AmeriHealth Caritas Next
North Carolina Formulary

Effective October 30, 2023

www.amerihealthcaritasnext.com/nc

This document applies to AmeriHealth Caritas Next individual and family health plans both on and off the Exchange.

AmeriHealth Caritas℠ Next

A product of AmeriHealth Caritas North Carolina, Inc.

NCEX_232899700

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Prescription Drug Benefits

AmeriHealth Caritas Next strives to provide you with high-quality and cost-effective drug coverage.

We use PerformRx℠ to help manage your prescription drug benefit, including specialty medications. You will need to get your prescription medications filled from a network pharmacy to obtain coverage. Prescriptions can be filled at either a retail network pharmacy or through our mail-order network pharmacy. You will need to show your AmeriHealth Caritas Next member ID card when you fill or obtain your prescription medications.

The prescription drug benefits do not cover all drugs and prescriptions. Some drugs must meet certain medical necessity guidelines before we can cover them. Your provider must ask us for prior authorization before we will cover these drugs.

Formulary

The list of prescription drugs covered under this plan is called a formulary. The formulary applies only to drugs you get at retail, mail-order, and specialty pharmacies. Along with the covered drugs, the formulary also allows you to review any limitations or restrictions such as prior authorization, step therapy, quantity limits, and age limits. The formulary does not apply to drugs you get if you are in the hospital. For our latest pharmacy benefit and formulary information please visit **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx** or call us at **1-833-613-2262**.

The formulary is a closed formulary (i.e., products not listed are treated as nonformulary); however, drugs not on the formulary can still be requested, and our pharmacy benefits manager's coverage determination and prior authorization process may allow for nonformulary exceptions.

The formulary covers both brand (preferred and nonpreferred) and generic drugs and will determine what your out-of-pocket costs will be under our plan based on the drug tier. Please refer to your Summary of Benefits and Coverage for more information on copays and deductibles.

Covered prescription drugs and supplies

The prescription drug benefits cover many different therapeutic classes of drugs, which you can find at **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx.** You can use the searchable drug list to search by the first letter of your medication, by typing part of the generic (chemical) or brand (trade) names, or by selecting the therapeutic class of the medication you are looking for.

Your prescription drug benefits cover prescription insulin drugs and will include at least one formulation of each of the following types of prescription insulin drugs on the lowest tier of the drug formulary developed and maintained by your health benefit plan.

- Rapid-acting
- Short-acting
- Intermediate-acting
- Long-acting

In addition to the covered prescription drugs and supplies listed in the Formulary, we may cover:

- Oral and injectable drug therapies used in the treatment of covered infertility services only when you have been approved for covered infertility treatment.

- Compounded medications: If at least one active ingredient requires a prescription by law and is approved by the U.S. Food and Drug Administration (FDA). Compounding kits that are not FDA approved and include prescription ingredients that are readily available may not be covered. To confirm whether the specific medication or kit is covered under this plan, please call the Member Services team. Some compounded medications may be subject to prior authorization.

- We will also cover certain off-label uses of cancer drugs in accordance with state law. To qualify for off-label use, the drug must be recognized for the specific treatment for which the drug is being prescribed by one of the following compendia: (1) National Comprehensive Cancer Network (NCCN) Drugs & Biologics Compendium; (2) The Thompson Micromedex DrugDex; (3) American Hospital Formulary Service; (4) Lexi-Drugs; or (5) any other authoritative compendia as recognized periodically by the United States Secretary of Health and Human Services.

Included in the Formulary are:

- Hormone replacement therapy (HRT) for perimenopausal and postmenopausal individuals
- Hypodermic syringes or needles when Medically Necessary

Narrow Therapeutic Index (NTI) Drugs

AmeriHealth Caritas Next will cover certain Narrow Therapeutic Index (NTI) brand medications. The medication may first require a prior authorization to be covered.

The brand formulations of the following NTI medications are eligible for coverage:

- Carbamazepine
- Cyclosporine
- Digoxin
- Ethosuximide
- Levothyroxine sodium tablets
- Lithium
- Phenytoin
- Procainamide
- Tacrolimus
- Theophylline
- Warfarin sodium tablets

Preventive medications

Under the Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA), some preventive medications may be covered at no cost (copay, coinsurance, or deductible) for AmeriHealth Caritas Next members.

These include certain medications as follows:

- Bowel Preparations – for members from ages 45 to 75 years
- Oral Fluoride Supplementation – for members from ages 6 months to 5 years
- Moderate-intensity Statins – for member from ages 40 to 75 years
- Folic acid 400 to 800 mcg for members of childbearing age
- Aspirin 81mg to prevent or delay the onset of preeclampsia
- Tobacco Cessation
    - Nicotine gum
    - Nicotine lozenge
    - Nicotine patch
    - Bupropion HCL (smoking deterrent) tab ER 12hr 150 mg
    - Varenicline tartrate
- HIV Pre-exposure prophylaxis (PrEP):
    - Descovy (emtricitabine/tenofovir alafenamide), oral tablet 200mg-25mg
    - Emtricitabine-tenofovir DF, oral tablet 200mg-300 mg
- Breast Cancer primary prevention:
    - Anastrozole, oral tablet 1mg
    - Exemestane, oral tablet 25mg
    - Letrozole, oral tablet 2.5mg
    - Raloxifene HCL, oral tablet 60 mg
    - Tamoxifen citrate, oral tablet 10 mg and 20 mg
- Vaccines recommended by Advisory Committee on Immunization Practices (ACIP)
- Contraception: required by the Women's Prevention Services provision of the ACA, contraceptives are covered at 100% for generic products when prescribed by a participating network provider.
    - Contraceptive categories include*:
        - Oral contraceptives
        - Injectable contraceptives
        - Barrier methods (by prescription [Rx])
        - Intrauterine devices, subdermal rods, and vaginal rings (Rx)
        - Transdermal patches (Rx)
        - Emergency contraception (Rx or over-the-counter [OTC])
        - Condoms (OTC)
        - Female condoms (OTC)
        - Vaginal pH modulators (Rx)
        - Vaginal sponges (OTC)
        - spermicides (OTC)

*Please see the formulary for the most up-to-date list of products.

Note: A prescription is required for all listed medications, including over-the-counter (OTC) medications.

Exclusions

What is not covered:

- Any drug products used exclusively for cosmetic purposes
- Experimental drugs, which are those that cannot be marketed lawfully without the approval of the FDA and for which such approval has not been granted at the time of their use or proposed use, or for which such approval has been withdrawn
- Prescription drugs that are not approved by the FDA
- Drugs on the FDA Drug Efficacy Study Implementation (DESI) list
- Immunization agents or vaccines not listed on the formulary. Some immunizations may be covered under the medical benefit.
- Medical supplies*
- Mifepristone (Mifeprex)*
- Prescription and over-the-counter homeopathic medications
- Drugs that by law do not require a prescription (OTC) unless listed on the formulary as covered
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children, and supplements for the treatment of mitochondrial disease)
- Topical and oral fluorides for adults
- Medications for the treatment of idiopathic short stature
- Prescriptions filled at pharmacies other than network-designated pharmacies, except for emergency care or other permissible reasons. An override will be required to allow the pharmacy to process the claim.
- Prescriptions filled through an internet pharmacy that is not a verified internet pharmacy practice site, certified by the National Association of Boards of Pharmacy
- Prescription medications, when the same active ingredient, or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication, that has become available over the counter. In these cases, the specific medication may not be covered, and the entire class of prescription medications may also not be covered.
- Prescription medications when co-packaged with non-prescription products
- Medications packaged for institutional use will be excluded from the pharmacy benefit coverage unless otherwise noted on the formulary.
- Drugs used for erectile dysfunction or sexual dysfunction
- Drugs used for weight loss
- Bulk Chemicals
- Repackaged products
- Unit Dose products

* Certain drugs may be covered as a non-pharmacy benefit (e.g., infused or injected drugs, which are covered under medical benefits).

For our latest pharmacy benefit and formulary information, please visit **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx** or call us at **1-833-613-2262**.

Formulary Changes

The formulary is occasionally subject to change. If a change negatively affects the medication you are taking, we will provide written notice to you before the change takes effect. We will work with you and your prescriber to transition to another covered medication if you are on a long-term prescription.

Formulary Tier Explanation

Tier 1 — Generics

Tier 2 — Preferred Brand

Tier 3 — Nonpreferred Brand

Tier 4 — Specialty

Please see your specific "metal level" coverage for co-pay and coinsurance amounts.

Prior Authorizations, step-therapy, quantity limits, age limits, generic drug program, and other formulary tools

PerformRx[SM] may use certain tools to help ensure your safety and so that you are receiving the most appropriate medication at the lowest cost to you. These tools include prior authorization, step therapy, quantity limits, age limits, and generic drug program. Below is more information about these tools.

Prior Authorizations (PA)

There are restrictions on the coverage of certain drug products that have a narrow indication for usage, may have safety concerns, and/or are extremely expensive, requiring the prescribing provider to obtain prior authorization from us for such drugs. The formulary states whether a drug requires prior authorization.

Step therapy (ST)

Step therapy is a type of prior authorization program (usually automated) that uses a stepwise approach, requiring the use of the most therapeutically appropriate and cost-effective agents first, before other medications may be covered. Members must first try one or more medications on a lower step to treat a certain medical condition before a medication on a higher step is covered for that condition. If your Provider advises that the medications on lower step(s) is not right for your health condition and that the medication on higher step is Medically Necessary, your Provider can submit a request for approval.

Quantity limits (QL)

To make sure the drugs you take are safe and that you are getting the right amount, we may limit how much you can get at one time. Your Provider can ask us for approval if you need more than we cover.

Quantity limits will be waived under certain circumstances during a state of emergency or disaster.

Age limits (AL)

Age limits are designed to prevent potential harm to members and promote appropriate use. The approval criteria are based on information from the FDA, medical literature, actively practicing consultant physicians and pharmacists, and appropriate external organizations.

If the prescription does not meet the FDA age guidelines, it will not be covered until prior authorization is obtained. Your Provider can request an age limit exception.

Generic drugs

Generic drugs have the same active ingredients and work the same as brand-name drugs. When generic drugs are available, we may not cover the brand-name drug without granting approval. If you and your provider feel that a generic drug is not right for your health condition and that the brand name drug is medically necessary, your provider can ask for prior authorization.

New-to-market drugs

We review new drugs for safety and effectiveness before we add them to our formulary. A Provider who feels a new-to-market drug is medically necessary for you before we have reviewed it can submit a request for approval.

Non-formulary drugs

While a majority of drugs are covered, a small number of drugs are not covered because there are safe, effective, and more affordable alternatives available. All of the alternative drug products are approved by the FDA and are widely used and accepted in the medical community to treat the same conditions as the medications that are not covered. If you and your provider feel that a formulary drug is not right for your health condition and that the non-formulary drug is medically necessary, your provider can ask for an exception request.

Non-covered drugs with over-the-counter alternatives

AmeriHealth Caritas Next does not cover select prescription medications that you can buy without a prescription, or “over-the-counter.” These drugs are commonly referred to as OTC medications.

In addition, when OTC versions of a medication are available and can provide the same therapeutic benefits, AmeriHealth Caritas Next may no longer cover any of the prescription medications in the entire class. For example, non-sedating antihistamines are a class of drugs that give relief for allergy symptoms. Because many non-sedating antihistamines are available over-the-counter, AmeriHealth Caritas Next does not cover them.

Please refer to the pharmacy formulary for a list of covered medications. As always, we encourage you to speak with your provider about which medications may be right for you.

Prior Authorization and Exception requests

A prior authorization or an exception request may be submitted for the following pharmacy programs: prior authorization, step therapy prior authorization, quantity limitations, age limitations, brand-name drugs with available generics, new-to-market, and non-formulary drugs.

Exception requests are reviewed on a case-by-case basis. Your provider will be asked to provide medical reasons and any other important information about why you need an exception. PerformRx

will review the requests and will determine if a request is consistent with our medical necessity guidelines.

We will cover non-formulary prescription drugs if the outpatient drug is prescribed by a network provider to treat a covered person for a covered chronic, disabling, or life-threatening illness if the drug:

- Has been approved by the U.S. Food and Drug Administration (FDA) for at least one indication; and
- Is recognized for treatment of the indication for which the drug is prescribed in:
  - A prescription drug reference compendium approved by the Insurance Commissioner for purposes of this section; or
  - Substantially accepted peer-reviewed medical literature;

and

- There are no formulary drugs that can be taken for the same condition. If there are formulary alternatives to treat the same condition then documentation must be provided that the member has had a treatment failure with, or is unable to tolerate, two or more formulary alternative medications.
- Prescription drug samples, coupons, or other incentive programs will not be considered a trial and failure of a prescribed drug in place of trying the formulary-preferred or nonrestricted access prescription drug.

PerformRx will review the request. If the requested drug is approved, it will be covered according to our medical necessity guidelines. If the request is not approved then you, your authorized representative, or your provider can appeal the decision.

If the request for a non-formulary drug is approved, the medication will be covered on the highest tier.

You, your authorized representative, or your provider can visit our website to review the formulary and find covered drugs. You can access a searchable and a printable formulary on our website at **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx .**

Requests for prior authorizations can be made:

- Electronically: directly to our pharmacy benefits manager (PBM), PerformRxSM, at **https://ppa.performrx.com/PublicUser/OnlineForm/OnlineFDBSingleForm.aspx?cucu_id=Y65L6nti7Fh2jJt8A7Rsjw%3d%3d**
- By fax: **1-855-756-9901**
- By mail to:

  200 Stevens Drive
  Philadelphia, PA 19113 CC: 236

- By telephone at: **1-844-211-0968**

Once all necessary and relevant information to make a decision is received, our PBM, PerformRxSM will review the request. If the request is approved, they will provide an approval response to your provider with a duration of approval. If the request is denied, they will provide a denial response to you and your provider.

Prior authorization requests will be completed and notifications sent within the following timeframes:

- Standard (non-urgent): no later than **72 hours** after we receive the request and any additionally required information.
- Expedited (fast)*: no later than **24 hours** after we receive the request and any additionally required information.

*Expedited (fast) request can be made if you or your provider believe that your health could be seriously harmed by waiting up to 72 hours for a decision. You can indicate your urgent circumstance on the form and request an expedited review.

If the prior authorization request is denied and you feel we have denied the request incorrectly, you may challenge the decision through AmeriHealth Caritas Next's internal dispute process.

You can ask for an appeal yourself. You may also ask a friend, a family member, your provider, or a lawyer to help you. You can call AmeriHealth Caritas Next at **1-833-613-2262 (TTY 1-844-214-2471)** or visit our website at **www.amerihealthcaritasnext.com/nc** if you need help with your appeal request. It's easy to ask us for an appeal by using one of the options below:

- Mail: Fill out and sign the Appeal Request Form in the notice you receive about our decision. Mail it to the address listed on the form. We must receive your form no later than 180 days from the date of our written notice denying your claim or your request for service.

- Fax: Fill out, sign, and fax the Appeal Request Form in the notice you receive about our decision. You will find the fax numbers listed on the form.

- By phone: Call **1-833-613-2262 (TTY 1-844-214-2471)** and ask for an appeal.

For more information on appeals please see the section on appeals of the Member Handbook.

If a decision is made to uphold the denial pursuant to our internal dispute process, then upon exhaustion of that process, you have the right to pursue either a standard or, if warranted and appropriate, an expedited external review by an impartial, third-party reviewer known as an independent review organization (IRO).

An expedited external review may be warranted upon exhaustion of the internal appeals process if your health could be seriously compromised by having to wait for resolution of a standard external review. If your request for a standard external review is accepted, it is decided within 45 days of receipt of your request. If your request for an expedited external review is accepted, it is decided within three (3) days of your request.

Alternatively, and depending on the extent to which you or your provider believe that your health could be seriously harmed by waiting for resolution of AmeriHealth Caritas Next's internal dispute process, you may request and be granted an immediate expedited external review by the IRO. Once again, requests for expedited external review are resolved within three (3) days.

We must follow the IRO's decision. If the IRO reverses our decision on a standard external review, we will provide coverage for the drug product within three days of receiving notice of the reversal.

If the IRO reverses our decision on an expedited external review, we will provide coverage for the non-formulary within one day of receiving notice. An IRO review may be requested by the member, member's representative, or member's prescribing provider by web, mail, or fax at the address below:

- Web: **External Review Request Form** can be found at: **https://secure1.ncdoi.com/consumer/ext_review_entry.jsp.** FAQs and more info about external review at **https://www.ncdoi.gov/consumers/health-insurance/health-claim-denied/request-external-review .**

- Mail: North Carolina Department of Insurance
  Health Insurance Smart NC
  1201 Mail Service Center
  Raleigh, NC 27699-1201
- Phone: **1-855-408-1212**
- Fax: **1-919-807-6865**

Specialty drug program

We have designated specialty pharmacies that specialize in providing medications used to treat certain conditions and are staffed with clinicians to provide support services for members. Some medications must be obtained at a specialty pharmacy. Medications may be added to this program from time to time. Designated specialty pharmacies can dispense up to a 30-Day supply of medication at one time, and the supply is delivered via mail to either the member's home or your doctor's office in certain cases. This is NOT part of the mail-order pharmacy Benefit. Extended-Day supplies and Copayment savings do not apply to these designated specialty drugs.

Filling prescriptions at the Pharmacy

Retail Pharmacy – you can fill up to a 30-day supply
Mail Order – you can fill a 31-90 day supply
Specialty – you can fill up to a 30-day supply

Mail Order Pharmacy

We use Alliance Rx Walgreens Pharmacy as our mail-order pharmacy. You must register and have your prescriptions sent to Alliance Rx Walgreens Pharmacy.

Alliance Rx Walgreens Pharmacy
P.O. Box 29061
Phoenix, AZ 85038-9061

Alliance Rx Walgreens Pharmacy
Customer Care Center
Phone: **1-800-345-1985**
Fax: **1-480-752-8250**
https://www.alliancerxwp.com/

COVID-19

Covid-19 Vaccines: FDA approved Covid-19 vaccines are covered at $0 copay according to FDA approved indications and age.

For details on the latest formulary information on COVID-19 vaccines, please visit **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx** or call us at **1-833-613-2262 (TTY 1-844-214-2471)**.

School Supply

AmeriHealth Caritas Next allows school supplies for the following medications:

- Insulin
- Insulin needles
- Lancets
- Test strips
- One glucometer for school
- Alcohol swabs
- Glucagon
- Inhalers
- Diastat
- EpiPens
- Spacers

For our latest pharmacy benefit and formulary information, please visit **https://www.amerihealthcaritasnext.com/nc/members/find-a-provider-or-pharmacy.aspx** or call us at **1-833-613-2262** (**TTY 1-844-214-2471**).

CURRENT AS OF 10/30/2023

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
ST = Step Therapy
ST = Step Therapy

Drug Name	Drug Tier	Requirements and Limits
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral	T1	
First Generation Antihistamines		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
promethazine hcl oral solution	T1	
promethazine hcl oral syrup	T1	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Other Antihistamines		
cimetidine hcl oral solution 300 mg/5ml	T1	90DS
cimetidine oral tablet 200 mg	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
famotidine oral tablet 20 mg, 40 mg	T1	90DS
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
LASTACAFT	T3	
nizatidine oral capsule	T1	90DS
olopatadine hcl nasal	T1	
olopatadine hcl ophthalmic solution 0.1 %	T1	
Phenothiazine Derivatives		
promethazine hcl oral	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-phenylephrine	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Propylamine Derivatives		
hydrocod poli-chlorphe poli er	T1	QL (70 ML per 7 days); AL (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T3	QL (140 ML per 7 days); AL (Min 18 Years)
Second Generation Antihistamines		
ALOMIDE	T3	
desloratadine oral tablet	T1	
levocetirizine dihydrochloride oral	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
2Nd Generation Cephalosporin Antibiotics		
cefaclor er	T1	
cefaclor oral capsule	T1	
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir	T1	
cefixime oral capsule	T1	
cefpodoxime proxetil	T1	
Adamantane Antivirals		
amantadine hcl oral capsule	T1	90DS
amantadine hcl oral solution	T1	90DS
amantadine hcl oral tablet	T1	90DS
GOCOVRI	T3	PA
Allylamine Antifungals		
terbinafine hcl oral	T1	
Amebicides		
metronidazole oral	T1	
metronidazole vaginal	T1	
paromomycin sulfate oral	T1	
Aminoglycoside Antibiotics		
neomycin sulfate oral	T1	
paromomycin sulfate oral	T1	
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA
Aminopenicillin Antibiotics		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er	T1	
amoxicillin-pot clavulanate oral	T1	
ampicillin oral capsule 500 mg	T1	
Anthelmintics		
albendazole oral	T1	
EMVERM	T3	
ivermectin oral	T1	QL (16 EA per 30 days)
praziquantel oral	T1	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension	T1	
Antimalarials		
atovaquone-proguanil hcl	T1	
chloroquine phosphate oral	T1	90DS
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral tablet 50 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
KRINTAFEL	T3	
mefloquine hcl	T1	90DS
minocycline hcl oral	T1	
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral	T4	PA
quinidine gluconate er	T1	90DS
quinidine sulfate oral	T1	90DS
quinine sulfate oral	T1	
tetracycline hcl oral	T1	

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Drug Name	Drug Tier	Requirements and Limits
Antimycobacterials, Miscellaneous		
dapsone oral	T1	90DS
Antiprotozoals, Miscellaneous		
ALINIA	T3	
atovaquone oral	T1	
dapsone oral	T1	90DS
metronidazole oral	T1	
pentamidine isethionate inhalation	T1	
SOLOSEC	T3	ST
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet	T1	
tinidazole oral	T1	
Antituberculosis Agents		
ciprofloxacin hcl oral	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
ethambutol hcl oral	T1	
isoniazid oral tablet	T1	90DS
levofloxacin oral	T1	
moxifloxacin hcl oral	T1	
PASER	T3	
pretomanid	T1	PA
PRIFTIN	T3	
pyrazinamide oral	T1	
rifabutin	T1	
rifampin oral	T1	
SIRTURO	T4	PA
TRECATOR	T3	
Antivirals, Miscellaneous		

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Drug Name	Drug Tier	Requirements and Limits
PAXLOVID (150/100)	T2	QL (20 EA per 30 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 30 days); AL (Min 12 Years)
PREVYMIS ORAL	T3	QL (100 EA per 100 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T3	QL (2 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T3	QL (2 EA per 1 day)
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	T3	PA
fluconazole oral	T1	
itraconazole oral	T1	PA
ketoconazole oral	T1	
NOXAFIL ORAL SUSPENSION	T3	PA
posaconazole oral tablet delayed release	T1	PA; 90DS
voriconazole oral suspension reconstituted	T1	PA; AL (Max 12 Years)
voriconazole oral tablet	T1	PA
Carbapenem Antibiotics		
ertapenem sodium	T1	
Erythromycin Antibiotics		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T1	
erythromycin base oral tablet	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet	T1	
Glycopeptide Antibiotics		

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Drug Name	Drug Tier	Requirements and Limits
vancomycin hcl oral capsule	T1	
Hcv Polymerase Inhibitor Antivirals		
ledipasvir-sofosbuvir	T4	PA
sofosbuvir-velpatasvir	T4	PA
VOSEVI	T4	PA
Hcv Protease Inhibitor Antivirals		
MAVYRET	T4	PA
VOSEVI	T4	PA
Hcv Replication Complex Inhibitors		
ledipasvir-sofosbuvir	T4	PA
MAVYRET	T4	PA
sofosbuvir-velpatasvir	T4	PA
VOSEVI	T4	PA
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)
maraviroc	T1	90DS; QL (60 EA per 30 days)
RUKOBIA	T3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	90DS; QL (900 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	T2	90DS; QL (60 EA per 30 days)
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
GENVOYA	T2	90DS; QL (30 EA per 30 days)
ISENTRESS HD	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T2	90DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	T2	90DS; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
JULUCA	T3	QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	T2	90DS; QL (120 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	T2	90DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	90DS; QL (60 EA per 30 days)
TIVICAY PD	T2	90DS; QL (180 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
TRIUMEQ PD	T2	90DS; QL (180 EA per 30 days)
vocabria	T3	QL (30 EA per 30 days)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
EDURANT	T3	QL (60 EA per 30 days)
efavirenz oral capsule 200 mg	T1	90DS; QL (120 EA per 30 days)
efavirenz oral capsule 50 mg	T1	90DS; QL (180 EA per 30 days)
efavirenz oral tablet	T1	90DS; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	90DS; QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	T1	90DS; QL (30 EA per 30 days)
etravirine oral tablet 100 mg	T1	90DS; QL (120 EA per 30 days)
etravirine oral tablet 200 mg	T1	90DS; QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	T2	90DS; QL (120 EA per 30 days)
JULUCA	T3	QL (30 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 100 mg	T1	90DS; QL (120 EA per 30 days)
nevirapine er oral tablet extended release 24 hour 400 mg	T1	90DS; QL (30 EA per 30 days)
nevirapine oral suspension	T1	90DS; QL (1200 ML per 30 days)
nevirapine oral tablet	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
PIFELTRO	T2	90DS; QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	T1	90DS; QL (900 ML per 30 days)
abacavir sulfate oral tablet	T1	90DS; QL (60 EA per 30 days)
abacavir sulfate-lamivudine	T1	90DS; QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine	T1	90DS; QL (60 EA per 30 days)
BIKTARVY	T2	90DS; QL (30 EA per 30 days)
CIMDUO	T3	QL (30 EA per 30 days)
COMPLERA	T2	90DS; QL (30 EA per 30 days)
DELSTRIGO	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG	T2	90DS; QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T2	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
DOVATO	T2	90DS; QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df	T1	90DS; QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir	T1	90DS; QL (30 EA per 30 days)
emtricitabine	T1	90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T1	90DS; QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	T1	$0 copay for pre-exposure prophylaxis; 90DS; QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	T2	90DS; QL (720 ML per 30 days)
EPIVIR HBV ORAL SOLUTION	T3	
GENVOYA	T2	90DS; QL (30 EA per 30 days)
lamivudine oral solution	T1	90DS; QL (900 ML per 30 days)
lamivudine oral tablet 100 mg, 300 mg	T1	90DS; QL (30 EA per 30 days)
lamivudine oral tablet 150 mg	T1	90DS; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
lamivudine-zidovudine	T1	90DS; QL (60 EA per 30 days)
ODEFSEY	T2	90DS; QL (30 EA per 30 days)
stavudine oral capsule	T1	90DS; QL (60 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
tenofovir disoproxil fumarate	T1	90DS; QL (30 EA per 30 days)
TRIUMEQ	T2	90DS; QL (30 EA per 30 days)
TRIUMEQ PD	T2	90DS; QL (180 EA per 30 days)
VIREAD ORAL POWDER	T2	90DS; QL (225 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	90DS; QL (30 EA per 30 days)
zidovudine oral capsule	T1	90DS; QL (180 EA per 30 days)
zidovudine oral syrup	T1	90DS; QL (1800 ML per 30 days)
zidovudine oral tablet	T1	90DS; QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	90DS; QL (120 EA per 30 days)
APTIVUS ORAL SOLUTION	T2	90DS; QL (300 ML per 30 days)
atazanavir sulfate oral capsule 150 mg, 300 mg	T1	90DS; QL (30 EA per 30 days)
atazanavir sulfate oral capsule 200 mg	T1	90DS; QL (60 EA per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	T2	90DS; QL (180 EA per 30 days)
darunavir oral tablet 600 mg	T1	90DS; QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T1	90DS; QL (30 EA per 30 days)
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
fosamprenavir calcium	T1	90DS; QL (120 EA per 30 days)
INVIRASE ORAL TABLET	T2	90DS; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION	T2	90DS; QL (840 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
lopinavir-ritonavir oral solution	T1	90DS; QL (300 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	T1	90DS; QL (300 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	T1	90DS; QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
NORVIR ORAL SOLUTION	T2	90DS; QL (450 ML per 30 days)
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	90DS; QL (360 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	90DS; QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	90DS; QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	90DS; QL (150 EA per 30 days)
ritonavir	T1	90DS; QL (360 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	90DS; QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	90DS; QL (120 EA per 30 days)
Interferon Antivirals		
INTRON A	T4	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
Lincomycin Antibiotics		
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted	T1	AL (Max 12 Years)
penicillin v potassium oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule 30 mg	T1	QL (84 EA per 180 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	T1	QL (42 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted	T1	QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL (60 EA per 180 days)
Nucleoside And Nucleotide Antivirals		
acyclovir oral	T1	
adefovir dipivoxil	T4	
BARACLUDE ORAL SOLUTION	T3	
entecavir	T1	90DS
famciclovir oral	T1	
LAGEVRIO	T2	QL (40 EA per 30 days); AL (Min 18 Years)
ribavirin oral capsule	T1	
ribavirin oral tablet 200 mg	T1	
valacyclovir hcl oral	T1	
valganciclovir hcl oral solution reconstituted	T1	90DS; AL (Max 12 Years)
valganciclovir hcl oral tablet	T1	90DS
VEMLIDY	T3	QL (30 EA per 30 days)
Other Macrolide Antibiotics		
azithromycin oral packet	T1	
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	T1	AL (Max 12 Years)
linezolid oral tablet	T1	
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	T1	
Polyene Antifungals		
nystatin mouth/throat	T1	
nystatin oral tablet	T1	
Pyrimidine Antifungals		
flucytosine oral	T1	PA
Quinolone Antibiotics		
BAXDELA ORAL	T3	
ciprofloxacin hcl oral	T1	
levofloxacin oral	T1	
moxifloxacin hcl oral	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
Rifamycin Antibiotics		
PRIFTIN	T3	
rifabutin	T1	
rifampin oral	T1	
XIFAXAN	T3	PA
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet	T1	
sulfasalazine oral	T1	90DS
Tetracycline Antibiotics		
demeclocycline hcl oral	T1	
doxycycline hyclate oral capsule	T1	

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Drug Name	Drug Tier	Requirements and Limits
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral tablet 50 mg	T1	
minocycline hcl oral	T1	
tetracycline hcl oral	T1	
Urinary Anti-Infectives		
methenamine hippurate	T1	
MONUROL	T3	QL (1 EA per 1 day)
nitrofurantoin macrocrystal oral	T1	
nitrofurantoin monohyd macro	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet	T1	
trimethoprim oral	T1	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate oral tablet 250 mg	T4	PA
abiraterone acetate oral tablet 500 mg	T4	
ALECENSA	T4	PA
ALUNBRIG	T4	PA
anastrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
AYVAKIT	T4	PA
BALVERSA	T4	PA
bexarotene oral	T4	PA
bicalutamide	T1	
BOSULIF	T4	PA
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA
BRUKINSA	T4	PA
CABOMETYX	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
CALQUENCE	T4	PA
capecitabine	T1	
CAPRELSA	T4	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA
COMETRIQ (60 MG DAILY DOSE)	T4	PA
COPIKTRA	T4	PA
COTELLIC	T4	PA
cyclophosphamide oral capsule	T1	
DAURISMO	T4	PA
DROXIA	T3	
ELIGARD	T4	PA
EMCYT	T4	
ERIVEDGE	T4	PA
ERLEADA	T4	PA
erlotinib hcl	T4	PA
etoposide oral	T4	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA
everolimus oral tablet soluble	T4	PA
exemestane	T1	ACA Preventative Medication-$0 Copay; 90DS
EXKIVITY	T4	PA
FARYDAK	T4	PA
flutamide	T1	
FOTIVDA	T4	PA
GAVRETO	T4	PA
gefitinib	T4	PA
GILOTRIF	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA
HYCAMTIN ORAL	T4	
hydroxyurea oral	T1	
IBRANCE	T4	PA
ICLUSIG	T4	PA
IDHIFA	T4	PA
imatinib mesylate	T1	PA
IMBRUVICA	T4	PA
INLYTA	T4	PA
INQOVI	T4	PA
INREBIC	T4	PA
INTRON A	T4	
JAKAFI	T4	PA
JAYPIRCA	T4	PA
KISQALI (200 MG DOSE)	T4	PA
KISQALI (400 MG DOSE)	T4	PA
KISQALI (600 MG DOSE)	T4	PA
KISQALI FEMARA (200 MG DOSE)	T4	PA
KISQALI FEMARA (400 MG DOSE)	T4	PA
KISQALI FEMARA (600 MG DOSE)	T4	PA
KOSELUGO	T4	PA
KRAZATI	T4	PA
lapatinib ditosylate	T4	PA
lenalidomide	T4	PA
LENVIMA (10 MG DAILY DOSE)	T4	PA
LENVIMA (12 MG DAILY DOSE)	T4	PA
LENVIMA (14 MG DAILY DOSE)	T4	PA
LENVIMA (18 MG DAILY DOSE)	T4	PA
LENVIMA (20 MG DAILY DOSE)	T4	PA
LENVIMA (24 MG DAILY DOSE)	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
LENVIMA (4 MG DAILY DOSE)	T4	PA
LENVIMA (8 MG DAILY DOSE)	T4	PA
letrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
LEUKERAN	T4	
leuprolide acetate (3 month)	T4	PA
leuprolide acetate injection	T4	
LONSURF	T4	PA
LORBRENA	T4	PA
LUMAKRAS	T4	PA
LUPRON DEPOT (1-MONTH)	T4	PA
LUPRON DEPOT (3-MONTH)	T4	PA
LUPRON DEPOT (4-MONTH)	T4	PA
LUPRON DEPOT (6-MONTH)	T4	PA
LYNPARZA ORAL TABLET	T4	PA
LYSODREN	T4	
LYTGOBI (12 MG DAILY DOSE)	T4	PA
LYTGOBI (16 MG DAILY DOSE)	T4	PA
LYTGOBI (20 MG DAILY DOSE)	T4	PA
MATULANE	T4	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T1	90DS
megestrol acetate oral tablet	T1	
MEKINIST	T4	PA
MEKTOVI	T4	PA
mercaptopurine oral	T1	
methotrexate oral	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
NERLYNX	T4	PA
nilutamide	T4	
NINLARO	T4	PA
NUBEQA	T4	PA
ODOMZO	T4	PA
ONUREG	T4	PA
ORSERDU	T4	PA
PEMAZYRE	T4	PA
PIQRAY (200 MG DAILY DOSE)	T4	PA
PIQRAY (250 MG DAILY DOSE)	T4	PA
PIQRAY (300 MG DAILY DOSE)	T4	PA
POMALYST	T4	PA
PURIXAN	T4	
QINLOCK	T4	PA
RETEVMO	T4	PA
REVLIMID	T4	PA
REZLIDHIA	T4	PA
ROZLYTREK	T4	PA
RUBRACA	T4	PA
RYDAPT	T4	PA
SCEMBLIX	T4	PA
SOLTAMOX	T4	
sorafenib tosylate	T4	PA
SPRYCEL	T4	PA
STIVARGA	T4	PA
sunitinib malate	T4	PA
SYNRIBO	T4	PA
TABLOID	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
TABRECTA	T4	PA
TAFINLAR	T4	PA
TAGRISSO	T4	PA
TALZENNA	T4	PA
tamoxifen citrate oral	T1	ACA Preventative Medication-$0 Copay; 90DS
TASIGNA	T4	PA
TAZVERIK	T4	PA
TECVAYLI	T4	PA
TEPMETKO	T4	PA
TIBSOVO	T4	PA
toremifene citrate	T1	90DS
TRELSTAR MIXJECT	T4	PA
tretinoin oral	T4	
TRUSELTIQ (100MG DAILY DOSE)	T4	PA
TRUSELTIQ (125MG DAILY DOSE)	T4	PA
TRUSELTIQ (50MG DAILY DOSE)	T4	PA
TRUSELTIQ (75MG DAILY DOSE)	T4	PA
TUKYSA	T4	PA
TURALIO	T4	PA
VENCLEXTA	T4	PA
VENCLEXTA STARTING PACK	T4	PA
VERZENIO	T4	PA
VITRAKVI	T4	PA
VIZIMPRO	T4	PA
VOTRIENT	T4	PA
WELIREG	T4	PA
XALKORI	T4	PA
XATMEP	T3	PA
XOSPATA	T4	PA
XPOVIO (100 MG ONCE WEEKLY)	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
XPOVIO (40 MG ONCE WEEKLY)	T4	PA
XPOVIO (40 MG TWICE WEEKLY)	T4	PA
XPOVIO (60 MG ONCE WEEKLY)	T4	PA
XPOVIO (60 MG TWICE WEEKLY)	T4	PA
XPOVIO (80 MG ONCE WEEKLY)	T4	PA
XPOVIO (80 MG TWICE WEEKLY)	T4	PA
XTANDI	T4	PA
YONSA	T4	PA
ZEJULA	T4	PA
ZELBORAF	T4	PA
ZOLINZA	T4	PA
ZYDELIG	T4	PA
ZYKADIA ORAL TABLET	T4	PA
Antitoxins,Immune Glob,Toxoids,Vaccines		
Antitoxins And Immune Globulins		
ASCENIV	T4	PA
BIVIGAM	T4	PA
CUTAQUIG	T4	PA
CUVITRU	T4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	T4	PA
GAMASTAN	T4	PA
GAMMAGARD	T4	PA
GAMMAGARD S/D LESS IGA	T4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	T4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	T4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
HYQVIA	T4	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	T4	PA
PANZYGA	T4	PA
PRIVIGEN	T4	PA
XEMBIFY	T4	PA
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-$0 Copay
INFANRIX	T2	ACA Preventative Medication-$0 Copay
TDVAX	T2	ACA Preventative Medication-$0 Copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T2	ACA Preventative Medication-$0 Copay
tetanus-diphtheria toxoids td	T2	ACA Preventative Medication-$0 Copay
Vaccines		
ABRYSVO	T2	QL (1 dose per 2 years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	T2	$0 Copay
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T2	$0 Copay
AREXVY	T2	QL (1 Dose per 2 years)
BEXSERO	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T2	ACA Preventative Medication-$0 Copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
COMIRNATY	T2	ACA Preventative Medication-$0 Copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	T2	ACA Preventative Medication-$0 Copay
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T2	ACA Preventative Medication-$0 Copay
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
FLUAD QUADRIVALENT	T2	$0 Copay
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	$0 Copay
FLUBLOK QUADRIVALENT	T2	$0 Copay
FLUCELVAX QUADRIVALENT	T2	$0 Copay
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	$0 Copay
FLUMIST QUADRIVALENT	T2	$0 Copay
FLUZONE HIGH-DOSE QUADRIVALENT	T2	$0 Copay
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	T2	$0 Copay
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T2	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T2	$0 Copay
GARDASIL 9	T2	ACA Preventative Medication-$0 Copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T2	ACA Preventative Medication-$0 Copay
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
INFANRIX	T2	ACA Preventative Medication-$0 Copay
MENACTRA INTRAMUSCULAR SOLUTION	T2	ACA Preventative Medication-$0 Copay
MENQUADFI INTRAMUSCULAR SOLUTION	T2	ACA Preventative Medication-$0 Copay
MENVEO	T2	ACA Preventative Medication-$0 Copay
M-M-R II INJECTION	T2	ACA Preventative Medication-$0 Copay
MODERNA COVID-19 VAC 6M-11Y	T2	ACA Preventative Medication-$0 Copay
novavax covid-19 vaccine	T2	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T2	ACA Preventative Medication-$0 Copay
pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml	T2	ACA Preventative Medication-$0 Copay
PNEUMOVAX 23	T2	ACA Preventative Medication-$0 Copay
prehevbrio	T2	ACA Preventative Medication-$0 Copay
PREVNAR 13	T2	ACA Preventative Medication-$0 Copay
PREVNAR 20	T2	ACA Preventative Medication-$0 Copay

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PRIORIX	T2	ACA Preventative Medication-$0 Copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	T2	ACA Preventative Medication-$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T2	ACA Preventative Medication-$0 Copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T2	ACA Preventative Medication-$0 Copay
SPIKEVAX	T2	ACA Preventative Medication-$0 Copay
TRUMENBA	T2	ACA Preventative Medication-$0 Copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	ACA Preventative Medication-$0 Copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T2	ACA Preventative Medication-$0 Copay
VARIVAX	T2	ACA Preventative Medication-$0 Copay
VAXNEUVANCE	T2	ACA Preventative Medication-$0 Copay
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
epinephrine injection solution auto-injector	T1	QL (2 EA per 30 days)
Alpha-Adrenergic Agonists		
clonidine	T1	90DS
clonidine hcl er oral tablet extended release 12 hour	T1	90DS; QL (120 EA per 30 days)
clonidine hcl oral	T1	90DS
LUCEMYRA	T4	

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Drug Name	Drug Tier	Requirements and Limits
methyldopa oral	T1	90DS
midodrine hcl	T1	
promethazine-phenylephrine	T1	
Antimuscarinics/Antispasmodics		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	ST
ATROVENT HFA	T3	
BEVESPI AEROSPHERE	T2	90DS
BREZTRI AEROSPHERE	T2	90DS
COMBIVENT RESPIMAT	T3	
dicyclomine hcl oral	T1	
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	90DS
ipratropium bromide inhalation	T1	90DS
ipratropium bromide nasal	T1	90DS
ipratropium-albuterol	T1	90DS
methscopolamine bromide oral	T1	
scopolamine	T1	QL (10 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS
tiotropium bromide monohydrate	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST

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Drug Name	Drug Tier	Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	
Antiparkinsonian Agents		
benztropine mesylate oral	T1	90DS
trihexyphenidyl hcl	T1	90DS
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
cvs nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
cvs nicotine transdermal	T1	ACA Preventative Medication-$0 Copay
eq nicotine mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
eq nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
eq nicotine step 3	T1	ACA Preventative Medication-$0 Copay
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay
eql nicotine polacrilex mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
gnp nicotine mini mouth/throat lozenge 2 mg	T1	ACA Preventative Medication-$0 Copay
gnp nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
goodsense nicotine	T1	ACA Preventative Medication-$0 Copay
hm nicotine	T1	ACA Preventative Medication-$0 Copay
hm nicotine polacrilex	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
KLS QUIT2	T1	ACA Preventative Medication-$0 Copay
KLS QUIT4	T1	ACA Preventative Medication-$0 Copay
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	ACA Preventative Medication-$0 Copay
nicotine	T1	ACA Preventative Medication-$0 Copay
nicotine mini	T1	ACA Preventative Medication-$0 Copay
nicotine polacrilex mouth/throat	T1	ACA Preventative Medication-$0 Copay
nicotine step 1	T1	ACA Preventative Medication-$0 Copay
nicotine step 2	T1	ACA Preventative Medication-$0 Copay
nicotine step 3	T1	ACA Preventative Medication-$0 Copay
NICOTROL	T2	ACA Preventative Medication-$0 Copay
NICOTROL NS	T2	ACA Preventative Medication-$0 Copay
px stop smoking aid mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
ra mini nicotine	T1	ACA Preventative Medication-$0 Copay
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	ACA Preventative Medication-$0 Copay
ra nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
ra nicotine polacrilex mouth/throat lozenge	T1	ACA Preventative Medication-$0 Copay
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
sm nicotine mouth/throat	T1	ACA Preventative Medication-$0 Copay
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	ACA Preventative Medication-$0 Copay
sm nicotine transdermal patch 24 hour 7 mg/24hr	T1	ACA Preventative Medication-$0 Copay
varenicline tartrate (starter)	T1	QL (53 EA per 28 days)
varenicline tartrate oral tablet	T1	ACA Preventative Medication-$0 Copay; QL (56 EA per 28 days)
varenicline tartrate oral tablet therapy pack	T1	QL (53 EA per 28 days)
Centrally Acting Skeletal Muscle Relaxnt		
carisoprodol oral	T1	ST; QL (63 EA per 21 days)
carisoprodol-aspirin-codeine	T1	ST; QL (168 EA per 21 days); AL (Min 18 Years)
chlorzoxazone oral tablet 500 mg	T1	QL (120 EA per 30 days)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	QL (90 EA per 30 days)
metaxalone oral tablet 800 mg	T1	QL (120 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	QL (480 EA per 30 days)
methocarbamol oral tablet 750 mg	T1	QL (300 EA per 30 days)
tizanidine hcl oral tablet 2 mg	T1	QL (120 EA per 30 days)
tizanidine hcl oral tablet 4 mg	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
dantrolene sodium oral capsule 100 mg	T1	QL (120 EA per 30 days)
dantrolene sodium oral capsule 25 mg, 50 mg	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		

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Drug Name	Drug Tier	Requirements and Limits
carvedilol	T1	90DS
labetalol hcl oral	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Non-Sel.Alpha-Adrenergic Blocking Agents		
dihydroergotamine mesylate nasal	T1	QL (8 ML per 30 days)
ergoloid mesylates oral	T1	90DS
ergotamine-caffeine	T1	QL (40 EA per 30 days)
phenoxybenzamine hcl oral	T4	
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral	T1	
cevimeline hcl	T1	90DS
donepezil hcl	T1	90DS
galantamine hydrobromide er	T1	90DS
galantamine hydrobromide oral tablet	T1	90DS
pilocarpine hcl oral	T1	90DS
pyridostigmine bromide er	T1	
pyridostigmine bromide oral tablet 60 mg	T1	

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Drug Name	Drug Tier	Requirements and Limits
rivastigmine	T1	ST; 90DS
rivastigmine tartrate	T1	90DS
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	T1	90DS
carvedilol	T1	90DS
dutasteride-tamsulosin hcl	T1	90DS
labetalol hcl oral	T1	90DS
silodosin	T1	ST; 90DS
tamsulosin hcl	T1	90DS
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	90DS
albuterol sulfate inhalation	T1	90DS
albuterol sulfate oral	T1	90DS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T3	ST
BEVESPI AEROSPHERE	T2	90DS
BREZTRI AEROSPHERE	T2	90DS
budesonide-formoterol fumarate	T2	90DS; QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	90DS
formoterol fumarate inhalation	T1	90DS
ipratropium-albuterol	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST; 90DS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	90DS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	90DS
STRIVERDI RESPIMAT	T2	90DS
terbutaline sulfate oral	T1	90DS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T1	90DS
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
Skeletal Muscle Relaxants, Miscellaneous		
orphenadrine citrate er	T1	QL (60 EA per 30 days)
Blood Formation, Coagulation, Thrombosis		

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Drug Name	Drug Tier	Requirements and Limits
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA
Anticoagulants, Miscellaneous		
fondaparinux sodium	T1	
Blood Form.,Coag,Thrombosis Agents Misc.		
OXBRYTA ORAL TABLET 500 MG	T4	PA
OXBRYTA ORAL TABLET SOLUBLE	T4	PA
PYRUKYND	T4	PA
PYRUKYND TAPER PACK	T4	PA
Coumarin Derivatives		
JANTOVEN	T1	90DS
warfarin sodium oral	T1	90DS
Direct Factor Xa Inhibitors		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	90DS; QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	90DS; QL (74 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	90DS; QL (600 ML per 30 days); AL (Max 18 Years)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	90DS; QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	T2	90DS; QL (60 EA per 30 days)
XARELTO STARTER PACK	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		

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Drug Name	Drug Tier	Requirements and Limits
dabigatran etexilate mesylate	T1	90DS
PRADAXA ORAL CAPSULE 110 MG	T3	ST; QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA
DOPTELET ORAL TABLET 20 MG	T4	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA
NIVESTYM	T4	PA
PROMACTA ORAL PACKET	T4	PA
PROMACTA ORAL TABLET	T4	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA
ZARXIO	T4	PA
ZIEXTENZO	T4	PA
Hemorrheologic Agents		
pentoxifylline er	T1	90DS
Hemostatics		
aminocaproic acid oral tablet	T1	
desmopressin ace spray refrig	T1	90DS; QL (15 ML per 30 days)
desmopressin acetate oral	T1	90DS
desmopressin acetate spray	T1	90DS; QL (15 ML per 30 days)
tranexamic acid oral	T1	
Heparins		
enoxaparin sodium injection solution prefilled syringe	T1	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	T1	
Iron Preparations		
m-natal plus	T1	
pnv prenatal plus multivitamin	T1	
pnv tabs 29-1	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg	T1	
prenatal vitamin plus low iron	T1	
preplus	T1	
Platelet-Aggregation Inhibitors		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay

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Drug Tier
T1 = Generic
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T4 = Specialty

Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
aspirin ec adult low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin-dipyridamole er	T1	90DS
BRILINTA	T2	90DS
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cilostazol	T1	90DS
clopidogrel bisulfate oral tablet 75 mg	T1	90DS
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
dipyridamole oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin adult low st	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
hm aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
hm aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
prasugrel hcl	T1	90DS
px aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
px enteric aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ZONTIVITY	T3	PA
Platelet-Reducing Agents		
anagrelide hcl	T1	90DS
Thrombolytic Agents		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin adult low st	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
hm aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
hm aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
px aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
px enteric aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
carvedilol	T1	90DS
doxazosin mesylate oral	T1	90DS
labetalol hcl oral	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
doxazosin mesylate oral	T1	90DS
labetalol hcl oral	T1	90DS
prazosin hcl oral	T1	90DS
terazosin hcl oral	T1	90DS
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil	T1	90DS
irbesartan	T1	90DS
losartan potassium oral	T1	90DS
olmesartan medoxomil oral	T1	90DS
telmisartan	T1	90DS
valsartan oral tablet	T1	90DS
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	T1	90DS
amlodipine-olmesartan	T1	90DS
candesartan cilexetil	T1	90DS
candesartan cilexetil-hctz	T1	90DS
ENTRESTO	T2	90DS; QL (60 EA per 30 days)
irbesartan	T1	90DS
irbesartan-hydrochlorothiazide	T1	90DS
losartan potassium oral	T1	90DS
losartan potassium-hctz	T1	90DS
olmesartan medoxomil oral	T1	90DS
olmesartan medoxomil-hctz	T1	90DS
telmisartan	T1	90DS
telmisartan-hctz	T1	90DS
valsartan oral tablet	T1	90DS
valsartan-hydrochlorothiazide	T1	90DS
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
captopril oral	T1	90DS
enalapril maleate oral tablet	T1	90DS
fosinopril sodium	T1	90DS
lisinopril oral	T1	90DS
moexipril hcl	T1	90DS
perindopril erbumine	T1	90DS
quinapril hcl	T1	90DS
ramipril	T1	90DS
trandolapril	T1	90DS
Angiotensin-Converting Enzyme Inhibitors		
amlodipine besy-benazepril hcl	T1	90DS
benazepril hcl oral	T1	90DS
benazepril-hydrochlorothiazide	T1	90DS
captopril oral	T1	90DS
enalapril maleate oral tablet	T1	90DS
enalapril-hydrochlorothiazide	T1	90DS
fosinopril sodium	T1	90DS
lisinopril oral	T1	90DS
lisinopril-hydrochlorothiazide	T1	90DS
moexipril hcl	T1	90DS
perindopril erbumine	T1	90DS
quinapril hcl	T1	90DS
quinapril-hydrochlorothiazide	T1	90DS
ramipril	T1	90DS
trandolapril	T1	90DS
Antiarrhythmics, Miscellaneous		
DIGITEK	T1	90DS
DIGOX	T1	90DS
digoxin oral solution	T1	90DS
digoxin oral tablet 125 mcg, 250 mcg	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
Antilipemic Agents, Miscellaneous		
icosapent ethyl	T1	PA; 90DS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA
NEXLETOL	T3	PA
NEXLIZET	T3	PA
niacin er (antihyperlipidemic)	T1	90DS
omega-3-acid ethyl esters	T1	90DS
VASCEPA	T3	PA
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
atenolol-chlorthalidone	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral	T1	90DS
bisoprolol-hydrochlorothiazide	T1	90DS
carvedilol	T1	90DS
labetalol hcl oral	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
metoprolol-hydrochlorothiazide	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
nebivolol hcl	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral	T1	90DS
carvedilol	T1	90DS
labetalol hcl oral	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS
Bile Acid Sequestrants		
cholestyramine light	T1	90DS
cholestyramine oral	T1	90DS
colesevelam hcl	T1	90DS
colestipol hcl	T1	90DS
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
methazolamide oral	T1	90DS
Cardiac Drugs, Miscellaneous		
CAMZYOS	T4	PA
CORLANOR	T3	PA
ranolazine er	T1	90DS
VYNDAMAX	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
VYNDAQEL	T4	PA
Cardiotonic Agents		
DIGITEK	T1	90DS
DIGOX	T1	90DS
digoxin oral solution	T1	90DS
digoxin oral tablet 125 mcg, 250 mcg	T1	90DS
Central Alpha-Agonists		
clonidine	T1	90DS
clonidine hcl er oral tablet extended release 12 hour	T1	90DS; QL (120 EA per 30 days)
clonidine hcl oral	T1	90DS
guanfacine hcl oral	T1	90DS
methyldopa oral	T1	90DS
Cholesterol Absorption Inhibitors		
ezetimibe	T1	90DS
ezetimibe-simvastatin	T1	90DS
NEXLIZET	T3	PA
Class Ia Antiarrhythmics		
disopyramide phosphate oral	T1	90DS
NORPACE CR	T3	
quinidine gluconate er	T1	90DS
quinidine sulfate oral	T1	90DS
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG	T3	
mexiletine hcl oral	T1	90DS
PHENYTEK	T3	
phenytoin oral	T1	90DS
phenytoin sodium extended	T1	90DS
Class Ic Antiarrhythmics		
flecainide acetate	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
propafenone hcl	T1	90DS
Class Ii Antiarrhythmics		
acebutolol hcl oral	T1	90DS
atenolol oral	T1	90DS
betaxolol hcl oral	T1	90DS
bisoprolol fumarate oral	T1	90DS
carvedilol	T1	90DS
labetalol hcl oral	T1	90DS
metoprolol succinate er	T1	90DS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	90DS
pindolol	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
timolol maleate oral	T1	90DS
Class Iii Antiarrhythmics		
amiodarone hcl oral	T1	90DS
dofetilide	T1	90DS
MULTAQ	T3	
sotalol hcl (af)	T1	90DS
sotalol hcl oral	T1	90DS
Class Iv Antiarrhythmics		
CARTIA XT	T1	90DS
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
dilt-xr	T1	90DS
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
Dihydropyridines		
amlodipine besy-benazepril hcl	T1	90DS
amlodipine besylate oral	T1	90DS
amlodipine besylate-valsartan	T1	90DS
amlodipine-atorvastatin	T1	ST; 90DS
amlodipine-olmesartan	T1	90DS
felodipine er	T1	90DS
isradipine	T1	90DS
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral	T1	
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral	T1	90DS
felodipine er	T1	90DS
isradipine	T1	90DS
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral	T1	
Direct Vasodilators		
hydralazine hcl oral	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
minoxidil oral	T1	90DS
Diuretics, Miscellaneous (Hypotensive)		
theophylline	T1	90DS
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	90DS
theophylline er oral tablet extended release 24 hour	T1	90DS
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	90DS
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	90DS
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	90DS
fenofibric acid oral capsule delayed release	T1	90DS
fenofibric acid oral tablet 35 mg	T1	90DS
gemfibrozil oral	T1	90DS
Hmg-Coa Reductase Inhibitors		
amlodipine-atorvastatin	T1	ST; 90DS
atorvastatin calcium oral tablet 10 mg, 20 mg	T1	$0 copay for members ages 40-75 years; 90DS
atorvastatin calcium oral tablet 40 mg, 80 mg	T1	90DS
ezetimibe-simvastatin	T1	90DS
lovastatin oral tablet 10 mg, 20 mg	T1	90DS
lovastatin oral tablet 40 mg	T1	$0 copay for members ages 40-75 years; 90DS
pravastatin sodium oral tablet 10 mg, 20 mg	T1	90DS
pravastatin sodium oral tablet 40 mg, 80 mg	T1	$0 copay for members ages 40-75 years; 90DS

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Drug Name	Drug Tier	Requirements and Limits
rosuvastatin calcium oral tablet 10 mg, 5 mg	T1	$0 copay for members ages 40-75 years; 90DS
rosuvastatin calcium oral tablet 20 mg, 40 mg	T1	90DS
simvastatin oral tablet 10 mg, 5 mg, 80 mg	T1	90DS
simvastatin oral tablet 20 mg, 40 mg	T1	$0 copay for members ages 40-75 years; 90DS
Hypotensive Agents, Miscellaneous		
phenoxybenzamine hcl oral	T4	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral	T1	90DS
ethacrynic acid oral	T1	PA; 90DS
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	90DS
furosemide oral tablet	T1	90DS
torsemide oral	T1	90DS
Mineralocorticoid (Aldosterone) Antagnts		
eplerenone	T1	90DS
spironolactone oral	T1	90DS
spironolactone-hctz	T1	90DS
Mineralocorticoid(Aldoster.)Antag(Hypot)		
eplerenone	T1	90DS
spironolactone oral	T1	90DS
Nitrates And Nitrites		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	90DS
isosorbide mononitrate	T1	90DS
isosorbide mononitrate er	T1	90DS
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	

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Drug Name	Drug Tier	Requirements and Limits
nitroglycerin sublingual	T1	90DS
nitroglycerin transdermal patch 24 hour	T1	90DS
nitroglycerin translingual solution	T1	90DS
Pcsk9 Inhibitors		
REPATHA	T2	PA
REPATHA PUSHTRONEX SYSTEM	T2	PA
REPATHA SURECLICK	T2	PA
Phosphodiesterase Type 5 Inhibitors		
cilostazol	T1	90DS
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS
tadalafil (pah)	T1	PA; 90DS
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral	T1	90DS
eplerenone	T1	90DS
spironolactone oral	T1	90DS
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO	T2	90DS; QL (60 EA per 30 days)
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral	T1	90DS
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	90DS
indapamide oral	T1	90DS
metolazone	T1	90DS
Vasodilating Agents, Miscellaneous		

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Drug Name	Drug Tier	Requirements and Limits
ambrisentan	T4	PA
amlodipine besylate oral	T1	90DS
bosentan	T4	PA
CARTIA XT	T1	90DS
CORLANOR	T3	PA
diltiazem hcl er beads	T1	90DS
diltiazem hcl er coated beads oral capsule extended release 24 hour	T1	90DS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	90DS
diltiazem hcl oral	T1	90DS
dilt-xr	T1	90DS
dipyridamole oral	T1	90DS
nicardipine hcl oral	T1	90DS
nifedipine er	T1	90DS
nifedipine er osmotic release	T1	90DS
nifedipine oral	T1	90DS
nimodipine oral	T1	
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
VENTAVIS	T4	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	90DS
verapamil hcl oral	T1	90DS
VERQUVO	T2	PA; 90DS
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule	T1	90DS
amantadine hcl oral solution	T1	90DS
amantadine hcl oral tablet	T1	90DS
GOCOVRI	T3	PA
Amphetamines		
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
amphetamine sulfate oral tablet 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphet er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
amphetamine-dextroamphetamine oral tablet 30 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T1	QL (120 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 10 mg	T1	QL (180 EA per 30 days); AL (Max 21 Years)
dextroamphetamine sulfate oral tablet 5 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
VYVANSE ORAL CAPSULE	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)

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Drug Name	Drug Tier	Requirements and Limits
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution	T1	QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (18 EA per 30 days); AL (Min 18 Years)
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
tramadol-acetaminophen	T1	QL (40 EA per 5 days)
Anticholinergic Agents (Cns)		
benztropine mesylate oral	T1	90DS
orphenadrine citrate er	T1	QL (60 EA per 30 days)
trihexyphenidyl hcl	T1	90DS
Anticonvulsants, Miscellaneous		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
APTIOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
BRIVIACT ORAL	T3	
carbamazepine er	T1	90DS
carbamazepine oral suspension	T1	90DS; AL (Max 12 Years)
carbamazepine oral tablet	T1	90DS
carbamazepine oral tablet chewable	T1	90DS
DIACOMIT	T4	ST
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral capsule delayed release sprinkle	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
EPIDIOLEX	T4	ST
EPITOL	T1	90DS
EQUETRO	T3	
felbamate	T1	90DS
FINTEPLA	T4	ST
FYCOMPA ORAL SUSPENSION	T3	ST
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
gabapentin oral capsule	T1	QL (180 EA per 30 days)
gabapentin oral solution 250 mg/5ml	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
gabapentin oral solution 300 mg/6ml	T1	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	T1	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	T1	QL (120 EA per 30 days)
lacosamide oral solution	T1	90DS; QL (1200 ML per 30 days)
lacosamide oral tablet	T1	90DS; QL (60 EA per 30 days)
lamotrigine er	T1	90DS
lamotrigine oral tablet	T1	90DS
lamotrigine oral tablet chewable	T1	90DS
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	

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Drug Name	Drug Tier	Requirements and Limits
lamotrigine starter kit-orange	T1	
levetiracetam er	T1	90DS
levetiracetam oral	T1	90DS
oxcarbazepine oral suspension	T1	90DS; AL (Max 12 Years)
oxcarbazepine oral tablet	T1	90DS
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	90DS; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	90DS; QL (60 EA per 30 days)
pregabalin oral solution	T1	90DS; QL (900 ML per 30 days)
rufinamide oral suspension	T1	90DS; QL (2400 ML per 30 days); AL (Max 12 Years)
rufinamide oral tablet	T1	ST; 90DS; QL (240 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	T3	QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	T3	QL (120 EA per 30 days)
tiagabine hcl	T1	90DS
topiramate oral	T1	90DS
valproic acid oral capsule	T1	90DS
valproic acid oral solution	T1	90DS
vigabatrin	T1	ST; 90DS; QL (180 EA per 30 days)
XCOPRI	T3	ST
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST
XCOPRI (350 MG DAILY DOSE)	T3	ST
zonisamide oral	T1	90DS
Antidepressants, Miscellaneous		
bupropion hcl er (smoking det)	T1	ACA Preventative Medication-$0 Copay

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bupropion hcl er (sr)	T1	90DS
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	90DS
bupropion hcl oral	T1	90DS
mirtazapine oral	T1	90DS
Antimanic Agents		
ABILIFY ASIMTUFII	T4	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T4	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; QL (1 EA per 28 days)
aripiprazole oral solution	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	90DS; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T4	PA; QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T4	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T4	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T4	PA; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T4	PA; QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; 90DS; QL (60 EA per 30 days)
carbamazepine er	T1	90DS
carbamazepine oral suspension	T1	90DS; AL (Max 12 Years)
carbamazepine oral tablet	T1	90DS
carbamazepine oral tablet chewable	T1	90DS
divalproex sodium er oral tablet extended release 24 hour	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
divalproex sodium oral capsule delayed release sprinkle	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
EPITOL	T1	90DS
EQUETRO	T3	
lamotrigine er	T1	90DS
lamotrigine oral tablet	T1	90DS
lamotrigine oral tablet chewable	T1	90DS
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
lithium carbonate er	T1	90DS
lithium carbonate oral	T1	90DS
olanzapine oral	T1	90DS; QL (30 EA per 30 days)
PERSERIS	T4	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	90DS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	90DS; QL (90 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; QL (2 EA per 28 days)
risperidone oral solution	T1	90DS; QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
SECUADO	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
valproic acid oral capsule	T1	90DS
valproic acid oral solution	T1	90DS
ziprasidone hcl	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T4	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T4	PA; QL (1 EA per 28 days)
Antimigraine Agents, Miscellaneous		
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
butorphanol tartrate nasal	T1	QL (5 ML per 30 days)
childrens aspirin	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
dihydroergotamine mesylate nasal	T1	QL (8 ML per 30 days)
divalproex sodium er oral tablet extended release 24 hour	T1	90DS
divalproex sodium oral capsule delayed release sprinkle	T1	90DS
divalproex sodium oral tablet delayed release	T1	90DS
ec-naproxen	T1	90DS
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
ergotamine-caffeine	T1	QL (40 EA per 30 days)
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay

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goodsense aspirin adult low st	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
hm aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
hm aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	90DS
ketoprofen oral capsule 25 mg, 75 mg	T1	90DS
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
propranolol hcl er	T1	90DS
propranolol hcl oral	T1	90DS
px aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
px enteric aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay

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ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay
timolol maleate oral	T1	90DS
topiramate oral	T1	90DS
valproic acid oral capsule	T1	90DS
valproic acid oral solution	T1	90DS
Antipsychotics, Miscellaneous		
loxapine succinate oral	T1	90DS
pimozide	T1	90DS
Anxiolytics,Sedatives,And Hypnotics,Misc		
BELSOMRA	T3	ST
buspirone hcl oral	T1	
DAYVIGO	T3	ST
eszopiclone	T1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
HETLIOZ	T4	PA
HETLIOZ LQ	T4	PA
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral	T1	
meprobamate	T1	
promethazine hcl oral	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
ramelteon	T1	ST; QL (30 EA per 30 days)
zaleplon	T1	QL (30 EA per 30 days)
zolpidem tartrate er	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
ABILIFY ASIMTUFII	T4	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T4	PA; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; QL (1 EA per 28 days)
aripiprazole oral solution	T1	90DS; QL (750 ML per 30 days); AL (Max 12 Years)
aripiprazole oral tablet	T1	90DS; QL (30 EA per 30 days)
aripiprazole oral tablet dispersible	T1	90DS; QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T4	PA; QL (2.4 ML per 168 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T4	PA; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T4	PA; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T4	PA; QL (2.4 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T4	PA; QL (3.2 ML per 28 days)
asenapine maleate	T1	ST; 90DS; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
clozapine oral tablet 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	T1	QL (120 EA per 30 days)
clozapine oral tablet 25 mg, 50 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 100 mg	T1	QL (270 EA per 30 days)
clozapine oral tablet dispersible 12.5 mg, 25 mg	T1	QL (90 EA per 30 days)
clozapine oral tablet dispersible 150 mg	T1	QL (180 EA per 30 days)
clozapine oral tablet dispersible 200 mg	T1	QL (120 EA per 30 days)
FANAPT	T3	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK	T3	ST
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T4	PA; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T4	PA; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T4	PA; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T4	PA; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T4	PA; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T4	PA; QL (0.25 ML per 28 days)

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INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T4	PA; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T4	PA; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T4	PA; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T4	PA; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T4	PA; QL (2.63 ML per 84 days)
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T1	ST; 90DS; QL (30 EA per 30 days)
lurasidone hcl oral tablet 80 mg	T1	ST; 90DS; QL (60 EA per 30 days)
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)
olanzapine oral	T1	90DS; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T1	ST; 90DS; QL (30 EA per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T1	ST; 90DS; QL (60 EA per 30 days)
PERSERIS	T4	PA; QL (1 EA per 28 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	90DS; QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	90DS; QL (60 EA per 30 days)
quetiapine fumarate oral tablet 25 mg, 50 mg	T1	90DS; QL (90 EA per 30 days)
REXULTI	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T4	PA; QL (2 EA per 28 days)
risperidone oral solution	T1	90DS; QL (480 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	90DS; QL (60 EA per 30 days)
risperidone oral tablet dispersible 3 mg, 4 mg	T1	90DS; QL (120 EA per 30 days)
SECUADO	T3	ST; QL (30 EA per 30 days)
UZEDY	T4	PA
VERSACLOZ	T3	QL (540 ML per 30 days)
VRAYLAR ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3	ST; QL (14 EA per 365 days)
ziprasidone hcl	T1	90DS; QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T4	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T4	PA; QL (1 EA per 28 days)
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
primidone oral tablet 250 mg, 50 mg	T1	90DS
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (36 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (18 EA per 30 days); AL (Min 18 Years)

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Drug Name	Drug Tier	Requirements and Limits
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-asa-caffeine	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
Benzodiazepines (Anticonvulsants)		
clobazam oral suspension	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)
DIASTAT ACUDIAL	T3	
DIASTAT PEDIATRIC	T3	
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL (10 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE	T3	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE	T3	QL (10 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
VALTOCO 20 MG DOSE	T3	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE	T3	QL (10 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	T1	QL (120 EA per 30 days)
alprazolam oral tablet 2 mg	T1	QL (150 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg	T1	QL (270 EA per 30 days)
chlordiazepoxide hcl oral capsule 25 mg	T1	QL (120 EA per 30 days)
chlordiazepoxide hcl oral capsule 5 mg	T1	QL (90 EA per 30 days)
chlordiazepoxide-amitriptyline	T1	
clobazam oral suspension	T1	QL (480 ML per 30 days)
clobazam oral tablet	T1	QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 2 mg	T1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 15 mg	T1	QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg	T1	QL (90 EA per 30 days)
DIASTAT ACUDIAL	T3	
DIASTAT PEDIATRIC	T3	
diazepam oral concentrate	T1	QL (240 ML per 30 days)
diazepam oral solution 5 mg/5ml	T1	QL (1200 ML per 30 days)
diazepam oral tablet	T1	QL (120 EA per 30 days)
diazepam rectal	T1	
estazolam	T1	QL (30 EA per 30 days)
lorazepam oral concentrate	T1	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (90 EA per 30 days)
lorazepam oral tablet 2 mg	T1	QL (150 EA per 30 days)
oxazepam	T1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
quazepam	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
temazepam	T1	QL (30 EA per 30 days)
triazolam	T1	QL (30 EA per 30 days)
Butyrophenones		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	T1	
haloperidol lactate injection solution 5 mg/ml	T1	
haloperidol lactate oral	T1	90DS
haloperidol oral	T1	90DS
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA
EMGALITY	T2	PA
EMGALITY (300 MG DOSE)	T2	PA
NURTEC	T3	PA; QL (8 EA per 30 days)
QULIPTA	T3	PA
UBRELVY	T2	ST; QL (16 EA per 30 days)
Catechol-O-Methyltransferase(Comt)Inhib.		
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	T1	90DS
entacapone	T1	90DS
ONGENTYS ORAL CAPSULE 50 MG	T3	PA
tolcapone	T1	90DS
Central Nervous System Agents, Misc.		
acamprosate calcium	T1	90DS
atomoxetine hcl	T1	90DS
guanfacine hcl er	T1	90DS

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guanfacine hcl oral	T1	90DS
memantine hcl er	T1	90DS; QL (30 EA per 30 days)
memantine hcl oral tablet 10 mg, 5 mg	T1	90DS
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1	
NUEDEXTA	T3	PA
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
riluzole	T1	90DS
sodium oxybate	T4	PA
VYNDAMAX	T4	PA
XYWAV	T4	PA
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral	T1	90DS
Dopamine Precursors		
carbidopa oral	T1	90DS
carbidopa-levodopa	T1	90DS
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	90DS
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	T1	90DS
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	T1	90DS
cabergoline	T1	
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	90DS; QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	T1	90DS; QL (60 EA per 30 days)
pregabalin oral solution	T1	90DS; QL (900 ML per 30 days)
SAVELLA	T3	
SAVELLA TITRATION PACK	T3	
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
phenytoin oral	T1	90DS
phenytoin sodium extended	T1	90DS
Monoamine Oxidase B Inhibitors		
EMSAM	T3	
rasagiline mesylate oral	T1	90DS
selegiline hcl oral	T1	90DS
XADAGO	T3	PA
Monoamine Oxidase Inhibitors		
EMSAM	T3	
MARPLAN	T3	
phenelzine sulfate oral	T1	90DS
rasagiline mesylate oral	T1	90DS
selegiline hcl oral	T1	90DS
tranylcypromine sulfate	T1	90DS
XADAGO	T3	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
apomorphine hcl subcutaneous	T4	PA
NEUPRO	T3	
pramipexole dihydrochloride	T1	90DS
pramipexole dihydrochloride er	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
ropinirole hcl	T1	90DS
ropinirole hcl er	T1	90DS
Opiate Agonists		
acetaminophen-codeine oral solution	T1	QL (4500 ML per 30 days); AL (Min 18 Years)
acetaminophen-codeine oral tablet	T1	QL (180 EA per 30 days); AL (Min 18 Years)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (18 EA per 30 days); AL (Min 18 Years)
carisoprodol-aspirin-codeine	T1	ST; QL (168 EA per 21 days); AL (Min 18 Years)
codeine sulfate oral tablet	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 150 Years)
fentanyl	T1	PA; QL (10 EA per 30 days)
fentanyl citrate buccal lozenge on a handle	T4	PA
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T1	PA
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	
hydromorphone hcl er oral tablet extended release 24 hour	T1	PA
hydromorphone hcl oral tablet	T1	
levorphanol tartrate oral	T1	PA
meperidine hcl oral tablet 50 mg	T1	QL (180 EA per 30 days)
methadone hcl oral solution	T1	PA
methadone hcl oral tablet	T1	PA
morphine sulfate er oral tablet extended release	T1	PA
morphine sulfate oral tablet	T1	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent	T1	PA

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Drug Name	Drug Tier	Requirements and Limits
oxycodone hcl oral solution	T1	
oxycodone hcl oral tablet	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxymorphone hcl	T1	
oxymorphone hcl er	T1	PA
tramadol hcl er	T1	PA
tramadol hcl oral tablet 50 mg	T1	QL (240 EA per 30 days)
tramadol-acetaminophen	T1	QL (40 EA per 5 days)
Opiate Antagonists		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
KLOXXADO	T3	ST
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	
naltrexone hcl oral	T1	
pentazocine-naloxone hcl	T1	
RELISTOR ORAL	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3	PA
Opiate Partial Agonists		
buprenorphine hcl sublingual	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 EA per 30 days)

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buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 EA per 30 days)
buprenorphine transdermal	T1	PA; QL (4 EA per 28 days)
butorphanol tartrate nasal	T1	QL (5 ML per 30 days)
pentazocine-naloxone hcl	T1	
Orexin Receptor Antagonists		
BELSOMRA	T3	ST
DAYVIGO	T3	ST
Other Nonsteroidal Anti-Inflam. Agents		
diclofenac potassium oral tablet 50 mg	T1	90DS
diclofenac sodium er	T1	90DS
diclofenac sodium oral	T1	90DS
diclofenac-misoprostol oral tablet delayed release	T1	90DS
diflunisal oral	T1	90DS
ec-naproxen	T1	90DS
etodolac er	T1	90DS
etodolac oral	T1	90DS
fenoprofen calcium oral tablet	T1	90DS
flurbiprofen oral	T1	90DS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	90DS
indomethacin er	T1	90DS
indomethacin oral capsule 25 mg, 50 mg	T1	90DS
ketoprofen oral capsule 25 mg, 75 mg	T1	90DS
ketorolac tromethamine oral	T1	QL (20 EA per 30 days)
meclofenamate sodium oral	T1	90DS
mefenamic acid oral	T1	90DS
meloxicam oral tablet	T1	90DS

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nabumetone oral	T1	90DS
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
oxaprozin	T1	90DS
piroxicam oral	T1	90DS
sulindac oral	T1	90DS
Phenothiazines		
chlorpromazine hcl oral concentrate	T1	90DS; AL (Max 12 Years)
chlorpromazine hcl oral tablet	T1	90DS
fluphenazine decanoate injection	T1	
fluphenazine hcl oral	T1	90DS
perphenazine oral	T1	90DS
perphenazine-amitriptyline	T1	90DS
prochlorperazine	T1	
prochlorperazine maleate oral	T1	90DS
thioridazine hcl oral	T1	90DS
trifluoperazine hcl oral	T1	90DS
Respiratory And Cns Stimulants		
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (18 EA per 30 days); AL (Min 18 Years)
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (18 EA per 30 days)
butalbital-asa-caffeine	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
dexmethylphenidate hcl er	T1	ST; QL (30 EA per 30 days); AL (Max 21 Years)
dexmethylphenidate hcl oral tablet 10 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)

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Drug Name	Drug Tier	Requirements and Limits
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	T1	QL (90 EA per 30 days); AL (Max 21 Years)
ergotamine-caffeine	T1	QL (40 EA per 30 days)
methylphenidate hcl er	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (cd)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (la)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl er (xr)	T1	QL (30 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (900 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (450 ML per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet	T1	QL (90 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet chewable 10 mg	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
theophylline	T1	90DS
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	90DS
theophylline er oral tablet extended release 24 hour	T1	90DS
Salicylates		

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Drug Name	Drug Tier	Requirements and Limits
adult aspirin regimen	T1	ACA Preventative Medication-$0 Copay
aspirin 81 oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
aspirin adult low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin childrens	T1	ACA Preventative Medication-$0 Copay
aspirin ec adult low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin low dose oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
aspirin low strength	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
aspirin-dipyridamole er	T1	90DS
butalbital-asa-caffeine	T1	QL (18 EA per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (18 EA per 30 days)
carisoprodol-aspirin-codeine	T1	ST; QL (168 EA per 21 days); AL (Min 18 Years)
childrens aspirin	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
cvs aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
cvs aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low dose	T1	ACA Preventative Medication-$0 Copay
cvs aspirin low strength oral tablet delayed release	T1	ACA Preventative Medication-$0 Copay
eq aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
eq aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
eql aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp adult aspirin low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
gnp aspirin low dose	T1	ACA Preventative Medication-$0 Copay
gnp aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin adult low st	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin low dose	T1	ACA Preventative Medication-$0 Copay
goodsense aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
h-e-b aspirin	T1	ACA Preventative Medication-$0 Copay
hm aspirin ec low dose	T1	ACA Preventative Medication-$0 Copay
hm aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
kls aspirin low dose	T1	ACA Preventative Medication-$0 Copay
kp aspirin	T1	ACA Preventative Medication-$0 Copay
px aspirin oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
px enteric aspirin oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
qc aspirin low dose	T1	ACA Preventative Medication-$0 Copay
qc childrens aspirin	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low dose	T1	ACA Preventative Medication-$0 Copay
ra aspirin adult low strength oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
ra aspirin childrens	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec adult low st	T1	ACA Preventative Medication-$0 Copay
ra aspirin ec oral tablet delayed release 81 mg	T1	ACA Preventative Medication-$0 Copay
sb childrens aspirin	T1	ACA Preventative Medication-$0 Copay
sb low dose asa ec	T1	ACA Preventative Medication-$0 Copay
sm aspirin adult low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin ec low strength	T1	ACA Preventative Medication-$0 Copay
sm aspirin low dose oral tablet chewable	T1	ACA Preventative Medication-$0 Copay
sm childrens aspirin	T1	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
Sel.Serotonin,Norepi Reuptake Inhibitor		
desvenlafaxine succinate er	T1	90DS
DRIZALMA SPRINKLE	T3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	90DS
FETZIMA	T3	
FETZIMA TITRATION	T3	
SAVELLA	T3	
SAVELLA TITRATION PACK	T3	
venlafaxine hcl	T1	90DS
venlafaxine hcl er	T1	90DS
Selective Serotonin Agonists		
almotriptan malate	T1	ST; QL (8 EA per 30 days)
eletriptan hydrobromide	T1	ST; QL (8 EA per 30 days)
frovatriptan succinate	T1	ST; QL (9 EA per 30 days)
naratriptan hcl	T1	ST; QL (9 EA per 30 days)
rizatriptan benzoate	T1	QL (8 EA per 30 days)
sumatriptan nasal	T1	ST; QL (12 EA per 30 days)
sumatriptan succinate oral	T1	QL (9 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	T1	ST; QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	ST; QL (4 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	T1	ST; QL (4 ML per 30 days)
zolmitriptan oral tablet	T1	ST; QL (8 EA per 30 days)
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution	T1	90DS
citalopram hydrobromide oral tablet	T1	90DS
escitalopram oxalate oral solution	T1	90DS; AL (Max 12 Years)

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Drug Name	Drug Tier	Requirements and Limits
escitalopram oxalate oral tablet	T1	90DS
fluoxetine hcl (pmdd) oral tablet	T1	90DS
fluoxetine hcl oral capsule	T1	90DS
fluoxetine hcl oral capsule delayed release	T1	90DS
fluoxetine hcl oral solution	T1	90DS
fluoxetine hcl oral tablet 10 mg, 20 mg	T1	90DS
fluvoxamine maleate	T1	90DS
paroxetine hcl er	T1	90DS
paroxetine hcl oral tablet	T1	90DS
PAXIL ORAL SUSPENSION	T3	
sertraline hcl oral concentrate	T1	90DS
sertraline hcl oral tablet	T1	90DS
Serotonin Modulators		
nefazodone hcl	T1	90DS
trazodone hcl oral	T1	90DS
TRINTELLIX	T3	
VIIBRYD STARTER PACK	T3	
vilazodone hcl	T1	90DS
Succinimides		
CELONTIN	T3	
ethosuximide oral	T1	90DS
Thioxanthenes		
thiothixene oral	T1	90DS
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral	T1	90DS
amoxapine	T1	90DS
chlordiazepoxide-amitriptyline	T1	
clomipramine hcl oral	T1	90DS
desipramine hcl oral	T1	90DS
doxepin hcl oral capsule	T1	90DS

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doxepin hcl oral concentrate	T1	90DS
doxepin hcl oral tablet	T1	QL (30 EA per 30 days)
imipramine hcl oral	T1	90DS
imipramine pamoate	T1	90DS
nortriptyline hcl oral	T1	90DS
perphenazine-amitriptyline	T1	90DS
protriptyline hcl	T1	90DS
trimipramine maleate oral	T1	90DS
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO	T4	PA
AUSTEDO PATIENT TITRATION KIT	T4	PA
AUSTEDO XR	T4	PA
AUSTEDO XR PATIENT TITRATION	T4	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T4	PA
INGREZZA ORAL CAPSULE THERAPY PACK	T4	PA
tetrabenazine	T1	PA; 90DS
Wakefulness-Promoting Agents		
armodafinil	T1	PA
modafinil	T1	PA
SUNOSI	T3	PA
Devices		
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	
ACCU-CHEK SMARTVIEW CONTROL	T1	

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Drug Name	Drug Tier	Requirements and Limits
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
alcohol pad , 70 %	T1	
ALCOHOL PAD , 70 %	T1	
BD AUTOSHIELD DUO	T1	
BD INSULIN SYRINGE U/F 1/2UNIT	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	T1	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	T1	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	T1	
BD INSULIN SYRINGE U-500	T1	
BD PEN NEEDLE MICRO U/F	T1	
BD PEN NEEDLE MINI U/F	T1	
BD PEN NEEDLE NANO 2ND GEN	T1	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	T1	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	T1	
BD PEN NEEDLE SHORT U/F	T1	
BD VEO INSULIN SYR U/F 1/2UNIT	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML	T1	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML	T1	

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Drug Name	Drug Tier	Requirements and Limits
DEXCOM G6 RECEIVER	T2	ST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	T2	ST; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 EA per 28 days)
FREESTYLE LIBRE READER	T2	
gauze pad 2"x2"	T1	
GAUZE PAD 2"X2"	T1	
OMNIPOD 5 G6 INTRO (GEN 5)	T2	QL (1 EA per 730 days)
OMNIPOD 5 G6 POD (GEN 5)	T2	
OMNIPOD DASH PDM (GEN 4)	T2	QL (1 EA per 730 days)
OMNIPOD DASH PODS (GEN 4)	T2	
OPTICHAMBER DIAMOND	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA
CORTROPHIN	T4	PA
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	T1	
ACCU-CHEK GUIDE IN VITRO	T1	

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Drug Name	Drug Tier	Requirements and Limits
ACCU-CHEK SMARTVIEW	T1	
Thyroid Function		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er	T1	
Ammonia Detoxicants		
carglumic acid oral tablet soluble	T4	
constulose	T1	90DS
enulose	T1	90DS
generlac	T1	90DS
lactulose encephalopathy	T1	90DS
lactulose oral solution	T1	90DS
Carbonic Anhydrase Inhibitors		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
Diuretics, Miscellaneous		
theophylline	T1	90DS
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	90DS
theophylline er oral tablet extended release 24 hour	T1	90DS
Irrigating Solutions		
RENACIDIN	T3	
Loop Diuretics		
bumetanide oral	T1	90DS
ethacrynic acid oral	T1	PA; 90DS

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Drug Name	Drug Tier	Requirements and Limits
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	90DS
furosemide oral tablet	T1	90DS
torsemide oral	T1	90DS
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule	T1	90DS
FOSRENOL ORAL PACKET	T3	
lanthanum carbonate	T1	PA; 90DS
sevelamer carbonate oral packet	T1	PA; 90DS
sevelamer carbonate oral tablet	T1	90DS
VELPHORO	T3	PA
Potassium-Removing Agents		
LOKELMA	T3	PA
sodium polystyrene sulfonate oral powder	T1	
SPS	T3	
VELTASSA	T3	PA
Potassium-Sparing Diuretics		
amiloride hcl oral	T1	90DS
amiloride-hydrochlorothiazide	T1	90DS
eplerenone	T1	90DS
spironolactone oral	T1	90DS
triamterene-hctz oral capsule 37.5-25 mg	T1	90DS
triamterene-hctz oral tablet	T1	90DS
Replacement Preparations		
calcium acetate (phos binder) oral capsule	T1	90DS
KLOR-CON 10	T2	90DS
KLOR-CON M10	T2	90DS
KLOR-CON M15	T2	90DS
KLOR-CON M20	T2	90DS
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	90DS
K-MG CITRATE	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
potassium chloride crys er	T1	90DS
potassium chloride er	T1	90DS
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	90DS
Thiazide Diuretics		
amiloride-hydrochlorothiazide	T1	90DS
benazepril-hydrochlorothiazide	T1	90DS
bisoprolol-hydrochlorothiazide	T1	90DS
candesartan cilexetil-hctz	T1	90DS
enalapril-hydrochlorothiazide	T1	90DS
hydrochlorothiazide oral	T1	90DS
irbesartan-hydrochlorothiazide	T1	90DS
lisinopril-hydrochlorothiazide	T1	90DS
losartan potassium-hctz	T1	90DS
metoprolol-hydrochlorothiazide	T1	90DS
olmesartan medoxomil-hctz	T1	90DS
quinapril-hydrochlorothiazide	T1	90DS
spironolactone-hctz	T1	90DS
telmisartan-hctz	T1	90DS
triamterene-hctz oral capsule 37.5-25 mg	T1	90DS
triamterene-hctz oral tablet	T1	90DS
valsartan-hydrochlorothiazide	T1	90DS
Thiazide-Like Diuretics		
atenolol-chlorthalidone	T1	90DS
chlorthalidone oral tablet 25 mg, 50 mg	T1	90DS
indapamide oral	T1	90DS
metolazone	T1	90DS
Uricosuric Agents		
colchicine-probenecid	T1	90DS
probenecid oral	T1	90DS
Vasopressin Antagonists		

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Drug Name	Drug Tier	Requirements and Limits
JYNARQUE	T4	PA
tolvaptan	T4	PA
Enzymes		
Enzymes		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA
CREON	T2	90DS
ELELYSO	T4	PA
HYQVIA	T4	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA
SANTYL	T3	PA
SUCRAID	T4	PA
VPRIV	T4	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T2	90DS
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	T2	90DS
brimonidine tartrate ophthalmic solution 0.2 %	T1	90DS
brimonidine tartrate-timolol	T1	90DS
SIMBRINZA	T2	90DS
Antiallergic Agents		
ALOCRIL	T3	
ALOMIDE	T3	
azelastine hcl nasal	T1	

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Drug Name	Drug Tier	Requirements and Limits
azelastine hcl ophthalmic	T1	
bepotastine besilate	T1	ST
cromolyn sodium inhalation	T1	90DS
cromolyn sodium ophthalmic	T1	
epinastine hcl	T1	ST
LASTACAFT	T3	
olopatadine hcl nasal	T1	
olopatadine hcl ophthalmic solution 0.1 %	T1	
Antibacterials (Eent)		
AZASITE	T3	
bacitracin ophthalmic	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
BESIVANCE	T3	
CIPRO HC	T3	
ciprofloxacin hcl ophthalmic	T1	
ciprofloxacin hcl otic	T1	ST
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST
erythromycin ophthalmic	T1	
gatifloxacin ophthalmic	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
gentamicin sulfate ophthalmic solution	T1	
moxifloxacin hcl ophthalmic solution	T1	QL (3 ML per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc otic	T1	
ofloxacin ophthalmic	T1	
ofloxacin otic	T1	

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Drug Name	Drug Tier	Requirements and Limits
polymyxin b-trimethoprim	T1	
PRED-G	T3	
sulfacetamide sodium ophthalmic	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
ZYLET	T3	
Antifungals (Eent)		
NATACYN	T3	
Antivirals (Eent)		
trifluridine ophthalmic	T1	
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic	T1	90DS
brimonidine tartrate-timolol	T1	90DS
carteolol hcl	T1	90DS
dorzolamide hcl-timolol mal	T1	90DS
levobunolol hcl ophthalmic solution 0.5 %	T1	90DS
timolol maleate ophthalmic solution	T1	90DS
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er	T1	90DS
acetazolamide oral	T1	90DS
brinzolamide	T1	ST; 90DS
dorzolamide hcl ophthalmic	T1	90DS
dorzolamide hcl-timolol mal	T1	90DS
methazolamide oral	T1	90DS
SIMBRINZA	T2	90DS
Corticosteroids (Eent)		
CIPRO HC	T3	

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Drug Name	Drug Tier	Requirements and Limits
ciprofloxacin-dexamethasone	T1	ST
ciprofloxacin-fluocinolone pf	T1	ST
dexamethasone sodium phosphate ophthalmic	T1	
difluprednate	T1	ST
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluocinolone acetonide otic	T1	
fluorometholone ophthalmic	T1	
fluticasone propionate nasal	T1	
FML	T2	
FML FORTE	T2	
hydrocortisone-acetic acid	T1	
loteprednol etabonate ophthalmic suspension	T1	ST
mometasone furoate nasal	T1	
neomycin-polymyxin-dexameth	T1	
neomycin-polymyxin-hc otic	T1	
PRED-G	T3	
prednisolone acetate ophthalmic	T1	
prednisolone sodium phosphate ophthalmic	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
tobramycin-dexamethasone	T1	QL (10 ML per 30 days)
ZYLET	T3	
Eent Anti-Infectives, Miscellaneous		
chlorhexidine gluconate mouth/throat	T1	
Eent Anti-Inflammatory Agents, Misc.		
cyclosporine ophthalmic	T1	ST; 90DS; QL (60 EA per 30 days)
XIIDRA	T3	QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		

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Drug Name	Drug Tier	Requirements and Limits
acetic acid otic	T1	
apraclonidine hcl	T1	ST
artificial tears ophthalmic solution 0.1-0.3 %, 1.4 %	T1	
artificial tears pf	T1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	90DS
eq artificial tears	T1	
eq restore tears	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	
hydrocortisone-acetic acid	T1	
just tears eye drops	T1	
liquitears	T1	
lubricant eye drops ophthalmic solution 0.5 %	T1	
MOISTURE EYES	T1	
OXERVATE	T4	PA
polyvinyl alcohol ophthalmic	T1	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
sm artificial tears	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
bromfenac sodium (once-daily)	T1	ST

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Drug Name	Drug Tier	Requirements and Limits
diclofenac sodium ophthalmic	T1	
flurbiprofen sodium	T1	
ketorolac tromethamine ophthalmic	T1	
NEVANAC	T3	
Local Anesthetics (Eent)		
lidocaine hcl mouth/throat	T1	
lidocaine viscous hcl	T1	
proparacaine hcl ophthalmic	T1	
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	90DS
VUITY	T3	PA
Mydriatics		
atropine sulfate ophthalmic solution 1 %	T1	90DS
Prostaglandin Analogs		
latanoprost ophthalmic	T1	90DS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	90DS
tafluprost (pf)	T1	ST; 90DS
travoprost (bak free)	T1	ST; 90DS
Rho Kinase Inhibitors		
RHOPRESSA	T3	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
granisetron hcl oral	T1	
ondansetron	T1	
ondansetron hcl oral	T1	
Antacids And Adsorbents		
omeprazole-sodium bicarbonate oral capsule	T1	ST; 90DS

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Drug Name	Drug Tier	Requirements and Limits
omeprazole-sodium bicarbonate oral packet	T1	ST; 90DS; AL (Max 12 Years)
Antidiarrhea Agents		
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
loperamide hcl oral capsule	T1	
XERMELO	T4	PA
Antiemetics, Miscellaneous		
dronabinol	T1	
promethazine hcl oral	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
scopolamine	T1	QL (10 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
Antihistamines (Gi Drugs)		
doxylamine-pyridoxine	T1	PA
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	90DS
trimethobenzamide hcl oral	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl	T1	90DS; QL (60 EA per 30 days)
balsalazide disodium	T1	
DIPENTUM	T3	
mesalamine er oral capsule extended release 24 hour	T1	
mesalamine oral capsule delayed release	T1	90DS
mesalamine oral tablet delayed release 1.2 gm	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
mesalamine rectal	T1	
mesalamine-cleanser	T1	
sulfasalazine oral	T1	90DS
Antiulcer Agents And Acid Suppressants		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
metronidazole oral	T1	
tetracycline hcl oral	T1	
Cathartics And Laxatives		
GAVILYTE-C	T1	$0 copay for members ages 45-75 years
GAVILYTE-G	T1	$0 copay for members ages 45-75 years
GAVILYTE-N WITH FLAVOR PACK	T1	$0 copay for members ages 45-75 years
na sulfate-k sulfate-mg sulf	T1	ST; $0 copay for members ages 45-75 years
peg 3350-kcl-na bicarb-nacl	T1	$0 copay for members ages 45-75 years
peg-3350/electrolytes	T1	$0 copay for members ages 45-75 years
peg-kcl-nacl-nasulf-na asc-c	T1	ST; $0 copay for members ages 45-75 years
polyethylene glycol 3350 oral packet 17 gm	T1	
polyethylene glycol 3350 oral powder	T1	
polyethylene glycol 3350 powder	T1	
Cholelitholytic Agents		

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Drug Name	Drug Tier	Requirements and Limits
ursodiol oral capsule 300 mg	T1	90DS
ursodiol oral tablet	T1	90DS
Digestants		
CREON	T2	90DS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T2	90DS
Gi Drugs, Miscellaneous		
adalimumab-fkjp	T4	PA
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
GATTEX	T4	PA
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PSOR/UVEIT STARTER	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
LINZESS	T2	90DS; QL (30 EA per 30 days)
LIVMARLI	T4	PA
lubiprostone	T2	90DS
MOVANTIK	T2	ST
OCALIVA	T4	PA
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA
octreotide acetate subcutaneous	T4	PA
RELISTOR ORAL	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T3	PA
SANDOSTATIN LAR DEPOT	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
SKYRIZI INTRAVENOUS	T4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
SYMPROIC	T2	ST
Histamine H2-Antagonists		
cimetidine hcl oral solution 300 mg/5ml	T1	90DS
cimetidine oral tablet 200 mg	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	90DS
famotidine oral tablet 20 mg, 40 mg	T1	90DS
nizatidine oral capsule	T1	90DS
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
aprepitant oral capsule	T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T3	
VARUBI (180 MG DOSE)	T3	PA
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
Prostaglandins		
diclofenac-misoprostol oral tablet delayed release	T1	90DS
misoprostol oral	T1	90DS
Protectants		
sucralfate oral tablet	T1	90DS
Proton-Pump Inhibitors		
dexlansoprazole	T1	PA
esomeprazole magnesium oral capsule delayed release	T1	ST
lansoprazole oral capsule delayed release	T1	ST
omeprazole oral capsule delayed release	T1	
omeprazole-sodium bicarbonate oral capsule	T1	ST; 90DS
omeprazole-sodium bicarbonate oral packet	T1	ST; 90DS; AL (Max 12 Years)
pantoprazole sodium oral tablet delayed release	T1	
rabeprazole sodium oral tablet delayed release	T1	ST
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox granules	T4	PA
deferasirox oral tablet	T4	PA
deferasirox oral tablet soluble	T4	PA
deferiprone	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
FERRIPROX TWICE-A-DAY	T4	PA
penicillamine oral	T1	PA
trientine hcl	T4	PA
Hormones And Synthetic Substitutes		
Adrenals		
ARNUITY ELLIPTA	T2	90DS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	90DS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	90DS
ASMANEX HFA	T2	90DS
BREZTRI AEROSPHERE	T2	90DS
budesonide inhalation	T1	90DS; QL (60 ML per 30 days)
budesonide oral	T1	
budesonide-formoterol fumarate	T2	90DS; QL (10.2 GM per 30 days)
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T2	90DS
fludrocortisone acetate oral	T1	90DS
flunisolide nasal solution 25 mcg/act (0.025%)	T1	

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Drug Name	Drug Tier	Requirements and Limits
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T2	90DS; QL (60 EA per 30 days)
fluticasone propionate hfa	T2	90DS
fluticasone propionate nasal	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act	T1	90DS
hydrocortisone oral	T1	
methylprednisolone oral	T1	
mometasone furoate nasal	T1	
prednisolone oral solution	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1	
prednisone oral	T1	
PULMICORT FLEXHALER	T2	90DS
QVAR REDIHALER	T2	90DS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T1	90DS
Alpha-Glucosidase Inhibitors		
acarbose oral	T1	90DS
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA

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Drug Name	Drug Tier	Requirements and Limits
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
Androgens		
danazol oral	T1	
methyltestosterone oral	T1	PA
oxandrolone oral	T1	PA
testosterone cypionate intramuscular solution 100 mg/ml	T1	QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution	T1	QL (5 ML per 28 days)
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	T1	PA
testosterone transdermal solution	T1	PA
Antidiabetic Agents, Miscellaneous		
colesevelam hcl	T1	90DS
KORLYM	T4	
Antiestrogens		
anastrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
exemestane	T1	ACA Preventative Medication-$0 Copay; 90DS
KISQALI FEMARA (200 MG DOSE)	T4	PA
KISQALI FEMARA (400 MG DOSE)	T4	PA
KISQALI FEMARA (600 MG DOSE)	T4	PA
letrozole oral	T1	ACA Preventative Medication-$0 Copay; 90DS
Antigonadtropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
ganirelix acetate subcutaneous solution prefilled syringe	T4	PA
ORILISSA	T3	PA
Antiparathyroid Agents		
calcitonin (salmon) nasal	T1	90DS
cinacalcet hcl oral tablet 30 mg, 60 mg	T1	90DS; QL (60 EA per 30 days)
cinacalcet hcl oral tablet 90 mg	T1	90DS; QL (120 EA per 30 days)
Antithyroid Agents		
methimazole oral	T1	90DS
propylthiouracil oral	T1	90DS
Biguanides		
glipizide-metformin hcl	T1	90DS
glyburide-metformin	T1	90DS
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
JENTADUETO	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	T2	90DS; QL (30 EA per 30 days)
metformin hcl er	T1	90DS
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	90DS
pioglitazone hcl-metformin hcl	T1	90DS
SYNJARDY	T2	90DS; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Contraceptives		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
AUBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
AUBRA EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-$0 Copay; 90DS
AZURETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
briellyn	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMILA	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
CAMRESE LO	T1	ACA Preventative Medication-$0 Copay; 90DS
CAZIANT	T1	ACA Preventative Medication-$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
CRYSELLE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-$0 Copay; 90DS
DEBLITANE	T1	ACA Preventative Medication-$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Tier
T1 = Generic
T2 = Preferred Brand
T3 = Non-Preferred Brand
T4 = Specialty

Requirements and Limits
90DS = 90 Day Supply Eligible
AL = Age Limit
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ST = Step Therapy
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Drug Name	Drug Tier	Requirements and Limits
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
ECONTRA EZ	T1	ACA Preventative Medication-$0 Copay
ECONTRA ONE-STEP	T1	ACA Preventative Medication-$0 Copay
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS
ELLA	T2	ACA Preventative Medication-$0 Copay
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
EMOQUETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FAYOSIM	T1	ACA Preventative Medication-$0 Copay; 90DS
FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
GEMMILY	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
HEATHER	T1	ACA Preventative Medication-$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INCASSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-$0 Copay; 90DS
JENCYCLA	T1	ACA Preventative Medication-$0 Copay; 90DS
JOLESSA	T1	ACA Preventative Medication-$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
JUNEL FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-$0 Copay; 90DS
KALLIGA	T1	ACA Preventative Medication-$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-$0 Copay; 90DS
KURVELO	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARISSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
LAYOLIS FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgestrel oral tablet 1.5 mg	T1	ACA Preventative Medication-$0 Copay
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LILLOW	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS
LYLEQ	T1	ACA Preventative Medication-$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-$0 Copay; 90DS
marlissa	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
medroxyprogesterone acetate intramuscular	T1	ACA Preventative Medication-$0 Copay
MELODETTA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MERZEE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
MONO-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
MY CHOICE	T1	ACA Preventative Medication-$0 Copay
MY WAY	T1	ACA Preventative Medication-$0 Copay
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NEW DAY	T1	ACA Preventative Medication-$0 Copay
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone oral	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYDA	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
OCELLA	T1	ACA Preventative Medication-$0 Copay; 90DS
OPCICON ONE-STEP	T1	ACA Preventative Medication-$0 Copay
OPTION 2	T1	ACA Preventative Medication-$0 Copay
ORSYTHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-$0 Copay; 90DS
PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS
SHAROBEL	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-$0 Copay
TARINA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
TRI-NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TULANA	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JANUMET	T2	90DS; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	90DS; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	90DS; QL (60 EA per 30 days)
JANUVIA	T2	90DS; QL (30 EA per 30 days)
JENTADUETO	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRADJENTA	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
CLOMID	T3	PA; QL (10 EA per 30 days)
clomiphene citrate oral	T1	PA; QL (10 EA per 30 days)
DUAVEE	T3	ST
OSPHENA	T3	
raloxifene hcl	T1	ACA Preventative Medication-$0 Copay; 90DS
SOLTAMOX	T4	
tamoxifen citrate oral	T1	ACA Preventative Medication-$0 Copay; 90DS
toremifene citrate	T1	90DS
Estrogens		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
AUBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
AUBRA EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-$0 Copay; 90DS
AZURETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
briellyn	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
CAZIANT	T1	ACA Preventative Medication-$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
COMBIPATCH	T3	
CRYSELLE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
DUAVEE	T3	ST
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
EMOQUETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
estradiol oral	T1	90DS
estradiol transdermal patch twice weekly	T1	90DS
estradiol transdermal patch weekly	T1	90DS
estradiol vaginal	T1	90DS
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	
estradiol-norethindrone acet	T1	90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FAYOSIM	T1	ACA Preventative Medication-$0 Copay; 90DS
FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
FYAVOLV	T1	90DS
GEMMILY	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
HAILEY 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-$0 Copay; 90DS
JINTELI	T1	90DS
JOLESSA	T1	ACA Preventative Medication-$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Tier
T1 = Generic
T2 = Preferred Brand
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Requirements and Limits
90DS = 90 Day Supply Eligible
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Drug Name	Drug Tier	Requirements and Limits
KALLIGA	T1	ACA Preventative Medication-$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-$0 Copay; 90DS
KURVELO	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARISSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
LAYOLIS FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LILLOW	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS
marlissa	T1	ACA Preventative Medication-$0 Copay; 90DS
MELODETTA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3	ST
MERZEE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
MIMVEY	T1	90DS
MONO-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
NORTREL 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
OCELLA	T1	ACA Preventative Medication-$0 Copay; 90DS
ORSYTHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-$0 Copay; 90DS
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PREMPHASE	T3	
PREMPRO	T3	
PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
YUVAFEM	T1	90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL (4 EA per 30 days)
BAQSIMI TWO PACK	T2	QL (4 EA per 30 days)
glucagon emergency injection kit	T2	QL (4 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
Gonadotropins		
ELIGARD	T4	PA
FOLLISTIM AQ SUBCUTANEOUS	T4	PA
GONAL-F	T4	PA
GONAL-F RFF	T4	PA
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
leuprolide acetate (3 month)	T4	PA
leuprolide acetate injection	T4	
LUPRON DEPOT (1-MONTH)	T4	PA
LUPRON DEPOT (3-MONTH)	T4	PA
LUPRON DEPOT (4-MONTH)	T4	PA
LUPRON DEPOT (6-MONTH)	T4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T4	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	T4	PA
LUPRON DEPOT-PED (6-MONTH)	T4	PA
MENOPUR	T4	PA
NOVAREL	T4	PA
OVIDREL	T4	PA
PREGNYL	T4	PA
SYNAREL	T4	PA
TRELSTAR MIXJECT	T4	PA
Incretin Mimetics		
MOUNJARO	T2	ST; 90DS; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	ST; 90DS; QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	ST; 90DS; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	ST; 90DS; QL (3 ML per 28 days)
RYBELSUS	T2	ST; 90DS; QL (30 EA per 30 days)
SOLIQUA	T2	ST; 90DS
TRULICITY	T2	ST; 90DS; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	ST; 90DS; QL (9 ML per 30 days)
XULTOPHY	T3	ST
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	90DS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN N	T2	90DS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
Long-Acting Insulins		
insulin degludec	T2	ST; 90DS
insulin degludec flextouch	T2	ST; 90DS
insulin glargine-yfgn	T1	90DS
LANTUS	T3	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR	T3	ST
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
REZVOGLAR KWIKPEN	T1	90DS
SOLIQUA	T2	ST; 90DS

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Drug Name	Drug Tier	Requirements and Limits
TOUJEO MAX SOLOSTAR	T3	ST
TOUJEO SOLOSTAR	T3	ST
XULTOPHY	T3	ST
Meglitinides		
nateglinide	T1	90DS
repaglinide	T1	90DS
Parathyroid Agents		
NATPARA	T4	PA
teriparatide (recombinant)	T4	PA
TYMLOS	T4	PA
Pituitary		
ACTHAR	T4	PA
CORTROPHIN	T4	PA
desmopressin ace spray refrig	T1	90DS; QL (15 ML per 30 days)
desmopressin acetate oral	T1	90DS
desmopressin acetate spray	T1	90DS; QL (15 ML per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA
HUMATROPE INJECTION CARTRIDGE	T4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA
Progestins		
AFIRMELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ALTAVERA	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
alyacen 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
AMETHYST	T1	ACA Preventative Medication-$0 Copay; 90DS
APRI	T1	ACA Preventative Medication-$0 Copay; 90DS
ARANELLE	T1	ACA Preventative Medication-$0 Copay; 90DS
ASHLYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
AUBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
AUBRA EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
AUROVELA FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
AUROVELA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
AVIANE	T1	ACA Preventative Medication-$0 Copay; 90DS
AYUNA	T1	ACA Preventative Medication-$0 Copay; 90DS
AZURETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
BALZIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
BLISOVI FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
briellyn	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMILA	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE	T1	ACA Preventative Medication-$0 Copay; 90DS
CAMRESE LO	T1	ACA Preventative Medication-$0 Copay; 90DS
CAZIANT	T1	ACA Preventative Medication-$0 Copay; 90DS
CHARLOTTE 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL	T1	ACA Preventative Medication-$0 Copay; 90DS
CHATEAL EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
COMBIPATCH	T3	

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Drug Name	Drug Tier	Requirements and Limits
CRINONE	T3	PA
CRYSELLE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
CYCLAFEM 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED	T1	ACA Preventative Medication-$0 Copay; 90DS
CYRED EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
DASETTA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
DAYSEE	T1	ACA Preventative Medication-$0 Copay; 90DS
DEBLITANE	T1	ACA Preventative Medication-$0 Copay; 90DS
DELYLA	T1	ACA Preventative Medication-$0 Copay; 90DS
desogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
DOLISHALE	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
drospirenone-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
ECONTRA EZ	T1	ACA Preventative Medication-$0 Copay
ECONTRA ONE-STEP	T1	ACA Preventative Medication-$0 Copay
ELINEST	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
ELLA	T2	ACA Preventative Medication-$0 Copay
ELURYNG	T1	ACA Preventative Medication-$0 Copay; 90DS
EMOQUETTE	T1	ACA Preventative Medication-$0 Copay; 90DS
ENDOMETRIN	T2	PA
ENPRESSE-28	T1	ACA Preventative Medication-$0 Copay; 90DS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	ACA Preventative Medication-$0 Copay; 90DS
ERRIN	T1	ACA Preventative Medication-$0 Copay; 90DS
ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
estradiol-norethindrone acet	T1	90DS
ethynodiol diac-eth estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
etonogestrel-ethinyl estradiol	T1	ACA Preventative Medication-$0 Copay; 90DS
FALMINA	T1	ACA Preventative Medication-$0 Copay; 90DS
FAYOSIM	T1	ACA Preventative Medication-$0 Copay; 90DS
FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
FYAVOLV	T1	90DS
GEMMILY	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
HAILEY FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
HAILEY FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
HEATHER	T1	ACA Preventative Medication-$0 Copay; 90DS
ICLEVIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INCASSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
INTROVALE	T1	ACA Preventative Medication-$0 Copay; 90DS
ISIBLOOM	T1	ACA Preventative Medication-$0 Copay; 90DS
JAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
JASMIEL	T1	ACA Preventative Medication-$0 Copay; 90DS
JENCYCLA	T1	ACA Preventative Medication-$0 Copay; 90DS
JINTELI	T1	90DS
JOLESSA	T1	ACA Preventative Medication-$0 Copay; 90DS
JULEBER	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
JUNEL FE 24	T1	ACA Preventative Medication-$0 Copay; 90DS
KAITLIB FE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
KALLIGA	T1	ACA Preventative Medication-$0 Copay; 90DS
KARIVA	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
KELNOR 1/50	T1	ACA Preventative Medication-$0 Copay; 90DS
KURVELO	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
LARIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
LARISSIA	T1	ACA Preventative Medication-$0 Copay; 90DS
LAYOLIS FE	T1	ACA Preventative Medication-$0 Copay; 90DS
LEENA	T1	ACA Preventative Medication-$0 Copay; 90DS
LESSINA	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVONEST	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth est & eth est	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorgest-eth estrad 91-day	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
levonorgestrel oral tablet 1.5 mg	T1	ACA Preventative Medication-$0 Copay
levonorgestrel-ethinyl estrad	T1	ACA Preventative Medication-$0 Copay; 90DS
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
LEVORA 0.15/30 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
LILLOW	T1	ACA Preventative Medication-$0 Copay; 90DS
LOJAIMIESS	T1	ACA Preventative Medication-$0 Copay; 90DS
LORYNA	T1	ACA Preventative Medication-$0 Copay; 90DS
LOW-OGESTREL	T1	ACA Preventative Medication-$0 Copay; 90DS
LO-ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
LUTERA	T1	ACA Preventative Medication-$0 Copay; 90DS
LYLEQ	T1	ACA Preventative Medication-$0 Copay; 90DS
LYZA	T1	ACA Preventative Medication-$0 Copay; 90DS
marlissa	T1	ACA Preventative Medication-$0 Copay; 90DS
medroxyprogesterone acetate intramuscular	T1	ACA Preventative Medication-$0 Copay
medroxyprogesterone acetate oral	T1	90DS
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T1	90DS
megestrol acetate oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
MELODETTA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MERZEE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1.5/30	T1	ACA Preventative Medication-$0 Copay; 90DS
MICROGESTIN FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
MIMVEY	T1	90DS
MONO-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
MY CHOICE	T1	ACA Preventative Medication-$0 Copay
MY WAY	T1	ACA Preventative Medication-$0 Copay
NECON 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NEW DAY	T1	ACA Preventative Medication-$0 Copay
NIKKI	T1	ACA Preventative Medication-$0 Copay; 90DS
NORA-BE	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral capsule	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
norethin ace-eth estrad-fe oral tablet chewable	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone acetate oral	T1	90DS
norethindrone acet-ethinyl est oral tablet	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone oral	T1	ACA Preventative Medication-$0 Copay; 90DS
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	90DS
norethindron-ethinyl estrad-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norethin-eth estradiol-fe	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
norgestim-eth estrad triphasic	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYDA	T1	ACA Preventative Medication-$0 Copay; 90DS
NORLYROC	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 0.5/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (21)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
NORTREL 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
NYLIA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
OCELLA	T1	ACA Preventative Medication-$0 Copay; 90DS
OPCICON ONE-STEP	T1	ACA Preventative Medication-$0 Copay
OPTION 2	T1	ACA Preventative Medication-$0 Copay
ORSYTHIA	T1	ACA Preventative Medication-$0 Copay; 90DS
PHILITH	T1	ACA Preventative Medication-$0 Copay; 90DS
PIMTREA	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 1/35	T1	ACA Preventative Medication-$0 Copay; 90DS
PIRMELLA 7/7/7	T1	ACA Preventative Medication-$0 Copay; 90DS
PORTIA-28	T1	ACA Preventative Medication-$0 Copay; 90DS
PREMPHASE	T3	
PREMPRO	T3	
PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
progesterone oral	T1	90DS
RECLIPSEN	T1	ACA Preventative Medication-$0 Copay; 90DS
RIVELSA	T1	ACA Preventative Medication-$0 Copay; 90DS
SETLAKIN	T1	ACA Preventative Medication-$0 Copay; 90DS
SHAROBEL	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMLIYA	T1	ACA Preventative Medication-$0 Copay; 90DS
SIMPESSE	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
SPRINTEC 28	T1	ACA Preventative Medication-$0 Copay; 90DS
SRONYX	T1	ACA Preventative Medication-$0 Copay; 90DS
SYEDA	T1	ACA Preventative Medication-$0 Copay; 90DS
TAKE ACTION	T1	ACA Preventative Medication-$0 Copay
TARINA 24 FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20	T1	ACA Preventative Medication-$0 Copay; 90DS
TARINA FE 1/20 EQ	T1	ACA Preventative Medication-$0 Copay; 90DS
TAYSOFY	T1	ACA Preventative Medication-$0 Copay; 90DS
TILIA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI FEMYNOR	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LEGEST FE	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LINYAH	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-ESTARYLLA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MARZIA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-LO-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
TRI-MILI	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-NYMYO	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-PREVIFEM	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-SPRINTEC	T1	ACA Preventative Medication-$0 Copay; 90DS
TRIVORA (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS
TRI-VYLIBRA LO	T1	ACA Preventative Medication-$0 Copay; 90DS
TULANA	T1	ACA Preventative Medication-$0 Copay; 90DS
TYBLUME ORAL TABLET CHEWABLE	T2	ACA Preventative Medication-$0 Copay; 90DS
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
VELIVET	T1	ACA Preventative Medication-$0 Copay; 90DS
VESTURA	T1	ACA Preventative Medication-$0 Copay; 90DS
VIENVA	T1	ACA Preventative Medication-$0 Copay; 90DS
viorele	T1	ACA Preventative Medication-$0 Copay; 90DS
VOLNEA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYFEMLA	T1	ACA Preventative Medication-$0 Copay; 90DS
VYLIBRA	T1	ACA Preventative Medication-$0 Copay; 90DS

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Drug Name	Drug Tier	Requirements and Limits
WERA	T1	ACA Preventative Medication-$0 Copay; 90DS
WYMZYA FE	T1	ACA Preventative Medication-$0 Copay; 90DS
XULANE	T1	ACA Preventative Medication-$0 Copay; 90DS
ZAFEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35 (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZOVIA 1/35E (28)	T1	ACA Preventative Medication-$0 Copay; 90DS
ZUMANDIMINE	T1	ACA Preventative Medication-$0 Copay; 90DS
Rapid-Acting Insulins		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2	90DS
HUMALOG MIX 50/50	T2	90DS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG MIX 75/25	T2	90DS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	90DS
insulin lispro (1 unit dial)	T1	90DS
insulin lispro injection	T1	90DS
insulin lispro junior kwikpen	T1	90DS
Short-Acting Insulins		
HUMULIN 70/30	T2	90DS

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Drug Name	Drug Tier	Requirements and Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	90DS
HUMULIN R	T2	90DS
HUMULIN R U-500 (CONCENTRATED)	T2	90DS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	90DS
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA	T2	90DS; QL (30 EA per 30 days)
GLYXAMBI	T2	90DS; QL (30 EA per 30 days)
JARDIANCE	T2	90DS; QL (30 EA per 30 days)
SYNJARDY	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	90DS; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	90DS; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	90DS; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	90DS; QL (60 EA per 30 days)
Somatostatin Agonists		
lanreotide acetate	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	PA
octreotide acetate subcutaneous	T4	PA
SANDOSTATIN LAR DEPOT	T4	PA
SIGNIFOR	T4	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA
Somatotropin Agonists		
EGRIFTA SV	T4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA
HUMATROPE INJECTION CARTRIDGE	T4	PA
INCRELEX	T4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA
Somatotropin Antagonists		

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Drug Name	Drug Tier	Requirements and Limits
SOMAVERT	T4	PA
Sulfonylureas		
glimepiride	T1	90DS
glipizide er	T1	90DS
glipizide oral	T1	90DS
glipizide xl	T1	90DS
glipizide-metformin hcl	T1	90DS
glyburide micronized	T1	90DS
glyburide oral	T1	90DS
glyburide-metformin	T1	90DS
Thiazolidinediones		
pioglitazone hcl	T1	90DS
pioglitazone hcl-metformin hcl	T1	90DS
Thyroid Agents		
levothyroxine sodium oral tablet	T1	90DS
LEVOXYL	T2	90DS
liothyronine sodium oral	T1	90DS
SYNTHROID	T2	90DS
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
Local Anesthetics (Parenteral)		
Local Anesthetics (Parenteral)		
ZTLIDO	T3	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
dutasteride oral	T1	90DS
dutasteride-tamsulosin hcl	T1	90DS
finasteride oral tablet 5 mg	T1	90DS
Alcohol Deterrents		

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Drug Name	Drug Tier	Requirements and Limits
disulfiram oral	T1	90DS
naltrexone hcl oral	T1	
Antidotes		
acetylcysteine inhalation	T1	
BAQSIMI ONE PACK	T2	QL (4 EA per 30 days)
BAQSIMI TWO PACK	T2	QL (4 EA per 30 days)
FOSRENOL ORAL PACKET	T3	
glucagon emergency injection kit	T2	QL (4 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
lanthanum carbonate	T1	PA; 90DS
leucovorin calcium oral	T1	
naloxone hcl injection solution 0.4 mg/ml	T1	
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naltrexone hcl oral	T1	
sevelamer carbonate oral packet	T1	PA; 90DS

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Drug Name	Drug Tier	Requirements and Limits
sevelamer carbonate oral tablet	T1	90DS
sodium polystyrene sulfonate oral powder	T1	
SPS	T3	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	90DS
colchicine oral tablet	T1	
colchicine-probenecid	T1	90DS
ec-naproxen	T1	90DS
febuxostat	T1	ST; 90DS
indomethacin er	T1	90DS
indomethacin oral capsule 25 mg, 50 mg	T1	90DS
naproxen oral tablet	T1	90DS
naproxen oral tablet delayed release	T1	90DS
naproxen sodium oral tablet 275 mg, 550 mg	T1	90DS
probenecid oral	T1	90DS
Antisense Oligonucleotides		
TEGSEDI	T4	PA
Bone Anabolic Agents		
NATPARA	T4	PA
teriparatide (recombinant)	T4	PA
TYMLOS	T4	PA
Bone Resorption Inhibitors		
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	90DS
calcitonin (salmon) nasal	T1	90DS
estradiol oral	T1	90DS
estradiol transdermal patch twice weekly	T1	90DS
estradiol transdermal patch weekly	T1	90DS
estradiol vaginal	T1	90DS
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
ibandronate sodium oral	T1	90DS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3	ST
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
raloxifene hcl	T1	ACA Preventative Medication-$0 Copay; 90DS
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	T1	90DS
risedronate sodium oral tablet 30 mg	T1	
YUVAFEM	T1	90DS
Bradykinin Receptor Antagonists		
icatibant acetate	T4	PA
Cariostatic Agents		
sf	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sf 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 plus	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride 5000 ppm dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental cream	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride dental gel 1.1 %	T1	$0 copay for members ages 6 months through 4 years of age; 90DS

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Drug Name	Drug Tier	Requirements and Limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride oral tablet 2.2 (1 f) mg	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
sodium fluoride oral tablet chewable	T1	$0 copay for members ages 6 months through 4 years of age; 90DS
Complement Inhibitors		
BERINERT	T4	PA
CINRYZE	T4	PA
EMPAVELI	T4	PA
HAEGARDA	T4	PA
RUCONEST	T4	PA
TAVNEOS	T4	PA
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN	T4	PA
ACTEMRA SUBCUTANEOUS	T4	PA
adalimumab-fkjp	T4	PA
azathioprine oral tablet 50 mg	T1	90DS
CIBINQO	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
COSENTYX	T4	PA
COSENTYX (300 MG DOSE)	T4	PA
COSENTYX SENSOREADY (300 MG)	T4	PA

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Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA
COSENTYX UNOREADY	T4	PA
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PSOR/UVEIT STARTER	T4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
KEVZARA	T4	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
leflunomide oral	T1	90DS
methotrexate oral	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T4	PA
ORENCIA CLICKJECT	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
penicillamine oral	T1	PA
REDITREX	T3	ST
RINVOQ	T4	PA
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
sulfasalazine oral	T1	90DS
XATMEP	T3	PA
XELJANZ	T4	PA
XELJANZ XR	T4	PA
Immunomodulatory Agents		
ACTEMRA ACTPEN	T4	PA
ACTEMRA SUBCUTANEOUS	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
ACTIMMUNE	T4	PA
adalimumab-fkjp	T4	PA
AUBAGIO	T4	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA
azathioprine oral tablet 50 mg	T1	90DS
BAFIERTAM	T4	PA
BETASERON SUBCUTANEOUS KIT	T4	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
dimethyl fumarate oral	T1	PA; 90DS
dimethyl fumarate starter pack	T1	PA
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
EXTAVIA SUBCUTANEOUS KIT	T4	PA
fingolimod hcl	T4	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS

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Drug Name	Drug Tier	Requirements and Limits
glatiramer acetate	T4	PA
GLATOPA	T4	PA
HADLIMA	T4	PA
HADLIMA PUSHTOUCH	T4	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PSOR/UVEIT STARTER	T4	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA
hydroxychloroquine sulfate oral tablet 200 mg	T1	90DS
INTRON A	T4	
KESIMPTA	T4	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
leflunomide oral	T1	90DS
lenalidomide	T4	PA
MAVENCLAD (10 TABS)	T4	PA
MAVENCLAD (4 TABS)	T4	PA
MAVENCLAD (5 TABS)	T4	PA
MAVENCLAD (6 TABS)	T4	PA
MAVENCLAD (7 TABS)	T4	PA
MAVENCLAD (8 TABS)	T4	PA
MAVENCLAD (9 TABS)	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
MAYZENT	T4	PA
MAYZENT STARTER PACK	T4	PA
methotrexate oral	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
ORENCIA CLICKJECT	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
POMALYST	T4	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
REVLIMID	T4	PA
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
sulfasalazine oral	T1	90DS
TASCENSO ODT	T4	PA
teriflunomide	T4	PA
THALOMID	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
VUMERITY	T4	PA
XATMEP	T3	PA
ZEPOSIA	T4	PA
ZEPOSIA 7-DAY STARTER PACK	T4	PA
ZEPOSIA STARTER KIT	T4	PA
Immunosuppressive Agents		
ASTAGRAF XL	T4	
azathioprine oral tablet 50 mg	T1	90DS
BENLYSTA SUBCUTANEOUS	T4	PA
cyclophosphamide oral capsule	T1	
cyclosporine modified	T1	90DS
cyclosporine oral capsule	T1	90DS
ENVARSUS XR	T4	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	90DS
GENGRAF ORAL SOLUTION	T2	90DS
HYFTOR	T4	PA
leflunomide oral	T1	90DS
LUPKYNIS	T4	PA
MAVENCLAD (10 TABS)	T4	PA
MAVENCLAD (4 TABS)	T4	PA
MAVENCLAD (5 TABS)	T4	PA
MAVENCLAD (6 TABS)	T4	PA
MAVENCLAD (7 TABS)	T4	PA
MAVENCLAD (8 TABS)	T4	PA
MAVENCLAD (9 TABS)	T4	PA
mercaptopurine oral	T1	
methotrexate oral	T1	
methotrexate sodium (pf) injection solution 50 mg/2ml	T1	

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Drug Name	Drug Tier	Requirements and Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	T1	
methotrexate sodium oral	T1	
mycophenolate mofetil oral	T1	90DS
mycophenolate sodium	T1	90DS
pimecrolimus	T1	ST
PROGRAF ORAL PACKET	T3	
PURIXAN	T4	
SANDIMMUNE ORAL SOLUTION	T3	AL (Max 12 Years)
sirolimus oral	T1	90DS
tacrolimus external ointment	T1	ST
tacrolimus oral	T1	90DS
XATMEP	T3	PA
Kallikrein Inhibitors		
KALBITOR	T4	PA
ORLADEYO	T4	PA
TAKHZYRO	T4	PA
Kallikrein-Kinin System Inhibitors		
BERINERT	T4	PA
CINRYZE	T4	PA
EMPAVELI	T4	PA
HAEGARDA	T4	PA
icatibant acetate	T4	PA
KALBITOR	T4	PA
ORLADEYO	T4	PA
RUCONEST	T4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA
TAVNEOS	T4	PA
Other Miscellaneous Therapeutic Agents		
betaine	T4	

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Drug Name	Drug Tier	Requirements and Limits
CERDELGA	T4	PA
CYSTAGON	T4	
dalfampridine er	T1	PA; 90DS
ELMIRON	T3	PA
ENDARI	T4	PA
EVOTAZ	T2	90DS; QL (30 EA per 30 days)
EVRYSDI	T4	PA
FIRDAPSE	T4	PA
GALAFOLD	T4	PA
ISTURISA	T4	PA
levocarnitine oral solution	T1	90DS
levocarnitine oral tablet	T1	90DS
levocarnitine sf	T1	90DS
miglustat	T4	PA
nitisinone	T4	PA
NITYR	T4	PA
ORFADIN ORAL SUSPENSION	T4	PA
PREZCOBIX	T2	90DS; QL (30 EA per 30 days)
REZUROCK	T4	PA
sapropterin dihydrochloride oral packet	T4	PA
sapropterin dihydrochloride oral tablet	T4	PA
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
THIOLA EC	T4	
TYBOST	T2	90DS; QL (30 EA per 30 days)
VYNDAMAX	T4	PA
VYNDAQEL	T4	PA
Protective Agents		
MESNEX ORAL	T3	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		

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Drug Name	Drug Tier	Requirements and Limits
aimsco lubricated	T2	ACA Preventative Medication-$0 Copay
CAYA	T2	ACA Preventative Medication-$0 Copay
condoms	T2	ACA Preventative Medication-$0 Copay
DUREX REALFEEL	T2	ACA Preventative Medication-$0 Copay
FANTASY LUBRICATED	T2	ACA Preventative Medication-$0 Copay
FANTASY LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-$0 Copay
FC2 FEMALE CONDOM	T2	ACA Preventative Medication-$0 Copay
FEMCAP	T2	ACA Preventative Medication-$0 Copay
KAMELEON LUBRICATED	T2	ACA Preventative Medication-$0 Copay
kimono	T2	ACA Preventative Medication-$0 Copay
KIMONO COLORS	T2	ACA Preventative Medication-$0 Copay
kimono micro thin	T2	ACA Preventative Medication-$0 Copay
kimono micro thin plus	T2	ACA Preventative Medication-$0 Copay
kimono plus	T2	ACA Preventative Medication-$0 Copay
kimono ps	T2	ACA Preventative Medication-$0 Copay
kimono ps plus	T2	ACA Preventative Medication-$0 Copay
kimono sensation	T2	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
kimono sensation plus	T2	ACA Preventative Medication-$0 Copay
KIMONO SPECIAL	T2	ACA Preventative Medication-$0 Copay
K-Y ME & YOU EXTRA LUBRICATED	T2	ACA Preventative Medication-$0 Copay
K-Y ME & YOU INTENSE	T2	ACA Preventative Medication-$0 Copay
maxx	T2	ACA Preventative Medication-$0 Copay
maxx plus	T2	ACA Preventative Medication-$0 Copay
OMNIFLEX DIAPHRAGM	T2	ACA Preventative Medication-$0 Copay
OPTIONS GYNOL II CONTRACEPTIVE	T2	ACA Preventative Medication-$0 Copay
PHEXXI	T2	ACA Preventative Medication-$0 Copay
premium condoms lubricated	T2	ACA Preventative Medication-$0 Copay
REALITY LATEX CONDOMS	T2	ACA Preventative Medication-$0 Copay
REALITY LATEX/ULTRA TEXTURED	T2	ACA Preventative Medication-$0 Copay
REALITY LATEX/ULTRA THIN	T2	ACA Preventative Medication-$0 Copay
TODAY SPONGE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX COLOR CONDOMS + LUBE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUB/RIBBED/STUDDED	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUB/SPERMICIDE EX ST	T2	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
TRUSTEX LUB/SPERMICIDE XL	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUBRICATED	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUBRICATED EX LARGE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUBRICATED EXTRA ST	T2	ACA Preventative Medication-$0 Copay
TRUSTEX LUBRICATED/SPERMICIDE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX NATURAL CONDOMS + LUBE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX NON-LUBRICATED	T2	ACA Preventative Medication-$0 Copay
TRUSTEX RIA LUB/SPERMICIDE	T2	ACA Preventative Medication-$0 Copay
TRUSTEX RIA LUBRICATED	T2	ACA Preventative Medication-$0 Copay
TRUSTEX RIA NON-LUBRICATED	T2	ACA Preventative Medication-$0 Copay
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	ACA Preventative Medication-$0 Copay
VCF VAGINAL CONTRACEPTIVE	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 60	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 65	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 70	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 75	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 80	T2	ACA Preventative Medication-$0 Copay

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Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 85	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 90	T2	ACA Preventative Medication-$0 Copay
WIDE-SEAL DIAPHRAGM 95	T2	ACA Preventative Medication-$0 Copay
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
epinephrine injection solution auto-injector	T1	QL (2 EA per 30 days)
Anticholinergic Agents (Respir.Tract)		
ATROVENT HFA	T3	
COMBIVENT RESPIMAT	T3	
ipratropium bromide inhalation	T1	90DS
ipratropium bromide nasal	T1	90DS
ipratropium-albuterol	T1	90DS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	90DS
tiotropium bromide monohydrate	T1	
Antifibrotic Agents		
OFEV	T4	PA
pirfenidone oral capsule	T4	PA
pirfenidone oral tablet 267 mg, 801 mg	T4	PA
Anti-Inflammatory Agents (Respiratory)		
NUCALA	T4	PA
Antitussives		
codeine sulfate oral tablet	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 150 Years)

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Drug Name	Drug Tier	Requirements and Limits
hydrocod poli-chlorphe poli er	T1	QL (70 ML per 7 days); AL (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T3	QL (140 ML per 7 days); AL (Min 18 Years)
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI	T4	PA
SYMDEKO	T4	PA
TRIKAFTA	T4	PA
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO	T4	PA
ORKAMBI	T4	PA
SYMDEKO	T4	PA
TRIKAFTA	T4	PA
Endothelin Receptor Antagonists		
ambrisentan	T4	PA
bosentan	T4	PA
First Generation Antihist.(Respir Tract)		
carbinoxamine maleate oral tablet 4 mg	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
promethazine hcl oral	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	T4	PA
FASENRA	T4	PA
FASENRA PEN	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
Leukotriene Modifiers		
montelukast sodium oral	T1	90DS
zafirlukast	T1	ST; 90DS
zileuton er	T1	ST; 90DS
Mast-Cell Stabilizers		
ALOCRIL	T3	
cromolyn sodium inhalation	T1	90DS
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	90DS
Mucolytic Agents		
acetylcysteine inhalation	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA
sodium chloride inhalation nebulization solution 3 %, 7 %	T1	
Nasal Preparations (Steroids)		
flunisolide nasal solution 25 mcg/act (0.025%)	T1	
fluticasone propionate nasal	T1	
mometasone furoate nasal	T1	
Orally Inhaled Preparations (Steroids)		
ARNUITY ELLIPTA	T2	90DS
budesonide inhalation	T1	90DS; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T2	90DS
fluticasone propionate hfa	T2	90DS
PULMICORT FLEXHALER	T2	90DS
QVAR REDIHALER	T2	90DS
Phosphodiesterase Type 4 Inhibitors		

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Drug Name	Drug Tier	Requirements and Limits
roflumilast	T1	PA; 90DS
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS
tadalafil (pah)	T1	PA; 90DS
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
VENTAVIS	T4	PA
Respiratory Tract Agents, Miscellaneous		
pirfenidone oral capsule	T4	PA
pirfenidone oral tablet 267 mg, 801 mg	T4	PA
TEZSPIRE	T4	PA
XOLAIR	T4	PA
Second Generation Antihist(Respir Tract)		
azelastine hcl nasal	T1	
azelastine hcl ophthalmic	T1	
desloratadine oral tablet	T1	

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Drug Name	Drug Tier	Requirements and Limits
Select.Beta-2-Adrenergic Agonist(Respir)		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	90DS
albuterol sulfate inhalation	T1	90DS
albuterol sulfate oral	T1	90DS
formoterol fumarate inhalation	T1	90DS
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	T1	ST; 90DS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2	90DS
STRIVERDI RESPIMAT	T2	90DS
terbutaline sulfate oral	T1	90DS
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	T4	PA
ambrisentan	T4	PA
bosentan	T4	PA
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA
ORENITRAM MONTH 2	T4	PA
ORENITRAM MONTH 3	T4	PA
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS
tadalafil (pah)	T1	PA; 90DS
TYVASO	T4	PA
TYVASO DPI MAINTENANCE KIT	T4	PA
TYVASO DPI TITRATION KIT	T4	PA
TYVASO REFILL	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
TYVASO STARTER	T4	PA
UPTRAVI ORAL	T4	PA
VENTAVIS	T4	PA
Vasodilating Agents, Misc		
ADEMPAS	T4	PA
UPTRAVI ORAL	T4	PA
Xanthine Derivatives		
theophylline	T1	90DS
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	90DS
theophylline er oral tablet extended release 24 hour	T1	90DS
Skin And Mucous Membrane Agents		
Allylamines (Skin And Mucous Membrane)		
naftifine hcl external cream	T1	PA
Antibacterials (Skin, Mucous Membrane)		
ALTABAX	T3	ST
benzoyl peroxide-erythromycin	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external gel	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	

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Drug Name	Drug Tier	Requirements and Limits
gentamicin sulfate external	T1	
metronidazole external cream	T1	
metronidazole external gel	T1	
metronidazole external lotion	T1	ST
metronidazole vaginal	T1	
mupirocin external	T1	QL (88 GM per 30 days)
sulfacetamide sodium (acne)	T1	
XEPI	T3	ST
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	PA
Antipruritics And Local Anesthetics		
doxepin hcl external	T1	ST; QL (45 GM per 30 days)
lidocaine external ointment 5 %	T1	
lidocaine external patch 5 %	T1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution	T1	
lidocaine hcl urethral/mucosal external gel	T1	
lidocaine-prilocaine	T1	
Antivirals (Skin And Mucous Membrane)		
acyclovir external cream	T1	PA
acyclovir external ointment	T1	
penciclovir	T1	PA
Azoles (Skin And Mucous Membrane)		
clotrimazole anti-fungal	T1	
clotrimazole external cream	T1	
clotrimazole external solution	T1	
clotrimazole mouth/throat troche	T1	
clotrimazole-betamethasone	T1	
econazole nitrate external	T1	

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Drug Name	Drug Tier	Requirements and Limits
GYNAZOLE-1	T3	
JUBLIA	T3	PA
ketoconazole external cream	T1	
ketoconazole external shampoo 2 %	T1	
luliconazole	T1	PA
oxiconazole nitrate	T1	PA
sulconazole nitrate external cream	T1	QL (60 GM per 30 days)
terconazole	T1	
Basic Lotions And Liniments		
ammonium lactate external	T1	
Basic Ointments And Protectants		
hydrocortisone external cream 1 %	T1	
Benzylamines (Skin And Mucous Membrane)		
MENTAX	T3	
Cell Stimulants And Proliferants		
tretinoin external cream	T1	AL (Max 30 Years)
tretinoin external gel 0.01 %, 0.025 %	T1	AL (Max 30 Years)
Corticosteroids (Skin, Mucous Membrane)		
alclometasone dipropionate	T1	
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external lotion	T1	
betamethasone valerate external ointment	T1	
calcipotriene-betameth diprop external ointment	T1	ST
clobetasol prop emollient base	T1	
clobetasol propionate e	T1	
clobetasol propionate external cream	T1	

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Drug Name	Drug Tier	Requirements and Limits
clobetasol propionate external gel	T1	
clobetasol propionate external ointment	T1	
clobetasol propionate external solution	T1	
clocortolone pivalate	T1	ST
clotrimazole-betamethasone	T1	
desonide external cream	T1	
desonide external lotion	T1	ST
desonide external ointment	T1	
desoximetasone external cream	T1	
desoximetasone external gel	T1	
desoximetasone external liquid	T1	ST
desoximetasone external ointment 0.05 %	T1	ST
desoximetasone external ointment 0.25 %	T1	
fluocinolone acetonide external	T1	
fluocinonide emulsified base	T1	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	ST
fluticasone propionate external ointment	T1	
halcinonide	T1	ST
halobetasol propionate external cream	T1	
halobetasol propionate external foam	T1	ST
halobetasol propionate external ointment	T1	
hydrocortisone (perianal)	T1	
hydrocortisone butyr lipo base	T1	
hydrocortisone butyrate external cream	T1	
hydrocortisone butyrate external ointment	T1	
hydrocortisone butyrate external solution	T1	
hydrocortisone external cream 1 %, 2.5 %	T1	

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Drug Name	Drug Tier	Requirements and Limits
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate	T1	
mometasone furoate external	T1	
nystatin-triamcinolone	T1	
prednicarbate external ointment	T1	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment	T1	
triamcinolone acetonide mouth/throat	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox external solution	T1	
ciclopirox olamine external	T1	
Local Anti-Infectives, Miscellaneous		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
benzoyl peroxide-erythromycin	T1	
chlorhexidine gluconate mouth/throat	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac sodium external gel	T1	
Pigmenting Agents		
methoxsalen rapid	T4	QL (84 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
Polyenes (Skin And Mucous Membrane)		
nystatin external	T1	
nystatin-triamcinolone	T1	
Scabicides And Pediculicides		
CROTAN	T3	
ivermectin external cream	T1	ST
lindane external shampoo	T1	
malathion external	T1	
permethrin external cream	T1	
spinosad	T1	
Skin And Mucous Membrane Agents, Misc.		
acitretin	T1	PA
adapalene external gel 0.1 %	T1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
azelaic acid external	T1	
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	ST
calcitriol external	T1	QL (800 GM per 28 days)
CIBINQO	T4	PA
COSENTYX	T4	PA
COSENTYX (300 MG DOSE)	T4	PA
COSENTYX SENSOREADY (300 MG)	T4	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA
COSENTYX UNOREADY	T4	PA

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diclofenac sodium external gel 1 %	T1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA
fluorouracil external	T1	
HYFTOR	T4	PA
ILUMYA	T4	PA
imiquimod external cream 5 %	T1	
isotretinoin oral	T1	PA; QL (60 EA per 30 days)
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
PANRETIN	T4	PA
pimecrolimus	T1	ST
podofilox external	T1	
RECTIV	T3	
REGRANEX	T3	PA; QL (15 GM per 30 days)
SANTYL	T3	PA
SILIQ	T4	PA
SKYRIZI (150 MG DOSE)	T4	PA
SKYRIZI PEN	T4	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
SOTYKTU	T4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
tacrolimus external ointment	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA

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Drug Name	Drug Tier	Requirements and Limits
TARGRETIN EXTERNAL	T4	PA
tazarotene external cream	T1	
TAZORAC EXTERNAL CREAM 0.05 %	T3	
TAZORAC EXTERNAL GEL	T3	
TREMFYA	T4	PA
VALCHLOR	T4	PA
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er	T1	ST; 90DS
fesoterodine fumarate er	T1	ST; 90DS
flavoxate hcl	T1	90DS
oxybutynin chloride er	T1	90DS
oxybutynin chloride oral syrup	T1	90DS
oxybutynin chloride oral tablet 5 mg	T1	90DS
solifenacin succinate	T1	90DS
tolterodine tartrate	T1	90DS
tolterodine tartrate er	T1	ST; 90DS
trospium chloride	T1	90DS
trospium chloride er	T1	ST; 90DS
Respiratory Smooth Muscle Relaxants		
sildenafil citrate oral suspension reconstituted	T1	PA; 90DS
sildenafil citrate oral tablet 20 mg	T1	PA; 90DS
theophylline	T1	90DS
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	T1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	90DS
theophylline er oral tablet extended release 24 hour	T1	90DS

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Drug Name	Drug Tier	Requirements and Limits
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
m-natal plus	T1	
pnv prenatal plus multivitamin	T1	
pnv tabs 29-1	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg	T1	
prenatal vitamin plus low iron	T1	
preplus	T1	
Vitamin B Complex		
cvs folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
drospiren-eth estrad-levomefol	T1	ACA Preventative Medication-$0 Copay; 90DS
folic acid oral capsule 0.8 mg	T1	ACA Preventative Medication-$0 Copay; 90DS
folic acid oral tablet 1 mg	T1	90DS
folic acid oral tablet 400 mcg	T1	ACA Preventative Medication-$0 Copay
folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
gnp folic acid	T1	ACA Preventative Medication-$0 Copay
hm folic acid	T1	ACA Preventative Medication-$0 Copay
kp folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS

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leucovorin calcium oral	T1	
m-natal plus	T1	
pnv prenatal plus multivitamin	T1	
pnv tabs 29-1	T1	
prenatal oral tablet 27-0.8 mg, 27-1 mg	T1	
prenatal vitamin plus low iron	T1	
preplus	T1	
px folic acid	T1	ACA Preventative Medication-$0 Copay
qc folic acid	T1	ACA Preventative Medication-$0 Copay; 90DS
ra folic acid oral tablet 400 mcg	T1	ACA Preventative Medication-$0 Copay
ra folic acid oral tablet 800 mcg	T1	ACA Preventative Medication-$0 Copay; 90DS
sm folic acid	T1	ACA Preventative Medication-$0 Copay
TYDEMY	T1	ACA Preventative Medication-$0 Copay; 90DS
yl folic acid	T1	ACA Preventative Medication-$0 Copay
Vitamin C		
peg-kcl-nacl-nasulf-na asc-c	T1	ST; $0 copay for members ages 45-75 years
Vitamin D		
calcitriol oral	T1	90DS
doxercalciferol oral	T1	90DS
paricalcitol oral	T1	90DS
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	90DS

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