will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Quantity limits help to make sure you're receiving coverage for the right medication, in the right amount, and for the right situation. Your plan will only cover a larger amount if your doctor requests and receives approval.
- › **Age Requirements:** For certain medications, you must be within a specific age range for your plan to cover them. This is because some medications aren't considered clinically appropriate for individuals who aren't within that age range.

Your prescription drug list

This document shows the medications covered on the High Performance Drug List as of January 1, 2023. All of these medications are approved by the U.S. Food and Drug Administration (FDA). Log in to the **Oscar** app, **hioscar.com** or call **855.672.2789**, or check your plan materials, to learn more about the medications your plan covers.

How to read this drug list

Medications are listed alphabetically by their brand and generic names within their therapeutic category and class.* You can also find your medication using the index at the end of this drug list.

- › The generic version of a brand name medication is listed in parentheses and all *lowercase italicized* letters next to the brand name medication; the brand name drugs appear in all capital letters.
- › If a generic equivalent for a brand name medication is both available and covered, the generic will be listed separately from the brand name medication in all *lowercase italicized* letters.
- › If a generic equivalent for a brand name medication isn't available on the market or isn't covered, the medication won't be listed separately by its generic version.
- › If a generic medication is marketed under a proprietary, trademark-protected brand name, the brand name medication will be listed after the generic version in parentheses and regular typeface with the first letter of each word capitalized.

For example:

- › PRIFTIN ORAL TABLET 150 MG (*rifapentine*) - is an example of generic version listed in parentheses and all *lowercase italicized* letters ("*rifapentine*") next to the brand name in all capital letters ("PRIFTIN")
- › *cidofovir intravenous solution 75 mg/ml* - is an example a generic equivalent for a brand name medication that is both available and covered
- › *butalbital/acetaminophen* (Tencon Oral Tablet 50-325 Mg) Is an example of a generic medication ("*butalbital/acetaminophen*") marketed under a proprietary, trademark-protected brand name ("Tencon")

* Medications are listed in the therapeutic category and class provided by First Databank.

Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier 1	Consists of preferred generic drugs which have the same active ingredients, safety, dosage, quality and strength, as their brand name counterparts	\$
Tier 2	Consists of preferred brand-name drugs (with no generic equivalent).	\$\$
Tier 3	Consists of non-preferred brand name drugs and other drugs that usually have generic versions and/or one or more preferred brand alternative on a lower tier, as well as non-formulary, non-specialty drugs approved for pre-authorization through a Medically Necessary review.	\$\$\$
Tier 4	Consists of specialty drugs that are biologics, FDA requires distribution through a specialty pharmacy, require special training or clinical monitoring, or drugs that cost more than six hundred dollars (\$600) for a one-month supply, as well as non-formulary, specialty drugs approved for pre-authorization through a Medically Necessary review.	\$\$\$\$

Please see your Schedule of Benefits for your cost for each drug tier.

Coverage requirements and limits

Some medications on your drug list have extra requirements before your plan will cover them.* This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation. These medications will have an abbreviation next to them in the drug list. Here's what each of the abbreviations mean.

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

QL **Quantity Limit:*** For some medications, Express Scripts will only cover up to a certain amount over a certain length of time. For example, 30mg per day for 30 days. Express Scripts will only cover a larger amount if your doctor requests and receives approval.

ST **Step Therapy:*** In some cases, Express Scripts requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. An exception to Step Therapy requirement that factors in medical necessity may be requested.

OTC **Over the Counter:** An OTC drug is a non-prescription drug.

ACA **No cost-share preventive medications:** Health care reform under the Affordable Care Act (ACA) requires that most plans cover certain categories of medications and other products as preventive care services. These medications may be available to you at no cost-share (copay, coinsurance and/or deductible) and includes contraceptives and certain over the counter items. A prescription is required for over-the-counter preventive medications to be covered at no cost-share. Log in to the **Oscar** app or **hioscar.com**, call **855.672.2789** or check your plan materials to learn more about how your plan covers preventive medications.

CSL **Oral cancer medications subject to cost-share limits:** The maximum for oral cancer drugs is \$250 for a 30-day supply.

LA **Limited Access:** Some drugs may be subject to limited access or restricted access. This means that a drug may only be available at select pharmacies. Limited access may be due to the following reasons:

- › The FDA or the manufacturer has restricted distribution of a drug to certain facilities, pharmacies or prescribers, or
 - › Certain drugs require special handling, coordination of care, or patient education that cannot be provided at a retail pharmacy. If the drug is approved, we will let you know how to get limited access drugs.
-

How to read this drug list

Use the sample chart to help you understand how to read this drug list. This chart is just an example. It may not show how these medications are actually covered on the High Performance Drug List.

GASTROENTEROLOGY		
MISCELLANEOUS GASTROINTESTINAL AGENTS		
Drug Name	Drug Tier	Requirements / Limits
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (3 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>bisa-lax (biscodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	\$0	ACA; OTC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>chenodiol (Chenodal Oral Tablet 250 Mg)</i>	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG (<i>cholic acid</i>)	4	PA;
CHOLBAM ORAL CAPSULE 50 MG (<i>cholic acid</i>)	4	PA; QL (120 per 30 days)
<i>citrate of magnesia oral solution</i>	\$0	ACA; OTC
<i>citroma oral solution</i>	\$0	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>clearlax oral powder in packet 17 gram</i>	\$0	ACA; OTC
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	\$0	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC
<i>miralax oral powder in packet 17 gram</i>	\$0	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	2	QL (30 per 30 days)
<i>natura-lax oral powder 17 gram/dose</i>	\$0	ACA; OTC
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; LA; QL (30 per 30 days)

Therapeutic drug category and class describes the condition the medication is used to treat

Coverage requirements and limits lets you know if your plan has extra requirements before it will cover the medication

Drug tier gives you an idea of how much you may pay for a medication

Prescription drug name is the name of the medication

Medications are listed in **alphabetical order** within each column

Generic medications are in **lowercase italics**

Brand name medications are in all **CAPITAL** letters

This chart is just a sample. It may not show how these medications are actually covered on the High Performance Drug List.

How to find your medication

Find your condition in the alphabetical list below. Then go to that page to see the covered medications available to treat the condition

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High Performance Formulary

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	2	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL (2 per 30 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (30 per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	1	QL (300 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (<i>posaconazole</i>)	2	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
 • CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	3	ACA
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate</i>)	2	
<i>cidofovir intravenous solution 75 mg/ml</i>	4	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>)	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	2	ACA
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	2	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	2	PA; QL (84 per 365 days; 28 per dispense)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	2	PA; QL (84 per 365 days; 28 per dispense)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (<i>lamivudine</i>)	4	

Drug Name	Drug Tier	Requirements / Limits
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	3	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	1	QL (21 per 30 days)
<i>famciclovir oral tablet 250 mg</i>	1	QL (60 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	4	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	4	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG (<i>ledipasvir/sofosbuvir</i>)	2	PA; QL (56 per 365 days; 28 per dispense)
HARVONI ORAL PELLETS IN PACKET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	2	PA; QL (112 per 365 days; 56 per dispense)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	2	PA; QL (112 per 365 days; 56 per dispense)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	2	PA; QL (56 per 365 days; 28 per dispense)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
INVIRASE ORAL TABLET 500 MG (<i>saquinavir mesylate</i>)	2	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	2	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	\$0	ACA; QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	2	
NORVIR ORAL SOLUTION 80 MG/ML (<i>ritonavir</i>)	2	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	2	
<i>oseltamivir oral capsule 30 mg</i>	1	QL (20 per 30 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (10 per 30 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (180 per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	ACA; QL (20 per 180 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	ACA; QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (<i>letermovir</i>)	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	4	QL (112 per 365 days; 30 per dispense)
PREZCOBIX ORAL TABLET 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	3	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir ethanolate</i>)	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir ethanolate</i>)	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	3	QL (20 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	2	
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	PA
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	3	PA

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	
SELZENTRY ORAL TABLET 25 MG, 75 MG (<i>maraviroc</i>)	2	
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	3	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	4	PA; LA
TEMIXYS ORAL TABLET 300-300 MG (<i>lamivudine/tenofovir disoproxil fumarate</i>)	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (<i>dolutegravir sodium</i>)	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (<i>ibalizumab-uiyk</i>)	2	PA
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL (30 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	4	PA; QL (84 per 365 days; 28 per dispense)

Drug Name	Drug Tier	Requirements / Limits
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	QL (120 per 23 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	2	QL (360 per 23 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	4	PA; LA
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	1	QL (60 per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	1	QL (180 per 180 days)
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG (<i>benznidazole</i>)	2	QL (720 per 365 days; 360 per dispense)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	4	PA; LA; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg</i>	1	
<i>chloroquine phosphate oral tablet 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	2	QL (24 per 23 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	2	QL (6 per 23 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine oral tablet 400 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	ST
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	PA; QL (84 per 23 days)
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (14 per 23 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (<i>tobramycin/nebulizer</i>)	4	PA; QL (280 per 30 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	QL (13 per 180 days)
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL (12 per 23 days)
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL (1 per 21 days)
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL (120 per 180 days)
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	QL (42 per 23 days)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	4	PA; LA
<i>tinidazole oral tablet 250 mg</i>	1	QL (40 per 23 days)
<i>tinidazole oral tablet 500 mg</i>	1	QL (20 per 23 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; QL (280 per 30 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; QL (224 per 30 days)
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	2	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg</i>	1	PA; QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; QL (80 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (<i>rasburicase</i>)	4	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG (<i>pali-fermin</i>)	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	4	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (<i>uridine triacetate</i>)	4	PA; QL (20 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	4	PA; QL (1 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; CSL; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; CSL; QL (60 per 30 days)
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (<i>crizanlizumab-tmca</i>)	4	PA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	4	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	4	PA; CSL; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (<i>copanlisib di-hcl</i>)	4	PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	4	PA; CSL; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	4	PA; CSL; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	4	PA; CSL; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	CSL; ACA
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	4	PA
<i>azacitidine injection recon soln 100 mg</i>	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	4	PA; CSL; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (<i>avelumab</i>)	4	PA; LA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	4	PA
BESPONSIA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>bexarotene oral capsule 75 mg</i>	1	PA; CSL
<i>bexarotene topical gel 1 %</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	CSL
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	4	
BLINCYTO INTRAVENOUS KIT 35 MCG (<i>blinatumomab</i>)	4	PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG (<i>bortezomib</i>)	4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML (<i>bortezomib</i>)	4	PA
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	4	PA; CSL; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	4	PA; CSL; QL (30 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i>	4	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	4	PA; CSL; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	4	PA; CSL; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG (<i>acalabrutinib</i>)	4	PA; CSL; LA; QL (60 per 30 days)
<i>capecitabine oral tablet 150 mg</i>	1	PA; CSL; QL (56 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	1	PA; CSL; QL (140 per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	4	PA; CSL; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	4	PA; CSL; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	4	
<i>carmustine intravenous recon soln 100 mg</i>	4	PA
CARVYKTI INTRAVENOUS SUSPENSION 0.5 X 10EXP6 TO 1 X 10EXP8 CELL (<i>ciltacabtagene autoleucel</i>)	4	PA
<i>cisplatin intravenous solution 1 mg/ml</i>	4	
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	
<i>clofarabine intravenous solution 1 mg/ml</i>	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) (<i>cabozantinib s-malate</i>)	4	PA; CSL; QL (56 per 30 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) (<i>cabozantinib s-malate</i>)	4	PA; CSL; QL (112 per 30 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	4	PA; CSL; QL (84 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	4	PA; CSL; LA; QL (63 per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CSL
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	4	PA
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	4	
<i>cytarabine injection solution 20 mg/ml</i>	4	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	4	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	4	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	4	PA; LA
<i>daunorubicin intravenous solution 5 mg/ml</i>	4	
<i>decitabine intravenous recon soln 50 mg</i>	4	PA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	4	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) <i>(leuprolide acetate)</i>	4	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML <i>(tagraxofusp-erzs)</i>	4	PA
EMCYT ORAL CAPSULE 140 MG <i>(estramustine phosphate sodium)</i>	4	CSL
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML <i>(satralizumab-mwge)</i>	2	PA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG <i>(tacrolimus)</i>	3	ST
<i>epirubicin intravenous recon soln 200 mg</i>	4	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML <i>(cetuximab)</i>	4	PA
ERIVEDGE ORAL CAPSULE 150 MG <i>(vismodegib)</i>	4	PA; CSL; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG <i>(apalutamide)</i>	4	PA; CSL; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; CSL; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; CSL; QL (60 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG <i>(etoposide phosphate)</i>	4	
<i>etoposide intravenous solution 20 mg/ml</i>	4	
<i>etoposide oral capsule 50 mg</i>	1	CSL
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; CSL; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; CSL; QL (30 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	CSL; ACA
<i>floxuridine injection recon soln 0.5 gram</i>	4	
<i>fludarabine intravenous recon soln 50 mg</i>	4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	4	
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	4	
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	4	
<i>flutamide oral capsule 125 mg</i>	1	CSL
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) <i>(pralatrexate)</i>	4	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	PA
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (<i>emapalumab-lzsg</i>)	2	PA
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	4	PA; CSL; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (<i>obinutuzumab</i>)	4	PA
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	4	
<i>gemcitabine intravenous recon soln 2 gram</i>	4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	4	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	4	PA; CSL; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	2	CSL
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin mesylate</i>)	4	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	PA; CSL
<i>hydroxyurea oral capsule 500 mg</i>	1	CSL
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; CSL; QL (21 per 30 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; CSL; QL (21 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA; CSL; QL (30 per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	4	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	4	PA; CSL; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	4	
<i>imatinib oral tablet 100 mg</i>	1	PA; CSL; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; CSL; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	4	PA; CSL; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	4	PA; CSL; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	4	PA; CSL; QL (324 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (<i>ibrutinib</i>)	4	PA; CSL; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (<i>durvalumab</i>)	4	PA; LA
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	4	PA; CSL; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	4	PA; CSL; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; CSL; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (<i>romidepsin</i>)	4	PA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (<i>ixabepilone</i>)	4	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; CSL; QL (60 per 30 days)
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-anns</i>)	4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	4	PA
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (<i>tebentafusp-tebn</i>)	4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	4	PA; CSL; QL (49 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	4	PA; CSL; QL (70 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG (<i>ribociclib succinate/letrozole</i>)	4	PA; CSL; QL (91 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) (<i>ribociclib succinate</i>)	4	PA; CSL; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) (<i>ribociclib succinate</i>)	4	PA; CSL; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	4	PA; CSL; QL (63 per 30 days)
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL (<i>tisagenlecleucel</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	4	PA
<i>lapatinib oral tablet 250 mg</i>	1	PA; CSL; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; CSL; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG (<i>lenvatinib mesylate</i>)	4	PA; CSL; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) (<i>lenvatinib mesylate</i>)	4	PA; CSL; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	4	PA; CSL; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	CSL
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	CSL
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (<i>cemiplimab-rwlc</i>)	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	4	PA; CSL
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	4	PA; CSL; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	4	PA; CSL; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (<i>leuprolide acetate</i>)	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	4	PA; CSL; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	CSL
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	4	CSL
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	CSL
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; CSL; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; CSL; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i>	4	
<i>melphalan oral tablet 2 mg</i>	1	CSL
<i>mercaptopurine oral tablet 50 mg</i>	1	CSL
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CSL
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	4	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	CSL
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	4	PA; LA
<i>nelarabine intravenous solution 250 mg/50 ml</i>	4	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	4	PA; CSL; LA
<i>nilutamide oral tablet 150 mg</i>	1	PA; CSL
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	4	PA; CSL; QL (3 per 30 days)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	4	PA; CSL; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG (<i>belatacept</i>)	2	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	PA
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	4	PA; CSL; LA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (<i>irinotecan liposomal</i>)	4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (<i>nivolumab</i>)	4	PA
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (<i>nivolumab-relatlimab-rmbw</i>)	4	PA
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	
<i>paraplatin intravenous solution 10 mg/ml</i>	4	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA; CSL; LA; QL (14 per 30 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	4	
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	4	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (<i>pertuzumab</i>)	4	PA
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (<i>porfimer sodium</i>)	4	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; CSL; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (<i>mogamulizumab-kpkc</i>)	4	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	2	
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	4	CSL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; CSL; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	4	PA
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	4	PA; CSL; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	4	PA; CSL; LA; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	4	PA; CSL; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	4	PA
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	4	PA; CSL; QL (224 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspertate</i>)	4	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (<i>basiliximab</i>)	2	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	4	PA
<i>sorafenib oral tablet 200 mg</i>	1	PA; CSL; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG (<i>dasatinib</i>)	4	PA; CSL; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	4	PA; CSL; QL (90 per 30 days)
SPRYCEL ORAL TABLET 70 MG (<i>dasatinib</i>)	4	PA; CSL; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	4	PA; CSL; QL (84 per 30 days)
<i>sunitinib oral capsule 12.5 mg</i>	1	PA; CSL; QL (90 per 30 days)
<i>sunitinib oral capsule 25 mg, 37.5 mg, 50 mg</i>	1	PA; CSL; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (<i>siltuximab</i>)	4	PA
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	3	CSL
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	4	PA; CSL
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; CSL; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	4	PA; CSL; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; CSL; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	CSL; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	4	PA; CSL; QL (112 per 30 days)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	4	PA; CSL; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	4	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	4	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; CSL
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	PA
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	4	
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4	PA; CSL; QL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	4	PA; CSL; QL (60 per 30 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	4	PA
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	4	PA; CSL
<i>toposar intravenous solution 20 mg/ml</i>	4	
<i>topotecan intravenous recon soln 4 mg</i>	4	PA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	PA
<i>toremifene oral tablet 60 mg</i>	1	CSL
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	4	PA
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG (<i>bendamustine hcl</i>)	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	CSL
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RE-CONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	4	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML (<i>dinutuximab</i>)	4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (<i>panitumumab</i>)	4	PA
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	4	PA; CSL; LA; QL (56 per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	4	PA; CSL; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	4	PA; CSL; LA; QL (28 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	4	PA; CSL; QL (42 per 30 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	4	PA; CSL; LA; QL (60 per 30 days)
VIJOICE ORAL TABLET 125 MG, 50 MG (<i>alpelisib</i>)	4	PA; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1) (<i>alpelisib</i>)	4	PA; QL (56 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>vinblastine intravenous solution 1 mg/ml</i>	4	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	4	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	4	
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	4	PA; CSL; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	4	PA; CSL; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	4	PA; CSL; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	4	PA; CSL; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA; CSL; QL (120 per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	4	PA; CSL; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (<i>daunorubicin/cytarabine liposomal</i>)	4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	4	PA; CSL; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA; LA; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA; CSL; LA; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	4	PA; CSL; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	4	PA; CSL; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	4	PA; CSL; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	4	PA
YESCARTA INTRAVENOUS SUSPENSION (<i>axicabtagene ciloleucel</i>)	4	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG (<i>trabectedin</i>)	4	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	4	PA; CSL; QL (120 per 30 days)
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (<i>streptozocin</i>)	4	
ZEJULA ORAL CAPSULE 100 MG (<i>niraparib tosylate</i>)	4	PA; CSL; LA; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	4	PA; CSL; QL (240 per 30 days)
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML (<i>kit for prep yttrium-90/ibritumomab tiuxetan/albumin human</i>)	4	

Drug Name	Drug Tier	Requirements / Limits
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-bvzr</i>)	4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	4	PA
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	4	PA; CSL; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; CSL; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	4	PA; CSL; QL (90 per 30 days)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	4	PA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	2	PA; QL (2 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	1	PA; LA
<i>vigadrone oral powder in packet 500 mg</i>	1	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	1	PA; QL (30 per 23 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	4	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	2	PA; QL (150 per 23 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	3	PA; QL (1 per 23 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	QL (12 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	QL (6 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (6 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	3	PA; QL (3 per 23 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (9 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	2	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (1 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	ST; QL (9 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (20 per 28 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL (6 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	2	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (<i>edaravone</i>)	4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (<i>inotersen sodium</i>)	4	PA; LA
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; QL (120 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; QL (60 per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	4	PA; LA; QL (15 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	4	PA; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK 0.23-0.46-0.92 MG (<i>ozanimod hydrochloride</i>)	4	PA; QL (37 per 30 days)
ZEPOSIA STARTER PACK ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	4	PA; QL (7 per 30 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	ST
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	
<i>diskets oral tablet, soluble 40 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (90 per 23 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	QL (15 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	1	QL (15 per 23 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	QL (90 per 23 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 per 23 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL (60 per 23 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>levorphanol tartrate oral tablet 3 mg</i>	1	
<i>meperidine oral tablet 50 mg</i>	1	
<i>methadone oral concentrate 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	
<i>methadone oral tablet,soluble 40 mg</i>	1	
<i>methadose oral concentrate 10 mg/ml</i>	1	
<i>methadose oral tablet,soluble 40 mg</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 per 23 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (90 per 23 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 per 23 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90 per 23 days)
<i>prolata oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (<i>buprenorphine</i>)	4	
<i>tencon oral tablet 50-325 mg</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin oral tablet 325 mg</i>	\$0	ACA; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	\$0	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	ACA; OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	\$0	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	\$0	ACA; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	\$0	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	\$0	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	ST
<i>children's aspirin oral tablet, chewable 81 mg</i>	\$0	ACA; OTC
<i>diclofenac potassium oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (150 per 21 days)
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL (500 per 21 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	ST; QL (112 per 21 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	\$0	ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	\$0	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet 600 mg</i>	1	ST
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	ST
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (naloxone hcl)	2	QL (2 per 30 days)
<i>lofena oral tablet 25 mg</i>	1	ST
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	QL (224 per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	QL (2 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	ST
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (naloxone hcl)	2	QL (2 per 30 days)
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	\$0	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 per 30 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	4	PA
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (naltrexone microspheres)	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine hcl/naloxone hcl)	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (aripiprazole)	2	

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (aripiprazole)	2	
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1	QL (60 per 30 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	ST; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL (60 per 30 days)
bupropion hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL (30 per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	1	QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	3	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	PA
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	3	QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (<i>iloperidone</i>)	3	QL (8 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (<i>levomilnacipran hcl</i>)	3	ST; QL (28 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	PA; QL (4 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	ST
<i>fluoxetine oral tablet 60 mg</i>	1	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	ST; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	3	QL (60 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral capsule 300 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	ST
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg</i>	1	ST; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	ST; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	PA
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	1	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	ST; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	ST; QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (<i>risperidone microspheres</i>)	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	3	QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (45 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	ST; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL (30 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	PA; QL (30 per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	4	PA; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL (30 per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL (30 per 30 days)
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (<i>brexanolone</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 per 21 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 per 30 days)
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	2	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>metirosine oral capsule 250 mg</i>	1	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	4	PA
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	4	PA; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) (selexipag)	4	PA; LA; QL (200 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	4	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant,full length</i>)	4	PA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length, peg</i>)	4	PA
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii recomb,single-chn,b-dom truncated</i>)	4	PA
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (<i>antihemophilic factor, human/von willebrand factor,human</i>)	4	PA
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>factor ix recombinant, fc fusion protein</i>)	4	PA
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	4	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human re-combinant</i>)	4	PA
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	2	
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	4	PA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	4	PA
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (<i>factor xiii</i>)	4	PA
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	PA
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; LA; QL (15 per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (<i>antihemophilic factor (fviii) recombinant, fc fusion protein</i>)	4	PA
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-dom truncated peg-exei</i>)	4	PA
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (<i>anti-inhibitor coagulant complex</i>)	4	PA
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	4	PA
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (<i>antihemophilic factor, human</i>)	4	PA
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (<i>antihemophilic factor, human</i>)	4	PA
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (<i>antihemophilic factor, human</i>)	4	PA
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (<i>antihemophilic factor, human</i>)	4	PA
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	1	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von willebrand factor, human)	4	PA
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor ix human recombinant, threonine 148)	4	PA
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-domain deleted peg-aucl)	4	PA
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	4	PA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	4	PA

Drug Name	Drug Tier	Requirements / Limits
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii recombinant, b-domain truncated</i>)	4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	4	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii, recombinant porcine sequence</i>)	4	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor</i>)	4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; LA
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (<i>fibrinogen</i>)	4	PA
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (<i>coagulation factor viia recombinant-jncw</i>)	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; LA; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	4	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	4	PA
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	4	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	2	PA
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	2	PA

Drug Name	Drug Tier	Requirements / Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (30 per 30 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	ACA; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	ACA; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA; QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (lomitapide mesylate)	4	PA; LA
<i>lovastatin oral tablet 10 mg</i>	1	ACA; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	ACA; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
• CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA; QL (30 per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL (30 per 30 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL (30 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (<i>icosapent ethyl</i>)	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	4	PA; QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril/valsartan</i>)	2	QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	2	QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine</i>)	4	PA
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	QL (120 per 23 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 per 23 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 per 23 days)
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	ST; QL (60 per 23 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL (60 per 23 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risanki- zumab-rzaa</i>)	4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (<i>risankizumab-rzaa</i>)	4	PA; QL (1 per 63 days)
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (<i>spesolim- ab-sbzo</i>)	4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	4	PA; QL (1 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	4	PA; QL (1 per 63 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	1	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; QL (1 per 21 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; QL (1 per 21 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJEC- TOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (<i>ixekizumab</i>)	4	PA; QL (1 per 21 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>gusel- kumab</i>)	4	PA; QL (1 per 42 days)

Drug Name	Drug Tier	Requirements / Limits
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; QL (4 per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; QL (30 per 23 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL (100 per 21 days)
<i>doxepin topical cream 5 %</i>	1	ST; QL (90 per 23 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	4	PA; QL (2 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	4	PA; QL (2 per 21 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL (120 per 23 days)
<i>podofilox topical solution 0.5 %</i>	1	
<i>prudoxin topical cream 5 %</i>	1	ST; QL (90 per 23 days)
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	2	QL (15 per 30 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL (120 per 23 days)
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	4	PA
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
<i>avita topical cream 0.025 %</i>	1	PA
<i>azelaic acid topical gel 15 %</i>	1	
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	1	QL (100 per 23 days)
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL (150 per 23 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 per 23 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2- 2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	1	QL (60 per 23 days)
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neucac topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	ST
<i>tazarotene topical cream 0.1 %</i>	1	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANESTHETICS		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60 per 23 days)
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL (60 per 23 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL (60 per 23 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	QL (50 per 21 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 per 23 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocort topical cream 3-0.5 %</i>	1	
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (<i>lidocaine</i>)	2	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (60 per 30 days)
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL (30 per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 per 30 days)
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	1	QL (90 per 21 days)
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 per 21 days)
<i>ciclopirox topical gel 0.77 %</i>	1	QL (100 per 21 days)
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 per 21 days)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 per 21 days)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (90 per 21 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 per 21 days)
<i>econazole topical cream 1 %</i>	1	QL (85 per 21 days)
<i>ketoconazole topical cream 2 %</i>	1	QL (60 per 21 days)
<i>ketoconazole topical foam 2 %</i>	1	QL (100 per 21 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 per 21 days)
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL (100 per 21 days)
<i>naftifine topical cream 1 %</i>	1	QL (90 per 21 days)
<i>naftifine topical cream 2 %</i>	1	QL (60 per 21 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (60 per 21 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (60 per 21 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 per 21 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60 per 21 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	QL (180 per 30 days)
<i>oxiconazole topical cream 1 %</i>	1	QL (90 per 21 days)
<i>tavaborole topical solution with applicator 5 %</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	PA; QL (5 per 30 days)
<i>acyclovir topical ointment 5 %</i>	1	PA; QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	1	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>beseer topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100 per 23 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL (100 per 23 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL (118 per 23 days)
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL (236 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL (125 per 23 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL (100 per 23 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL (236 per 23 days)
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
<i>desrx topical gel 0.05 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL (120 per 23 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 per 23 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (120 per 23 days)
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 per 23 days)
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL (118 per 23 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL (120 per 23 days)
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL (120 per 23 days)
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>nolix topical lotion 0.05 %</i>	1	ST; QL (120 per 23 days)
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>scalacort topical lotion 2 %</i>	1	
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL (100 per 23 days)
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL (126 per 23 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin topical ointment 0.05 %</i>	1	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	2	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75-6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (<i>alpha-1-proteinase inhibitor</i>)	4	PA; LA
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	4	PA; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	2	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	1	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	4	PA
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG (<i>deferiprone</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	4	PA
FERRIPROX ORAL TABLET 1,000 MG (<i>deferiprone</i>)	4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (<i>alpha-1-proteinase inhibitor</i>)	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	4	PA; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (<i>alpha-1-proteinase inhibitor</i>)	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (<i>alpha-1-proteinase inhibitor</i>)	4	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (<i>glycerol phenylbutyrate</i>)	4	PA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegademase-lvlr</i>)	4	PA; LA
<i>riluzole oral tablet 50 mg</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	4	PA
<i>tiopronin oral tablet 100 mg</i>	1	PA
<i>trientine oral capsule 250 mg</i>	1	PA
<i>water for irrigation, sterile irrigation solution</i>	1	

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
• CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
XENPOZYME INTRAVENOUS RECON SOLN 20 MG (<i>olipudase alfa-rpcp</i>)	4	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (<i>alpha-1-proteinase inhibitor</i>)	4	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (<i>nicotine</i>)	\$0	ACA; OTC
NICORETTE BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	\$0	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	ACA; OTC
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	\$0	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	ACA
<i>quit 2 buccal gum 2 mg</i>	\$0	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	\$0	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	\$0	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	\$0	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	\$0	ACA; OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	\$0	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL (31 per 30 days)
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	ST
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	ST
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
<i>FREESTYLE INSULINX STRIP (blood sugar diagnostic)</i>	2	OTC
<i>FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)</i>	2	OTC
<i>FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)</i>	2	OTC
<i>FREESTYLE TEST STRIP (blood sugar diagnostic)</i>	2	OTC
<i>PRECISION XTRA TEST STRIP (blood sugar diagnostic)</i>	2	OTC

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	2	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	2	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	2	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	2	
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	2	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (<i>glucagon</i>)	2	
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	2	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	2	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	2	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	2	QL (2 per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	1	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	2	QL (2 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (<i>glucagon</i>)	2	QL (2 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	2	QL (2 per 30 days)
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (<i>insulin admin. supplies</i>)	2	OTC
AUTOSOFT 30 INFUSION SET (<i>infusion set for insulin pump</i>)	2	
AUTOSOFT 90 INFUSION SET (<i>infusion set for insulin pump</i>)	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (<i>needles, disposable</i>)	2	
BD MICROTAINER LANCET 30 GAUGE (<i>lancets</i>)	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (<i>needles, disposable</i>)	2	
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	2	OTC
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	2	
FREESTYLE CONTROL SOLUTION (<i>blood glucose calibration control high and low</i>)	2	OTC
FREESTYLE FLASH SYSTEM KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE FREEDOM KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	2	PA; QL (2 per 21 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	2	PA
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	2	PA; QL (2 per 21 days)
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	2	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE SIDEKICK II KIT (<i>blood-glucose meter</i>)	2	OTC
FREESTYLE SYSTEM KIT KIT (<i>blood-glucose meter</i>)	2	OTC
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK (<i>blood-glucose calib. control</i>)	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK (<i>blood-glucose calib. control</i>)	2	OTC
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED QUICK SET 43" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED SILHOUETTE 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
MINIMED SURE T 32" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, subcut automated dosing, bluetooth</i>)	2	QL (15 per 21 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, radio freq</i>)	2	QL (15 per 21 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge, continuous subcut infusion, bluetooth</i>)	2	QL (15 per 21 days)
PRECISION XTRA KETONE-GLUCOSE KIT (<i>blood ketone and glucose monitor</i>)	2	OTC
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	2	OTC
SAFE-CLIP NEEDLE STORAGE DEV DEVICE (<i>needle clipping and storage device</i>)	2	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge</i>)	2	
TRUSTEEL INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	
VARISOFT INFUSION SET 23" INFUSION SET (<i>infusion set for insulin pump</i>)	2	

Drug Name	Drug Tier	Requirements / Limits
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit, disposable</i>)	2	
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	2	
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine, human recombinant analog</i>)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine, human recombinant analog</i>)	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	4	PA
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	4	PA
<i>cabergoline oral tablet 0.5 mg</i>	1	QL (8 per 21 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (<i>imiglucerase</i>)	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (<i>burosumab-twza</i>)	4	PA; QL (14 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (<i>burosumab-twza</i>)	4	PA; QL (8 per 21 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (<i>burosumab-twza</i>)	4	PA; QL (12 per 21 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (<i>idursulfase</i>)	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (<i>agalsidase beta</i>)	4	PA
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	1	PA
<i>javygtor oral tablet,soluble 100 mg</i>	1	PA
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (<i>sebelipase alfa</i>)	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (<i>alglucosidase alfa</i>)	4	PA
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (<i>vestronidase alfa-vjvk</i>)	4	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	1	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (<i>galsulfase</i>)	4	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (<i>parathyroid hormone</i>)	4	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML (<i>pegvaliase-pqpz</i>)	4	PA; LA; QL (30 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (<i>pegvaliase-pqpz</i>)	4	PA; LA; QL (8 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	4	

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
• CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	ST
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	4	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (75 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (30 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (60 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/ actuation (1.5 ml)</i>	1	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	1	PA; LA; QL (30 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA; LA; QL (60 per 30 days)
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (<i>elosulfase alfa</i>)	4	PA
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide microspheres</i>)	2	PA; QL (4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (<i>exenatide</i>)	2	PA; QL (3 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	2	PA; QL (2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	ST; QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	2	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	2	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	ST; QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	ST; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	ST; QL (30 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	2	PA; QL (2 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	3	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) (<i>semaglutide</i>)	2	PA; QL (1 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	2	PA; QL (3 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL (150 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	3	PA; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	2	ST; QL (60 per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	2	ST; QL (30 per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	2	ST; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	2	PA; QL (21.6 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	2	PA; QL (9 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	2	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	2	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	2	ST; QL (60 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	2	PA; QL (2 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	2	ST; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	2	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS AGENTS		
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	QL (90 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	2	QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	QL (90 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	QL (270 per 30 days)
<i>sevelamer hcl oral tablet 400 mg</i>	1	QL (450 per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	1	QL (270 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosepron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (3 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	1	PA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG (<i>cholic acid</i>)	4	PA
CHOLBAM ORAL CAPSULE 50 MG (<i>cholic acid</i>)	4	PA; QL (120 per 30 days)
<i>citrate of magnesia oral solution</i>	\$0	ACA; OTC
<i>citroma oral solution</i>	\$0	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase</i>)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	1	QL (720 per 365 days; 120 per dispense)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (<i>vedolizumab</i>)	4	PA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (6 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	4	PA
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lactulose oral solution 20 gram/30 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>laxative peg 3350 oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
<i>magnesium citrate oral solution</i>	\$0	ACA; OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	\$0	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	\$0	ACA; OTC
MOVANTI^K ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	2	QL (30 per 30 days)
<i>natura-lax oral powder 17 gram/dose</i>	\$0	ACA; OTC
OICALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	4	PA; LA; QL (30 per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (100 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	\$0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase)	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (mesalamine)	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	\$0	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	\$0	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	2	
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	2	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	2	ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	2	ST
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (risankizumab-rzaa)	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)	4	PA; QL (1 per 42 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	4	PA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG (plecanatide)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	2	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG (rolapitant hcl)	2	QL (2 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	2	

Drug Name	Drug Tier	Requirements / Limits
women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg	\$0	ACA; OTC
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT (lipase/protease/amylase)	2	
ULCER THERAPY		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	QL (112 per 30 days)
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
dexlansoprazole oral capsule, biphase delayed releas 60 mg	1	ST
esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg	1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	ST; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	ST
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet, disintegrat, delay rel 15 mg	1	ST; QL (30 per 30 days)
lansoprazole oral tablet, disintegrat, delay rel 30 mg	1	ST
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg	1	QL (30 per 30 days)
omeprazole oral capsule, delayed release(dr/ec) 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	ST; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	ST
pantoprazole oral granules dr for susp in packet 40 mg	1	ST
pantoprazole oral tablet, delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet, delayed release (dr/ec) 40 mg	1	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	1	
sucralfate oral suspension 100 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral tablet 1 gram</i>	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule 200 mg</i>	1	PA
<i>ribavirin oral tablet 200 mg</i>	1	PA
BIOTECHNOLOGY DRUGS		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>peg-filgrastim-jmdb</i>)	4	PA; QL (2 per 23 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab/pf</i>)	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	4	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (<i>plerixafor</i>)	4	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	4	PA; QL (2 per 23 days)
ZYNTEGLO INTRAVENOUS SUSPENSION 2 X TO 20 X 10EXP6 CELL/ML (<i>betibeglogene autotemcel</i>)	4	PA
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (<i>somatropin</i>)	4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (<i>somatropin</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	QL (4 per 21 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	4	QL (2 per 21 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	3	PA; QL (30 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	2	PA; QL (4 per 21 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	2	PA; QL (4 per 21 days)
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG (<i>monomethyl fumarate</i>)	4	PA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; QL (14 per 23 days)
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	1	PA; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 23 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	4	PA; QL (1 per 21 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	3	PA; QL (3 per 274 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (40 per 720 days; 10 per dispense); LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (16 per 720 days; 4 per dispense); LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (20 per 720 days; 5 per dispense); LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (24 per 720 days; 6 per dispense); LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (28 per 720 days; 7 per dispense); LA

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (32 per 720 days; 8 per dispense); LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	3	PA; QL (36 per 720 days; 9 per dispense); LA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	4	PA; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	4	PA; QL (7 per 30 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	4	PA; QL (12 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (<i>ocrelizumab</i>)	4	PA; QL (20 per 135 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 per 21 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	4	PA; QL (1 per 365 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	4	PA; QL (14 per 365 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	4	PA; QL (30 per 23 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	2	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	2	PA; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	2	PA; QL (4.2 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	2	PA; QL (4.2 per 21 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	4	PA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	\$0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	\$0	ACA
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf</i>)	\$0	ACA
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>)	\$0	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	\$0	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (<i>anthrax vaccine</i>)	\$0	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	\$0	ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	4	PA
COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid-19 vac mrna,tris(pfizer)/pf</i>)	\$0	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	ACA
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (<i>dengue tetravalent vaccine, live, vero cell/pf</i>)	\$0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	ACA
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf</i>)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	\$0	ACA
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf</i>)	\$0	ACA
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quad 2022-2023(6 month and older)cell derived/pf</i>)	\$0	ACA
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i>)	\$0	ACA
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	\$0	ACA
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i>)	\$0	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (<i>influenza virus vaccine quadrival split 2022-23(65 yr up)/pf</i>)	\$0	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	\$0	ACA
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf</i>)	\$0	ACA
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i>)	\$0	ACA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	4	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	4	
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>)	4	PA

Drug Name	Drug Tier	Requirements / Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	4	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	4	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (<i>rabies immune globulin/pf</i>)	4	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin/pf</i>)	4	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid cell/pf</i>)	\$0	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	\$0	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>polio-myelitis vaccine, killed</i>)	\$0	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (<i>japanese encephalitis vaccine/pf</i>)	\$0	ACA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>covid-19 vac, ad26.cov2.s (janssen)/pf</i>)	\$0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	ACA
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML (<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>)	\$0	ACA
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i>)	\$0	ACA
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (<i>covid-19 vaccine, mrna, lnp-s, pediatric (moderna)/pf</i>)	\$0	ACA
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf</i>)	\$0	ACA
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf</i>)	\$0	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</i>)	\$0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	\$0	ACA
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>)	\$0	ACA
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML (<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>)	\$0	ACA
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML (<i>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</i>)	\$0	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (<i>covid-19 vac mrna,tris(pfizer)/pf</i>)	\$0	ACA
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML, 3 MCG/0.2 ML (<i>covid-19 vac mrna,tris(pfizer)/pf</i>)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML (<i>co-vid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf</i>)	\$0	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b virus vaccine recombinant, isoform s,m,l/pf</i>)	\$0	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	ACA
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML (<i>sipuleucel-t/lactated ringers solution</i>)	4	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	\$0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	\$0	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i>)	\$0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (<i>covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf</i>)	\$0	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	\$0	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids, adult</i>)	\$0	ACA
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML (<i>tetanus,diphtheria toxoid ped/pf</i>)	\$0	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML (<i>tick-borne encephalitis vaccine</i>)	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	\$0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	\$0	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	\$0	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (<i>typhoid vaccine vi capsular polysaccharide</i>)	\$0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	\$0	ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin, gamma (igg)-klhw human</i>)	4	PA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live/pf</i>)	\$0	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	1	
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	4	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (4 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 21 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	4	PA
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL (4 per 21 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	4	PA; QL (1 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	4	PA; QL (4 per 21 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	4	PA; QL (4 per 21 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (<i>belimumab</i>)	4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; QL (4 per 21 days)

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
• CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; QL (4 per 21 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; QL (4 per 21 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	4	PA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	4	PA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	4	PA; QL (8 per 21 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; QL (4 per 21 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	4	PA; QL (4 per 21 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (6 per 365 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (4 per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (2 per 21 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (2 per 21 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	4	PA; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	4	PA; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	4	PA; QL (2 per 21 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	4	PA; QL (2 per 21 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	4	PA; QL (2 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	4	PA; QL (2 per 21 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 per 30 days)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	4	PA; QL (60 per 23 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	4	PA; QL (55 per 274 days)
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	4	PA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (<i>upadacitinib</i>)	4	PA; QL (56 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	2	ST; QL (55 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; QL (1 per 23 days)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; QL (30 per 30 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	ACA
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM (<i>cervical cap</i>)	\$0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	ACA

PA - Prior Authorization • QL - Quantity Limit • ST - Step Therapy • OTC – Over the counter • ACA - No cost-share preventive medications
• CSL - Oral cancer medications subject to cost-share limits • LA – Limited Access

Drug Name	Drug Tier	Requirements / Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	ACA
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	\$0	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	\$0	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	ACA
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	\$0	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	1	QL (30 per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 per 21 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heather oral tablet 0.35 mg</i>	\$0	ACA
<i>hydroxyprogesterone (pf)(preg preserv) intramuscular oil 250 mg/ml (1 ml)</i>	4	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	4	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	
<i>incassia oral tablet 0.35 mg</i>	\$0	ACA
<i>jencycla oral tablet 0.35 mg</i>	\$0	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	\$0	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 21 days)
<i>lyza oral tablet 0.35 mg</i>	\$0	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	ACA
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	ACA
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	\$0	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	\$0	ACA
<i>tulana oral tablet 0.35 mg</i>	\$0	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (se-gesterone acetate/ethinyl estradiol)</i>	\$0	ACA
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	ACA
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>mifepristone oral tablet 200 mg</i>	\$0	ACA
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix/estradiol/norethindrone acetate</i>)	2	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	\$0	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (<i>etonogestrel/ethinyl estradiol</i>)	\$0	ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	2	PA
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic acid/citric acid/potassium bitartrate</i>)	\$0	ACA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	\$0	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	2	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (<i>levonorgestrel/ethinyl estradiol</i>)	\$0	ACA
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	\$0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>after pill oral tablet 1.5 mg</i>	\$0	ACA; OTC
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	ACA; OTC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>apri oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)	\$0	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	\$0	ACA
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	\$0	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	\$0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	\$0	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0	ACA
<i>econtra ez oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>econtra one-step oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
<i>ELLA ORAL TABLET 30 MG (ulipristal acetate)</i>	\$0	ACA
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)</i>	\$0	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	\$0	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	\$0	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	\$0	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acetate-ethinyl estradiol)	\$0	ACA
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acetate-ethinyl estradiol)	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	\$0	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	ACA
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i>)	\$0	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
<i>my choice oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>my way oral tablet 1.5 mg</i>	\$0	ACA; OTC
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerate/dienogest</i>)	\$0	ACA
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>new day oral tablet 1.5 mg</i>	\$0	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (<i>drospirenone/estetrol</i>)	\$0	ACA
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
<i>ocella oral tablet 3-0.03 mg</i>	\$0	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>option-2 oral tablet 1.5 mg</i>	\$0	ACA; OTC
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	\$0	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	ACA; OTC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>)	\$0	ACA
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	ACA
SLYND ORAL TABLET 4 MG (28) (<i>drospirenone</i>)	\$0	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>syeda oral tablet 3-0.03 mg</i>	\$0	ACA
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	ACA; OTC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	\$0	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	ACA
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (<i>levonorgestrel/ethinyl estradiol</i>)	\$0	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	\$0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>velivet triphasic regimen (28) oral tablet 0.1/125/15-25 mg-mcg</i>	\$0	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0	ACA
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	\$0	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	ACA
YAZ (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	ACA
<i>zarah oral tablet 3-0.03 mg</i>	\$0	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	\$0	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0	ACA
OXYTOCICS		
<i>methergine oral tablet 0.2 mg</i>	1	ST; QL (240 per 30 days)
<i>methylergonovine oral tablet 0.2 mg</i>	1	ST; QL (240 per 30 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit-1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	4	PA
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	1	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) (<i>voretigene neparvovec-rzyl</i>)	4	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (<i>cenegermin-bkbj</i>)	4	PA
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	2	PA; QL (6 per 30 days)
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	PA
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	PA
<i>miostat intraocular solution 0.01 %</i>	1	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	PA
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (dexamethasone)	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	2	ST; QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	2	ST; QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaitussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; LA; QL (90 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; LA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	2	QL (1 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL (120 per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	ST; QL (23 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (<i>glycopyrrolate/formoterol fumarate</i>)	2	QL (11 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	2	PA; QL (1 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) <i>(cl esterase inhibitor)</i>	4	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ ACTUATION <i>(ipratropium bromide/albuterol sulfate)</i>	2	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/AC- TUATION <i>(mometasone furoate/formoterol fumarate)</i>	2	PA; QL (1 per 30 days)
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ ML <i>(benralizumab)</i>	4	PA; QL (1 per 42 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML <i>(benrali- zumab)</i>	4	PA; QL (1 per 42 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	ST; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUA- TION	2	PA; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100- 50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL (1 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL (120 per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION <i>(umeclidinium bromide)</i>	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (540 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG <i>(ivacaftor)</i>	4	PA; QL (56 per 30 days)
KALYDECO ORAL TABLET 150 MG <i>(ivacaftor)</i>	4	PA; QL (56 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	ST; QL (17 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	4	PA; LA; QL (1 per 21 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (<i>mepolizumab</i>)	4	PA; LA; QL (1 per 21 days)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	4	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; LA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	4	PA; QL (56 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	4	PA; QL (112 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	4	PA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	2	QL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	2	QL (22 per 30 days)
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>cl esterase inhibitor, recombinant</i>)	4	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	4	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; QL (112 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/ INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	2	QL (30 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	2	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide/formoterol fumarate</i>)	2	PA; QL (1 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	4	PA; QL (56 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	4	PA; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	4	PA; LA; QL (120 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	2	QL (1 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>elexacaftor/tezacaftor/ivacaftor</i>)	4	PA; QL (84 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	4	PA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	4	PA; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML (<i>omalizumab</i>)	4	PA; LA; QL (4 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (<i>omalizumab</i>)	4	PA; LA; QL (2 per 21 days)
<i>zafirlukast</i> oral tablet 10 mg, 20 mg	1	
<i>zileuton</i> oral tablet, er multiphase 12 hr 600 mg	1	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i> oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
<i>fesoterodine</i> oral tablet extended release 24 hr 4 mg, 8 mg	1	
<i>flavoxate</i> oral tablet 100 mg	1	
<i>oxybutynin chloride</i> oral syrup 5 mg/5 ml	1	
<i>oxybutynin chloride</i> oral tablet 5 mg	1	
<i>oxybutynin chloride</i> oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
<i>solifenacin</i> oral tablet 10 mg, 5 mg	1	
<i>tolterodine</i> oral capsule,extended release 24hr 2 mg, 4 mg	1	
<i>tolterodine</i> oral tablet 1 mg, 2 mg	1	
<i>tropium</i> oral capsule,extended release 24hr 60 mg	1	
<i>tropium</i> oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i> oral tablet extended release 24 hr 10 mg	1	
<i>dutasteride</i> oral capsule 0.5 mg	1	ST
<i>dutasteride-tamsulosin</i> oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	ST
<i>finasteride</i> oral tablet 5 mg	1	
<i>silodosin</i> oral capsule 4 mg, 8 mg	1	
<i>tamsulosin</i> oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i> oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	4	LA
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	2	
<i>hyphen</i> oral tablet 81.6-0.12-10.8 mg	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	2	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL (360 per 30 days)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	\$0	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	\$0	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	\$0	ACA; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	\$0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>kobee oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>kpn oral tablet</i>	\$0	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	\$0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg</i>	\$0	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	\$0	ACA; OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	\$0	ACA; OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	\$0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	\$0	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	\$0	ACA; OTC
<i>rena-vite oral tablet 0.8 mg</i>	\$0	ACA; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	\$0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	\$0	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>super quints oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	\$0	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	\$0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	\$0	ACA; OTC

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Express Scripts reserves the right to make changes to the Drug List without notice. Your plan may cover additional medications. Express Scripts does not take responsibility for any medication decisions made by the doctor or pharmacist.

1. Prices shown are not guaranteed and coverage is subject to your plan terms and conditions.
2. U.S. Food and Drug Administration (FDA) website, "Generic Drug Facts." Last updated 06/01/18.
3. Plan coverage details may vary if you do not reside in CA. Please contact us at 855-672-2789

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