

COMPREHENSIVE
formulary
list of covered drugs | 2022

This formulary is for the following plans and service areas:

Utah

SelectHealth Advantage Enhanced (HMO) | Wasatch

Idaho

SelectHealth Advantage Enhanced (HMO) | Treasure Valley

This formulary was updated on 07/01/2022.

For more recent information or other questions, please contact SelectHealth Member Services at **855-442-9900** (TTY users should call 711), during the following dates and times:

October 1 to March 31:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.

April 1 to September 30:

Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside these hours of operation, please leave a message. Your call will be returned within one business day, or visit selecthealth.org/medicare.



SelectHealth Advantage (HMO, HMO-SNP) 2022 Formulary List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN
THIS PLAN**

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth obeys federal civil rights laws. We do not treat you differently because of your race, color, ethnic background or where you come from, age, disability, sex, religion, creed, language, social class, sexual orientation, gender identity or expression, and/or veteran status. This information is available for free in other languages and alternate formats upon request.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

SelectHealth Advantage: 855-442-9900 (TTY: 711)

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HPMS Approved Formulary File Submission ID 22087 Version 22

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means SelectHealth. When it refers to “plan” or “our plan,” it means SelectHealth Advantage.

This document includes a list of the drugs (formulary) for our plan **which is current as of July 01, 2022**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

What is the SelectHealth Advantage Formulary?

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

Can the Formulary (drug list) change?

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

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SelectHealth Advantage Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary, or add new restrictions to the brand name drug, or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the SelectHealth Advantage Formulary?”

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

The enclosed formulary is current as of July 01, 2022. To get updated information about the drugs covered by SelectHealth Advantage, please contact us. Our contact information appears on the front and back cover pages.

In the event of non-maintenance changes to the formulary throughout the plan year, SelectHealth may make changes via errata sheets mailed to you. Additionally, you may visit selecthealth.org/medicare for a link to the errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on **page 1**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Drugs/Hypotensive Agents. If you know what your drug is used for, look for the category name in the list that begins on **page 1**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on **page 86**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on **page 1**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that SelectHealth Advantage does not cover your drug, you have two options:

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

How do I request an exception to the SelectHealth Advantage Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

If you experience a change in your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for up to 30 days (or 31 days if you are a long-term care resident) when you use a network pharmacy. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your SelectHealth Advantage prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

SelectHealth Advantage Formulary

The formulary that begins on **page 1** provides coverage information about the drugs covered by SelectHealth Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on **page 86**.

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

The second column of the chart lists the Drug Tier. The Drug Tier column lets you know the type of copayment or coinsurance you will be responsible for at the pharmacy.

The information in the **Requirements/Limits** column tells you if SelectHealth Advantage has any special requirements for coverage of your drug.

- PA** – We require you or your physician to get prior authorization for certain drugs before you fill your prescriptions.
- QL** – We limit the amount of the drug covered in a specific time period.
- ST** – We require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
- LA** – This drug requires special handling or has special dispensing requirements. This prescription may be available only at certain pharmacies. For more information, consult your *Provider and Pharmacy Directory* or call Member Services toll-free at **855-442-9900**. TTY users should call 711.
- NM** – This drug is not available through our mail order pharmacy.
- HI** – This prescription drug is covered under our medical benefit. For more information, call Member Services at **855-442-9900**, Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m. TTY users should call 711.
- BvSD** – This drug may be covered under the Part B or Part D Medicare benefit.
- GC** – We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.
- IC** – Select insulins covered for a 30-day supply with a maximum of a \$35 copay. Deductible does not apply to the indicated insulins and coverage at the copay amount is provided through the coverage gap.

Please refer to your *Evidence of Coverage* for more information regarding how much you will pay for your prescription drugs. The tables below tell you the annual deductible and copayment/coinsurance amount for drugs in each tier by service area/plan name.

Stage 1: Annual Prescription Drug Deductible

This is the amount you will be required to pay for your prescriptions this year before your copay or coinsurance applies. The amounts shown in the table below apply to Tier 3, Tier 4, and Tier 5 and both **retail and mail-order prescription drugs**.

Plan Name Service Area	Annual Prescription Drug Tier 3,4,5 Deductible
Utah Plans	
SelectHealth Advantage Enhanced Wasatch	\$150.00
Idaho Plans	
SelectHealth Advantage Enhanced Treasure Valley	\$0.00

Stage 2: Initial Coverage Period Copayment/Coinsurance Levels

Utah Plans

Plane Name | Service Area: SelectHealth Advantage Enhanced | Wasatch

Wasatch service area counties: Box Elder, Cache, Davis, Franklin (ID), Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, and Weber

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic	\$10.00	\$30.00	\$10.00	\$20.00
Tier 3: Preferred Brand	\$45.00 after deductible	\$135.00 after deductible	\$45.00 after deductible	\$135.00 after deductible
Tier 4: Non-Preferred Brand	\$95.00 after deductible	\$285.00 after deductible	\$95.00 after deductible	\$285.00 after deductible
Tier 5: Specialty	30% coinsurance after deductible	Not Available	30% coinsurance after deductible	Not Available

Idaho Plans

Plan Name | Service Area: SelectHealth Advantage Enhanced | Treasure Valley

Treasure Valley service area counties: Ada, Boise, and Canyon

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$0.00	\$0.00	\$0.00	\$0.00
Tier 2: Generic	\$10.00	\$30.00	\$10.00	\$20.00
Tier 3: Preferred Brand	\$45.00	\$135.00	\$45.00	\$135.00
Tier 4: Non-Preferred Brand	\$95.00	\$285.00	\$95.00	\$285.00
Tier 5: Specialty	33% coinsurance	Not Available	33% coinsurance	Not Available

Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
ANTIHISTAMINE DRUGS					
FIRST GENERATION ANTIHISTAMINES					
<i>cyproheptad syrup 2mg/5ml</i>	1	QL	<i>amox/k clav tablet 250-125</i>	1	NM
QL 4500 milliliter(s) 30 day(s)			<i>amox/k clav tablet 500-125</i>	1	NM
<i>cyproheptad tablet 4mg</i>	1	QL	<i>amox/k clav tablet 875-125</i>	1	NM
QL 450 each per 30 day(s)			<i>amoxicillin capsule 250mg</i>	1	NM
<i>promethazine sup 12.5mg</i>	2		<i>amoxicillin capsule 500mg</i>	1	NM
<i>promethazine sup 25mg</i>	2		<i>amoxicillin chw 125mg</i>	2	NM
<i>promethazine syrup 6.25/5ml</i>	2		<i>amoxicillin chw 250mg</i>	2	NM
<i>promethazine tablet 12.5mg</i>	2		<i>amoxicillin suspension</i>	1	NM
<i>promethazine tablet 25mg</i>	2		<i>125/5ml</i>		
<i>promethazine tablet 50mg</i>	2		<i>amoxicillin suspension</i>	1	NM
<i>promethegan sup 25mg</i>	2		<i>200/5ml</i>		
<i>promethegan sup 50mg</i>	2		<i>amoxicillin suspension</i>	1	NM
SECOND GENERATION ANTIHISTAMINES			<i>400/5ml</i>		
<i>cetirizine solution 1mg/ml</i>	1	QL	<i>amoxicillin tablet 500mg</i>	1	NM
QL 300 milliliter(s) 30 day(s)			<i>amoxicillin tablet 875mg</i>	1	NM
CLARINEX-D TABLET 2.5-120	4		<i>amp-sulbacta injectable</i>	2	HI; NM
<i>desloratadin tablet 5mg</i>	4	QL	<i>1-0.5gm</i>		
QL 30 each per 30 day(s)			<i>amp-sulbacta injectable 15gm</i>	2	HI; NM
<i>levocetirizi solution 2.5/5ml</i>	1		<i>amp-sulbacta injectable 3gm</i>	2	HI; NM
<i>levocetirizi tablet 5mg</i>	1	QL	<i>ampicillin capsule 500mg</i>	1	NM
QL 30 each per 30 day(s)			<i>ampicillin injectable 10gm</i>	2	HI; NM
ANTHelmINTICs			<i>ampicillin injectable 125mg</i>	2	HI; NM
			<i>ampicillin injectable 1gm</i>	2	HI; NM
<i>albendazole tablet 200mg</i>	2	PA; NM	ARIKAYCE SUSPENSION	5	QL; PA
<i>ivermectin tablet 3mg</i>	2	NM	QL 252 each per 30 day(s)		
<i>praziquantel tablet 600mg</i>	2	NM	<i>azithromycin injectable 500mg</i>	1	HI; NM
ANTIBACTERIALS			AZITHROMYCIN POW 1GM	1	NM
<i>amikacin injectable 500/2ml</i>	2	HI; NM	PACKET		
<i>amox-pot cla tablet er</i>	2	NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav chw 200mg</i>	2	NM	100/5ML		
<i>amox/k clav chw 400mg</i>	2	NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav suspension 200/5ml</i>	1	NM	200/5ML		
<i>amox/k clav suspension 250/5ml</i>	1	NM	<i>azithromycin tablet 250mg</i>	1	QL; NM
<i>amox/k clav suspension 400/5ml</i>	1	NM	QL 60 each per 30 day(s)		
<i>amox/k clav suspension 600/5ml</i>	1	NM	<i>azithromycin tablet 500mg</i>	1	NM

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

GC - Gap Coverage LA - Limited Access NM - Non-Maintenance

HI - Home Infusion BvsD - This drug may be covered under Part B or Part D IC - Insulin Coverage

You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
azithromycin tablet 600mg	1	NM	cefpodo prox suspension	2	NM
aztreonam injectable 1gm	2	HI; NM	50mg/5ml		
aztreonam injectable 2gm	2	HI; NM	cefpodoxime tablet 100mg	2	NM
BAXDELA INJECTABLE 300MG	4	QL; PA; HI; NM	cefpodoxime tablet 200mg	2	NM
QL 28 each per 14 day(s)			cefprozil suspension 125/5ml	2	NM
BAXDELA TABLET 450MG	4	QL; PA; NM	cefprozil suspension 250/5ml	2	NM
QL 28 each per 14 day(s)			cefprozil tablet 250mg	2	NM
BICILLIN C-R INJECTABLE 1200000	4	NM	cefprozil tablet 500mg	2	NM
BICILLIN C-R INJECTABLE 900/300	4	NM	ceftazidime injectable 1gm	2	HI; NM
BICILLIN L-A INJECTABLE 1200000	4	NM	ceftazidime injectable 2gm	2	HI; NM
BICILLIN L-A INJECTABLE 2400000	4	NM	ceftazidime injectable 6gm	2	HI; NM
BICILLIN L-A INJECTABLE 600000	4	NM	ceftriaxone injectable 10gm	2	HI; NM
CAYSTON INH 75MG	5	QL; PA; NM	ceftriaxone injectable 1gm	2	HI; NM
QL 280 each per 30 day(s)			ceftriaxone injectable 250mg	2	HI; NM
cefaclor capsule 250mg	1	NM	ceftriaxone injectable 2gm	2	HI; NM
cefaclor capsule 500mg	1	NM	ceftriaxone injectable 500mg	2	HI; NM
cefaclor er tablet 500mg	2	NM	cefuroxime injectable 1.5gm	2	HI; NM
cefadroxil capsule 500mg	1	NM	cefuroxime injectable 750mg	2	HI; NM
cefadroxil suspension 250/5ml	2	NM	cefuroxime tablet 250mg	2	NM
cefadroxil suspension 500/5ml	2	NM	cefuroxime tablet 500mg	2	NM
cefadroxil tablet 1gm	2	NM	cephalexin capsule 250mg	1	NM
cefazolin injectable 10gm	2	HI; NM	cephalexin capsule 500mg	1	NM
cefazolin injectable 1gm	2	HI; NM	cephalexin suspension	1	NM
cefazolin injectable 500mg	2	HI; NM	125/5ml		
cefdinir capsule 300mg	1	NM	cephalexin suspension	1	NM
cefdinir suspension 125/5ml	1	NM	250/5ml		
cefdinir suspension 250/5ml	1	NM	cephalexin tablet 250mg	1	NM
cefepime injectable 1gm	2	HI; NM	cephalexin tablet 500mg	1	NM
cefepime injectable 2gm	2	HI; NM	ciprofloxacin injectable 200mg	2	HI; NM
cefixime capsule 400mg	2	QL	ciprofloxacin tablet 100mg	1	NM
QL 60 each per 30 day(s)			ciprofloxacin tablet 250mg	1	NM
cefixime suspension 100/5ml	2	NM	ciprofloxacin tablet 500mg	1	NM
cefixime suspension 200/5ml	2	NM	ciprofloxacin tablet 750mg	1	NM
cefoxitin injectable 10gm	2	HI; NM	clarithromycin suspension	2	NM
cefoxitin injectable 1gm	2	HI; NM	125/5ml		
cefoxitin injectable 2gm	2	HI; NM	clarithromycin suspension	2	NM
cefpodo prox suspension	2	NM	250/5ml		
100/5ml					

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

GC - Gap Coverage LA - Limited Access NM - Non-Maintenance

HI - Home Infusion BvsD - This drug may be covered under Part B or Part D IC - Insulin Coverage

You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Drug	Tier	Requirements /Limits
<i>clarithromyc tablet 250mg</i>	1	NM
<i>clarithromyc tablet 500mg</i>	1	NM
<i>clarithromyc tablet 500mg er</i>	2	NM
<i>clindamy/d5w injectable 300/50ml</i>	2	HI; NM
<i>clindamy/d5w injectable 600/50ml</i>	2	HI; NM
<i>clindamy/d5w injectable 900/50ml</i>	2	HI; NM
<i>clindamycin capsule 150mg</i>	1	NM
<i>clindamycin capsule 300mg</i>	1	NM
<i>clindamycin capsule 75mg</i>	1	NM
<i>clindamycin injectable 300/2ml</i>	2	HI; NM
<i>clindamycin injectable 600/4ml</i>	2	HI; NM
<i>clindamycin injectable 900/6ml</i>	2	HI; NM
<i>clindamycin solution 75mg/5ml</i>	2	NM
<i>colistimeth injectable 150mg</i>	2	HI; NM
DALVANCE SOLUTION 500MG	4	PA; HI; NM
<i>daptomycin injectable 500mg</i>	2	QL; HI; NM
QL 150 each per 30 day(s)		
<i>daptomycin solution 350mg</i>	2	HI; NM
<i>dicloxacill capsule 250mg</i>	1	NM
<i>dicloxacill capsule 500mg</i>	1	NM
DIFICID SUSPENSION	4	QL; PA; NM
QL 100 each per 10 day(s)		
DIFICID TABLET 200MG	4	QL; PA; NM
QL 20 each per 10 day(s)		
<i>doxy 100 injectable 100mg</i>	4	HI; NM
<i>doxycyc mono capsule 100mg</i>	2	NM
<i>doxycyc mono capsule 50mg</i>	2	NM
<i>doxycyc mono tablet 100mg</i>	2	NM
<i>doxycyc mono tablet 50mg</i>	2	NM
<i>doxycyc mono tablet 75mg</i>	2	NM
<i>doxycycl hyc capsule 100mg</i>	2	NM
<i>doxycycl hyc capsule 50mg</i>	2	NM
<i>doxycycl hyc tablet 100mg</i>	2	NM
<i>doxycycline suspension 25mg/5ml</i>	2	NM

Drug	Tier	Requirements /Limits
<i>doxycycline tablet 20mg</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>ertapenem injectable 1gm</i>	2	HI; NM
ERYPED SUSPENSION 200/5ML	4	NM
ERYTHROCIN INJECTABLE 500MG	2	HI; NM
<i>erythrocin tablet 250mg</i>	3	NM
<i>erythrom eth suspension 200/5ml</i>	2	NM
<i>erythrom eth suspension 400/5ml</i>	2	
ERYTHROMYCIN CAPSULE 250MG EC	2	NM
<i>erythromycin tablet 250mg bs</i>	2	NM
<i>erythromycin tablet 250mg ec</i>	2	NM
<i>erythromycin tablet 333mg ec</i>	2	NM
<i>erythromycin tablet 500mg bs</i>	2	NM
<i>erythromycin tablet 500mg ec</i>	2	NM
FIRVANQ SOLUTION 25MG/ML	3	QL
QL 450 milliliter(s) 30 day(s)		
FIRVANQ SOLUTION 50MG/ML	3	QL
QL 450 milliliter(s) 30 day(s)		
<i>gentam/nacl injectable 100mg</i>	2	HI; NM
<i>gentam/nacl injectable 60mg</i>	2	HI; NM
<i>gentam/nacl injectable 80mg</i>	2	HI; NM
<i>gentam/nacl injectable 80mg</i>	2	HI; NM
<i>gentamicin injectable 40mg/ml</i>	2	HI; NM
<i>imipenem/cil injectable 250mg</i>	4	PA; HI; NM
<i>imipenem/cil injectable 500mg</i>	4	PA; HI; NM
<i>lansopr/amox mis /clarith</i>	2	QL; NM
QL 122 each per 14 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>levoflox/d5w injectable 500/100m</i>	2	HI; NM	<i>penicillin vk tablet 500mg</i>	1	NM
<i>levoflox/d5w injectable 750/150</i>	2	HI; NM	<i>piper/tazoba injectable 2-0.25gm</i>	2	HI; NM
<i>levofloxacin injectable 25mg/ml</i>	2	HI; NM	<i>piper/tazoba injectable 3-0.375g</i>	2	HI; NM
<i>levofloxacin tablet 250mg</i>	1	NM	<i>piper/tazoba injectable 36-4.5gm</i>	2	HI; NM
<i>levofloxacin tablet 500mg</i>	1	NM	<i>piper/tazoba injectable 4-0.5gm</i>	2	HI; NM
<i>levofloxacin tablet 750mg</i>	1	NM	<i>SIVEXTRO INJECTABLE 200MG</i>	4	QL; PA; HI; NM
<i>linezolid injectable 2mg/ml</i>	2	HI; NM	<i>QL 6 each per 30 day(s)</i>		
<i>LINEZOLID SUSPENSION 100/5ML</i>	2	NM	<i>SIVEXTRO TABLET 200MG</i>	4	QL; PA; NM
<i>linezolid tablet 600mg</i>	2	QL; NM	<i>QL 6 each per 30 day(s)</i>		
<i>meropenem injectable 1gm</i>	2	HI; NM	<i>smz-tmp suspension 200-40/5</i>	1	NM
<i>meropenem injectable 500mg</i>	2	HI; NM	<i>smz-tmp tablet 400-80mg</i>	1	NM
<i>minocycline capsule 100mg</i>	2	NM	<i>smz/tmp ds tablet 800-160</i>	1	NM
<i>minocycline capsule 50mg</i>	2	NM	<i>streptomycin injectable 1gm</i>	2	BvsD; NM
<i>minocycline capsule 75mg</i>	2	NM	<i>sulfadiazine tablet 500mg</i>	2	NM
<i>moxifloxacin tablet 400mg</i>	2	NM	<i>SULFASALAZIN TABLET 500MG</i>	2	NM
<i>nafcillin injectable 10gm</i>	2	PA; HI; NM	<i>SULFASALAZIN TABLET 500MG</i>	2	NM
<i>nafcillin injectable 1gm</i>	2	PA; HI; NM	<i>DR</i>		
<i>nafcillin injectable 2gm</i>	2	PA; HI; NM	<i>suprax chw 100mg</i>	4	QL; NM
<i>neomycin tablet 500mg</i>	2	NM	<i>QL 60 each per 30 day(s)</i>		
<i>NUZYRA INJECTABLE 100MG</i>	4	QL; PA; HI; NM	<i>suprax chw 200mg</i>	4	QL; NM
<i>QL 15 each per 14 day(s)</i>			<i>QL 60 each per 30 day(s)</i>		
<i>NUZYRA TABLET 150MG</i>	4	QL; PA; NM	<i>suprax suspension 200/5ml</i>	4	NM
<i>QL 30 each per 14 day(s)</i>			<i>SUPRAX SUSPENSION</i>	4	NM
<i>ofloxacin tablet 300mg</i>	2	NM	<i>500/5ML</i>		
<i>ofloxacin tablet 400mg</i>	2	NM	<i>TEFLARO INJECTABLE 400MG</i>	4	PA; HI; NM
<i>pen g proc injectable 600000</i>	2	BvsD; NM	<i>TEFLARO INJECTABLE 600MG</i>	4	PA; HI; NM
<i>pen g sodium injectable 5000000</i>	2	HI; NM	<i>TIGECYCLINE INJECTABLE</i>	2	QL; PA; HI; NM
<i>PEN GK/DEXTR INJECTABLE 40000/ML</i>	2	HI; NM	<i>50MG</i>		
<i>PEN GK/DEXTR INJECTABLE 60000/ML</i>	2	HI; NM	<i>QL 28 each per 14 day(s)</i>		
<i>penicillin gk injectable 20mu</i>	2	HI; NM	<i>tobramycin injectable 10mg/ml</i>	2	HI; NM
<i>penicillin vk solution 125/5ml</i>	2	NM	<i>tobramycin injectable 40mg/ml</i>	2	HI; NM
<i>penicillin vk solution 250/5ml</i>	2	NM			
<i>penicillin vk tablet 250mg</i>	1	NM			

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Drug	Tier	Requirements /Limits
<i>tobramycin neb 300/5ml</i>	2	PA; NM
<i>vancomycin capsule 125mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>vancomycin capsule 250mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>vancomycin injectable 1 gm</i>	2	HI; NM
<i>vancomycin injectable 10gm</i>	2	HI; NM
<i>vancomycin injectable 500mg</i>	2	HI; NM
<i>vancomycin injectable 750mg</i>	2	HI; NM
<i>vancomycin solution 250/5ml</i> QL 450 milliliter(s) 30 day(s)	2	QL
XENLETA TABLET 600MG QL 60 each per 30 day(s)	4	QL; PA
XIFAXAN TABLET 200MG QL 180 each per 30 day(s)	4	QL; PA; NM
XIFAXAN TABLET 550MG QL 90 each per 30 day(s)	4	QL; PA; NM
ZOSYN SOLUTION 2-0.25GM	4	HI; NM
ANTIFUNGALS		
<i>AMBISOME INJECTABLE 50MG</i>	4	PA; HI; NM
<i>amphotericin injectable 50mg</i>	2	PA; HI; NM
<i>casprofungin injectable 50mg</i>	5	PA; HI; NM
<i>casprofungin injectable 70mg</i>	4	PA; HI; NM
<i>fluconazole suspension 10mg/ml</i>	2	NM
<i>fluconazole suspension 40mg/ml</i>	2	NM
<i>fluconazole tablet 100mg</i>	1	NM
<i>fluconazole tablet 150mg</i>	1	NM
<i>fluconazole tablet 200mg</i>	1	NM
<i>fluconazole tablet 50mg</i>	1	NM
<i>fluconazole/ injectable nacl 200</i>	2	HI; NM
<i>fluconazole/ injectable nacl 400</i>	2	HI; NM
<i>flucytosine capsule 250mg</i>	2	NM
FLUCYTOSINE CAPSULE 500MG	2	NM
<i>griseofulvin suspension 125/5ml</i>	2	NM
<i>griseofulvin tablet micr 500</i>	2	NM
<i>griseofulvin tablet ultr 125</i>	2	NM
<i>griseofulvin tablet ultr 250</i>	2	NM

Drug	Tier	Requirements /Limits
<i>itraconazole capsule 100mg</i> QL 126 each per 30 day(s)	2	QL; NM
ITRACONAZOLE SOLUTION 10MG/ML	2	NM
<i>ketoconazole tablet 200mg</i>	1	NM
<i>micafungin injectable 100mg</i>	2	BvsD
<i>micafungin injectable 50mg</i>	2	BvsD
NOXAFIL SUSPENSION 40MG/ML	4	PA; NM
<i>nystatin suspension 100000</i>	2	NM
<i>nystatin tablet 500000</i>	1	NM
<i>posaconazole tablet 100mg dr</i> QL 240 each per 30 day(s)	2	QL; PA
<i>terbinafine tablet 250mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>voriconazole injectable 200mg</i>	2	HI; NM
VORICONAZOLE SUSPENSION 40MG/ML QL 450 milliliter(s) 30 day(s)	2	QL; NM
<i>voriconazole tablet 200mg</i> QL 90 each per 30 day(s)	2	QL; NM
<i>voriconazole tablet 50mg</i> QL 360 each per 30 day(s)	2	QL; NM
ANTIMYCOBACTERIALS		
<i>dapsone tablet 100mg</i>	2	NM
<i>dapsone tablet 25mg</i>	2	NM
<i>ethambutoltablet 100mg</i>	2	NM
<i>ethambutoltablet 400mg</i>	2	NM
<i>isoniazid tablet 100mg</i>	1	NM
<i>isoniazid tablet 300mg</i>	1	NM
<i>paser gra 4gm</i>	4	NM
PRETOMANID TABLET 200MG QL 30 each per 30 day(s)	3	QL; PA
PRIFTIN TABLET 150MG QL 32 each per 28 day(s)	4	QL; NM
<i>pyrazinamide tablet 500mg</i>	2	NM
<i>rifabutin capsule 150mg</i>	2	NM

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Drug	Tier	Requirements /Limits
<i>rifampin capsule 150mg</i>	1	NM
<i>rifampin capsule 300mg</i>	1	NM
<i>rifampin injectable 600mg</i>	2	HI; NM
SIRTURO TABLET 100MG QL 188 each per 30 day(s)	4	QL; PA; NM
SIRTURO TABLET 20MG QL 1050 each per 30 day(s)	4	QL; PA; NM
TRECTOR TABLET 250MG	4	NM
ANTIPROTOZOALS		
<i>atovaq/progu tablet 250-100</i>	2	NM
<i>atovaq/progu tablet 62.5-25</i>	2	NM
<i>atovaquone suspension 750/5ml</i>	2	NM
BENZNIDAZOLE TABLET 100MG QL 240 each per 365 day(s)	4	QL; NM
BENZNIDAZOLE TABLET 12.5MG QL 720 each per 365 day(s)	4	QL; NM
<i>chloroquine tablet 250mg</i>	2	NM
<i>chloroquine tablet 500mg</i>	2	NM
COARTEM TABLET 20-120MG QL 24 each per 30 day(s)	4	QL; NM
<i>hydroxychlor tablet 100mg</i>	1	NM
<i>hydroxychlor tablet 200mg</i>	1	NM
<i>hydroxychlor tablet 300mg</i>	1	NM
<i>hydroxychlor tablet 400mg</i>	1	NM
IMPAVIDO CAPSULE 50MG QL 84 each per 28 day(s)	4	QL; PA; NM
KRINTAFEL TABLET 150MG QL 4 each per 30 day(s)	4	QL; NM
LAMPIT TABLET 120MG	4	PA; NM
LAMPIT TABLET 30MG	4	PA; NM
<i>mefloquine tablet 250mg</i> QL 5 each per 30 day(s)	2	QL; NM
<i>metronidazol capsule 375mg</i>	2	NM
METRONIDAZOL INJECTABLE 500MG	2	HI; NM
<i>metronidazol tablet 250mg</i>	1	NM
<i>metronidazol tablet 500mg</i>	1	NM

Drug	Tier	Requirements /Limits
<i>nitazoxanide tablet 500mg</i> QL 20 each per 10 day(s)	2	QL; NM
<i>paromomycin capsule 250mg</i>	2	NM
<i>pentamidine inh 300mg</i>	2	BvsD; NM
<i>pentamidine injectable 300mg</i>	2	HI; NM
PRIMAQUINE TABLET 26.3MG	2	NM
<i>quinine sulf capsule 324mg</i>	2	NM
<i>tinidazole tablet 250mg</i>	2	NM
<i>tinidazole tablet 500mg</i>	2	NM
ANTIVIRALS		
<i>abaca/lamivu tablet 600-300</i> QL 30 each per 30 day(s)	2	QL; NM
<i>abacav/lamiv tablet /zidovud</i> QL 60 each per 30 day(s)	2	QL; NM
<i>abacavir solution 20mg/ml</i>	2	NM
<i>abacavir tablet 300mg</i> QL 180 each per 30 day(s)	2	QL; NM
<i>acyclovir capsule 200mg</i>	1	NM
<i>acyclovir suspension 200/5ml</i>	2	NM
<i>acyclovir tablet 400mg</i>	1	NM
<i>acyclovir tablet 800mg</i>	1	NM
<i>acyclovir na injectable</i> 50mg/ml	2	HI; NM
<i>adefov dipiv tablet 10mg</i> QL 30 each per 30 day(s)	2	QL; NM
APTIVUS CAPSULE 250MG QL 120 each per 30 day(s)	3	QL; NM
<i>atazanavir capsule 150mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>atazanavir capsule 200mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>atazanavir capsule 300mg</i> QL 60 each per 30 day(s)	2	QL; NM
BARACLUDE SOLUTION	4	NM
BIKTARVY TABLET QL 30 each per 30 day(s)	3	QL; NM
BIKTARVY TABLET QL 30 each per 30 day(s)	3	QL; NM

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Drug	Tier	Requirements /Limits
CIMDUO TABLET 300-300 QL 30 each per 30 day(s)	4	QL
COMPLERA TABLET	3	NM
DELSTRIGO TABLET QL 30 each per 30 day(s)	4	QL; NM
DESCOVY TABLET 200/25MG QL 30 each per 30 day(s)	3	QL; NM
DOVATO TABLET 50-300MG QL 30 each per 30 day(s)	3	QL; NM
EDURANT TABLET 25MG QL 60 each per 30 day(s)	3	QL; NM
<i>efavir/emtri tablet tenofovi</i> QL 30 each per 30 day(s)	2	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	2	QL; NM
<i>efavir/lamiv tablet tenofovi</i> QL 30 each per 30 day(s)	2	QL; NM
<i>efavirenz capsule 200mg</i> QL 90 each per 30 day(s)	2	QL; NM
<i>efavirenz capsule 50mg</i> QL 90 each per 30 day(s)	2	QL; NM
<i>efavirenz tablet 600mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>emtr/ten df tablet 100-150</i> QL 30 each per 30 day(s)	2	QL; NM
<i>emtr/ten df tablet 133-200</i> QL 30 each per 30 day(s)	2	QL; NM
<i>emtr/ten df tablet 167-250</i> QL 30 each per 30 day(s)	2	QL; NM
<i>emtr/tenofov tablet 200-300</i> QL 30 each per 30 day(s)	2	QL; NM
<i>emtricitabin capsule 200mg</i> QL 30 each per 30 day(s)	2	QL; NM
EMTRIVA SOLUTION 10MG/ML QL 720 milliliter(s) 30 day(s)	3	QL; NM
<i>entecavir tablet 0.5mg</i> QL 30 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
<i>entecavir tablet 1mg</i> QL 30 each per 30 day(s)	2	QL; NM
EPIVIR HBV SOLUTION 5MG/ML QL 1800 milliliter(s) 30 day(s)	3	QL; NM
<i>etravirine tablet 100mg</i>	2	NM
ANTIVIRALS		
<i>etravirine tablet 200mg</i>	2	NM
ANTIVIRALS		
EVOTAZ TABLET 300-150 QL 30 each per 30 day(s)	4	QL; NM
<i>famciclovir tablet 125mg</i>	1	NM
<i>famciclovir tablet 250mg</i>	1	NM
<i>famciclovir tablet 500mg</i>	1	NM
<i>fosamprenavitablet 700mg</i>	2	NM
FUZEON INJECTABLE 90MG QL 60 each per 30 day(s)	5	QL; NM
GENVOYA TABLET QL 30 each per 30 day(s)	3	QL; NM
INTELENCE TABLET 25MG	3	NM
INTRON A INJECTABLE 10MU QL 60 each per 21 day(s)	5	QL; NM
INTRON A INJECTABLE 18MU QL 20 each per 14 day(s)	5	QL
INTRON A INJECTABLE 50MU QL 24 each per 21 day(s)	5	QL
ISENTRESS CHW 100MG QL 180 each per 30 day(s)	3	QL; NM
ISENTRESS CHW 25MG QL 180 each per 30 day(s)	3	QL; NM
ISENTRESS TABLET 400MG QL 60 each per 30 day(s)	3	QL; NM
ISENTRESS HD TABLET 600MG QL 60 each per 30 day(s)	3	QL; NM
JULUCA TABLET 50-25MG QL 30 each per 30 day(s)	4	QL; NM
<i>lamivud/zido tablet 150-300</i>	2	NM

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Drug	Tier	Requirements /Limits
<i>lamivudine solution 10mg/ml</i>	2	NM
<i>lamivudine tablet 100mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>lamivudine tablet 150mg</i> QL 60 each per 30 day(s)	2	QL; NM
<i>lamivudine tablet 300mg</i> QL 60 each per 30 day(s)	2	QL; NM
LEDIP-SOFOSB TABLET 90-400MG QL 168 each per 365 day(s)	5	QL; PA
LEXIVA SUSPENSION 50MG/ML	3	NM
LIVTENCITY TABLET 200MG QL 112 each per 28 day(s)	5	QL; PA
<i>lopin/riton solution 80-20/ml</i> QL 390 milliliter(s) 30 day(s)	2	QL; NM
ANTIVIRALS		
<i>lopin/riton tablet 100-25mg</i> QL 300 each per 30 day(s)	2	QL; NM
ANTIVIRALS		
<i>lopin/riton tablet 200-50mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>maraviroc tablet 150mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>maraviroc tablet 300mg</i> QL 120 each per 30 day(s)	2	QL; NM
MAVYRET PACKET 50-20MG QL 140 each per 28 day(s)	5	QL; PA
MAVYRET TABLET 100-40MG QL 84 each per 28 day(s)	5	QL; PA
<i>nevirapine suspension 50mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	2	QL
<i>nevirapine tablet 100mg</i>	1	NM
<i>nevirapine tablet 200mg</i> QL 60 each per 30 day(s)	1	QL; NM
<i>nevirapine tablet 400mg er</i> QL 30 each per 30 day(s)	2	QL; NM
NORVIR POW 100MG QL 360 each per 30 day(s)	3	QL; NM

Drug	Tier	Requirements /Limits
NORVIR SOLUTION 80MG/ML QL 450 milliliter(s) 30 day(s)	3	QL; NM
ODEFSEY TABLET QL 30 each per 30 day(s)	4	QL; NM
<i>oseltamivir capsule 30mg</i> QL 84 each per 180 day(s)	2	QL; NM
<i>oseltamivir capsule 45mg</i> QL 42 each per 180 day(s)	2	QL; NM
<i>oseltamivir capsule 75mg</i> QL 42 each per 180 day(s)	2	QL; NM
<i>oseltamivir suspension 6mg/ml</i> QL 525 milliliter(s) 180 day(s)	2	QL; NM
PEGASYS INJECTABLE QL 4 each per 30 day(s)	5	QL; PA; NM
PEGASYS INJECTABLE 180MCG/M QL 4 each per 28 day(s)	5	QL; PA; NM
PIFELTRO TABLET 100MG QL 30 each per 30 day(s)	4	QL; NM
PREVYMIS TABLET 240MG QL 100 each per 365 day(s)	4	QL; PA
PREVYMIS TABLET 480MG QL 100 each per 365 day(s)	4	QL; PA
PREZCOBIX TABLET 800-150 QL 30 each per 30 day(s)	4	QL; NM
PREZISTA SUSPENSION 100MG/ML QL 360 milliliter(s) 30 day(s)	3	QL; NM
PREZISTA TABLET 150MG QL 180 each per 30 day(s)	3	QL; NM
PREZISTA TABLET 600MG QL 60 each per 30 day(s)	3	QL; NM
PREZISTA TABLET 75MG QL 60 each per 30 day(s)	3	QL; NM
PREZISTA TABLET 800MG QL 30 each per 30 day(s)	3	QL; NM

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Drug	Tier	Requirements /Limits
RELENZA MIS DISKHALE QL 60 each per 30 day(s)	4	QL; NM
REYATAZ POW 50MG QL 240 each per 30 day(s)	3	QL; NM
<i>ribavirin capsule 200mg</i> QL 210 each per 30 day(s)	2	QL; NM
<i>ribavirin tablet 200mg</i> QL 210 each per 30 day(s)	2	QL; NM
<i>ritonavir tablet 100mg</i> QL 450 each per 30 day(s)	2	QL; NM
RUKOBIA TABLET 600MG ER QL 60 each per 30 day(s)	4	QL
SELZENTRY TABLET 25MG QL 120 each per 30 day(s)	3	QL; NM
SELZENTRY TABLET 75MG QL 120 each per 30 day(s)	3	QL; NM
SITAVIG TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
SOFOS/VELPAT TABLET 400-100 QL 30 each per 30 day(s)	5	QL; PA
STRIBILD TABLET QL 30 each per 30 day(s)	5	QL; NM
SYM TUZA TABLET QL 30 each per 30 day(s)	4	QL; NM
<i>tenofovir tablet 300mg</i> QL 30 each per 30 day(s)	2	QL; NM
TIVICAY TABLET 10MG QL 60 each per 30 day(s)	3	QL; NM
TIVICAY TABLET 25MG QL 60 each per 30 day(s)	3	QL; NM
TIVICAY TABLET 50MG QL 60 each per 30 day(s)	3	QL; NM
TIVICAY PD TABLET 5MG QL 180 each per 30 day(s)	3	QL
TRIUMEQ TABLET QL 30 each per 30 day(s)	4	QL; NM
TRIUMEQ PD TABLET QL 180 each per 30 day(s)	5	QL

Drug	Tier	Requirements /Limits
<i>valacyclovir tablet 1gm</i> QL 120 each per 30 day(s)	1	QL; NM
<i>valacyclovir tablet 500mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>valganciclov solution 50mg/ml</i>	2	NM
<i>valganciclov tablet 450mg</i> QL 90 each per 30 day(s)	2	QL; NM
VEMLIDY TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
VIRACEPT TABLET 250MG	3	NM
VIRACEPT TABLET 625MG	3	NM
VIREAD POW 40MG/GM	3	NM
VIREAD TABLET 150MG QL 30 each per 30 day(s)	3	QL; NM
VIREAD TABLET 200MG QL 30 each per 30 day(s)	3	QL; NM
VIREAD TABLET 250MG QL 30 each per 30 day(s)	3	QL; NM
VOSEVI TABLET QL 28 each per 28 day(s)	5	QL; PA
XOFLUZA TABLET 40MG QL 4 each per 365 day(s)	4	QL; NM
XOFLUZA TABLET 80MG QL 4 each per 365 day(s)	4	QL; NM
<i>zidovudine capsule 100mg</i>	2	NM
<i>zidovudine syrup 50mg/5ml</i>	2	NM
<i>zidovudine tablet 300mg</i>	2	NM
ANTIVIRALS (SYSTEMIC)		
ISENTRESS POW 100MG QL 60 each per 30 day(s)	3	QL; NM
PURIXAN SUSPENSION 20MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA; NM
SELZENTRY SOLUTION 20MG/ML QL 1800 milliliter(s) 30 day(s)	3	QL; NM
URINARY ANTI-INFECTIVES		
<i>fosfomycin pow 3gm</i>	2	NM

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>methenam hip tablet 1gm</i>	2	NM	BALVERSA TABLET 4MG	5	QL; PA
NITROFUR MAC CAPSULE 100MG	2	NM	QL 84 each per 28 day(s)		
NITROFUR MAC CAPSULE 25MG	2	NM	BALVERSA TABLET 5MG	5	QL; PA
NITROFUR MAC CAPSULE 50MG	2	NM	QL 84 each per 28 day(s)		
NITROFURANTN CAPSULE 100MG	2	NM	BEXAROTENE CAPSULE 75MG	5	PA
<i>nitrofurantn suspension 25mg/5ml</i>	2	PA; NM	<i>bicalutamide tablet 50mg</i>	1	QL
<i>polymyxin b/ solution trimethp</i>	1		QL 30 each per 30 day(s)		
TRIMETHOPRIM TABLET 100MG	1	NM	BOSULIF TABLET 100MG	5	QL; PA
ANTINEOPLASTIC AGENTS			QL 30 each per 30 day(s)		
ANTINEOPLASTIC AGENTS			BOSULIF TABLET 400MG	5	QL; PA
<i>abiraterone tablet 250mg</i>	5	QL	QL 30 each per 30 day(s)		
QL 120 each per 30 day(s)			BOSULIF TABLET 500MG	5	QL; PA
<i>abiraterone tablet 500mg</i>	2	QL; PA	QL 30 each per 30 day(s)		
QL 120 each per 30 day(s)			BRAFTOVI CAPSULE 75MG	5	QL; PA
ALECENSA CAPSULE 150MG	5	QL; PA	QL 180 each per 30 day(s)		
QL 240 each per 30 day(s)			BRUKINSA CAPSULE 80MG	5	QL; PA
ALUNBRIG PACKET	5	QL; PA	QL 120 each per 30 day(s)		
QL 30 each per 180 day(s)			CABOMETYX TABLET 20MG	5	QL; PA
ALUNBRIG TABLET 180MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			CABOMETYX TABLET 40MG	5	QL; PA
ALUNBRIG TABLET 30MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 180 each per 30 day(s)			CABOMETYX TABLET 60MG	5	QL; PA
ALUNBRIG TABLET 90MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			CALQUENCE CAPSULE 100MG	5	QL; PA
AYVAKIT TABLET 100MG	5	QL; PA	QL 60 each per 30 day(s)		
QL 30 each per 30 day(s)			CAPRELSA TABLET 100MG	5	QL; PA
AYVAKIT TABLET 200MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			CAPRELSA TABLET 300MG	5	QL; PA
AYVAKIT TABLET 25MG	5	QL; PA	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			COMETRIQ KIT 100MG	5	PA
AYVAKIT TABLET 300MG	5	QL; PA	COMETRIQ KIT 140MG	5	PA
QL 30 each per 30 day(s)			COMETRIQ KIT 60MG	5	PA
AYVAKIT TABLET 50MG	5	QL; PA	COPIKTRA CAPSULE 15MG	5	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
BALVERSA TABLET 3MG	5	QL; PA	COPIKTRA CAPSULE 25MG	5	QL; PA
QL 84 each per 28 day(s)			QL 60 each per 30 day(s)		
			COTELLIC TABLET 20MG	5	QL; PA; LA
			QL 63 each per 28 day(s)		

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

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Drug	Tier	Requirements /Limits
CYCLOPHOSPH CAPSULE 25MG	2	BvsD
CYCLOPHOSPH CAPSULE 50MG	2	BvsD
CYCLOPHOSPH TABLET 25MG	2	BvsD
CYCLOPHOSPH TABLET 50MG	2	BvsD
DAURISMO TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
DAURISMO TABLET 25MG QL 90 each per 30 day(s)	5	QL; PA
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
EMCYT CAPSULE 140MG QL 420 each per 30 day(s)	3	QL
ERIVEDGE CAPSULE 150MG QL 30 each per 30 day(s)	5	QL; PA
ERLEADA TABLET 60MG QL 120 each per 30 day(s)	5	QL; PA
<i>erlotinib tablet 100mg</i> QL 30 each per 30 day(s)	2	QL; PA
<i>erlotinib tablet 150mg</i> QL 30 each per 30 day(s)	2	QL; PA
<i>erlotinib tablet 25mg</i> QL 60 each per 30 day(s)	2	QL; PA
<i>everolimus tablet 0.25mg</i> QL 120 each per 30 day(s)	2	QL; BvsD
<i>everolimus tablet 0.5mg</i> QL 120 each per 30 day(s)	2	QL; BvsD
<i>everolimus tablet 0.75mg</i> QL 120 each per 30 day(s)	2	QL; BvsD
<i>everolimus tablet 10mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>everolimus tablet 1mg</i> QL 120 each per 30 day(s)	2	QL; BvsD
<i>everolimus tablet 2.5mg</i> QL 30 each per 30 day(s)	2	QL; PA
<i>everolimus tablet 2mg</i> QL 60 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
<i>everolimus tablet 3mg</i> QL 60 each per 30 day(s)	5	QL; PA
<i>everolimus tablet 5mg</i> QL 60 each per 30 day(s)	5	QL; PA
<i>everolimus tablet 5mg</i> QL 30 each per 30 day(s)	2	QL; PA
<i>everolimus tablet 7.5mg</i> QL 30 each per 30 day(s)	2	QL; PA
EXKIVITY CAPSULE 40MG QL 120 each per 30 day(s)	5	QL; PA
<i>flutamide capsule 125mg</i>	2	
FOTIVDA CAPSULE 0.89MG QL 21 each per 28 day(s)	5	QL; PA
FOTIVDA CAPSULE 1.34MG QL 21 each per 28 day(s)	5	QL; PA
GAVRETO CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
GILOTRIF TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
GILOTRIF TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
GILOTRIF TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
<i>hydroxyurea capsule 500mg</i>	2	
IBRANCE CAPSULE 100MG QL 21 each per 28 day(s)	5	QL; PA
IBRANCE CAPSULE 125MG QL 21 each per 28 day(s)	5	QL; PA
IBRANCE CAPSULE 75MG QL 21 each per 28 day(s)	5	QL; PA
IBRANCE TABLET 100MG QL 21 each per 28 day(s)	5	QL; PA
IBRANCE TABLET 125MG QL 21 each per 28 day(s)	5	QL; PA
IBRANCE TABLET 75MG QL 21 each per 28 day(s)	5	QL; PA
ICLUSIG TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
ICLUSIG TABLET 15MG QL 30 each per 30 day(s)	5	QL; PA
ICLUSIG TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
ICLUSIG TABLET 45MG QL 30 each per 30 day(s)	5	QL; PA
IDHIFA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
IDHIFA TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
<i>imatinib mes tablet 100mg</i> QL 90 each per 30 day(s)	2	QL
<i>imatinib mes tablet 400mg</i> QL 60 each per 30 day(s)	2	QL
IMBRUVICA CAPSULE 140MG QL 120 each per 30 day(s)	5	QL; PA
IMBRUVICA CAPSULE 70MG QL 30 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 140MG QL 30 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 280MG QL 30 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 420MG QL 30 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 560MG QL 30 each per 30 day(s)	5	QL; PA
INLYTA TABLET 1MG QL 600 each per 30 day(s)	5	QL; PA
INLYTA TABLET 5MG QL 120 each per 30 day(s)	5	QL; PA
INQOVI TABLET 35-100MG QL 5 each per 28 day(s)	5	QL; PA
INREBIC CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
IRESSA TABLET 250MG QL 30 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
JAKAFI TABLET 15MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 25MG QL 60 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
KISQALI TABLET 200DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI TABLET 400DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI TABLET 600DOSE QL 63 each per 28 day(s)	5	QL; PA
KISQALI 200 PACKET FEMARA QL 49 each per 28 day(s)	5	QL; PA
KISQALI 400 PACKET FEMARA QL 70 each per 28 day(s)	5	QL; PA
KISQALI 600 PACKET FEMARA QL 91 each per 28 day(s)	5	QL; PA
KOSELUGO CAPSULE 10MG QL 120 each per 30 day(s)	5	QL; PA
KOSELUGO CAPSULE 25MG QL 120 each per 30 day(s)	5	QL; PA
<i>lapatinib tablet 250mg</i> QL 180 each per 30 day(s)	2	QL; PA
<i>lenalidomide capsule 10mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 15mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 25mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
<i>lenalidomide capsule 5mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
LENVIMA CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 12MG QL 90 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
LENVIMA CAPSULE 14MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 18MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 24MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 4MG QL 90 each per 30 day(s)	5	QL; PA
LENVIMA CAPSULE 8MG QL 90 each per 30 day(s)	5	QL; PA
LEUKERAN TABLET 2MG	3	
LONSURF TABLET 15-6.14 QL 80 each per 28 day(s)	5	QL; PA
LONSURF TABLET 20-8.19 QL 80 each per 28 day(s)	5	QL; PA
LORBRENA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
LORBRENA TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA
LUMAKRAS TABLET 120MG QL 240 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 100MG QL 120 each per 30 day(s)	5	QL; PA
LYNPARZA TABLET 150MG QL 120 each per 30 day(s)	5	QL; PA
LYSODREN TABLET 500MG	3	
MATULANE CAPSULE 50MG	3	
MEKINIST TABLET 0.5MG QL 90 each per 30 day(s)	5	QL; PA
MEKINIST TABLET 2MG QL 30 each per 30 day(s)	5	QL; PA
MEKTOVI TABLET 15MG QL 180 each per 30 day(s)	5	QL; PA
<i>mercaptopur tablet 50mg</i>	2	
METHOTREXATE INJECTABLE 25MG/ML	2	BvsD

Drug	Tier	Requirements /Limits
<i>methotrexate injectable 50mg/2ml</i>	2	BvsD
<i>methotrexate tablet 2.5mg</i>	2	
NERLYNX TABLET 40MG QL 180 each per 30 day(s)	5	QL; PA
NEXAVAR TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA
<i>nilutamide tablet 150mg</i>	2	
NINLARO CAPSULE 2.3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 3MG QL 3 each per 28 day(s)	5	QL; PA
NINLARO CAPSULE 4MG QL 3 each per 28 day(s)	5	QL; PA
NUBEQA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
ODOMZO CAPSULE 200MG QL 30 each per 30 day(s)	5	QL; PA; LA
ONUREG TABLET 200MG QL 14 each per 28 day(s)	5	QL; PA
ONUREG TABLET 300MG QL 14 each per 28 day(s)	5	QL; PA
PEMAZYRE TABLET 13.5MG	5	PA
PEMAZYRE TABLET 4.5MG	5	PA
PEMAZYRE TABLET 9MG	5	PA
PIQRAY 200MG TABLET DOSE QL 30 each per 30 day(s)	5	QL; PA
PIQRAY 250MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
PIQRAY 300MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
POMALYST CAPSULE 1MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 2MG QL 21 each per 28 day(s)	5	QL; PA
POMALYST CAPSULE 3MG QL 21 each per 28 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
POMALYST CAPSULE 4MG QL 21 each per 28 day(s)	5	QL; PA
QINLOCK TABLET 50MG QL 90 each per 30 day(s)	5	QL; PA
RASUVO INJECTABLE 10MG QL 0.80 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 12.5MG QL 1 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 15MG QL 1.20 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 17.5MG QL 1.40 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 20MG QL 1.60 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 22.5MG QL 1.80 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 25MG QL 2 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 30MG QL 2.40 each per 28 day(s)	3	QL; ST
RASUVO INJECTABLE 7.5MG QL 0.60 each per 28 day(s)	3	QL; ST
REDITREX INJECTABLE 10/.4ML QL 4 milliliter(s) 28 day(s)	3	QL; ST
REDITREX INJECTABLE 12.5/0.5 QL 4 each per 28 day(s)	3	QL; ST
REDITREX INJECTABLE 15/.6ML QL 4 milliliter(s) 28 day(s)	3	QL; ST
REDITREX INJECTABLE 17.5/0.7 QL 4 each per 28 day(s)	3	QL; ST
REDITREX INJECTABLE 20/.8ML QL 4 milliliter(s) 28 day(s)	3	QL; ST
REDITREX INJECTABLE 22.5/0.9 QL 4 each per 28 day(s)	3	QL; ST
REDITREX INJECTABLE 25MG/ML QL 4 milliliter(s) 28 day(s)	3	QL; ST
REDITREX INJECTABLE 7.5/.3ML QL 4 milliliter(s) 28 day(s)	3	QL; ST

Drug	Tier	Requirements /Limits
RETEVMO CAPSULE 40MG QL 180 each per 30 day(s)	5	QL; PA
RETEVMO CAPSULE 80MG QL 120 each per 30 day(s)	5	QL; PA
REVLIMID CAPSULE 10MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 15MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 2.5MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 20MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 25MG QL 28 each per 28 day(s)	5	QL; PA; LA
REVLIMID CAPSULE 5MG QL 28 each per 28 day(s)	5	QL; PA; LA
ROZLYTREK CAPSULE 100MG QL 90 each per 30 day(s)	5	QL; PA
ROZLYTREK CAPSULE 200MG QL 90 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 250MG QL 120 each per 30 day(s)	5	QL; PA
RUBRACA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
RYDAPT CAPSULE 25MG QL 240 each per 30 day(s)	5	QL; PA
SCEMBLIX TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA
SCEMBLIX TABLET 40MG QL 300 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 140MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 20MG QL 60 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
SPRYCEL TABLET 50MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 70MG QL 60 each per 30 day(s)	5	QL; PA
SPRYCEL TABLET 80MG QL 60 each per 30 day(s)	5	QL; PA
STIVARGA TABLET 40MG QL 84 each per 21 day(s)	5	QL; PA
<i>sunitinib capsule 12.5mg</i> QL 90 each per 30 day(s)	5	QL; PA
<i>sunitinib capsule 25mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>sunitinib capsule 37.5mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>sunitinib capsule 50mg</i> QL 30 each per 30 day(s)	5	QL; PA
SYNRIBO INJECTABLE 3.5MG	5	PA
TABLOID TABLET 40MG	4	
TABRECTA TABLET 150MG QL 120 each per 30 day(s)	5	QL; PA
TABRECTA TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA
TAFINLAR CAPSULE 50MG QL 120 each per 30 day(s)	5	QL; PA
TAFINLAR CAPSULE 75MG QL 120 each per 30 day(s)	5	QL; PA
TAGRISSO TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA; LA
TAGRISSO TABLET 80MG QL 30 each per 30 day(s)	5	QL; PA; LA
TALZENNA CAPSULE 0.25MG QL 90 each per 30 day(s)	5	QL; PA
TALZENNA CAPSULE 0.5MG QL 30 each per 30 day(s)	5	QL; PA
TALZENNA CAPSULE 0.75MG QL 30 each per 30 day(s)	5	QL; PA
TALZENNA CAPSULE 1MG QL 30 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
TASIGNA CAPSULE 150MG QL 120 each per 30 day(s)	5	QL; PA
TASIGNA CAPSULE 200MG QL 120 each per 30 day(s)	5	QL; PA
TASIGNA CAPSULE 50MG QL 120 each per 30 day(s)	5	QL; PA
TAZVERIK TABLET 200MG QL 240 each per 30 day(s)	5	QL; PA
TEPMETKO TABLET 225MG QL 60 each per 30 day(s)	5	QL; PA
TIBSOVO TABLET 250MG QL 60 each per 30 day(s)	5	QL; PA
<i>tretinoin capsule 10mg</i> QL 360 each per 30 day(s)	2	QL
<i>trexall tablet 10mg</i>	3	
<i>trexall tablet 15mg</i>	3	
<i>trexall tablet 5mg</i>	3	
<i>trexall tablet 7.5mg</i>	3	
TRUSELTIQ CAPSULE 100MG QL 21 each per 28 day(s)	5	QL; PA
TRUSELTIQ CAPSULE 125MG QL 21 each per 28 day(s)	5	QL; PA
TRUSELTIQ CAPSULE 50MG QL 21 each per 28 day(s)	5	QL; PA
TRUSELTIQ CAPSULE 75MG QL 21 each per 28 day(s)	5	QL; PA
TUKYSA TABLET 150MG	5	PA
TUKYSA TABLET 50MG	5	PA
TURALIO CAPSULE 200MG QL 120 each per 30 day(s)	5	QL; PA
UKONIQ TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA
VENCLEXTA TABLET 100MG QL 120 each per 30 day(s)	5	QL; PA
VENCLEXTA TABLET 10MG QL 120 each per 30 day(s)	4	QL; PA
VENCLEXTA TABLET 50MG QL 120 each per 30 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
VENCLEXTA TABLET START PK QL 120 each per 30 day(s)	5	QL; PA	XPOVIO PACKET 50MG QL 8 each per 28 day(s)	5	QL; PA
VERZENIO TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA	XPOVIO PACKET 60MG QL 24 each per 28 day(s)	5	QL; PA
VERZENIO TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA	XPOVIO PACKET 60MG QL 4 each per 28 day(s)	5	QL; PA
VERZENIO TABLET 200MG QL 60 each per 30 day(s)	5	QL; PA	XPOVIO PACKET 80MG QL 32 each per 28 day(s)	5	QL; PA
VERZENIO TABLET 50MG QL 60 each per 30 day(s)	5	QL; PA	XTANDI CAPSULE 40MG QL 120 each per 30 day(s)	5	QL; PA
VITRAKVI CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA	XTANDI TABLET 40MG QL 120 each per 30 day(s)	5	QL; PA
VITRAKVI CAPSULE 25MG QL 180 each per 30 day(s)	5	QL; PA	XTANDI TABLET 80MG QL 120 each per 30 day(s)	5	QL; PA
VITRAKVI SOLUTION 20MG/ML QL 300 milliliter(s) 30 day(s)	5	QL; PA	YONSA TABLET 125MG QL 120 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 15MG QL 30 each per 30 day(s)	5	QL; PA	ZEJULA CAPSULE 100MG QL 90 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA	ZELBORAF TABLET 240MG QL 240 each per 30 day(s)	5	QL; PA
VIZIMPRO TABLET 45MG QL 30 each per 30 day(s)	5	QL; PA	ZOLINZA CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA
VONJO CAP 100MG QL 120 each per 30 day(s)	5	QL; PA			
VOTRIENT TABLET 200MG	5	PA	ZYDELIG TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
WELIREG TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA	ZYDELIG TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 200MG QL 60 each per 30 day(s)	5	QL; PA	ZYKADIA TABLET 150MG QL 150 each per 30 day(s)	5	QL; PA
XALKORI CAPSULE 250MG QL 60 each per 30 day(s)	5	QL; PA	ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND		
XOSPATA TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA	ANTITOXINS AND IMMUNE GLOBULINS		
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA	BIVIGAM INJECTABLE 10% 5GM/50ML	5	PA
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA	FLEBOGAMMA INJECTABLE 2.5GM/25	5	PA
XPOVIO PACKET 40MG QL 4 each per 28 day(s)	5	QL; PA	GAMMAGARD SD INJECTABLE 10GM HU	5	PA

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Drug	Tier Requirements /Limits		Drug	Tier Requirements /Limits	
GAMMAGARD SD INJECTABLE 5GM HU	5	PA	HAVRIX INJECTABLE 1440UNIT	3	
GAMMAKED INJECTABLE 1GM/10ML	5	PA	HAVRIX INJECTABLE 720UNIT	3	
GAMMAPLEX INJECTABLE 10%	5	PA	HIBERIX SOLUTION 10MCG 2.5/ML	3	
GAMMAPLEX INJECTABLE 10%	5	PA	IMOVAX RABIE INJECTABLE	3	
GAMMAPLEX INJECTABLE 10%	5	PA	IPOLE INJECTABLE INACTIVE	3	
GAMMAPLEX INJECTABLE 5%	5	PA	IXIARO INJECTABLE	3	
GAMUNEX-C INJECTABLE 1GM/10ML	3	PA	M-M-R II INJECTABLE	3	
OCTAGAM INJECTABLE 1GM	5	PA	MENACTRA INJECTABLE	3	
OCTAGAM INJECTABLE 2GM/20ML	5	PA	MENVEO INJECTABLE	3	
PRIVIGEN INJECTABLE 20GRAMS	5	PA	PEDVAX HIB INJECTABLE	3	
TOXOIDS			PREHEVBRIO SUSPENSION 10MCG/ML	3	BvsD
ADACEL INJECTABLE	3		PROQUAD INJECTABLE	3	
BOOSTRIX INJECTABLE	3		RABAVERT INJECTABLE	3	
BOOSTRIX INJECTABLE	3		RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD
DAPTACEL INJECTABLE	3		RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
DIP/TET PED INJECTABLE 25-5LFU	2		RECOMBIVA-HB INJECTABLE 40MCG/ML	3	BvsD
INFANRIX INJECTABLE	3		ROTARIX SUSPENSION	3	
KINRIX INJECTABLE	3		ROTATEQ SOLUTION	3	
PEDIARIX INJECTABLE 0.5ML	3		SHINGRIX INJECTABLE	1	
PENTACEL INJECTABLE	3		50/0.5ML		
QUADRACEL INJECTABLE	3		TICOVAC INJECTABLE	3	
QUADRACEL INJECTABLE 0.5ML	3		TRUMENBA INJECTABLE	3	
TDVAX INJECTABLE 2-2 LF	3		TWINRIX INJECTABLE	3	BvsD
TENIVAC INJECTABLE 5-2LF	3		TYPHIM VI INJECTABLE	3	
VACCINES			TYPHIM VI INJECTABLE	3	
ACTHIB INJECTABLE	3		VAQTA INJECTABLE 25/0.5ML	3	
BCG VACCINE INJECTABLE 50MG	3		VAQTA INJECTABLE 50UNT/ML	3	
BEXSERO INJECTABLE	3		VARIVAX INJECTABLE	3	
ENGERIX-B INJECTABLE 10/0.5ML	3	BvsD	AUTONOMIC DRUGS		
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD	ANTICHOLINERGIC AGENTS		
GARDASIL 9 INJECTABLE	3		ATROVENT HFA AER 17MCG	4	
GARDASIL 9 INJECTABLE	3				

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
BEVESPI AER 9-4.8MCG	3	QL	NICOTROL INH	4	QL
QL 10.70 each per 30 day(s)			QL 1344 each per 30 day(s)		
BREZTRI AERO AER SPHERE	3	QL	NICOTROL NS SPR 10MG/ML	4	QL
QL 10.70 each per 30 day(s)			QL 360 milliliter(s) 30 day(s)		
COMBIVENT AER 20-100	3	QL	<i>varenicline packet 0.5x1mg</i>	1	QL
QL 8 each per 30 day(s)			QL 106 each per 365 day(s)		
<i>dicyclomine capsule 10mg</i>	1	QL	<i>varenicline tablet 0.5mg</i>	1	QL
QL 240 each per 30 day(s)			QL 336 each per 365 day(s)		
<i>dicyclomine solution 10mg/5ml</i>	2	QL	<i>varenicline tablet 1mg</i>	1	QL
QL 2400 milliliter(s) 30 day(s)			QL 336 each per 365 day(s)		
<i>dicyclomine tablet 20mg</i>	1	QL	PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
QL 240 each per 30 day(s)			<i>bethanechol tablet 10mg</i>	1	
<i>diphen/atrop liq 2.5/5</i>	2		<i>bethanechol tablet 25mg</i>	1	
<i>diphen/atrop tablet 2.5mg</i>	2		<i>bethanechol tablet 50mg</i>	1	
<i>glycopyrrol tablet 1mg</i>	1		<i>bethanechol tablet 5mg</i>	1	
<i>glycopyrrol tablet 2mg</i>	1		CEVIMELINE CAPSULE 30MG	2	
<i>glycopyrrola solution 1mg/5ml</i>	2		<i>donepezil tablet 10mg</i>	1	
<i>ipratropium solution 0.02%inh</i>	1	BvsD	<i>donepezil tablet 10mg odt</i>	1	
<i>ipratropium/ solution albuter</i>	1	BvsD	<i>donepezil tablet 23mg</i>	1	
<i>methscopolam tablet 2.5mg</i>	2		<i>donepezil tablet 5mg</i>	1	
<i>methscopolam tablet 5mg</i>	2		<i>donepezil tablet 5mg odt</i>	1	
<i>scopolamine dis 1mg/3day</i>	2	QL	<i>galantamine capsule 16mg er</i>	2	
QL 10 each per 28 day(s)			<i>galantamine capsule 24mg er</i>	2	
SPIRIVA AER 1.25MCG	3	QL	<i>galantamine capsule 8mg er</i>	2	
QL 4 each per 30 day(s)			<i>galantamine solution 4mg/ml</i>	2	
SPIRIVA CAPSULE HANDIHLR	3	QL	<i>galantamine tablet 12mg</i>	1	
QL 30 each per 30 day(s)			<i>galantamine tablet 4mg</i>	1	
SPIRIVA SPR 2.5MCG	3	QL	<i>galantamine tablet 8mg</i>	1	
QL 4 each per 30 day(s)			<i>pilocarpine tablet 5mg</i>	2	
STIOLTO AER 2.5-2.5	3	QL	<i>pilocarpine tablet 7.5mg</i>	2	
QL 4 each per 30 day(s)			<i>pyridostigm tablet 60mg</i>	1	
TRELEGY AER ELLIPTA	3	QL	<i>pyridostigmi solution</i>	2	
QL 60 each per 30 day(s)			<i>60mg/5ml</i>		
TRELEGY AER ELLIPTA	3	QL	<i>pyridostigmi tablet 30mg</i>	1	
QL 60 each per 30 day(s)			<i>pyridostigmi tablet er 180mg</i>	2	
AUTONOMIC DRUGS, MISCELLANEOUS			<i>rivastigmine capsule 1.5mg</i>	2	
CHANTIX PACKET 1MG	3	QL	<i>rivastigmine capsule 3mg</i>	2	
QL 336 each per 365 day(s)					

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Drug	Tier	Requirements /Limits
<i>rivastigmine capsule 4.5mg</i>	2	
<i>rivastigmine capsule 6mg</i>	2	
RIVASTIGMINE DIS 13.3/24	2	
<i>rivastigmine dis 4.6mg/24</i>	2	
<i>rivastigmine dis 9.5mg/24</i>	2	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen tablet 10mg</i>	1	
<i>baclofen tablet 20mg</i>	1	
<i>baclofen tablet 5mg</i>	1	
<i>carisoprodol tablet 350mg</i> QL 120 each per 30 day(s)	2	QL
<i>cyclobenzapr tablet 10mg</i>	2	
<i>cyclobenzapr tablet 5mg</i>	2	
<i>cyclobenzapr tablet 7.5mg</i>	2	
<i>dantrolene capsule 100mg</i>	2	
<i>dantrolene capsule 25mg</i>	2	
<i>dantrolene capsule 50mg</i>	2	
<i>metaxalone tablet 400mg</i>	2	
<i>metaxalone tablet 800mg</i>	2	
<i>methocarbam tablet 500mg</i>	2	
<i>methocarbam tablet 750mg</i>	2	
<i>tizanidine capsule 2mg</i> QL 540 each per 30 day(s)	2	QL; ST
<i>tizanidine capsule 4mg</i> QL 270 each per 30 day(s)	2	QL; ST
<i>tizanidine capsule 6mg</i> QL 180 each per 30 day(s)	2	QL; ST
<i>tizanidine tablet 2mg</i> QL 540 each per 30 day(s)	2	QL
<i>tizanidine tablet 4mg</i> QL 270 each per 30 day(s)	2	QL
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin tablet 10mg er</i> QL 30 each per 30 day(s)	1	QL
DIHYDROERGOT SPR 4MG/ML	2	PA
<i>ergoloid mes tablet 1mg oral</i> QL 90 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>phenoxybenza capsule 10mg</i> QL 3600 each per 30 day(s)	5	QL; PA
<i>silodosin capsule 4mg</i> QL 30 each per 30 day(s)	1	QL
<i>silodosin capsule 8mg</i> QL 30 each per 30 day(s)	1	QL
<i>tamsulosin capsule 0.4mg</i> QL 60 each per 30 day(s)	1	QL
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ALBUTEROL AER HFA QL 36 each per 30 day(s)	1	QL
ALBUTEROL AER HFA QL 17 each per 30 day(s)	1	QL
<i>albuterol aer hfa</i> QL 13.40 each per 30 day(s)	1	QL
<i>albuterol neb 0.083%</i>	1	BvsD
<i>albuterol neb 0.5%</i>	1	BvsD
<i>albuterol neb 0.63mg/3</i>	1	BvsD
<i>albuterol neb 1.25mg/3</i>	1	BvsD
<i>albuterol syrup 2mg/5ml</i>	1	
<i>albuterol tablet 2mg</i>	2	
<i>albuterol tablet 4mg</i>	2	
<i>arformoterol neb 15/2ml</i> QL 120 milliliter(s) 30 day(s)	2	QL; BvsD
BUDES/FORMOT AER 160-4.5 QL 20.40 each per 30 day(s)	1	QL
BUDES/FORMOT AER 80-4.5 QL 20.40 each per 30 day(s)	1	QL
<i>droxidopa capsule 100mg</i> QL 180 each per 30 day(s)	5	QL; PA
<i>droxidopa capsule 200mg</i> QL 180 each per 30 day(s)	5	QL; PA
<i>droxidopa capsule 300mg</i> QL 180 each per 30 day(s)	5	QL; PA
EPINEPHRINE INJECTABLE 0.15MG	2	
EPINEPHRINE INJECTABLE 0.15MG	2	

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Drug	Tier	Requirements /Limits
EPINEPHRINE INJECTABLE 0.3MG	2	
<i>flutic/salme aer 100/50</i>	1	QL
QL 60 each per 30 day(s)		
<i>flutic/salme aer 250/50</i>	1	QL
QL 60 each per 30 day(s)		
<i>flutic/salme aer 500/50</i>	1	QL
QL 60 each per 30 day(s)		
FLUTIC/SALME INH 113/14	1	QL
QL 1 each per 30 day(s)		
FLUTIC/SALME INH 232/14	1	QL
QL 1 each per 30 day(s)		
FLUTIC/SALME INH 55/14	1	QL
QL 1 each per 30 day(s)		
<i>formoterol neb 20/2ml</i>	2	BvsD
LEVALBUTEROL AER 45/ACT	1	
LEVALBUTEROL NEB 0.31MG	2	BvsD
LEVALBUTEROL NEB 0.63MG	2	BvsD
<i>levalbuterol neb 1.25/0.5</i>	2	BvsD
<i>levalbuterol neb 1.25mg</i>	2	BvsD
LUCEMYRA TABLET 0.18MG	4	QL; PA
QL 150 each per 30 day(s)		
<i>midodrine tablet 10mg</i>	1	
<i>midodrine tablet 2.5mg</i>	1	
<i>midodrine tablet 5mg</i>	1	
SEREVENT DIS AER 50MCG	3	QL
QL 60 each per 30 day(s)		
STRIVERDI AER 2.5MCG	3	QL
QL 4 each per 30 day(s)		
SYMBICORT AER 160-4.5	3	QL
QL 20.40 each per 30 day(s)		
SYMBICORT AER 80-4.5	3	QL
QL 20.40 each per 30 day(s)		
SYMJEPI INJECTABLE 0.15MG	3	
SYMJEPI INJECTABLE 0.3MG	3	
TERBUTALINE TABLET 2.5MG	2	
TERBUTALINE TABLET 5MG	2	
VENTOLIN HFA AER	3	QL
QL 36 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>wixela inhub aer 100/50</i>	1	QL
QL 60 each per 30 day(s)		
<i>wixela inhub aer 250/50</i>	1	QL
QL 60 each per 30 day(s)		
<i>wixela inhub aer 500/50</i>	1	QL
QL 60 each per 30 day(s)		
BLOOD FORMATION, COAGULATION, AND		

ANTIHEMORRHAGIC AGENTS

TRANEX ACID TABLET 650MG	2	QL
QL 30 each per 30 day(s)		

ANTITHROMBOTIC AGENTS

<i>anagrelide capsule 0.5mg</i>	2	
<i>anagrelide capsule 1mg</i>	2	
BRILINTA TABLET 60MG	3	QL
QL 60 each per 30 day(s)		
BRILINTA TABLET 90MG	3	QL
QL 60 each per 30 day(s)		
CABLIVI KIT 11MG	5	QL; PA
QL 31 each per 30 day(s)		
<i>cilostazol tablet 100mg</i>	1	
<i>cilostazol tablet 50mg</i>	1	
<i>clopidogrel tablet 75mg</i>	1	QL
QL 30 each per 30 day(s)		
ELIQUIS TABLET 2.5MG	3	QL
QL 60 each per 30 day(s)		
ELIQUIS TABLET 5MG	3	QL
QL 74 each per 30 day(s)		
ELIQUIS ST P TABLET 5MG	3	QL
QL 74 each per 180 day(s)		
FONDAPARINUX INJECTABLE 10/0.8ML	2	QL
QL 30 milliliter(s) 30 day(s)		
FONDAPARINUX INJECTABLE 2.5/0.5	2	QL
QL 30 each per 30 day(s)		
FONDAPARINUX INJECTABLE 5/0.4ML	2	QL
QL 30 milliliter(s) 30 day(s)		

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Drug	Tier	Requirements /Limits
FONDAPARINUX INJECTABLE 7.5/0.6 QL 30 each per 30 day(s)	2	QL
<i>heparin sod injectable 1000/ml</i>	2	
<i>heparin sod injectable 10000/ml</i>	2	
<i>heparin sod injectable 20000/ml</i>	2	
<i>heparin sod injectable 5000/ml</i>	2	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
PRADAXA CAPSULE 110MG QL 60 each per 30 day(s)	4	QL
PRADAXA CAPSULE 150MG QL 60 each per 30 day(s)	4	QL
PRADAXA CAPSULE 75MG QL 60 each per 30 day(s)	4	QL
<i>prasugrel tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>prasugrel tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
SAVAYSA TABLET 15MG QL 30 each per 30 day(s)	4	QL
SAVAYSA TABLET 30MG QL 30 each per 30 day(s)	4	QL
SAVAYSA TABLET 60MG QL 30 each per 30 day(s)	4	QL
<i>warfarin tablet 10mg</i>	1	
<i>warfarin tablet 1mg</i>	1	
<i>warfarin tablet 2.5mg</i>	1	
<i>warfarin tablet 2mg</i>	1	
<i>warfarin tablet 3mg</i>	1	

Drug	Tier	Requirements /Limits
<i>warfarin tablet 4mg</i>	1	
<i>warfarin tablet 5mg</i>	1	
<i>warfarin tablet 6mg</i>	1	
<i>warfarin tablet 7.5mg</i>	1	
XARELTO SUSPENSION 1MG/ML QL 600 milliliter(s) 30 day(s)	3	QL
XARELTO TABLET 10MG QL 30 each per 30 day(s)	3	QL
XARELTO TABLET 15MG QL 42 each per 30 day(s)	3	QL
XARELTO TABLET 2.5MG QL 60 each per 30 day(s)	3	QL
XARELTO TABLET 20MG QL 30 each per 30 day(s)	3	QL
XARELTO STAR TABLET 15/20MG QL 102 each per 365 day(s)	3	QL
ZONTIVITY TABLET 2.08MG QL 30 each per 30 day(s)	4	QL
BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS, MISCELLANEOUS		
OXBRYTA TABLET 300MG QL 150 each per 30 day(s)	5	QL; PA
OXBRYTA TABLET 500MG QL 90 each per 30 day(s)	5	QL; PA
TAVALISSE TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
TAVALISSE TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
HEMATOPOIETIC AGENTS		
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 10MCG	3	BvsD
ARANESP INJECTABLE 150MCG	5	BvsD

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ARANESP INJECTABLE 200MCG	5	BvsD	NYVEPRIA INJECTABLE	5	PA
ARANESP INJECTABLE 200MCG	5	BvsD	6/0.6ML		
ARANESP INJECTABLE 25MCG	3	BvsD	PROMACTA PACKET 25MG	5	QL; PA
ARANESP INJECTABLE 25MCG	3	BvsD	QL 90 each per 30 day(s)		
ARANESP INJECTABLE 300MCG	5	BvsD	PROMACTA POW 12.5MG	5	QL; PA
ARANESP INJECTABLE 40MCG	3	BvsD	QL 180 each per 30 day(s)		
ARANESP INJECTABLE 40MCG	3	BvsD	PROMACTA TABLET 12.5MG	5	QL; PA
ARANESP INJECTABLE 500MCG	5	BvsD	QL 30 each per 30 day(s)		
ARANESP INJECTABLE 60MCG	3	BvsD	PROMACTA TABLET 25MG	5	QL; PA
ARANESP INJECTABLE 60MCG	3	BvsD	QL 30 each per 30 day(s)		
DOPTELET TABLET 20MG	4	QL; PA	PROMACTA TABLET 50MG	5	QL; PA
QL 10 each per 30 day(s)			QL 30 each per 30 day(s)		
DOPTELET TABLET 20MG	4	QL; PA	PROMACTA TABLET 75MG	5	QL; PA
QL 15 each per 30 day(s)			QL 30 each per 30 day(s)		
DOPTELET TABLET 20MG	4	QL; PA	RETACRIT INJECTABLE	3	BvsD
QL 60 each per 30 day(s)			10000UNT		
EPOGEN INJECTABLE 10000/ML	4	BvsD	RETACRIT INJECTABLE	3	BvsD
EPOGEN INJECTABLE 2000/ML	4	BvsD	20000UNI		
EPOGEN INJECTABLE 20000/ML	5	BvsD	RETACRIT INJECTABLE	3	BvsD
EPOGEN INJECTABLE 3000/ML	4	BvsD	2000UNIT		
EPOGEN INJECTABLE 4000/ML	4	BvsD	RETACRIT INJECTABLE	3	BvsD
FULPHILA INJECTABLE 6/0.6ML	5	PA	3000UNIT		
GRANIX INJECTABLE 300/0.5	5	BvsD	RETACRIT INJECTABLE	3	BvsD
GRANIX INJECTABLE 300/1ML	5	BvsD	40000UNT		
GRANIX INJECTABLE 480/0.8	5	BvsD	RETACRIT INJECTABLE	3	BvsD
GRANIX INJECTABLE 480/1.6	5	BvsD	4000UNIT		
LEUKINE INJECTABLE 250MCG	5	BvsD	UDENYCA INJECTABLE	5	PA
MULPLETA TABLET 3MG	4	QL; PA	6MG/.6ML		
QL 7 each per 30 day(s)			ZARXIO INJECTABLE 300/0.5	5	PA
NEULASTA INJECTABLE	5	PA	ZARXIO INJECTABLE 480/0.8	5	PA
6MG/0.6M			ZIEXTENZO INJECTABLE	5	PA
NEUPOGEN INJECTABLE 300/0.5	5	PA	6/0.6ML		
NEUPOGEN INJECTABLE 300MCG	5	PA	HEMORRHOLOGIC AGENTS		
NEUPOGEN INJECTABLE 480/0.8	5	PA	<i>pentoxifylli tablet 400mg er</i>	2	
NEUPOGEN INJECTABLE 480MCG	5	PA	BLOOD FORMATION,COAGULA ION A D		
NIVESTYM INJECTABLE 300/0.5	5	PA	ANTITHROMBOTIC AGENTS		
NIVESTYM INJECTABLE 480/0.8	5	PA	ENOXAPARIN INJECTABLE	2	
			100MG/ML		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
ENOXAPARIN INJECTABLE 120/0.8	2		ALTOPREV TABLET 60MG ER QL 30 each per 30 day(s)	4	QL
ENOXAPARIN INJECTABLE 150MG/ML	2		<i>amlod/atorva tablet 10-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
ENOXAPARIN INJECTABLE 30/0.3ML	2		<i>amlod/atorva tablet 10-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
ENOXAPARIN INJECTABLE 40/0.4ML	2		<i>amlod/atorva tablet 10-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
ENOXAPARIN INJECTABLE 60/0.6ML	2		<i>amlod/atorva tablet 10-80mg</i> QL 30 each per 30 day(s)	2	QL; ST
ENOXAPARIN INJECTABLE 80/0.8ML	2		<i>amlod/atorva tablet 2.5-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
CARDIOVASCULAR DRUGS			<i>amlod/atorva tablet 2.5-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
ALPHA-ADRENERGIC BLOCKING AGENTS			<i>amlod/atorva tablet 2.5-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>doxazosin tablet 1mg</i> QL 60 each per 30 day(s)	1	QL	<i>amlod/atorva tablet 5-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>doxazosin tablet 2mg</i> QL 60 each per 30 day(s)	1	QL	<i>amlod/atorva tablet 5-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>doxazosin tablet 4mg</i> QL 60 each per 30 day(s)	1	QL	<i>amlod/atorva tablet 5-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>doxazosin tablet 8mg</i> QL 60 each per 30 day(s)	1	QL	<i>amlod/atorva tablet 5-80mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>prazosin hcl capsule 1mg</i>	1		<i>atorvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>prazosin hcl capsule 2mg</i>	1		<i>atorvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL
<i>prazosin hcl capsule 5mg</i>	1		<i>atorvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>terazosin capsule 10mg</i> QL 60 each per 30 day(s)	1	QL	<i>atorvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
<i>terazosin capsule 1mg</i> QL 60 each per 30 day(s)	1	QL	<i>cholestyram pow 4gm</i> QL 720 each per 30 day(s)	2	QL
<i>terazosin capsule 2mg</i> QL 60 each per 30 day(s)	1	QL	<i>cholestyram pow 4gm lite</i> QL 1195 each per 30 day(s)	2	QL
<i>terazosin capsule 5mg</i> QL 60 each per 30 day(s)	1	QL	COLESEVELAM PACKET 3.75 QL 180 each per 30 day(s)	2	QL
ANTILIPEMIC AGENTS					
ALTOPREV TABLET 20MG ER QL 30 each per 30 day(s)	4	QL			
ALTOPREV TABLET 40MG ER QL 30 each per 30 day(s)	4	QL			

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Drug	Tier	Requirements /Limits
<i>colesevelam tablet 625mg</i> QL 180 each per 30 day(s)	2	QL
COLESTIPOL GRA 5GM QL 900 each per 30 day(s)	2	QL
COLESTIPOL TABLET 1GM QL 480 each per 30 day(s)	2	QL
<i>ezetim/simva tablet 10-10mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-20mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-40mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetim/simva tablet 10-80mg</i> QL 30 each per 30 day(s)	1	QL; ST
<i>ezetimibe tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 130mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 134mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 150MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 200mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 43MG QL 30 each per 30 day(s)	1	QL
FENOFIBRATE CAPSULE 50MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate capsule 67mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE TABLET 120MG QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 145mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 160mg</i> QL 30 each per 30 day(s)	1	QL
FENOFIBRATE TABLET 40MG QL 30 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>fenofibrate tablet 48mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibrate tablet 54mg</i> QL 30 each per 30 day(s)	1	QL
<i>fenofibric capsule 135mg dr</i> QL 30 each per 30 day(s)	2	QL
<i>fenofibric capsule 45mg dr</i> QL 30 each per 30 day(s)	2	QL
<i>fluvastatin capsule 20mg</i> QL 120 each per 30 day(s)	1	QL
<i>fluvastatin capsule 40mg</i> QL 60 each per 30 day(s)	1	QL
FLUVASTATIN TABLET 80MG ER QL 30 each per 30 day(s)	2	QL
<i>gemfibrozil tablet 600mg</i> QL 60 each per 30 day(s)	1	QL
<i>icosapent capsule 1gm</i> QL 120 each per 30 day(s)	2	QL
JUXTAPID CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA
JUXTAPID CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA
JUXTAPID CAPSULE 30MG QL 90 each per 30 day(s)	5	QL; PA
JUXTAPID CAPSULE 5MG QL 90 each per 30 day(s)	5	QL; PA
LIVALO TABLET 1MG QL 30 each per 30 day(s)	3	QL; ST
LIVALO TABLET 2MG QL 30 each per 30 day(s)	3	QL; ST
LIVALO TABLET 4MG QL 30 each per 30 day(s)	3	QL; ST
<i>lovastatin tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>lovastatin tablet 20mg</i> QL 60 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>lovastatin tablet 40mg</i> QL 60 each per 30 day(s)	1	QL
NEXLETOL TABLET 180MG QL 30 each per 30 day(s)	4	QL; PA
NEXLIZET TABLET 180/10MG QL 30 each per 30 day(s)	4	QL; PA
<i>omega-3-acid capsule 1gm</i> QL 120 each per 30 day(s)	1	QL
<i>pravastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL
<i>pravastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL
<i>pravastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>pravastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
<i>prevalite pow 4gm pk</i> QL 1195 each per 30 day(s)	2	QL
REPATHA INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	3	QL; PA
REPATHA PUSH INJECTABLE 420/3.5 QL 3.50 each per 30 day(s)	3	QL; PA
REPATHA SURE INJECTABLE 140MG/ML QL 3 milliliter(s) 30 day(s)	3	QL; PA
<i>rosuvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>rosuvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 10mg</i> QL 90 each per 30 day(s)	1	QL
<i>simvastatin tablet 20mg</i> QL 90 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>simvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>simvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
VASCEPA CAPSULE 0.5GM QL 240 each per 30 day(s)	3	QL
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol capsule 200mg</i> QL 120 each per 30 day(s)	1	QL
<i>acebutolol capsule 400mg</i> QL 90 each per 30 day(s)	1	QL
<i>atenol/chlor tablet 100-25mg</i>	1	
<i>atenol/chlor tablet 50-25mg</i>	1	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	
<i>betaxolol tablet 10mg</i>	1	
<i>betaxolol tablet 20mg</i>	1	
<i>bisoprol/hctz tablet 10/6.25</i>	1	
<i>bisoprol/hctz tablet 2.5/6.25</i>	1	
<i>bisoprol/hctz tablet 5-6.25mg</i>	1	
<i>bisoprol fum tablet 10mg</i>	1	
<i>bisoprol fum tablet 5mg</i>	1	
<i>carteolol solution 1% op</i>	2	
<i>carvedilol capsule 10mg er</i>	2	
CARVEDILOL CAPSULE 20MG ER	2	
CARVEDILOL CAPSULE 40MG ER	2	
CARVEDILOL CAPSULE 80MG ER	2	
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	

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Drug	Tier	Requirements /Limits
<i>labetalol tablet 100mg</i>	1	
<i>labetalol tablet 200mg</i>	1	
<i>labetalol tablet 300mg</i>	1	
<i>metoprl/hctz tablet 100-25mg</i>	1	
<i>metoprl/hctz tablet 100-50mg</i>	1	
<i>metoprl/hctz tablet 50-25mg</i>	1	
<i>metoprol suc tablet 100mg er</i>	1	
<i>metoprol suc tablet 200mg er</i>	1	
<i>metoprol suc tablet 25mg er</i>	1	
<i>metoprol suc tablet 50mg er</i>	1	
<i>metoprol tar tablet 100mg</i>	1	
<i>metoprol tar tablet 25mg</i>	1	
<i>metoprol tar tablet 37.5mg</i>	1	
<i>metoprol tar tablet 50mg</i>	1	
<i>metoprol tar tablet 75mg</i>	1	
<i>nadolol tablet 20mg</i>	1	
<i>nadolol tablet 40mg</i>	1	
<i>nadolol tablet 80mg</i>	1	
<i>nebivolol tablet 10mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>nebivolol tablet 2.5mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>nebivolol tablet 20mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>nebivolol tablet 5mg</i>	1	QL
QL 90 each per 30 day(s)		
<i>pindolol tablet 10mg</i>	2	
<i>pindolol tablet 5mg</i>	2	
<i>propranolol capsule 120mg er</i>	1	
<i>propranolol capsule 160mg er</i>	1	
<i>propranolol capsule 60mg er</i>	1	
<i>propranolol capsule 80mg er</i>	1	
<i>propranolol solution 20mg/5ml</i>	2	
<i>propranolol solution 40mg/5ml</i>	2	
<i>propranolol tablet 10mg</i>	1	
<i>propranolol tablet 20mg</i>	1	
<i>propranolol tablet 40mg</i>	1	

Drug	Tier	Requirements /Limits
<i>propranolol tablet 60mg</i>	1	
<i>propranolol tablet 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	
<i>sorine tablet 160mg</i>	1	
<i>sorine tablet 240mg</i>	1	
<i>sorine tablet 80mg</i>	1	
<i>sotalol af tablet 120mg</i>	1	
<i>sotalol af tablet 160mg</i>	1	
<i>sotalol af tablet 80mg</i>	1	
<i>sotalol hcl tablet 120mg</i>	1	
<i>sotalol hcl tablet 160mg</i>	1	
<i>sotalol hcl tablet 240mg</i>	1	
<i>sotalol hcl tablet 80mg</i>	1	
<i>timolol mal tablet 10mg</i>	1	
<i>timolol mal tablet 20mg</i>	1	
<i>timolol mal tablet 5mg</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlod/benazp capsule 10-20mg</i>	1	
<i>amlod/benazp capsule 10-40mg</i>	1	
<i>amlod/benazp capsule 2.5-10mg</i>	1	
<i>amlod/benazp capsule 5-10mg</i>	1	
<i>amlod/benazp capsule 5-20mg</i>	1	
<i>amlod/benazp capsule 5-40mg</i>	1	
<i>amlod/olmesa tablet 10-20mg</i>	1	
<i>amlod/olmesa tablet 10-40mg</i>	1	
<i>amlod/olmesa tablet 5-20mg</i>	1	
<i>amlod/olmesa tablet 5-40mg</i>	1	
<i>amlod/valsar tablet 10-160mg</i>	1	
<i>amlod/valsar tablet 10-320mg</i>	1	
<i>amlod/valsar tablet 5-160mg</i>	1	
<i>amlod/valsar tablet 5-320mg</i>	1	

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Drug	Tier Requirements /Limits
<i>amlodipine tablet 10mg</i>	1
<i>amlodipine tablet 2.5mg</i>	1
<i>amlodipine tablet 5mg</i>	1
<i>cartia xt capsule 120/24hr</i>	1
<i>cartia xt capsule 180/24hr</i>	1
<i>cartia xt capsule 240/24hr</i>	1
<i>cartia xt capsule 300/24hr</i>	1
<i>dilt-xr capsule 120mg</i>	1
<i>dilt-xr capsule 180mg</i>	1
<i>dilt-xr capsule 240mg</i>	1
<i>diltiazem capsule 120mg er</i>	1
<i>diltiazem capsule 120mg er</i>	1
<i>diltiazem capsule 180mg er</i>	1
<i>diltiazem capsule 240mg er</i>	1
<i>diltiazem capsule 300mg er</i>	1
DILTIAZEM CAPSULE 360MG ER	1
DILTIAZEM CAPSULE 420MG/24	1
<i>diltiazem capsule 60mg er</i>	1
<i>diltiazem capsule 90mg er</i>	1
<i>diltiazem tablet 120mg</i>	1
<i>diltiazem tablet 30mg</i>	1
<i>diltiazem tablet 60mg</i>	1
<i>diltiazem tablet 90mg</i>	1
DILTIAZEM ER TABLET 180MG	1
DILTIAZEM ER TABLET 240MG	1
DILTIAZEM ER TABLET 300MG	1
DILTIAZEM ER TABLET 360MG	1
<i>felodipine tablet 10mg er</i>	1
<i>felodipine tablet 2.5mg er</i>	1
<i>felodipine tablet 5mg er</i>	1
<i>isradipine capsule 2.5mg</i>	2
<i>isradipine capsule 5mg</i>	2
<i>matzim la tablet 180mg/24</i>	2
<i>matzim la tablet 240mg/24</i>	2
<i>matzim la tablet 300mg/24</i>	2
<i>matzim la tablet 360mg/24</i>	2
<i>matzim la tablet 420mg/24</i>	2

Drug	Tier Requirements /Limits
<i>nicardipine capsule 20mg</i>	2
<i>nicardipine capsule 30mg</i>	2
<i>nifedipine capsule 10mg</i>	1
<i>nifedipine capsule 20mg</i>	1
<i>nifedipine tablet 30mg er</i>	1
<i>nifedipine tablet 30mg er</i>	1
<i>nifedipine tablet 60mg er</i>	1
<i>nifedipine tablet 60mg er</i>	1
<i>nifedipine tablet 90mg er</i>	1
<i>nifedipine tablet 90mg er</i>	1
<i>nimodipine capsule 30mg</i>	2
NISOLDIPINE TABLET 17MG ER	2
<i>nisoldipine tablet 20mg er</i>	2
<i>nisoldipine tablet 25.5mg</i>	2
<i>nisoldipine tablet 30mg er</i>	2
NISOLDIPINE TABLET 34MG ER	2
<i>nisoldipine tablet 40mg er</i>	2
NISOLDIPINE TABLET 8.5MG ER	2
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
<i>olm med/amlo tablet /hctz</i>	1
OLM MED/AMLO TABLET /HCTZ	1
<i>olm med/amlo tablet /hctz</i>	1
<i>taztia xt capsule 120mg/24</i>	1
<i>taztia xt capsule 180mg/24</i>	1
<i>taztia xt capsule 240mg/24</i>	1
<i>taztia xt capsule 300mg er</i>	1
<i>taztia xt capsule 360mg/24</i>	1
<i>telmis/amlod tablet 40-10mg</i>	1
<i>telmis/amlod tablet 40-5mg</i>	1
<i>telmis/amlod tablet 80-10mg</i>	1
<i>telmis/amlod tablet 80-5mg</i>	1
<i>tiadylt capsule 120mg/24</i>	1
<i>tiadylt capsule 180mg/24</i>	1
<i>tiadylt capsule 240mg/24</i>	1

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Drug	Tier	Requirements /Limits
<i>tiadylt capsule 300mg/24</i>	1	
<i>tiadylt capsule 420mg/24</i>	1	
<i>trando/verap tablet 1-240 er</i>	1	
<i>trando/verap tablet 2-180 er</i>	1	
<i>trando/verap tablet 2-240 er</i>	1	
<i>trando/verap tablet 4-240 er</i>	1	
VERAPAMIL CAPSULE 100MG ER	1	
VERAPAMIL CAPSULE 120MG SR	1	
VERAPAMIL CAPSULE 180MG SR	1	
VERAPAMIL CAPSULE 200MG ER	1	
VERAPAMIL CAPSULE 240MG SR	1	
VERAPAMIL CAPSULE 300MG ER	1	
VERAPAMIL CAPSULE 360MG SR	1	
<i>verapamil tablet 120mg</i>	1	
<i>verapamil tablet 120mg er</i>	1	
<i>verapamil tablet 180mg er</i>	1	
<i>verapamil tablet 240mg er</i>	1	
<i>verapamil tablet 40mg</i>	1	
<i>verapamil tablet 80mg</i>	1	
CARDIAC DRUGS		
<i>amiodarone tablet 100mg</i>	1	
<i>amiodarone tablet 200mg</i>	1	
<i>amiodarone tablet 400mg</i>	1	
CORLANOR SOLUTION 5MG/5ML	3	QL; ST
QL 450 milliliter(s) 30 day(s)		
CORLANOR TABLET 5MG	3	QL; ST
QL 60 each per 30 day(s)		
CORLANOR TABLET 7.5MG	3	QL; ST
QL 60 each per 30 day(s)		
<i>digitek tablet 0.125mg</i>	1	
<i>digitek tablet 0.25mg</i>	1	
<i>digox tablet 0.125mg</i>	1	
<i>digox tablet 0.25mg</i>	1	
DIGOXIN SOLUTION 50MCG/ML	1	
<i>digoxin tablet 0.0625mg</i>	2	
<i>digoxin tablet 0.125mg</i>	1	
<i>digoxin tablet 0.25mg</i>	1	

Drug	Tier	Requirements /Limits
<i>dofetilide capsule 125mcg</i>	2	
<i>dofetilide capsule 250mcg</i>	2	
<i>dofetilide capsule 500mcg</i>	2	
<i>flecainide tablet 100mg</i>	1	
<i>flecainide tablet 150mg</i>	1	
<i>flecainide tablet 50mg</i>	1	
<i>mexiletine capsule 150mg</i>	2	
<i>mexiletine capsule 200mg</i>	2	
<i>mexiletine capsule 250mg</i>	2	
MULTAQ TABLET 400MG	3	
NORPACE CAPSULE 100MG CR	4	
NORPACE CAPSULE 150MG CR	4	
<i>pacerone tablet 100mg</i>	1	
<i>pacerone tablet 200mg</i>	1	
<i>pacerone tablet 400mg</i>	1	
<i>propafenone capsule 225mg er</i>	2	
<i>propafenone capsule 325mg er</i>	2	
<i>propafenone capsule 425mg er</i>	2	
<i>propafenone tablet 150mg</i>	2	
<i>propafenone tablet 225mg</i>	2	
<i>propafenone tablet 300mg</i>	2	
<i>quinidine su tablet 200mg</i>	2	NM
<i>quinidine su tablet 300mg</i>	2	NM
<i>ranolazine tablet 1000mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>ranolazine tablet 500mg er</i>	2	QL
QL 120 each per 30 day(s)		
VYNDAMAX CAPSULE 61MG	5	QL; PA
QL 30 each per 30 day(s)		
VYNDAQEL CAPSULE 20MG	5	QL; PA
QL 120 each per 30 day(s)		
HYPOTENSIVE AGENTS		
<i>clonidine dis 0.1/24hr</i>	2	
<i>clonidine dis 0.2/24hr</i>	2	

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Drug	Tier	Requirements /Limits
<i>clonidine dis 0.3/24hr</i>	2	
<i>clonidine tablet 0.1mg</i>	1	
<i>clonidine tablet 0.1mg er</i>	2	QL; ST
QL 120 each per 30 day(s)		
<i>clonidine tablet 0.2mg</i>	1	
<i>clonidine tablet 0.3mg</i>	1	
<i>furosemide injectable 100/10ml</i>	1	
<i>hydralazine tablet 100mg</i>	1	
<i>hydralazine tablet 10mg</i>	1	
<i>hydralazine tablet 25mg</i>	1	
<i>hydralazine tablet 50mg</i>	1	
<i>minoxidil tablet 10mg</i>	1	
<i>minoxidil tablet 2.5mg</i>	1	
NYMALIZE SOLUTION	5	QL
QL 1800 each per 30 day(s)		
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALDACTAZIDE TABLET 50/50	4	
ALISKIREN TABLET 150MG	2	QL; ST
QL 30 each per 30 day(s)		
ALISKIREN TABLET 300MG	2	QL; ST
QL 30 each per 30 day(s)		
BENAZEP/HCTZ TABLET 10-12.5	1	
BENAZEP/HCTZ TABLET 20-12.5	1	
BENAZEP/HCTZ TABLET 20-25MG	1	
<i>benazep/hctz tablet 5-6.25</i>	1	
<i>benazepril tablet 10mg</i>	1	
<i>benazepril tablet 20mg</i>	1	
<i>benazepril tablet 40mg</i>	1	
<i>benazepril tablet 5mg</i>	1	
<i>candesap/hctz tablet 16-12.5</i>	1	
<i>candesap/hctz tablet 32-12.5</i>	1	
<i>candesap/hctz tablet 32-25mg</i>	1	
CANDESARTAN TABLET 16MG	1	
<i>candesartan tablet 32mg</i>	1	
<i>candesartan tablet 4mg</i>	1	
<i>candesartan tablet 8mg</i>	1	

Drug	Tier	Requirements /Limits
<i>captopril tablet 100mg</i>	1	
<i>captopril tablet 12.5mg</i>	1	
<i>captopril tablet 25mg</i>	1	
<i>captopril tablet 50mg</i>	1	
EDARBYCLOR TABLET 40-12.5	4	ST
EDARBYCLOR TABLET 40-25MG	4	ST
<i>enalapr/hctz tablet 10-25mg</i>	1	
<i>enalapr/hctz tablet 5-12.5mg</i>	1	
<i>enalapril tablet 10mg</i>	1	
<i>enalapril tablet 2.5mg</i>	1	
<i>enalapril tablet 20mg</i>	1	
<i>enalapril tablet 5mg</i>	1	
ENTRESTO TABLET 24-26MG	3	QL
QL 60 each per 30 day(s)		
ENTRESTO TABLET 49-51MG	3	QL
QL 60 each per 30 day(s)		
ENTRESTO TABLET 97-103MG	3	QL
QL 60 each per 30 day(s)		
<i>eplerenone tablet 25mg</i>	2	ST
<i>eplerenone tablet 50mg</i>	2	ST
<i>fosinop/hctz tablet 10/12.5</i>	1	
<i>fosinop/hctz tablet 20/12.5</i>	1	
<i>fosinopril tablet 10mg</i>	1	
<i>fosinopril tablet 20mg</i>	1	
<i>fosinopril tablet 40mg</i>	1	
<i>irbesar/hctz tablet 150-12.5</i>	1	
<i>irbesar/hctz tablet 300-12.5</i>	1	
<i>irbesartan tablet 150mg</i>	1	
IRBESARTAN TABLET 300MG	1	
IRBESARTAN TABLET 75MG	1	
KERENDIA TABLET 10MG	4	QL; PA
QL 30 each per 30 day(s)		
KERENDIA TABLET 20MG	4	QL; PA
QL 30 each per 30 day(s)		
<i>lisinop/hctz tablet 10-12.5</i>	1	
<i>lisinop/hctz tablet 20-12.5</i>	1	

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Drug	Tier Requirements /Limits
<i>lisinop/hctz tablet 20-25mg</i>	1
<i>lisinopril tablet 10mg</i>	1
<i>lisinopril tablet 2.5mg</i>	1
<i>lisinopril tablet 20mg</i>	1
<i>lisinopril tablet 30mg</i>	1
<i>lisinopril tablet 40mg</i>	1
<i>lisinopril tablet 5mg</i>	1
<i>losartan pot tablet 100mg</i>	1
<i>losartan pot tablet 25mg</i>	1
<i>losartan pot tablet 50mg</i>	1
<i>losartan/hct tablet 100-12.5</i>	1
<i>losartan/hct tablet 100-25</i>	1
<i>losartan/hct tablet 50-12.5</i>	1
<i>moexipril tablet 15mg</i>	1
<i>moexipril tablet 7.5mg</i>	1
<i>olm med/hctz tablet 20-12.5</i>	1
<i>olm med/hctz tablet 40-12.5</i>	1
<i>olm med/hctz tablet 40-25mg</i>	1
<i>olmesa medox tablet 20mg</i>	1
<i>olmesa medox tablet 40mg</i>	1
<i>olmesa medox tablet 5mg</i>	1
<i>perindopril tablet 2mg</i>	1
<i>perindopril tablet 4mg</i>	1
<i>perindopril tablet 8mg</i>	1
<i>qnapril/hctz tablet 10-12.5</i>	1
<i>qnapril/hctz tablet 20-12.5</i>	1
<i>qnapril/hctz tablet 20-25mg</i>	1
<i>quinapril tablet 10mg</i>	1
<i>quinapril tablet 20mg</i>	1
<i>quinapril tablet 40mg</i>	1
<i>quinapril tablet 5mg</i>	1
<i>ramipril capsule 1.25mg</i>	1
<i>ramipril capsule 10mg</i>	1
<i>ramipril capsule 2.5mg</i>	1
<i>ramipril capsule 5mg</i>	1
<i>spirono/hctz tablet 25/25</i>	1
<i>spironolact tablet 100mg</i>	1

Drug	Tier Requirements /Limits
<i>spironolact tablet 25mg</i>	1
<i>spironolact tablet 50mg</i>	1
TEKTURNA HCT TABLET 300-12.5	4 ST
TEKTURNA HCT TABLET 300-25MG	4 ST
<i>telmisa/hctz tablet 40-12.5</i>	1
<i>telmisa/hctz tablet 80-12.5</i>	1
<i>telmisa/hctz tablet 80-25mg</i>	1
<i>telmisartan tablet 20mg</i>	1
<i>telmisartan tablet 40mg</i>	1
<i>telmisartan tablet 80mg</i>	1
<i>trandolapril tablet 1mg</i>	1
<i>trandolapril tablet 2mg</i>	1
<i>trandolapril tablet 4mg</i>	1
<i>valsart/hctz tablet 160-12.5</i>	1
<i>valsart/hctz tablet 160-25mg</i>	1
<i>valsart/hctz tablet 320-12.5</i>	1
<i>valsart/hctz tablet 320-25mg</i>	1
<i>valsart/hctz tablet 80-12.5</i>	1
<i>valsartan tablet 160mg</i>	1
<i>valsartan tablet 320mg</i>	1
<i>valsartan tablet 40mg</i>	1
<i>valsartan tablet 80mg</i>	1
VASODILATING AGENTS	
<i>asa/dipyrida capsule 25-200mg</i>	2 QL
QL 60 each per 30 day(s)	
<i>isosorb din tablet 10mg</i>	1
<i>isosorb din tablet 20mg</i>	1
<i>isosorb din tablet 30mg</i>	1
<i>isosorb din tablet 40mg</i>	1
<i>isosorb din tablet 5mg</i>	1
ISOSORB MONO TABLET 10MG	1
<i>isosorb mono tablet 120mg er</i>	1
ISOSORB MONO TABLET 20MG	1

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>isosorb mono tablet 30mg er</i>	1		BELBUCA MIS 300MCG	3	QL; NM
<i>isosorb mono tablet 60mg er</i>	1		QL 60 each per 30 day(s)		
<i>nitro-bid oin 2%</i>	4		BELBUCA MIS 450MCG	3	QL; NM
<i>nitroglycer dis 0.1mg/hr</i>	1		QL 60 each per 30 day(s)		
<i>nitroglycer dis 0.2mg/hr</i>	1		BELBUCA MIS 600MCG	3	QL; NM
<i>nitroglycer dis 0.4mg/hr</i>	1		QL 60 each per 30 day(s)		
<i>nitroglycer dis 0.6mg/hr</i>	1		BELBUCA MIS 750MCG	3	QL; NM
<i>nitroglyceri sub 0.6mg</i>	1		QL 60 each per 30 day(s)		
<i>nitroglycer sub 0.3mg</i>	1		BELBUCA MIS 75MCG	3	QL; NM
<i>nitroglycer sub 0.4mg</i>	1		QL 60 each per 30 day(s)		
<i>nitroglycer spr 0.4mg</i>	1		BELBUCA MIS 900MCG	3	QL; NM
NITROLINGUAL SPR PUMPSRA	1		QL 60 each per 30 day(s)		
RECTIV OIN 0.4%	4	QL	<i>bupren/nalox mis 12-3mg</i>	2	QL; NM
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>sildenafil suspension 10mg/ml</i>	2	QL; PA	<i>bupren/nalox mis 2-0.5mg</i>	2	QL; NM
QL 180 milliliter(s) 30 day(s)			QL 120 each per 30 day(s)		
<i>sildenafil tablet 20mg</i>	1	QL; PA	<i>bupren/nalox mis 4-1mg</i>	2	QL; NM
QL 90 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>tadalafil tablet 20mg</i>	2	QL; PA	<i>bupren/nalox mis 8-2mg</i>	2	QL; NM
QL 60 each per 30 day(s)			QL 120 each per 30 day(s)		
VERQUVO TABLET 10MG	4	QL; PA	<i>bupren/nalox sub 2-0.5mg</i>	2	QL; NM
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
VERQUVO TABLET 2.5MG	4	QL; PA	<i>bupren/nalox sub 8-2mg</i>	2	QL; NM
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
VERQUVO TABLET 5MG	4	QL; PA	<i>buprenorphin dis 10mcg/hr</i>	2	QL; NM
QL 30 each per 30 day(s)			QL 4 each per 28 day(s)		
CENTRAL NERVOUS SYSTEM AG			BUPRENORPHIN DIS	2	QL; NM
ANALGESICS AND ANTIPIRETTICS			15MCG/HR		
<i>apap/codeine tablet 300-15mg</i>		QL; NM	QL 4 each per 28 day(s)		
QL 390 each per 30 day(s)			BUPRENORPHIN DIS	2	QL; NM
<i>apap/codeine tablet 300-30mg</i>		QL; NM	20MCG/HR		
QL 390 each per 30 day(s)			QL 4 each per 28 day(s)		
<i>apap/codeine tablet 300-60mg</i>		QL; NM	BUPRENORPHIN DIS 5MCG/HR	2	QL; NM
QL 390 each per 30 day(s)			QL 4 each per 28 day(s)		
<i>ascomp/cod capsule 30mg</i>		QL; NM	BUPRENORPHIN DIS 7.5/HR	2	QL; NM
QL 180 each per 30 day(s)			QL 4 each per 28 day(s)		
BELBUCA MIS 150MCG		QL; NM	<i>buprenorphin sub 2mg</i>	2	QL; NM
QL 60 each per 30 day(s)			QL 210 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>buprenorphin sub 8mg</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>but/apap/caf capsule</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/apap/caf capsule</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/apap/caf capsule codeine</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/apap/caf capsule codeine</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/apap/caf tablet</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/asa/caf/ capsule codeine</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>but/asa/caff capsule</i>	2	QL; NM
QL 60 each per 30 day(s)		
<i>butorphanolsolution 10mg/ml</i>	2	QL; NM
QL 25 milliliter(s) 30 day(s)		
CAMBIA POW 50MG	4	QL; ST
QL 9 each per 30 day(s)		
<i>celecoxib capsule 100mg</i>	1	QL
QL 240 each per 30 day(s)		
<i>celecoxib capsule 200mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>celecoxib capsule 400mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>celecoxib capsule 50mg</i>	1	QL
QL 480 each per 30 day(s)		
CODEINE SULF TABLET 15MG	2	QL; NM
QL 180 each per 30 day(s)		
CODEINE SULF TABLET 30MG	2	QL; NM
QL 180 each per 30 day(s)		
CODEINE SULF TABLET 60MG	2	QL; NM
QL 180 each per 30 day(s)		
<i>diclofen pot tablet 50mg</i>	1	
<i>diclofenac tablet 100mg er</i>	1	
<i>diclofenac tablet 25mg dr</i>	1	

Drug	Tier	Requirements /Limits
<i>diclofenac tablet 50mg dr</i>	1	
<i>diclofenac tablet 75mg dr</i>	1	
<i>diflunisal tablet 500mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>endocet tablet 10-325mg</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>endocet tablet 5-325mg</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>endocet tablet 7.5-325</i>	2	QL; NM
QL 120 each per 30 day(s)		
<i>etodolac capsule 200mg</i>	1	
<i>etodolac capsule 300mg</i>	1	
<i>etodolac tablet 400mg</i>	1	
<i>etodolac tablet 500mg</i>	1	
<i>etodolac er tablet 400mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>etodolac er tablet 500mg</i>	1	QL
QL 60 each per 30 day(s)		
<i>etodolac er tablet 600mg</i>	1	QL
QL 30 each per 30 day(s)		
FENOPROFEN CAPSULE 400MG	2	
<i>fenoprofen tablet 600mg</i>	2	
<i>fentanyl dis 100mcg/h</i>	2	QL; PA; NM
QL 10 each per 30 day(s)		
<i>fentanyl dis 12mcg/hr</i>	2	QL; PA; NM
QL 10 each per 30 day(s)		
<i>fentanyl dis 25mcg/hr</i>	2	QL; PA; NM
QL 10 each per 30 day(s)		
<i>fentanyl dis 50mcg/hr</i>	2	QL; PA; NM
QL 10 each per 30 day(s)		
<i>fentanyl dis 75mcg/hr</i>	2	QL; PA; NM
QL 10 each per 30 day(s)		
FENTANYL CIT TABLET 100MCG	2	QL; PA
QL 120 each per 30 day(s)		
FENTANYL CIT TABLET 200MCG	2	QL; PA
QL 120 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
FENTANYL CIT TABLET 400MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 600MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL CIT TABLET 800MCG QL 120 each per 30 day(s)	2	QL; PA
FENTANYL OT LOZ 1200MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 1600MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 200MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 400MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 600MCG QL 120 each per 30 day(s)	2	QL; PA; NM
FENTANYL OT LOZ 800MCG QL 120 each per 30 day(s)	2	QL; PA; NM
<i>flurbiprofen tablet 100mg</i>	1	
<i>hydroco/apap tablet 10-325mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>hydroco/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>hydroco/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	2	QL; NM
<i>hydrocod/ibu tablet 7.5-200</i> QL 210 each per 30 day(s)	2	QL; NM
<i>hydromorphon tablet 12mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>hydromorphon tablet 16mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>hydromorphon tablet 2mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>hydromorphon tablet 32mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>hydromorphon tablet 4mg</i> QL 120 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
<i>hydromorphon tablet 8mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>hydromorphon tablet 8mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>indomethacin capsule 25mg</i> QL 90 each per 30 day(s)	1	QL
<i>indomethacin capsule 50mg</i> QL 90 each per 30 day(s)	1	QL
<i>ketoprofen capsule 25mg</i>	2	
<i>meclofen sod capsule 100mg</i> QL 120 each per 30 day(s)	2	QL
<i>meclofen sod capsule 50mg</i> QL 240 each per 30 day(s)	2	QL
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>methadone solution</i> 10mg/5ml QL 600 milliliter(s) 30 day(s)	2	QL; PA; NM
<i>methadone solution 5mg/5ml</i> QL 600 milliliter(s) 30 day(s)	2	QL; PA; NM
<i>methadone tablet 10mg</i> QL 120 each per 30 day(s)	2	QL; PA; NM
<i>methadone tablet 5mg</i> QL 120 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 100mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 10mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 120mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM

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Drug	Tier	Requirements /Limits
<i>morphine sul capsule 20mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 45mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 50mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 75mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 80mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul capsule 90mg er</i> QL 30 each per 30 day(s)	2	QL; PA; NM
MORPHINE SUL SOLUTION 10MG/5ML QL 960 milliliter(s) 30 day(s)	2	QL; NM
MORPHINE SUL SOLUTION 20MG/5ML QL 960 milliliter(s) 30 day(s)	2	QL; NM
<i>morphine sul solution 20mg/ml</i> QL 240 milliliter(s) 30 day(s)	2	QL; NM
<i>morphine sul tablet 100mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul tablet 15mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>morphine sul tablet 15mg er</i> QL 90 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul tablet 200mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul tablet 30mg</i> QL 120 each per 30 day(s)	2	QL; NM

Drug	Tier	Requirements /Limits
<i>morphine sul tablet 30mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>morphine sul tablet 60mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>nabumetone tablet 500mg</i>	1	
<i>nabumetone tablet 750mg</i>	1	
<i>naproxen suspension 125/5ml</i>	1	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>naproxen sod tablet 275mg</i>	1	
<i>naproxen sod tablet 550mg</i>	1	
<i>oxycod/apap tablet 10-325mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>oxycod/apap tablet 2.5-325</i> QL 120 each per 30 day(s)	2	QL; NM
<i>oxycod/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	2	QL; NM
<i>oxycod/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	2	QL; NM
<i>oxycodone capsule hcl 5mg</i> QL 180 each per 30 day(s)	2	QL; NM
<i>oxycodone con 100/5ml</i> QL 270 milliliter(s) 30 day(s)	2	QL; NM
<i>oxycodone solution 5mg/5ml</i> QL 240 milliliter(s) 30 day(s)	2	QL; NM
<i>oxycodone tablet 10mg</i> QL 180 each per 30 day(s)	2	QL; NM
OXYCODONE TABLET 10MG ER QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxycodone tablet 15mg</i> QL 180 each per 30 day(s)	2	QL; NM
<i>oxycodone tablet 20mg</i> QL 180 each per 30 day(s)	2	QL; NM
OXYCODONE TABLET 20MG ER QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxycodone tablet 30mg</i> QL 180 each per 30 day(s)	2	QL; NM

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Drug	Tier	Requirements /Limits
OXYCODONE TABLET 40MG ER QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxycodone tablet 5mg</i> QL 180 each per 30 day(s)	2	QL; NM
OXYCODONE TABLET 80MG ER QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 10mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 15mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 20mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 30mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 40mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 5mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>oxymorphone tablet 7.5mg er</i> QL 60 each per 30 day(s)	2	QL; PA; NM
<i>piroxicam capsule 10mg</i>	1	
<i>piroxicam capsule 20mg</i>	1	
<i>sulindac tablet 150mg</i>	1	
<i>sulindac tablet 200mg</i>	1	
<i>tramadol/apap tablet 37.5-325</i> QL 120 each per 30 day(s)	2	QL
<i>tramadol hcl tablet 100mg</i> QL 120 each per 30 day(s)	2	QL
<i>tramadol hcl tablet 100mg er</i> QL 120 each per 30 day(s)	2	QL
<i>tramadol hcl tablet 200mg er</i> QL 60 each per 30 day(s)	2	QL
<i>tramadol hcl tablet 300mg er</i> QL 30 each per 30 day(s)	2	QL
<i>tramadol hcl tablet 50mg</i> QL 240 each per 30 day(s)	2	QL
XTAMPZA ER CAPSULE 13.5MG QL 60 each per 30 day(s)	3	QL; PA; NM

Drug	Tier	Requirements /Limits
XTAMPZA ER CAPSULE 18MG QL 60 each per 30 day(s)	3	QL; PA; NM
XTAMPZA ER CAPSULE 27MG QL 60 each per 30 day(s)	3	QL; PA; NM
XTAMPZA ER CAPSULE 36MG QL 60 each per 30 day(s)	3	QL; PA; NM
XTAMPZA ER CAPSULE 9MG QL 60 each per 30 day(s)	3	QL; PA; NM
ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS		
<i>amphet/dextr capsule 10mg er</i> QL 30 each per 30 day(s)	2	QL
<i>amphet/dextr capsule 15mg er</i> QL 30 each per 30 day(s)	2	QL
<i>amphet/dextr capsule 20mg er</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr capsule 25mg er</i> QL 60 each per 30 day(s)	2	QL
AMPHET/DEXTR CAPSULE 30MG ER QL 60 each per 30 day(s)	2	QL
AMPHET/DEXTR CAPSULE 5MG ER QL 30 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 12.5mg</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 15mg</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 20mg</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 30mg</i> QL 60 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>amphet/dextr tablet 5mg</i> QL 60 each per 30 day(s)	2	QL
<i>amphet/dextr tablet 7.5mg</i> QL 60 each per 30 day(s)	2	QL
<i>armodafinil tablet 150mg</i> QL 30 each per 30 day(s)	2	QL
ARMODAFINIL TABLET 200MG QL 30 each per 30 day(s)	2	QL
<i>armodafinil tablet 250mg</i> QL 30 each per 30 day(s)	2	QL
<i>armodafinil tablet 50mg</i> QL 30 each per 30 day(s)	2	QL
DAYTRANA DIS 10MG/9HR QL 30 each per 30 day(s)	4	QL; ST
DAYTRANA DIS 15MG/9HR QL 30 each per 30 day(s)	4	QL; ST
DAYTRANA DIS 20MG/9HR QL 30 each per 30 day(s)	4	QL; ST
DAYTRANA DIS 30MG/9HR QL 30 each per 30 day(s)	4	QL; ST
<i>dexmethylph capsule 15mg er</i> QL 60 each per 30 day(s)	2	QL
<i>dexmethylph capsule 30mg er</i> QL 30 each per 30 day(s)	2	QL
<i>dexmethylph capsule 40mg er</i> QL 30 each per 30 day(s)	2	QL
<i>dexmethylphe capsule 10mg er</i> QL 60 each per 30 day(s)	2	QL
<i>dexmethylphe capsule 20mg er</i> QL 30 each per 30 day(s)	2	QL
<i>dexmethylphe capsule 5mg er</i> QL 30 each per 30 day(s)	2	QL
<i>dexmethylphe capsule er 25mg</i> QL 30 each per 30 day(s)	2	QL
<i>dexmethylphe capsule er 35mg</i> QL 30 each per 30 day(s)	2	QL
<i>dextroamphet capsule 10mg er</i> QL 120 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>dextroamphet capsule 15mg er</i> QL 120 each per 30 day(s)	2	QL
<i>dextroamphet capsule 5mg er</i> QL 60 each per 30 day(s)	2	QL
<i>methylphenid capsule 10mg</i> QL 180 each per 30 day(s)	2	QL
<i>methylphenid capsule 10mg er</i> QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 20MG QL 30 each per 30 day(s)	2	QL
<i>methylphenid capsule 20mg er</i> QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 30MG QL 60 each per 30 day(s)	2	QL
<i>methylphenid capsule 30mg er</i> QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 40MG ER QL 30 each per 30 day(s)	2	QL
<i>methylphenid capsule 40mg er</i> QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 50MG QL 30 each per 30 day(s)	2	QL
METHYLPHENID CAPSULE 60MG QL 30 each per 30 day(s)	2	QL
<i>methylphenid capsule 60mg la</i> QL 30 each per 30 day(s)	2	QL
<i>methylphenid chw 10mg</i> QL 180 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>methylphenid chw 2.5mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid chw 5mg</i> QL 180 each per 30 day(s)	2	QL
<i>methylphenid solution 10mg/5ml</i> QL 900 milliliter(s) 30 day(s)	2	QL
<i>methylphenid solution 5mg/5ml</i> QL 1800 milliliter(s) 30 day(s)	2	QL
<i>methylphenid tablet 10mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 10mg er</i> QL 120 each per 30 day(s)	2	QL
<i>methylphenid tablet 18mg er</i> QL 30 each per 30 day(s)	2	QL
<i>methylphenid tablet 20mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 20mg er</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 27mg er</i> QL 30 each per 30 day(s)	2	QL
<i>methylphenid tablet 36mg er</i> QL 30 each per 30 day(s)	2	QL
<i>methylphenid tablet 54mg er</i> QL 30 each per 30 day(s)	2	QL
<i>methylphenid tablet 5mg</i> QL 90 each per 30 day(s)	2	QL
<i>methylphenid tablet 72mg er</i> QL 30 each per 30 day(s)	2	QL
<i>modafinil tablet 100mg</i> QL 30 each per 30 day(s)	2	QL
<i>modafinil tablet 200mg</i> QL 60 each per 30 day(s)	2	QL
VYVANSE CAPSULE 10MG QL 30 each per 30 day(s)	4	QL; ST
VYVANSE CAPSULE 20MG QL 30 each per 30 day(s)	4	QL; ST
VYVANSE CAPSULE 30MG QL 30 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
VYVANSE CAPSULE 40MG QL 30 each per 30 day(s)	4	QL; ST
VYVANSE CAPSULE 50MG QL 30 each per 30 day(s)	4	QL; ST
VYVANSE CAPSULE 60MG QL 30 each per 30 day(s)	4	QL; ST
VYVANSE CAPSULE 70MG QL 30 each per 30 day(s)	4	QL; ST
ANTICONVULSANTS		
APTIOM TABLET 200MG QL 30 each per 30 day(s)	4	QL; ST
APTIOM TABLET 400MG QL 30 each per 30 day(s)	4	QL; ST
APTIOM TABLET 600MG QL 60 each per 30 day(s)	4	QL; ST
APTIOM TABLET 800MG QL 60 each per 30 day(s)	4	QL; ST
BRIVIACT SOLUTION 10MG/ML QL 600 milliliter(s) 30 day(s)	4	QL
BRIVIACT TABLET 100MG QL 60 each per 30 day(s)	4	QL
BRIVIACT TABLET 10MG QL 60 each per 30 day(s)	4	QL
BRIVIACT TABLET 25MG QL 60 each per 30 day(s)	4	QL
BRIVIACT TABLET 50MG QL 60 each per 30 day(s)	4	QL
BRIVIACT TABLET 75MG QL 60 each per 30 day(s)	4	QL
CARBAMAZEPIN CAPSULE 100MG ER QL 480 each per 30 day(s)	2	QL
CARBAMAZEPIN CAPSULE 200MG ER QL 240 each per 30 day(s)	2	QL
CARBAMAZEPIN CAPSULE 300MG ER QL 150 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>carbamazepin chw 100mg</i> QL 480 each per 30 day(s)	1	QL
<i>carbamazepin suspension</i> 100/5ml QL 2400 milliliter(s) 30 day(s)	2	QL
<i>carbamazepin tablet 100mger</i> QL 480 each per 30 day(s)	2	QL
<i>carbamazepin tablet 200mg</i> QL 240 each per 30 day(s)	1	QL
<i>carbamazepin tablet 200mg er</i> QL 240 each per 30 day(s)	2	QL
<i>carbamazepin tablet 400mg er</i> QL 120 each per 30 day(s)	2	QL
CELONTIN CAPSULE 300MG QL 120 each per 30 day(s)	4	QL
<i>clobazam suspension 2.5mg/ml</i> QL 480 milliliter(s) 30 day(s)	2	QL
<i>clobazam tablet 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>clobazam tablet 20mg</i> QL 60 each per 30 day(s)	2	QL
<i>clonazep odt tablet 0.125mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazep odt tablet 0.25mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazep odt tablet 0.5mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazep odt tablet 1mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazep odt tablet 2mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazepam tablet 0.5mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazepam tablet 1mg</i> QL 300 each per 30 day(s)	2	QL
<i>clonazepam tablet 2mg</i> QL 300 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
DIACOMIT CAPSULE 250MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT CAPSULE 500MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT PACKET 250MG QL 300 each per 30 day(s)	4	QL; PA
DIACOMIT PACKET 500MG QL 300 each per 30 day(s)	4	QL; PA
<i>dilantin capsule 100mg</i> QL 300 each per 30 day(s)	3	QL
<i>dilantin capsule 30mg</i> QL 600 each per 30 day(s)	3	QL
<i>dilantin chw 50mg</i> QL 600 each per 30 day(s)	3	QL
DILANTIN-125 SUSPENSION 125/5ML QL 750 milliliter(s) 30 day(s)	3	QL
<i>divalproex capsule 125mg</i> QL 1080 each per 30 day(s)	2	QL
<i>divalproex tablet 125mg dr</i> QL 600 each per 30 day(s)	1	QL
<i>divalproex tablet 250mg dr</i> QL 510 each per 30 day(s)	1	QL
<i>divalproex tablet 250mg er</i> QL 510 each per 30 day(s)	1	QL
<i>divalproex tablet 500mg dr</i> QL 270 each per 30 day(s)	1	QL
<i>divalproex tablet 500mg er</i> QL 270 each per 30 day(s)	1	QL
EPIDIOLEX SOLUTION 100MG/ML QL 900 milliliter(s) 30 day(s)	4	QL; PA
<i>epitol tablet 200mg</i> QL 240 each per 30 day(s)	1	QL
EPRONTIA SOLUTION 25MG/ML QL 480 milliliter(s) 30 day(s)	4	QL

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
EQUETRO CAPSULE 100MG QL 180 each per 30 day(s)	4	QL; ST	<i>gabapentin solution 250/5ml</i> QL 2160 milliliter(s) 30 day(s)	1	QL
EQUETRO CAPSULE 200MG QL 180 each per 30 day(s)	4	QL; ST	<i>gabapentin tablet 600mg</i> QL 180 each per 30 day(s)	1	QL
EQUETRO CAPSULE 300MG QL 180 each per 30 day(s)	4	QL; ST	<i>gabapentin tablet 800mg</i> QL 120 each per 30 day(s)	1	QL
<i>ethosuximide capsule 250mg</i>	1		<i>lacosamide tablet 100mg</i> QL 60 each per 30 day(s)	2	QL
<i>ethosuximide solution 250/5ml</i> QL 1200 milliliter(s) 30 day(s)	1	QL	<i>lacosamide tablet 150mg</i> QL 60 each per 30 day(s)	2	QL
<i>felbamate suspension 600/5ml</i> QL 900 milliliter(s) 30 day(s)	2	QL	<i>lacosamide tablet 200mg</i> QL 60 each per 30 day(s)	2	QL
<i>felbamate tablet 400mg</i> QL 270 each per 30 day(s)	2	QL	<i>lacosamide tablet 50mg</i> QL 60 each per 30 day(s)	2	QL
<i>felbamate tablet 600mg</i> QL 180 each per 30 day(s)	2	QL	LAMICTAL ODT TABLET 100MG QL 60 each per 30 day(s)	4	QL
FINTEPLA SOLUTION 2.2MG/ML QL 360 milliliter(s) 30 day(s)	4	QL; PA	LAMICTAL ODT TABLET 200MG QL 90 each per 30 day(s)	4	QL
FYCOMPA SUSPENSION 0.5MG/ML QL 720 milliliter(s) 30 day(s)	4	QL	LAMICTAL ODT TABLET 25MG QL 210 each per 30 day(s)	4	QL
FYCOMPA TABLET 10MG QL 30 each per 30 day(s)	4	QL	LAMICTAL ODT TABLET 50MG QL 120 each per 30 day(s)	4	QL
FYCOMPA TABLET 12MG QL 30 each per 30 day(s)	4	QL	<i>lamotrigine chw 25mg</i> QL 600 each per 30 day(s)	2	QL
FYCOMPA TABLET 2MG QL 30 each per 30 day(s)	4	QL	<i>lamotrigine chw 5mg</i> QL 600 each per 30 day(s)	2	QL
FYCOMPA TABLET 4MG QL 30 each per 30 day(s)	4	QL	<i>lamotrigine kit odt</i> QL 70 each per 365 day(s)	2	QL
FYCOMPA TABLET 6MG QL 30 each per 30 day(s)	4	QL	<i>lamotrigine kit start 35</i> QL 70 each per 365 day(s)	2	QL
FYCOMPA TABLET 8MG QL 30 each per 30 day(s)	4	QL	<i>lamotrigine kit start 49</i> QL 98 each per 365 day(s)	2	QL
<i>gabapentin capsule 100mg</i> QL 960 each per 30 day(s)	1	QL	<i>lamotrigine kit start 98</i> QL 196 each per 365 day(s)	2	QL
<i>gabapentin capsule 300mg</i> QL 330 each per 30 day(s)	1	QL	<i>lamotrigine tablet 100mg</i> QL 180 each per 30 day(s)	1	QL
<i>gabapentin capsule 400mg</i> QL 270 each per 30 day(s)	1	QL			

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
lamotrigine tablet 100mg er QL 90 each per 30 day(s)	2	QL	levetiraceta tablet 750mg er QL 120 each per 30 day(s)	1	QL
lamotrigine tablet 150mg QL 120 each per 30 day(s)	1	QL	MAGNESIUM SU INJECTABLE 50%	2	HI
lamotrigine tablet 200mg QL 90 each per 30 day(s)	1	QL	magnesium su injectable 50%	2	HI
lamotrigine tablet 200mg er QL 90 each per 30 day(s)	2	QL	oxcarbazepin suspension 300mg/5m QL 1200 each per 30 day(s)	1	QL
lamotrigine tablet 250mg er QL 90 each per 30 day(s)	2	QL	oxcarbazepin tablet 150mg QL 600 each per 30 day(s)	1	QL
lamotrigine tablet 25mg QL 720 each per 30 day(s)	1	QL	oxcarbazepin tablet 300mg QL 300 each per 30 day(s)	1	QL
lamotrigine tablet 25mg er QL 60 each per 30 day(s)	2	QL	oxcarbazepin tablet 600mg QL 120 each per 30 day(s)	1	QL
lamotrigine tablet 25mg odt QL 210 each per 30 day(s)	2	QL	PHENOBARB ELX 20MG/5ML	1	
lamotrigine tablet 300mg er QL 90 each per 30 day(s)	2	QL	PHENOBARB TABLET 100MG	1	
lamotrigine tablet 50mg er QL 30 each per 30 day(s)	2	QL	PHENOBARB TABLET 15MG	1	
lamotrigine tablet 50mg odt QL 120 each per 30 day(s)	2	QL	PHENOBARB TABLET 16.2MG	1	
lamotrigine tablet 100mg odt QL 60 each per 30 day(s)	2	QL	PHENOBARB TABLET 30MG	1	
lamotrigine tablet 200mg odt QL 90 each per 30 day(s)	2	QL	PHENOBARB TABLET 32.4MG	1	
levetiraceta solution 100mg/ml QL 900 milliliter(s) 30 day(s)	1	QL	PHENOBARB TABLET 60MG	1	
levetiraceta tablet 1000mg QL 120 each per 30 day(s)	1	QL	PHENOBARB TABLET 64.8MG	1	
levetiraceta tablet 250mg QL 480 each per 30 day(s)	1	QL	PHENOBARB TABLET 97.2MG	1	
levetiraceta tablet 500mg QL 240 each per 30 day(s)	1	QL	phenytoin chw 50mg QL 600 each per 30 day(s)	1	QL
levetiraceta tablet 500mg er QL 120 each per 30 day(s)	1	QL	phenytoin suspension 125/5ml QL 750 milliliter(s) 30 day(s)	2	QL
levetiraceta tablet 750mg QL 120 each per 30 day(s)	1	QL	phenytoin ex capsule 100mg QL 300 each per 30 day(s)	1	QL
			phenytoin ex capsule 200mg QL 180 each per 30 day(s)	1	QL
			phenytoin ex capsule 300mg QL 120 each per 30 day(s)	2	QL
			pregabalin capsule 100mg QL 90 each per 30 day(s)	1	QL
			pregabalin capsule 150mg QL 120 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>pregabalin capsule 200mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin capsule 225mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin capsule 25mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin capsule 300mg</i> QL 60 each per 30 day(s)	1	QL
<i>pregabalin capsule 50mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin capsule 75mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin solution 20mg/ml</i> QL 900 milliliter(s) 30 day(s)	1	QL
<i>primidone tablet 250mg</i> QL 240 each per 30 day(s)	1	QL
<i>primidone tablet 50mg</i> QL 1200 each per 30 day(s)	1	QL
<i>rufinamide suspension 40mg/ml</i> QL 2400 milliliter(s) 30 day(s)	2	QL; PA
<i>rufinamide tablet 200mg</i> QL 120 each per 30 day(s)	2	QL; PA
<i>rufinamide tablet 400mg</i> QL 240 each per 30 day(s)	2	QL; PA
SPRITAM TABLET 1000MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 250MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 500MG QL 90 each per 30 day(s)	4	QL; ST
SPRITAM TABLET 750MG QL 90 each per 30 day(s)	4	QL; ST
SYMPAZAN MIS 10MG QL 60 each per 30 day(s)	5	QL; PA
SYMPAZAN MIS 20MG QL 60 each per 30 day(s)	5	QL; PA
SYMPAZAN MIS 5MG QL 60 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
TIAGABINE TABLET 12MG QL 120 each per 30 day(s)	2	QL
TIAGABINE TABLET 16MG QL 90 each per 30 day(s)	2	QL
TIAGABINE TABLET 2MG QL 840 each per 30 day(s)	2	QL
TIAGABINE TABLET 4MG QL 420 each per 30 day(s)	2	QL
<i>topiramate capsule 15mg</i> QL 480 each per 30 day(s)	2	QL
<i>topiramate capsule 25mg</i> QL 480 each per 30 day(s)	2	QL
TOPIRAMATE CAPSULE ER 100MG QL 30 each per 30 day(s)	2	QL; PA
TOPIRAMATE CAPSULE ER 150MG QL 60 each per 30 day(s)	2	QL; PA
TOPIRAMATE CAPSULE ER 200MG QL 60 each per 30 day(s)	2	QL; PA
TOPIRAMATE CAPSULE ER 25MG QL 30 each per 30 day(s)	2	QL; PA
TOPIRAMATE CAPSULE ER 50MG QL 30 each per 30 day(s)	2	QL; PA
<i>topiramate tablet 100mg</i> QL 180 each per 30 day(s)	1	QL
<i>topiramate tablet 200mg</i> QL 60 each per 30 day(s)	1	QL
<i>topiramate tablet 25mg</i> QL 720 each per 30 day(s)	1	QL
<i>topiramate tablet 50mg</i> QL 360 each per 30 day(s)	1	QL
<i>valproic acid capsule 250mg</i> QL 540 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>valproic acid solution 250/5ml</i> QL 3000 milliliter(s) 30 day(s)	1	QL
<i>vigabatrin packet 500mg</i> QL 9000 each per 30 day(s)	2	QL; PA
<i>vigabatrin tablet 500mg</i> QL 180 each per 30 day(s)	5	QL; PA
<i>vigadrone pow 500mg</i> QL 9000 each per 30 day(s)	5	QL; PA
VIMPAT SOLUTION 10MG/ML QL 1200 milliliter(s) 30 day(s)	3	QL
VIMPAT TABLET 100MG QL 60 each per 30 day(s)	3	QL
VIMPAT TABLET 150MG QL 60 each per 30 day(s)	3	QL
VIMPAT TABLET 200MG QL 60 each per 30 day(s)	3	QL
VIMPAT TABLET 50MG QL 60 each per 30 day(s)	3	QL
XCOPRI PACKET 100-150 QL 56 each per 28 day(s)	4	QL; ST
XCOPRI PACKET 12.5-25 QL 28 each per 28 day(s)	4	QL; ST
XCOPRI PACKET 150-200 QL 28 each per 28 day(s)	4	QL; ST
XCOPRI PACKET 150-200 QL 56 each per 28 day(s)	4	QL; ST
XCOPRI PACKET 50-100MG QL 28 each per 28 day(s)	4	QL; ST
XCOPRI TABLET 100MG QL 60 each per 30 day(s)	4	QL; ST
XCOPRI TABLET 150MG QL 60 each per 30 day(s)	4	QL; ST
XCOPRI TABLET 200MG QL 60 each per 30 day(s)	4	QL; ST
XCOPRI TABLET 50MG QL 60 each per 30 day(s)	4	QL; ST
<i>zonisamide capsule 100mg</i> QL 180 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>zonisamide capsule 25mg</i> QL 720 each per 30 day(s)	1	QL
<i>zonisamide capsule 50mg</i> QL 360 each per 30 day(s)	1	QL
ANTIMANIC AGENTS		
<i>lithium carb capsule 150mg</i>	1	
<i>lithium carb capsule 300mg</i>	1	
LITHIUM CARB CAPSULE 600MG	1	
LITHIUM CARB TABLET 300MG	1	
<i>lithium carb tablet 300mg er</i>	1	
<i>lithium carb tablet 450mg er</i>	1	
ANTIMIGRAINE AGENTS		
AIMOVIK INJECTABLE 140MG/ML QL 2 milliliter(s) 28 day(s)	4	QL; PA
AIMOVIK INJECTABLE 70MG/ML QL 1 milliliter(s) 28 day(s)	4	QL; PA
AJOVY INJECTABLE 225/1.5 QL 4.50 each per 90 day(s)	3	QL; PA
AJOVY INJECTABLE 225/1.5 QL 4.50 each per 90 day(s)	3	QL; PA
EMGALITY INJECTABLE 100MG/ML QL 3 milliliter(s) 30 day(s)	4	QL; PA
EMGALITY INJECTABLE 120MG/ML QL 2 milliliter(s) 30 day(s)	4	QL; PA
EMGALITY INJECTABLE 120MG/ML QL 2 milliliter(s) 30 day(s)	4	QL; PA
FROVATRIPTAN TABLET 2.5MG QL 12 each per 30 day(s)	2	QL; ST
<i>naratriptan tablet 1mg</i> QL 9 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>naratriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL
NURTEC TABLET 75MG ODT QL 18 each per 30 day(s)	3	QL; PA
QULIPTA TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA
QULIPTA TABLET 30MG QL 30 each per 30 day(s)	5	QL; PA
QULIPTA TABLET 60MG QL 30 each per 30 day(s)	5	QL; PA
REYVOW TABLET 100MG QL 8 each per 30 day(s)	4	QL; PA
REYVOW TABLET 50MG QL 8 each per 30 day(s)	4	QL; PA
<i>rizatriptan tablet 10mg</i> QL 18 each per 30 day(s)	1	QL
<i>rizatriptan tablet 10mg odt</i> QL 18 each per 30 day(s)	1	QL
<i>rizatriptan tablet 5mg</i> QL 18 each per 30 day(s)	1	QL
<i>rizatriptan tablet 5mg odt</i> QL 18 each per 30 day(s)	1	QL
<i>sumatriptan injectable 4mg/0.5</i> QL 4 each per 30 day(s)	2	QL
SUMATRIPTAN INJECTABLE 4MG/0.5 QL 4 each per 30 day(s)	2	QL
<i>sumatriptan injectable 6mg/0.5</i> QL 4 each per 30 day(s)	2	QL
SUMATRIPTAN INJECTABLE 6MG/0.5 QL 4 each per 30 day(s)	2	QL
<i>sumatriptan injectable 6mg/0.5</i> QL 4 each per 30 day(s)	2	QL
<i>sumatriptan spr 20mg/act</i> QL 12 each per 30 day(s)	2	QL; ST
<i>sumatriptan spr 5mg/act</i> QL 12 each per 30 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
<i>sumatriptan tablet 100mg</i> QL 9 each per 30 day(s)	1	QL
<i>sumatriptan tablet 25mg</i> QL 9 each per 30 day(s)	1	QL
<i>sumatriptan tablet 50mg</i> QL 9 each per 30 day(s)	1	QL
UBRELVY TABLET 100MG QL 10 each per 30 day(s)	3	QL; PA
UBRELVY TABLET 50MG QL 10 each per 30 day(s)	3	QL; PA
<i>zolmitriptan spr 5mg</i> QL 8 each per 30 day(s)	2	QL; ST
<i>zolmitriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL
<i>zolmitriptan tablet 2.5mg</i> QL 9 each per 30 day(s)	2	QL
<i>zolmitriptan tablet 5mg</i> QL 9 each per 30 day(s)	2	QL
<i>zolmitriptan tablet 5mg odt</i> QL 9 each per 30 day(s)	2	QL
ZOMIG SPR 2.5MG QL 8 each per 30 day(s)	4	QL; ST
ANTIPARKINSONIAN AGENTS		
APOKYN INJECTABLE 10MG/ML	5	PA
<i>apomorphine injectable</i> 30mg/3ml	5	PA
<i>benztropine tablet 0.5mg</i> QL 90 each per 30 day(s)	1	QL
<i>benztropine tablet 1mg</i> QL 90 each per 30 day(s)	1	QL
<i>benztropine tablet 2mg</i>	1	
<i>bromocriptin capsule 5mg</i>	2	
<i>bromocriptin tablet 2.5mg</i>	2	
<i>cabergoline tablet 0.5mg</i> QL 60 each per 30 day(s)	1	QL
<i>carb/levo tablet 10-100mg</i> QL 300 each per 30 day(s)	1	QL

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Drug	Tier	Requirements /Limits
<i>carb/levo tablet 10-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-100mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-250mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo tablet 25-250mg</i> QL 300 each per 30 day(s)	1	QL
<i>carb/levo 50 tablet /entacap</i>	2	
<i>carb/levo 75 tablet /entacap</i>	2	
<i>carb/levo er tablet 25-100mg</i> QL 240 each per 30 day(s)	1	QL
<i>carb/levo er tablet 50-200mg</i> QL 240 each per 30 day(s)	1	QL
<i>carb/levo100 tablet /entacap</i>	2	
<i>carb/levo125 tablet /entacap</i>	2	
<i>carb/levo150 tablet /entacap</i>	2	
<i>carb/levo200 tablet /entacap</i>	2	
<i>carbidopa tablet 25mg</i>	2	
<i>entacapone tablet 200mg</i>	2	
INBRIJA CAPSULE 42MG QL 300 each per 30 day(s)	5	QL; PA
KYNMOBI MIS 10MG QL 150 each per 30 day(s)	5	QL; PA
KYNMOBI MIS 15MG QL 150 each per 30 day(s)	5	QL; PA
KYNMOBI MIS 20MG QL 150 each per 30 day(s)	5	QL; PA
KYNMOBI MIS 25MG QL 150 each per 30 day(s)	5	QL; PA
KYNMOBI MIS 30MG QL 150 each per 30 day(s)	5	QL; PA
NEUPRO DIS 1MG/24HR QL 30 each per 30 day(s)	4	QL
NEUPRO DIS 2MG/24HR QL 30 each per 30 day(s)	4	QL

Drug	Tier	Requirements /Limits
NEUPRO DIS 3MG/24HR QL 30 each per 30 day(s)	4	QL
NEUPRO DIS 4MG/24HR QL 30 each per 30 day(s)	4	QL
NEUPRO DIS 6MG/24HR QL 30 each per 30 day(s)	4	QL
NEUPRO DIS 8MG/24HR QL 30 each per 30 day(s)	4	QL
ONGENTYS CAPSULE 25MG QL 30 each per 30 day(s)	4	QL; ST
ONGENTYS CAPSULE 50MG QL 30 each per 30 day(s)	4	QL; ST
<i>pramipexole tablet 0.125mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.25mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.5mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 0.75mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 1.5mg</i> QL 120 each per 30 day(s)	1	QL
<i>pramipexole tablet 1mg</i> QL 120 each per 30 day(s)	1	QL
<i>rasagiline tablet 0.5mg</i>	2	
<i>rasagiline tablet 1mg</i>	2	
<i>ropinirole tablet 0.25mg</i>	1	
<i>ropinirole tablet 0.5mg</i>	1	
<i>ropinirole tablet 12mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 1mg</i>	1	
<i>ropinirole tablet 2mg</i>	1	
<i>ropinirole tablet 2mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 3mg</i>	1	
<i>ropinirole tablet 4mg</i>	1	
<i>ropinirole tablet 4mg er</i> QL 90 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
<i>ropinirole tablet 5mg</i>	1	
<i>ropinirole tablet 6mg er</i> QL 90 each per 30 day(s)	2	QL
<i>ropinirole tablet 8mg er</i> QL 90 each per 30 day(s)	2	QL
<i>selegiline capsule 5mg</i>	2	
<i>selegiline tablet 5mg</i>	2	
<i>tolcapone tablet 100mg</i>	2	
<i>trihexyphen solution 0.4mg/ml</i>	1	
<i>trihexyphen tablet 2mg</i> QL 150 each per 30 day(s)	1	QL
<i>trihexyphen tablet 5mg</i> QL 150 each per 30 day(s)	1	QL
ZELAPAR TABLET 1.25MG	5	ST
ANTIPARKINSONIAN AGENTS (CNS)		
<i>amantadine capsule 100mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>amantadine solution 50mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	1	QL; NM
<i>amantadine tablet 100mg</i> QL 120 each per 30 day(s)	1	QL; NM
<i>pramipexole tablet 0.375 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 0.75 er</i> QL 90 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 1.5mg er</i> QL 90 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 2.25 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 3.75 er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 3mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>pramipexole tablet 4.5mg er</i> QL 30 each per 30 day(s)	2	QL; ST
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam con 1mg/ml</i> QL 300 milliliter(s) 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>alprazolam tablet 0.25 odt</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.25mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 0.5mg od</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 1mg odt</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg er</i> QL 90 each per 30 day(s)	2	QL
<i>alprazolam tablet 2mg odt</i> QL 150 each per 30 day(s)	2	QL
<i>alprazolam tablet 3mg er</i> QL 90 each per 30 day(s)	2	QL
BELSOMRA TABLET 10MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 15MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 20MG QL 30 each per 30 day(s)	4	QL; ST
BELSOMRA TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST
<i>bupirone tablet 10mg</i>	1	
<i>bupirone tablet 15mg</i>	1	
<i>bupirone tablet 30mg</i>	1	
<i>bupirone tablet 5mg</i>	1	
<i>bupirone tablet 7.5mg</i>	1	

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Drug	Tier	Requirements /Limits
<i>cloraz dipot tablet 15mg</i> QL 180 each per 30 day(s)	2	QL
<i>cloraz dipot tablet 3.75mg</i> QL 90 each per 30 day(s)	2	QL
<i>cloraz dipot tablet 7.5mg</i> QL 90 each per 30 day(s)	2	QL
<i>diazepam con 5mg/ml</i> QL 240 milliliter(s) 30 day(s)	2	QL
DIAZEPAM GEL 10MG	2	
DIAZEPAM GEL 2.5MG	2	
DIAZEPAM GEL 20MG	2	
<i>diazepam solution 5mg/5ml</i> QL 1200 milliliter(s) 30 day(s)	2	QL
<i>diazepam tablet 10mg</i> QL 120 each per 30 day(s)	2	QL
<i>diazepam tablet 2mg</i> QL 120 each per 30 day(s)	2	QL
<i>diazepam tablet 5mg</i> QL 120 each per 30 day(s)	2	QL
<i>eszopiclone tablet 1mg</i> QL 30 each per 30 day(s)	2	QL
<i>eszopiclone tablet 2mg</i> QL 30 each per 30 day(s)	2	QL
<i>eszopiclone tablet 3mg</i> QL 30 each per 30 day(s)	2	QL
HETLIOZ CAPSULE 20MG QL 30 each per 30 day(s)	5	QL; PA
HETLIOZ LQ SUSPENSION 4MG/ML QL 150 milliliter(s) 30 day(s)	5	QL; PA
<i>hydroxyz hcl tablet 10mg</i>	2	
<i>hydroxyz hcl tablet 25mg</i>	2	
<i>hydroxyz hcl tablet 50mg</i>	2	
<i>hydroxyz pam capsule 100mg</i>	2	
<i>hydroxyz pam capsule 25mg</i>	2	
<i>hydroxyz pam capsule 50mg</i>	2	
<i>lorazepam con 2mg/ml</i> QL 150 milliliter(s) 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>lorazepam tablet 0.5mg</i> QL 150 each per 30 day(s)	2	QL
<i>lorazepam tablet 1mg</i> QL 150 each per 30 day(s)	2	QL
<i>lorazepam tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
NAYZILAM SPR 5MG QL 10 each per 30 day(s)	4	QL
<i>ramelteon tablet 8mg</i> QL 30 each per 30 day(s)	2	QL
<i>temazepam capsule 15mg</i> QL 60 each per 30 day(s)	2	QL
<i>temazepam capsule 30mg</i> QL 30 each per 30 day(s)	2	QL
TRIAZOLAM TABLET 0.125MG QL 30 each per 30 day(s)	2	QL
TRIAZOLAM TABLET 0.25MG QL 30 each per 30 day(s)	2	QL
VALTOCO SPR 10MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 15MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 20MG QL 10 each per 30 day(s)	4	QL
VALTOCO SPR 5MG QL 10 each per 30 day(s)	4	QL
<i>zaleplon capsule 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>zaleplon capsule 5mg</i> QL 30 each per 30 day(s)	2	QL
<i>zolpidem tablet 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>zolpidem tablet 5mg</i> QL 60 each per 30 day(s)	2	QL
<i>zolpidem er tablet 12.5mg</i> QL 30 each per 30 day(s)	2	QL
<i>zolpidem er tablet 6.25mg</i> QL 30 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
EXSERVAN MIS 50MG QL 60 each per 30 day(s)	5	QL; PA
<i>guanfacine tablet 1mg er</i>	1	
<i>guanfacine tablet 2mg er</i>	1	
<i>guanfacine tablet 3mg er</i>	1	
<i>guanfacine tablet 4mg er</i>	1	
XYREM SOLUTION 500MG/ML QL 540 milliliter(s) 30 day(s)	5	QL; PA; LA
XYWAV SOLUTION 0.5GM/ML QL 540 milliliter(s) 30 day(s)	5	QL; PA; LA
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acampro cal tablet 333mg</i> QL 180 each per 30 day(s)	2	QL
<i>atomoxetine capsule 100mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 18mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 25mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 40mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 60mg</i> QL 30 each per 30 day(s)	2	QL
<i>atomoxetine capsule 80mg</i> QL 30 each per 30 day(s)	2	QL
MEMANT TITRA PACKET 5-10MG QL 49 each per 28 day(s)	2	QL
<i>memantine tablet hcl 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>memantine tablet hcl 5mg</i> QL 60 each per 30 day(s)	1	QL
<i>memantine hc capsule 14mg er</i> QL 30 each per 30 day(s)	2	QL; ST

Drug	Tier	Requirements /Limits
<i>memantine hc capsule 21mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>memantine hc capsule 28mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>memantine hc capsule 7mg er</i> QL 30 each per 30 day(s)	2	QL; ST
<i>memantine hc solution 2mg/ml</i>	2	
NOURIANZ TABLET 20MG QL 30 each per 30 day(s)	5	QL; PA
NOURIANZ TABLET 40MG QL 30 each per 30 day(s)	5	QL; PA
NUDEXTA CAPSULE 20-10MG QL 60 each per 30 day(s)	4	QL; PA
QELBREE CAPSULE 100MG ER QL 30 each per 30 day(s)	4	QL; ST
QELBREE CAPSULE 150MG ER QL 60 each per 30 day(s)	4	QL; ST
QELBREE CAPSULE 200MG ER QL 60 each per 30 day(s)	4	QL; ST
<i>riluzole tablet 50mg</i>	2	
SUNOSI TABLET 150MG QL 30 each per 30 day(s)	4	QL; ST
SUNOSI TABLET 75MG QL 30 each per 30 day(s)	4	QL; ST
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PACKET QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 100MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 12.5MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 25MG QL 60 each per 30 day(s)	4	QL; ST
SAVELLA TABLET 50MG QL 60 each per 30 day(s)	4	QL; ST

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
OPIATE ANTAGONISTS					
KLOXXADO SPR 8MG	3	QL	APLENZIN TABLET 174MG	4	QL; ST
QL 7 each per 70 day(s)			QL 30 each per 30 day(s)		
<i>naloxone injectable 0.4mg/ml</i>	1	QL	APLENZIN TABLET 348MG	4	QL; ST
QL 2 milliliter(s) 30 day(s)			QL 30 each per 30 day(s)		
<i>naloxone injectable 0.4mg/ml</i>	1	QL	APLENZIN TABLET 522MG	4	QL; ST
QL 20 milliliter(s) 30 day(s)			QL 30 each per 30 day(s)		
<i>naloxone injectable 1mg/ml</i>	1	QL	<i>aripiprazole solution 1mg/ml</i>	2	QL
QL 40 milliliter(s) 30 day(s)			QL 900 milliliter(s) 30 day(s)		
<i>naloxone hcl spr</i>	2	QL	<i>aripiprazole tablet 10mg</i>	2	
QL 2 each per 30 day(s)			<i>aripiprazole tablet 10mg odt</i>	2	QL
<i>naltrexone tablet 50mg</i>	2		QL 60 each per 30 day(s)		
ZIMHI SOLUTION	3	QL	<i>aripiprazole tablet 15mg</i>	2	
QL 2 each per 30 day(s)			<i>aripiprazole tablet 15mg odt</i>	2	QL
PSYCHOTHERAPEUTIC AGENTS			QL 60 each per 30 day(s)		
ABILIFY MAIN INJECTABLE	5	QL	<i>aripiprazole tablet 20mg</i>	2	
300MG			<i>aripiprazole tablet 2mg</i>	2	
QL 2 each per 28 day(s)			<i>aripiprazole tablet 30mg</i>	2	
ABILIFY MAIN INJECTABLE	5	QL	<i>aripiprazole tablet 5mg</i>	2	
300MG			ARISTADA INJECTABLE	5	QL; ST
QL 2 each per 28 day(s)			1064MG		
ABILIFY MAIN INJECTABLE	5	QL	QL 3.90 each per 28 day(s)		
400MG			ARISTADA INJECTABLE	5	QL; ST
QL 2 each per 28 day(s)			441MG/1.		
ABILIFY MAIN INJECTABLE	5	QL	QL 1.60 each per 28 day(s)		
400MG			ARISTADA INJECTABLE	5	QL; ST
QL 2 each per 28 day(s)			662MG/2		
<i>amitriptylin tablet 100mg</i>	2		QL 2.40 each per 28 day(s)		
<i>amitriptylin tablet 10mg</i>	2		ARISTADA INJECTABLE	5	QL; ST
<i>amitriptylin tablet 150mg</i>	2		882MG/3		
<i>amitriptylin tablet 25mg</i>	2		QL 3.20 each per 28 day(s)		
<i>amitriptylin tablet 50mg</i>	2		ARISTADA INJECTABLE INITIO	5	QL; ST
<i>amitriptylin tablet 75mg</i>	2		QL 2.40 each per 28 day(s)		
<i>amoxapine tablet 100mg</i>	2		ASENAPINE SUB 10MG	2	QL; ST
<i>amoxapine tablet 150mg</i>	2		QL 60 each per 30 day(s)		
<i>amoxapine tablet 25mg</i>	2		<i>asenapine sub 2.5mg</i>	2	QL; ST
<i>amoxapine tablet 50mg</i>	2		QL 60 each per 30 day(s)		
			<i>asenapine sub 5mg</i>	2	QL; ST
			QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>bupropion tablet 100mg</i>	1	
<i>bupropion tablet 100mg sr</i>	1	
<i>bupropion tablet 150mg sr</i>	1	
<i>bupropion tablet 150mg sr</i>	1	
<i>bupropion tablet 200mg sr</i>	1	
<i>bupropion tablet 75mg</i>	1	
<i>buproprn hcl tablet 150mg xl</i>	1	
<i>buproprn hcl tablet 300mg xl</i>	1	
BUPROPN HCL TABLET 450MG XL	2	
CAPLYTA CAPSULE 42MG	4	QL; PA
QL 30 each per 30 day(s)		
<i>chlorpromaz tablet 100mg</i>	2	
<i>chlorpromaz tablet 10mg</i>	2	
<i>chlorpromaz tablet 200mg</i>	2	
<i>chlorpromaz tablet 25mg</i>	2	
<i>chlorpromaz tablet 50mg</i>	2	
<i>chlorpromazi con 100mg/ml</i>	2	
<i>chlorpromazi con 30mg/ml</i>	2	
CITALOPRAM CAPSULE 30MG	2	
<i>citalopram solution 10mg/5ml</i>	2	
<i>citalopram tablet 10mg</i>	1	
<i>citalopram tablet 20mg</i>	1	
<i>citalopram tablet 40mg</i>	1	
<i>clomipramine capsule 25mg</i>	2	ST
<i>clomipramine capsule 50mg</i>	2	ST
<i>clomipramine capsule 75mg</i>	2	ST
<i>clozapine tablet 100/odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 100mg</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 12.5/odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 150/odt</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200/odt</i>	2	QL
QL 180 each per 30 day(s)		
<i>clozapine tablet 200mg</i>	2	QL
QL 135 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>clozapine tablet 25mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>clozapine tablet 25mg odt</i>	2	QL
QL 270 each per 30 day(s)		
<i>clozapine tablet 50mg</i>	2	QL
QL 90 each per 30 day(s)		
<i>compro sup 25mg</i>	2	
<i>desipramine tablet 100mg</i>	2	
<i>desipramine tablet 10mg</i>	2	
<i>desipramine tablet 150mg</i>	2	
<i>desipramine tablet 25mg</i>	2	
<i>desipramine tablet 50mg</i>	2	
<i>desipramine tablet 75mg</i>	2	
DESVENLAFAX TABLET 100MG	2	QL
ER		
QL 30 each per 30 day(s)		
<i>desvenlafax tablet 100mg er</i>	2	QL
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 25MG	2	QL
ER		
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 50MG	2	QL
ER		
QL 30 each per 30 day(s)		
<i>desvenlafax tablet 50mg er</i>	2	QL
QL 30 each per 30 day(s)		
<i>doxepin hcl capsule 100mg</i>	2	
<i>doxepin hcl capsule 10mg</i>	2	
<i>doxepin hcl capsule 150mg</i>	2	
<i>doxepin hcl capsule 25mg</i>	2	
<i>doxepin hcl capsule 50mg</i>	2	
<i>doxepin hcl capsule 75mg</i>	2	
<i>doxepin hcl con 10mg/ml</i>	2	
DRIZALMA CAPSULE 20MG DR	4	QL
QL 60 each per 30 day(s)		
DRIZALMA CAPSULE 30MG DR	4	QL
QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
DRIZALMA CAPSULE 40MG DR QL 60 each per 30 day(s)	4	QL
DRIZALMA CAPSULE 60MG DR QL 60 each per 30 day(s)	4	QL
<i>duloxetine capsule 20mg</i>	2	
<i>duloxetine capsule 30mg</i>	2	
<i>duloxetine capsule 40mg</i> QL 60 each per 30 day(s)	2	QL
<i>duloxetine capsule 60mg</i>	2	
EMSAM DIS 12MG/24H QL 30 each per 30 day(s)	4	QL; ST
EMSAM DIS 6MG/24HR QL 30 each per 30 day(s)	4	QL; ST
EMSAM DIS 9MG/24HR QL 30 each per 30 day(s)	4	QL; ST
<i>escitalopram solution 5mg/5ml</i>	2	
<i>escitalopram tablet 10mg</i>	1	
<i>escitalopram tablet 20mg</i>	1	
<i>escitalopram tablet 5mg</i>	1	
FANAPT PACKET QL 8 each per 30 day(s)	4	QL; PA
FANAPT TABLET 10MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 12MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 1MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 2MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 4MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 6MG QL 60 each per 30 day(s)	4	QL; PA
FANAPT TABLET 8MG QL 60 each per 30 day(s)	4	QL; PA
FETZIMA CAPSULE 120MG QL 30 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
FETZIMA CAPSULE 20MG QL 30 each per 30 day(s)	4	QL; ST
FETZIMA CAPSULE 40MG QL 30 each per 30 day(s)	4	QL; ST
FETZIMA CAPSULE 80MG QL 30 each per 30 day(s)	4	QL; ST
FETZIMA CAPSULE TITRATIO QL 30 each per 30 day(s)	4	QL; ST
<i>fluoxetine capsule 10mg</i>	1	
<i>fluoxetine capsule 20mg</i>	1	
<i>fluoxetine capsule 40mg</i>	1	
<i>fluoxetine capsule 90mg dr</i> QL 4 each per 28 day(s)	2	QL
<i>fluoxetine solution 20mg/5ml</i>	2	
<i>fluoxetine tablet 10mg</i> QL 30 each per 30 day(s)	2	QL
<i>fluoxetine tablet 10mg</i>	2	
<i>fluoxetine tablet 20mg</i>	2	
<i>fluoxetine tablet 20mg</i> QL 120 each per 30 day(s)	2	QL
<i>fluoxetine tablet 60mg</i> QL 30 each per 30 day(s)	2	QL
<i>fluphenaz de injectable</i> 25mg/ml	2	BvsD
<i>fluphenazine elx 2.5/5ml</i>	2	
<i>fluphenazine injectable</i> 2.5mg/ml	2	BvsD
<i>fluphenazine tablet 10mg</i>	2	
<i>fluphenazine tablet 1mg</i>	2	
<i>fluphenazine tablet 2.5mg</i>	2	
<i>fluphenazine tablet 5mg</i>	2	
<i>fluvoxamine capsule 100mg er</i>	2	
<i>fluvoxamine capsule 150mg er</i>	2	
FLUVOXAMINE TABLET 100MG	2	
FLUVOXAMINE TABLET 25MG	2	
FLUVOXAMINE TABLET 50MG	2	

PA - Prior Authorization QL - Quantity Limit ST - Step Therapy

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Drug	Tier	Requirements /Limits
<i>haloper dec injectable 100mg/ml</i>	2	
<i>haloper dec injectable 50mg/ml</i>	2	
<i>haloper lac injectable 5mg/ml</i>	2	
<i>haloperidol con 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	2	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>imipram hcl tablet 10mg</i>	2	
<i>imipram hcl tablet 25mg</i>	2	
<i>imipram hcl tablet 50mg</i>	2	
<i>imipram pam capsule 100mg</i>	2	
<i>imipram pam capsule 125mg</i>	2	
<i>imipram pam capsule 150mg</i>	2	
<i>imipram pam capsule 75mg</i>	2	
INVEGA HAFYE INJECTABLE 1092MG	4	QL
QL 3.50 each per 180 day(s)		
INVEGA HAFYE INJECTABLE 1560MG	4	QL
QL 5 each per 180 day(s)		
INVEGA SUST INJECTABLE 117/0.75	4	
INVEGA SUST INJECTABLE 156MG/ML	4	
INVEGA SUST INJECTABLE 234/1.5	4	
INVEGA SUST INJECTABLE 39/0.25	4	
INVEGA SUST INJECTABLE 78/0.5ML	4	
INVEGA TRINZ INJECTABLE 273MG	4	QL
QL 0.8750 each per 90 day(s)		
INVEGA TRINZ INJECTABLE 410MG	4	QL
QL 1.3150 each per 90 day(s)		

Drug	Tier	Requirements /Limits
INVEGA TRINZ INJECTABLE 546MG	4	QL
QL 1.75 each per 90 day(s)		
INVEGA TRINZ INJECTABLE 819MG	4	QL
QL 2.6250 each per 90 day(s)		
LATUDA TABLET 120MG	4	QL; PA
QL 30 each per 30 day(s)		
LATUDA TABLET 20MG	4	QL; PA
QL 30 each per 30 day(s)		
LATUDA TABLET 40MG	4	QL; PA
QL 30 each per 30 day(s)		
LATUDA TABLET 60MG	4	QL; PA
QL 30 each per 30 day(s)		
LATUDA TABLET 80MG	4	QL; PA
QL 30 each per 30 day(s)		
<i>loxapine capsule 10mg</i>	2	
<i>loxapine capsule 25mg</i>	2	
<i>loxapine capsule 50mg</i>	2	
<i>loxapine capsule 5mg</i>	2	
LYBALVI TABLET 10-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 15-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 20-10MG	4	QL; PA
QL 30 each per 30 day(s)		
LYBALVI TABLET 5-10MG	4	QL; PA
QL 30 each per 30 day(s)		
MARPLAN TABLET 10MG	4	
<i>mirtazapine tablet 15mg</i>	1	
<i>mirtazapine tablet 15mg odt</i>	1	QL
QL 30 each per 30 day(s)		
<i>mirtazapine tablet 30mg</i>	1	
<i>mirtazapine tablet 30mg odt</i>	1	QL
QL 30 each per 30 day(s)		
<i>mirtazapine tablet 45mg</i>	1	
<i>mirtazapine tablet 45mg odt</i>	1	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>mirtazapine tablet 7.5mg</i>	1	
<i>molindone tablet hcl 10mg</i> QL 270 each per 30 day(s)	2	QL
<i>molindone tablet hcl 25mg</i> QL 270 each per 30 day(s)	2	QL
<i>molindone tablet hcl 5mg</i> QL 270 each per 30 day(s)	2	QL
<i>nefazodone tablet 100mg</i>	2	
<i>nefazodone tablet 150mg</i>	2	
<i>nefazodone tablet 200mg</i>	2	
<i>nefazodone tablet 250mg</i>	2	
<i>nefazodone tablet 50mg</i>	2	
<i>nortriptylin capsule 10mg</i>	1	
<i>nortriptylin capsule 25mg</i>	1	
<i>nortriptylin capsule 50mg</i>	1	
<i>nortriptylin capsule 75mg</i>	1	
<i>nortriptylin solution 10mg/5ml</i>	2	
NUPLAZID CAPSULE 34MG QL 60 each per 30 day(s)	5	QL; PA
NUPLAZID TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA
<i>olanza/fluox capsule 12-25mg</i>	2	
<i>olanza/fluox capsule 12-50mg</i>	2	
<i>olanza/fluox capsule 3-25mg</i>	2	
<i>olanza/fluox capsule 6-25mg</i>	2	
<i>olanza/fluox capsule 6-50mg</i>	2	
<i>olanzapine injectable 10mg</i>	2	BvsD
<i>olanzapine tablet 10mg</i>	1	
<i>olanzapine tablet 10mg odt</i> QL 30 each per 30 day(s)	2	QL
<i>olanzapine tablet 15mg</i>	1	
<i>olanzapine tablet 15mg odt</i> QL 30 each per 30 day(s)	2	QL
<i>olanzapine tablet 2.5mg</i>	1	
<i>olanzapine tablet 20mg</i>	1	
<i>olanzapine tablet 20mg odt</i> QL 30 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
<i>olanzapine tablet 5mg</i>	1	
<i>olanzapine tablet 5mg odt</i> QL 30 each per 30 day(s)	2	QL
<i>olanzapine tablet 7.5mg</i>	1	
PALIPERIDONE TABLET ER 1.5MG QL 30 each per 30 day(s)	2	QL; ST
PALIPERIDONE TABLET ER 3MG QL 30 each per 30 day(s)	2	QL; ST
PALIPERIDONE TABLET ER 6MG QL 60 each per 30 day(s)	2	QL; ST
PALIPERIDONE TABLET ER 9MG QL 30 each per 30 day(s)	2	QL; ST
<i>paroxetine er tablet 12.5mg</i> QL 30 each per 30 day(s)	2	QL
<i>paroxetine er tablet 37.5mg</i> QL 30 each per 30 day(s)	2	QL
<i>paroxetine suspension</i> 10mg/5ml QL 900 milliliter(s) 30 day(s)	2	QL
<i>paroxetine tablet 10mg</i>	1	
<i>paroxetine tablet 20mg</i>	1	
<i>paroxetine tablet 25mg er</i> QL 90 each per 30 day(s)	2	QL
<i>paroxetine tablet 30mg</i>	1	
<i>paroxetine tablet 40mg</i>	1	
PAXIL SUSPENSION 10MG/5ML	4	
<i>perphenazine tablet 16mg</i>	2	
<i>perphenazine tablet 2mg</i>	2	
<i>perphenazine tablet 4mg</i>	2	
<i>perphenazine tablet 8mg</i>	2	
PERSERIS INJECTABLE 120MG QL 1 each per 30 day(s)	4	QL; BvsD

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Drug	Tier	Requirements /Limits
PERSERIS INJECTABLE 90MG QL 1 each per 30 day(s)	4	QL; BvsD
PEXEVA TABLET 10MG	4	ST
PEXEVA TABLET 20MG	4	ST
PEXEVA TABLET 30MG	4	ST
PEXEVA TABLET 40MG	4	ST
<i>phenelzine tablet 15mg</i>	2	
<i>pimozide tablet 1mg</i> QL 150 each per 30 day(s)	2	QL
<i>pimozide tablet 2mg</i> QL 150 each per 30 day(s)	2	QL
<i>prochlorper sup 25mg</i>	2	
<i>prochlorper tablet 10mg</i>	2	
<i>prochlorper tablet 5mg</i>	2	
<i>protriptylin tablet 10mg</i>	2	
<i>protriptylin tablet 5mg</i>	2	
<i>quetiapine tablet 100mg</i>	1	
<i>quetiapine tablet 150mg er</i>	2	
<i>quetiapine tablet 200mg</i>	1	
<i>quetiapine tablet 200mg er</i>	2	
<i>quetiapine tablet 25mg</i>	1	
<i>quetiapine tablet 300mg</i>	1	
<i>quetiapine tablet 300mg er</i>	2	
<i>quetiapine tablet 400mg</i>	1	
<i>quetiapine tablet 400mg er</i>	2	
<i>quetiapine tablet 50mg</i>	1	
<i>quetiapine tablet 50mg er</i>	2	
REXULTI TABLET 0.25MG QL 30 each per 30 day(s)	4	QL; PA
REXULTI TABLET 0.5MG QL 30 each per 30 day(s)	4	QL; PA
REXULTI TABLET 1MG QL 30 each per 30 day(s)	4	QL; PA
REXULTI TABLET 2MG QL 30 each per 30 day(s)	4	QL; PA
REXULTI TABLET 3MG QL 30 each per 30 day(s)	4	QL; PA

Drug	Tier	Requirements /Limits
REXULTI TABLET 4MG QL 30 each per 30 day(s)	4	QL; PA
RISPERDAL INJECTABLE 12.5MG	4	
RISPERDAL INJECTABLE 25MG	4	
RISPERDAL INJECTABLE 37.5MG	4	
RISPERDAL INJECTABLE 50MG	4	
RISPERIDONE SOLUTION 1MG/ML QL 240 milliliter(s) 30 day(s)	2	QL
<i>risperidone tablet 0.25 odt</i> QL 30 each per 30 day(s)	2	QL
<i>risperidone tablet 0.25mg</i>	1	
<i>risperidone tablet 0.5mg</i>	1	
<i>risperidone tablet 0.5mg od</i> QL 60 each per 30 day(s)	2	QL
<i>risperidone tablet 1mg</i>	1	
<i>risperidone tablet 1mg odt</i> QL 60 each per 30 day(s)	2	QL
<i>risperidone tablet 2mg</i>	1	
<i>risperidone tablet 2mg odt</i> QL 60 each per 30 day(s)	2	QL
<i>risperidone tablet 3mg</i>	1	
<i>risperidone tablet 3mg odt</i> QL 60 each per 30 day(s)	2	QL
<i>risperidone tablet 4mg</i>	1	
<i>risperidone tablet 4mg odt</i> QL 60 each per 30 day(s)	2	QL
SECUADO DIS 3.8MG QL 30 each per 30 day(s)	4	QL; ST
SECUADO DIS 5.7MG QL 30 each per 30 day(s)	4	QL; ST
SECUADO DIS 7.6MG QL 30 each per 30 day(s)	4	QL; ST
SERTRALINE CON 20MG/ML QL 300 milliliter(s) 30 day(s)	2	QL

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>sertraline tablet 100mg</i>	1		<i>venlafaxine tablet 50mg</i>	2	
<i>sertraline tablet 25mg</i>	1		<i>venlafaxine tablet 75mg</i>	2	
<i>sertraline tablet 50mg</i>	1		VERSACLOZ SUSPENSION	5	QL; PA
<i>thioridazine tablet 100mg</i>	2	PA	50MG/ML		
<i>thioridazine tablet 10mg</i>	2	PA	QL 600 milliliter(s) 30 day(s)		
<i>thioridazine tablet 25mg</i>	2	PA	VIIBRYD KIT STARTER	4	QL; ST
<i>thioridazine tablet 50mg</i>	2	PA	QL 30 each per 30 day(s)		
<i>thiothixene capsule 10mg</i>	2		VIIBRYD TABLET 10MG	4	QL; ST
<i>thiothixene capsule 1mg</i>	2		QL 30 each per 30 day(s)		
<i>thiothixene capsule 2mg</i>	2		VIIBRYD TABLET 20MG	4	QL; ST
<i>thiothixene capsule 5mg</i>	2		QL 30 each per 30 day(s)		
<i>tranylcyprom tablet 10mg</i>	2		VIIBRYD TABLET 40MG	4	QL; ST
<i>trazodone tablet 100mg</i>	1		QL 30 each per 30 day(s)		
<i>trazodone tablet 150mg</i>	1		VRAYLAR CAPSULE 1.5-3MG	4	QL; PA
<i>trazodone tablet 50mg</i>	1		QL 30 each per 30 day(s)		
<i>trifluoperaz tablet 10mg</i>	2		VRAYLAR CAPSULE 1.5MG	4	QL; PA
<i>trifluoperaz tablet 1mg</i>	2		QL 30 each per 30 day(s)		
<i>trifluoperaz tablet 2mg</i>	2		VRAYLAR CAPSULE 3MG	4	QL; PA
<i>trifluoperaz tablet 5mg</i>	2		QL 30 each per 30 day(s)		
<i>trimipramine capsule 100mg</i>	2		VRAYLAR CAPSULE 4.5MG	4	QL; PA
<i>trimipramine capsule 25mg</i>	2		QL 30 each per 30 day(s)		
<i>trimipramine capsule 50mg</i>	2		VRAYLAR CAPSULE 6MG	4	QL; PA
TRINTELLIX TABLET 10MG	4	QL; ST	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>ziprasidone capsule 20mg</i>	2	
TRINTELLIX TABLET 20MG	4	QL; ST	<i>ziprasidone capsule 40mg</i>	2	
QL 30 each per 30 day(s)			<i>ziprasidone capsule 60mg</i>	2	
TRINTELLIX TABLET 5MG	4	QL; ST	<i>ziprasidone capsule 80mg</i>	2	
QL 30 each per 30 day(s)			<i>ziprasidone injectable 20mg</i>	2	
<i>venlafaxine capsule 150mg er</i>	2	QL	ZYPREXA RELP INJECTABLE	4	BvsD
QL 60 each per 30 day(s)			210MG		
<i>venlafaxine capsule 37.5 er</i>	2	QL	VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS		
QL 30 each per 30 day(s)			<i>tetrabenazin tablet 12.5mg</i>	5	QL; PA
<i>venlafaxine capsule 75mg er</i>	2	QL	QL 240 each per 30 day(s)		
QL 90 each per 30 day(s)			<i>tetrabenazin tablet 25mg</i>	5	QL; PA
<i>venlafaxine tablet 100mg</i>	2		QL 120 each per 30 day(s)		
<i>venlafaxine tablet 25mg</i>	2		CONTRACEPTIVES (FOAMS, DEVICES)		
<i>venlafaxine tablet 37.5mg</i>	2		CONTRACEPTIVES (FOAMS, DEVICES)		
			PHEXXI GEL	4	QL
			QL 12 each per 30 day(s)		

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
ELECTROLYTIC, CALORIC, AND WATER BALANCE			TROPHAMINE INJECTABLE	3	HI
ALKALINIZING AGENTS			10%		
<i>pot citra er tablet 1080mg</i>	2		DIURETICS		
<i>pot citra er tablet 1620mg</i>	2		<i>amilor/hctz tablet 5-50</i>	1	
<i>pot citra er tablet 540mg</i>	2		AMILORIDE TABLET 5MG	1	
AMMONIA DETOXICANTS			BUMETANIDE TABLET 0.5MG	1	
<i>carglumic tablet 200mg</i>	5	PA	BUMETANIDE TABLET 1MG	1	
<i>constulose solution 10gm/15</i>	1		BUMETANIDE TABLET 2MG	1	
<i>enulose solution 10gm/15</i>	1		<i>chlorthalid tablet 25mg</i>	1	
<i>generlac solution 10gm/15</i>	1		<i>chlorthalid tablet 50mg</i>	1	
<i>lactulose packet 10gm</i>	2		DIURIL SUSPENSION 250/5ML	3	
<i>lactulose solution 10gm/15</i>	1		<i>ethacrynic tablet acd 25mg</i>	5	QL; PA
<i>phenylbutyra pow sodium</i>	2		QL 480 each per 30 day(s)		
CALORIC AGENTS			<i>furosemide injectable</i>	1	
CLINIMIX INJECTABLE 4.25/D10	3	HI	<i>10mg/ml</i>		
CLINIMIX INJECTABLE 4.25/D5W	3	HI	<i>furosemide solution 10mg/ml</i>	1	
CLINIMIX INJECTABLE 5%/D15W	3	HI	<i>furosemide solution 8mg/ml</i>	1	
CLINIMIX INJECTABLE 5%/D20W	3	HI	<i>furosemide tablet 20mg</i>	1	
CLINIMIX E INJECTABLE	3	HI	<i>furosemide tablet 40mg</i>	1	
2.75/D5W			<i>furosemide tablet 80mg</i>	1	
CLINIMIX E INJECTABLE 4.25/D10	3	HI	<i>hydrochlorot capsule 12.5mg</i>	1	
CLINIMIX E INJECTABLE	3	HI	<i>hydrochlorot tablet 12.5mg</i>	1	
4.25/D5W			<i>hydrochlorot tablet 25mg</i>	1	
CLINIMIX E INJECTABLE	3	HI	<i>hydrochlorot tablet 50mg</i>	1	
5%/D15W			<i>indapamide tablet 1.25mg</i>	1	
CLINIMIX E INJECTABLE	3	HI	<i>indapamide tablet 2.5mg</i>	1	
5%/D20W			JYNARQUE PACKET 15MG	5	QL; PA
<i>clinisol sf injectable 15%</i>	2	HI	QL 60 each per 30 day(s)		
DEXTROSE INJECTABLE 10%	2	HI	JYNARQUE PACKET 30-15MG	5	QL; PA
DEXTROSE INJECTABLE 5%	2	HI	QL 60 each per 30 day(s)		
ISOLYTE-P INJECTABLE /D5W	3	HI	JYNARQUE PACKET 45-15MG	5	QL; PA
NUTRILIPID EMU 20%	3	HI	QL 60 each per 30 day(s)		
<i>plenamine injectable 15%</i>	2	HI	JYNARQUE PACKET 60-30MG	5	QL; PA
<i>premasol solution 10%</i>	3	HI	QL 60 each per 30 day(s)		
PROCALAMINE INJECTABLE 3%	3	HI	JYNARQUE PACKET 90-30MG	5	QL; PA
PROSOL INJECTABLE 20%	3	HI	QL 60 each per 30 day(s)		
TRAVASOL INJECTABLE 10%	3	HI	JYNARQUE TABLET 15MG	5	QL; PA
			QL 120 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
JYNARQUE TABLET 30MG	5	QL; PA
QL 120 each per 30 day(s)		
metolazone tablet 10mg	1	
metolazone tablet 2.5mg	1	
metolazone tablet 5mg	1	
tolvaptan tablet 15mg	2	QL
QL 30 each per 30 day(s)		
tolvaptan tablet 30mg	2	QL
QL 120 each per 30 day(s)		
toremide tablet 100mg	1	
toremide tablet 10mg	1	
toremide tablet 20mg	1	
toremide tablet 5mg	1	
triamt/hctz capsule 37.5-25	1	
triamt/hctz tablet 37.5-25	1	
triamt/hctz tablet 75-50mg	1	
TRIAMTERENE CAPSULE 100MG	2	QL
QL 90 each per 30 day(s)		
TRIAMTERENE CAPSULE 50MG	2	QL
QL 90 each per 30 day(s)		
ION-REMOVING AGENTS		
AURYXIA TABLET 210MG	5	QL; PA
QL 360 each per 30 day(s)		
lanthanum chw 1000mg	2	QL; PA
QL 150 each per 30 day(s)		
lanthanum chw 500mg	2	QL; PA
QL 450 each per 30 day(s)		
lanthanum chw 750mg	2	QL; PA
QL 180 each per 30 day(s)		
LOKELMA PACKET 10GM	3	QL; PA
QL 90 each per 30 day(s)		
LOKELMA PACKET 5GM	3	QL; PA
QL 30 each per 30 day(s)		
sevelamer tablet 400mg	2	
sevelamer tablet 800mg	2	
sevelamer tablet 800mg	2	
sod poly sul pow	2	

Drug	Tier	Requirements /Limits
sps suspension 15gm/60	2	
VELPHORO CHW 500MG	5	QL; PA
QL 180 each per 30 day(s)		
VELTASSA POW 16.8GM	5	QL; PA
QL 30 each per 30 day(s)		
VELTASSA POW 25.2GM	5	QL; PA
QL 30 each per 30 day(s)		
VELTASSA POW 8.4GM	5	QL; PA
QL 30 each per 30 day(s)		
IRRIGATING SOLUTIONS		
SODIUM CHLOR SOLUTION	1	BvsD
0.9% IRR		
REPLACEMENT PREPARATIONS		
CALC ACETATE CAPSULE	2	
667MG		
D10W/NACL INJECTABLE 0.2%	2	HI
D10W/NACL INJECTABLE	2	HI
0.45%		
D2.5W/NACL INJECTABLE	2	HI
0.45%		
D5W/NACL INJECTABLE 0.2%	2	HI
D5W/NACL INJECTABLE 0.45%	2	HI
D5W/NACL INJECTABLE 0.9%	2	HI
ISOLYTE-S INJECTABLE PH 7.4	3	HI
KCL/D5W/LACT INJECTABLE	2	HI
20MEQ/L		
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
0.15/0.2		
KCL/D5W/NACL INJECTABLE	2	HI
0.15/0.9		
KCL/D5W/NACL INJECTABLE	2	HI
0.3/0.45		
KCL/D5W/NACL INJECTABLE	2	HI
0.3/0.9%		

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>klor-con packet 20meq</i>	2		<i>probenecid tablet 500mg</i>	1	
KLOR-CON 10 TABLET 10MEQ ER	1		ENZYMES		
<i>klor-con m15 tablet 15meq er</i>	4		ENZYMES		
<i>klor-con m20 tablet 20meq er</i>	2		PALYNZIQ INJECTABLE	5	QL; PA
PLASMA-LYTE INJECTABLE -148	3	HI	10/0.5ML		
PLASMA-LYTE INJECTABLE -A	3	HI	QL 60 milliliter(s) 30 day(s)		
POT CHL/D5W INJECTABLE 20MEQ/L	2	HI	PALYNZIQ INJECTABLE 2.5/0.5	5	QL; PA
POT CHL/NACL INJECTABLE 20MEQ/L	2	HI	QL 60 each per 30 day(s)		
POT CHL/NACL INJECTABLE 20MEQ/L	2	HI	PALYNZIQ INJECTABLE 20MG/ML	5	QL; PA
POT CHL/NACL INJECTABLE 20MEQ/L	2	HI	QL 60 milliliter(s) 30 day(s)		
POT CHL/NACL INJECTABLE 40MEQ/L	2	HI	REVCovi INJECTABLE	5	QL; PA
<i>pot chloride capsule 10meq er</i>	1		1.6MG/ML		
<i>pot chloride capsule 8meq er</i>	1		QL 9 milliliter(s) 30 day(s)		
<i>pot chloride injectable 10meq</i>	1	HI	SUCRAID SOLUTION 8500/ML	5	QL; PA; LA
<i>pot chloride injectable 20meq</i>	1	HI	QL 354 milliliter(s) 30 day(s)		
<i>pot chloride injectable 2meq/ml</i>	2	HI	EYE, EAR, NOSE, AND THROAT (EENT)		
<i>pot chloride injectable 40meq</i>	1	HI	ANTIALLERGIC AGENTS		
POT CHLORIDE POW 20MEQ	2		ALOCRIl SOLUTION 2%	4	QL
POT CHLORIDE SOLUTION 10%	2		QL 15 each per 30 day(s)		
POT CHLORIDE SOLUTION 20%	2		ALOMIDE SOLUTION 0.1% OP	4	QL
<i>pot chloride tablet 10meq er</i>	1		QL 30 each per 30 day(s)		
POT CHLORIDE TABLET 20MEQ ER	1		<i>azelastine dro 0.05%</i>	2	
POT CHLORIDE TABLET 8MEQ ER	1		<i>azelastine spr 0.1%</i>	1	QL
<i>pot cl micro tablet 10meq er</i>	1		QL 60 each per 30 day(s)		
<i>pot cl micro tablet 15meq er</i>	2		<i>azelastine spr 0.15%</i>	2	QL
<i>pot cl micro tablet 20meq er</i>	1		QL 60 each per 30 day(s)		
<i>sod chloride injectable 0.45%</i>	2	HI	BEPOTASTINE DRO 1.5%	2	QL
SOD CHLORIDE INJECTABLE 0.9%	2	HI	QL 15 each per 30 day(s)		
SOD CHLORIDE INJECTABLE 3%	2	HI	<i>olopatadine dro 0.1%</i>	2	QL
SOD CHLORIDE INJECTABLE 5%	2	HI	QL 15 each per 30 day(s)		
TPN ELECTROL INJECTABLE	2	HI	<i>olopatadine solution 0.2%</i>	2	QL
URICOSURIC AGENTS			QL 7.50 each per 30 day(s)		
<i>proben/colch tablet 500-0.5</i>	1		<i>olopatadine spr 0.6%</i>	2	QL; ST
			QL 30.50 each per 30 day(s)		
			ANTIGLAUCOMA AGENTS		
			<i>acetazolamid capsule 500mg er</i>	2	

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Drug	Tier	Requirements /Limits
<i>acetazolamid tablet 125mg</i>	1	
<i>acetazolamid tablet 250mg</i>	1	
ALPHAGAN P SOLUTION 0.1%	3	QL
QL 15 each per 30 day(s)		
BETAXOLOL SOLUTION 0.5% OP	1	
BETOPTIC-S SUSPENSION 0.25% OP	4	
<i>bimatoprost solution 0.03%</i>	2	QL
QL 7.50 each per 30 day(s)		
<i>brimo/timolo solution 0.2/0.5%</i>	2	QL
QL 10 each per 30 day(s)		
<i>brimonidine solution 0.2% op</i>	1	
<i>brinzolamide suspension 1%</i>	2	QL
QL 15 each per 30 day(s)		
COMBIGAN SOLUTION 0.2/0.5%	2	QL
QL 10 each per 30 day(s)		
<i>dorzol/timol solution 2%-0.5%</i>	2	
<i>dorzol/timol solution 22.3-6.8</i>	2	
<i>dorzolamide solution 2% op</i>	2	
<i>latanoprost solution 0.005%</i>	1	
<i>levobunolol solution 0.5% op</i>	2	
LUMIGAN SOLUTION 0.01%	3	QL
QL 5 each per 30 day(s)		
<i>methazolamid tablet 25mg</i>	2	
<i>methazolamid tablet 50mg</i>	2	
PILOCARPINE SOLUTION 1% OP	2	
PILOCARPINE SOLUTION 2% OP	2	
PILOCARPINE SOLUTION 4% OP	2	
RHOPRESSA SOLUTION 0.02%	4	QL; ST
QL 60 each per 30 day(s)		
ROCKLATAN DRO	4	QL; ST
QL 5 each per 30 day(s)		
SIMBRINZA SUSPENSION 1-0.2%	4	QL
QL 16 each per 30 day(s)		
TIMOLOL GEL SOLUTION 0.25% OP	2	
TIMOLOL GEL SOLUTION 0.5% OP	2	

Drug	Tier	Requirements /Limits
<i>timolol mal solution 0.25% op</i>	1	
<i>timolol mal solution 0.5% op</i>	2	
<i>timolol mal solution 0.5% op</i>	1	
<i>timolol male solution 0.5%</i>	2	
TIMOPTIC OCU SOLUTION 0.25% OP	4	
VYZULTA SOLUTION 0.024%	4	ST
XELPROS EMU 0.005%	4	QL
QL 2.50 each per 30 day(s)		
ANTI-INFECTIVES		
AZASITE SOLUTION 1%	4	QL
QL 10 each per 30 day(s)		
<i>bacit/polymy oin op</i>	2	
<i>bacitracin oin op</i>	2	
BESIVANCE SUSPENSION 0.6%	4	QL
QL 15 each per 30 day(s)		
<i>blephamide oin s.o.p.</i>	4	
<i>chlorhex glu solution 0.12%</i>	2	
CILOXAN OIN 0.3% OP	4	QL
QL 17.50 each per 30 day(s)		
CIPRO HC SUSPENSION OTIC	3	
CIPRO/DEXA SUSPENSION 0.3-0.1%	2	
CIPROFLOXACN SOLUTION 0.2%	2	NM
<i>ciprofloxacn solution 0.3% op</i>	2	
<i>erythromycin oin 5mg/gm</i>	2	
GATIFLOXACIN SOLUTION 0.5%	2	QL
QL 15 each per 30 day(s)		
<i>gentamicin solution 0.3% op</i>	2	
<i>levofloxacin solution 0.5%</i>	2	
<i>moxifloxacin solution hcl 0.5%</i>	2	QL
QL 15 each per 30 day(s)		
NATACYN SUSPENSION 5% OP	4	
<i>neo/bac/poly oin op</i>	2	
<i>neo/poly/bac oin /hc 1%op</i>	2	

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Drug	Tier	Requirements /Limits
NEO/POLY/DEX OIN 0.1% OP	1	
neo/poly/dex suspension 0.1% op	1	
neo/poly/gra solution op	2	
neo/poly/hc solution 1% otic	2	
neo/poly/hc suspension 1% otic	2	
neo/poly/hc suspension op	2	
ofloxacin dro 0.3% op	2	
ofloxacin dro 0.3%otic	2	
perio gard solution 0.12%	2	
PRED-G SUSPENSION OP	4	
PRED-G S.O.P OIN OP	4	
sulf/pred na solution op	2	
sulfacet sod oin 10% op	2	
sulfacet sod solution 10% op	2	
tobra/dexame suspension 0.3-0.1%	2	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUSPENSION 0.3-0.05	4	
tobramycin solution 0.3% op	1	
TOBREX OIN 0.3% OP	4	
trifluridine solution 1% op	2	
ZIRGAN GEL 0.15%	4	
ZYLET SUSPENSION 0.5-0.3%	4	
ANTI-INFLAMMATORY AGENTS		
ALREX SUSPENSION 0.2%	4	QL
QL 15 each per 30 day(s)		
ARNUITY ELPT INH 100MCG	3	QL
QL 30 each per 30 day(s)		
ARNUITY ELPT INH 200MCG	3	QL
QL 30 each per 30 day(s)		
ARNUITY ELPT INH 50MCG	3	QL
QL 30 each per 30 day(s)		
BECONASE AQ SUSPENSION 0.042%	4	QL; ST
QL 50 each per 30 day(s)		

Drug	Tier	Requirements /Limits
bromfenac solution 0.09% op	2	
cyclosporine emu 0.05%	2	QL
QL 60 each per 30 day(s)		
dexameth pho solution 0.1% op	2	
diclofenac solution 0.1% op	2	
difluprednat emu 0.05%	2	QL
QL 15 each per 30 day(s)		
FLAREX SUSPENSION 0.1% OP	4	
FLOVENT DISK AER 100MCG	3	QL
QL 60 each per 30 day(s)		
FLOVENT DISK AER 250MCG	3	QL
QL 60 each per 30 day(s)		
FLOVENT DISK AER 50MCG	3	QL
QL 60 each per 30 day(s)		
FLOVENT HFA AER 110MCG	3	QL
QL 12 each per 30 day(s)		
FLOVENT HFA AER 220MCG	3	QL
QL 24 each per 30 day(s)		
FLOVENT HFA AER 44MCG	3	QL
QL 10.60 each per 30 day(s)		
flunisolide spr 0.025%	1	QL
QL 50 each per 30 day(s)		
fluocin acet oil 0.01%	2	
FLUOROMETHOL SUSPENSION 0.1% OP	2	
flurbiprofen solution 0.03% op	2	
fluticasone spr 50mcg	1	QL
QL 16 each per 30 day(s)		
FML FORTE SUSPENSION 0.25% OP	4	
HC/ACET ACID SOLUTION OTIC	2	
ILEVRO DRO 0.3% OP	4	QL
QL 15 each per 30 day(s)		
KETOROLAC SOLUTION 0.4%	2	
ketorolac solution 0.5%	2	
LOTEMAX OIN 0.5%	4	QL
QL 15 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
LOTEMAX SM GEL 0.38%	4	QL	XERMELO TABLET 250MG	5	QL; PA
QL 15 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>loteprednol gel 0.5%</i>	2	QL	ANTIEMETICS		
QL 15 each per 30 day(s)			<i>aprepitant capsule 125mg</i>	2	QL; BvsD
<i>loteprednol suspension 0.5%</i>	2	QL	QL 3 each per 30 day(s)		
QL 15 each per 30 day(s)			<i>aprepitant capsule 40mg</i>	2	QL; BvsD
MAXIDEX SUSPENSION 0.1% OP	4		QL 1 each per 30 day(s)		
<i>mometasone spr 50mcg</i>	2	QL	<i>aprepitant capsule 80mg</i>	2	QL; BvsD
QL 34 each per 30 day(s)			QL 6 each per 30 day(s)		
NEVANAC SUSPENSION 0.1%	4	QL	<i>aprepitant packet 80 & 125</i>	2	QL; BvsD
QL 15 each per 30 day(s)			QL 9 each per 30 day(s)		
OMNARIS SPR	4	QL; ST	<i>dronabinolcapsule 10mg</i>	2	QL; PA
QL 12.50 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>pred sod pho solution 1% op</i>	2		<i>dronabinolcapsule 2.5mg</i>	2	QL; PA
PREDNISOLONE SUSPENSION 1%	2	QL	QL 60 each per 30 day(s)		
OP			<i>dronabinolcapsule 5mg</i>	2	QL; PA
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		
RESTASIS MUL EMU 0.05%	3	QL	<i>granisetron tablet 1mg</i>	2	BvsD
QL 60 each per 30 day(s)			<i>meclizine tablet 12.5mg</i>	1	
<i>triamcinolon pst den 0.1%</i>	2		<i>meclizine tablet 25mg</i>	1	
XIIDRA DRO 5%	4	QL	<i>ondansetron solution</i>	2	BvsD
QL 60 each per 30 day(s)			<i>4mg/5ml</i>		
ZETONNA AER 37MCG	4	QL	<i>ondansetron tablet 24mg</i>	1	BvsD
QL 6.10 each per 30 day(s)			<i>ondansetron tablet 4mg</i>	1	QL; BvsD
EENT DRUGS, MISCELLANEOUS			QL 240 each per 30 day(s)		
<u>ACETIC ACID SOLUTION 2% OTIC</u>	2		<i>ondansetron tablet 4mg odt</i>	1	QL; BvsD
<i>apraclonidin solution 0.5% op</i>	2		QL 240 each per 30 day(s)		
CYSTADROPS SOLUTION 0.37%	5	QL; PA	<i>ondansetron tablet 8mg</i>	1	QL; BvsD
QL 20 each per 30 day(s)			QL 240 each per 30 day(s)		
CYSTARAN SOLUTION 0.44%	5	QL; PA	<i>ondansetron tablet 8mg odt</i>	1	QL; BvsD
QL 60 each per 30 day(s)			QL 240 each per 30 day(s)		
IOPIDINE SOLUTION 1% OP	4		VARUBI TABLET 90MG	4	QL; BvsD
<i>ipratropium spr 0.03%</i>	1		QL 4 each per 28 day(s)		
<i>ipratropium spr 0.06%</i>	1		ANTI-INFLAMMATORY AGENTS		
OXERVATE SOLUTION 20MCG/ML	5	QL; PA	<i>balsalazide capsule 750mg</i>	2	
QL 28 milliliter(s) 28 day(s)			<i>budesonide tablet er 9mg</i>	2	QL; ST
GASTROINTESTINAL DRUGS			QL 30 each per 30 day(s)		
ANTIDIARRHEA AGENTS					
<i>loperamide capsule 2mg</i>	2				

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
DIPENTUM CAPSULE 250MG	4		MISOPROSTOL TABLET 100MCG	2	
MESALAMINE CAPSULE 0.375GM	2	QL	MISOPROSTOL TABLET 200MCG	2	
QL 120 each per 30 day(s)			<i>nizatidine capsule 150mg</i>	2	
MESALAMINE CAPSULE 400MG	2		<i>nizatidine capsule 300mg</i>	2	
DR			<i>nizatidine solution 15mg/ml</i>	2	
<i>mesalamine ene 4gm</i>	2		<i>omeprazole capsule 10mg</i>	1	
<i>mesalamine tablet 1.2gm</i>	2	QL	<i>omeprazole capsule 20mg</i>	1	
QL 120 each per 30 day(s)			<i>omeprazole capsule 40mg</i>	1	
<i>mesalamine tablet 800mg dr</i>	2	ST	<i>pantoprazole packet 40mg</i>	2	QL
PENTASA CAPSULE 250MG CR	4	QL	QL 60 each per 30 day(s)		
QL 480 each per 30 day(s)			<i>pantoprazole tablet 20mg</i>	1	
PENTASA CAPSULE 500MG CR	4	QL	<i>pantoprazole tablet 40mg</i>	1	
QL 240 each per 30 day(s)			PYLERA CAPSULE	4	NM
ROWASA KIT 4GM	4		<i>rabeprazole tablet 20mg</i>	2	QL
ANTIULCER AGENTS AND ACID SUPPRESSANTS			QL 60 each per 30 day(s)		
<i>cimetidine solution 300/5ml</i>	2		<i>sucalfate suspension</i>	2	
<i>cimetidine tablet 200mg</i>	2		<i>1gm/10ml</i>		
<i>cimetidine tablet 300mg</i>	2		<i>sucalfate tablet 1gm</i>	2	
<i>cimetidine tablet 400mg</i>	2				
<i>cimetidine tablet 800mg</i>	2				
DEXILANT CAPSULE 30MG DR	3	QL; ST			
QL 30 each per 30 day(s)					
DEXILANT CAPSULE 60MG DR	3	QL; ST			
QL 30 each per 30 day(s)					
DEXLANSOPRAZ CAPSULE 30MG	2	QL; ST	CATHARTICS AND LAXATIVES		
DR			CLENPIQ SOLUTION	3	
QL 30 each per 30 day(s)			<i>gavilyte-c solution</i>	2	
DEXLANSOPRAZ CAPSULE 60MG	2	QL; ST	<i>gavilyte-g solution</i>	2	
DR			PEG-3350 SOLUTION	2	
QL 30 each per 30 day(s)			ELECTROL		
<i>esomepra maq capsule 20mq dr</i>	2		PEG-3350/KCL SOLUTION	2	
<i>esomepra maq capsule 40mq dr</i>	2		/SODIUM		
<i>famotidine suspension 40mq/5ml</i>	2		PEG/NASUL/C/ SOLUTION	2	
<i>famotidine tablet 20mg</i>	1		NACL/POT		
<i>famotidine tablet 40mg</i>	1		PLENVU SOLUTION	4	ST
<i>lansoprazole capsule 15mg dr</i>	1		RELISTOR TABLET 150MG	5	QL; PA
<i>lansoprazole capsule 30mg dr</i>	1		QL 90 each per 30 day(s)		
<i>lansoprazole tablet 15mg odt</i>	2	QL; ST	SUPREP BOWEL SOLUTION	3	
QL 60 each per 30 day(s)			PREP KIT		
<i>lansoprazole tablet 30mg odt</i>	2	QL; ST	CHOLELITHOLYTIC AGENTS		
QL 60 each per 30 day(s)			<i>chenodal tablet 250mg</i>	4	QL
			QL 240 each per 30 day(s)		

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
<i>ursodiol capsule 300mg</i>	2		MOVANTIK TABLET 12.5MG	3	QL
<i>ursodiol tablet 250mg</i>	2		QL 30 each per 30 day(s)		
<i>ursodiol tablet 500mg</i>	2		MOVANTIK TABLET 25MG	3	QL
DIGESTANTS			QL 30 each per 30 day(s)		
CREON CAPSULE 12000UNT	3		OCALIVA TABLET 10MG	5	QL; PA
CREON CAPSULE 24000UNT	3		QL 30 each per 30 day(s)		
CREON CAPSULE 3000UNIT	3		OCALIVA TABLET 5MG	5	QL; PA
CREON CAPSULE 36000UNT	3		QL 30 each per 30 day(s)		
CREON CAPSULE 6000UNIT	3		RELISTOR INJECTABLE	5	QL; PA
PERTZYE CAPSULE 16000U	4		12/0.6ML		
PERTZYE CAPSULE 24000U	4		QL 16.80 milliliter(s) 28 day(s)		
PERTZYE CAPSULE 4000UNIT	4		RELISTOR INJECTABLE 8/0.4ML	5	QL; PA
PERTZYE CAPSULE 8000UNIT	4		QL 22.40 milliliter(s) 28 day(s)		
VIOKACE TABLET 10440	4		SYMPROIC TABLET 0.2MG	3	
VIOKACE TABLET 20880	4		TRULANCE TABLET 3MG	4	QL; ST
ZENPEP CAPSULE 10000UNT	3		QL 30 each per 30 day(s)		
ZENPEP CAPSULE 15000UNT	3		PROKINETIC AGENTS		
ZENPEP CAPSULE 20000UNT	3		<i>metoclopram solution</i>	2	
ZENPEP CAPSULE 25000	3		<i>5mg/5ml</i>		
ZENPEP CAPSULE 3000UNIT	3		<i>metoclopram tablet 10mg</i>	1	
ZENPEP CAPSULE 40000	3		<i>metoclopram tablet 5mg</i>	1	
ZENPEP CAPSULE 5000UNIT	3		<i>metoclopram tablet 5mg odt</i>	2	
GI DRUGS, MISCELLANEOUS			<i>metocloprami tablet 10mg odt</i>	2	
CHOLBAM CAPSULE 250MG	5	QL; PA	MOTEGRITY TABLET 1MG	4	QL; ST
QL 120 each per 30 day(s)			QL 30 each per 30 day(s)		
CHOLBAM CAPSULE 50MG	5	QL; PA	MOTEGRITY TABLET 2MG	4	QL; ST
QL 120 each per 30 day(s)			QL 30 each per 30 day(s)		
GATTEX KIT 5MG	5	PA	GOLD COMPOUNDS		
LINZESS CAPSULE 145MCG	3	QL	GOLD COMPOUNDS		
QL 30 each per 30 day(s)			RIDAURA CAPSULE 3MG	5	
LINZESS CAPSULE 290MCG	3	QL	HEAVY METAL ANTAGONISTS		
QL 30 each per 30 day(s)			HEAVY METAL ANTAGONISTS		
LINZESS CAPSULE 72MCG	3	QL	CHEMET CAPSULE 100MG	4	
QL 30 each per 30 day(s)			<i>deferasirox gra 180mg</i>	2	QL; PA
LUBIPROSTONE CAPSULE 24MCG	2	QL	QL 120 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>deferasirox gra 360mg</i>	2	QL; PA
LUBIPROSTONE CAPSULE 8MCG	2	QL	QL 120 each per 30 day(s)		
QL 60 each per 30 day(s)					

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>deferasirox gra 90mg</i>	2	QL; PA	<i>budesonide capsule 3mg dr</i>	2	
<i>QL 120 each per 30 day(s)</i>			<i>budesonide suspension</i>	2	QL; BvsD
<i>deferasirox tablet 125mg</i>	2	QL	<i>0.25mg/2</i>		
<i>QL 720 each per 30 day(s)</i>			<i>QL 240 each per 30 day(s)</i>		
<i>deferasirox tablet 180mg</i>	2	QL	<i>budesonide suspension</i>	2	QL; BvsD
<i>QL 450 each per 30 day(s)</i>			<i>0.5mg/2</i>		
<i>deferasirox tablet 250mg</i>	2	QL; PA	<i>QL 240 each per 30 day(s)</i>		
<i>QL 360 each per 30 day(s)</i>			<i>budesonide suspension</i>	2	QL; BvsD
<i>deferasirox tablet 360mg</i>	2	QL	<i>1mg/2ml</i>		
<i>QL 120 each per 30 day(s)</i>			<i>QL 240 milliliter(s) 30 day(s)</i>		
<i>deferasirox tablet 500mg</i>	2	QL; PA	<i>dexamethason elx 0.5/5ml</i>	2	
<i>QL 180 each per 30 day(s)</i>			<i>dexamethason tablet 0.5mg</i>	2	
<i>deferasirox tablet 90mg</i>	2	QL	<i>dexamethason tablet 0.75mg</i>	2	
<i>QL 240 each per 30 day(s)</i>			<i>dexamethason tablet 1.5mg</i>	2	
<i>deferiprone tablet 1000mg</i>	5		<i>dexamethason tablet 1mg</i>	2	
<i>deferiprone tablet 500mg</i>	2		<i>dexamethason tablet 2mg</i>	2	
FERRIPROX SOLUTION	4	QL	<i>dexamethason tablet 4mg</i>	2	
100MG/ML			<i>dexamethason tablet 6mg</i>	2	
<i>QL 2700 milliliter(s) 30 day(s)</i>			<i>fludrocort tablet 0.1mg</i>	1	
<i>penicillamin tablet 250mg</i>	2	PA	HEMADY TABLET 20MG	4	QL; PA
<i>trientine capsule 250mg</i>	2	PA	<i>QL 60 each per 30 day(s)</i>		
HORMONES AND SYNTHETIC SUBSTITUTES			<i>hydrocort tablet 10mg</i>	2	
ADRENALS			HYDROCORT TABLET 20MG	2	
ASMANEX 120 AER 220MCG	3	QL	HYDROCORT TABLET 5MG	2	
<i>QL 1 each per 30 day(s)</i>			INTRAROSA SUP 6.5MG	4	QL
ASMANEX 30 AER 110MCG	3	QL	<i>QL 30 each per 30 day(s)</i>		
<i>QL 1 each per 30 day(s)</i>			METHYLPRED TABLET 16MG	2	
ASMANEX 30 AER 220MCG	3	QL	<i>methylpred tablet 32mg</i>	2	
<i>QL 1 each per 30 day(s)</i>			<i>methylpred tablet 4mg</i>	2	
ASMANEX 60 AER 220MCG	3	QL	<i>methylpred tablet 4mg</i>	2	
<i>QL 1 each per 30 day(s)</i>			<i>methylpred tablet 8mg</i>	2	
ASMANEX HFA AER 100 MCG	3	QL	ORTIKOS CAPSULE 6MG ER	5	QL; ST
<i>QL 13 each per 30 day(s)</i>			<i>QL 30 each per 30 day(s)</i>		
ASMANEX HFA AER 200 MCG	3	QL	ORTIKOS CAPSULE 9MG ER	5	QL; ST
<i>QL 13 each per 30 day(s)</i>			<i>QL 30 each per 30 day(s)</i>		
ASMANEX HFA AER 50MCG	3	QL	PRED SOD PHO SOLUTION	2	
<i>QL 13 each per 30 day(s)</i>			5MG/5ML		

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Drug	Tier	Requirements /Limits
<i>prednisolone solution 10mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisolone solution 20mg/5ml</i>	2	
<i>prednisolone solution 25mg/5ml</i>	2	
PREDNISOLONE TABLET 10MG ODT	2	
PREDNISOLONE TABLET 15MG ODT	2	
PREDNISOLONE TABLET 30MG ODT	2	
<i>prednisone con 5mg/ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	2	
<i>prednisone tablet 10mg</i>	1	
<i>prednisone tablet 1mg</i>	1	
<i>prednisone tablet 2.5mg</i>	1	
<i>prednisone tablet 20mg</i>	1	
<i>prednisone tablet 50mg</i>	1	
<i>prednisone tablet 5mg</i>	1	
TARPEYO CAPSULE 4MG	5	QL; PA
QL 120 each per 30 day(s)		
ANDROGENS		
<i>danazolcapsule 100mg</i>	2	
<i>danazolcapsule 200mg</i>	2	
<i>danazolcapsule 50mg</i>	2	
<i>oxandrolone tablet 10mg</i>	2	
<i>oxandrolone tablet 2.5mg</i>	2	
<i>testost cyp injectable 100mg/ml</i>	2	
<i>testost cyp injectable 200mg/ml</i>	2	
<i>testost enan injectable 200mg/ml</i>	2	QL
QL 10 milliliter(s) 30 day(s)		
<i>testosterone gel 1%(25mg)</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone gel 1%(50mg)</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>testosterone gel 1.62%</i>	2	QL
QL 150 each per 30 day(s)		
<i>testosterone gel 10mg/act</i>	2	QL; PA
QL 120 each per 30 day(s)		
<i>testosterone gel pump 1%</i>	2	QL
QL 300 each per 30 day(s)		
<i>testosterone solution 30mg/act</i>	2	QL; PA
QL 180 each per 30 day(s)		
ANTIDIABETIC AGENTS		
<i>acarbose tablet 100mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
<i>acarbose tablet 25mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
<i>acarbose tablet 50mg</i>	1	QL; GC
QL 90 each per 30 day(s)		
ALOG/PIOGLIT TABLET 12.5-15	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 12.5-30	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 12.5-45	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 25-15MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 25-30MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOG/PIOGLIT TABLET 25-45MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 12.5MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 25MG	1	QL; GC
QL 30 each per 30 day(s)		
ALOGLIPTIN TABLET 6.25MG	1	QL; GC
QL 30 each per 30 day(s)		

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ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
BYDUREON BC INJECTABLE 2/0.85ML QL 4 milliliter(s) 28 day(s)	3	QL; PA
BYETTA INJECTABLE 10MCG QL 4.80 each per 28 day(s)	3	QL; PA
BYETTA INJECTABLE 5MCG QL 2.40 each per 28 day(s)	3	QL; PA
FARXIGA TABLET 10MG QL 30 each per 30 day(s)	3	QL
FARXIGA TABLET 5MG QL 30 each per 30 day(s)	3	QL
<i>glimepiride tablet 1mg</i>	1	GC
<i>glimepiride tablet 2mg</i>	1	GC
<i>glimepiride tablet 4mg</i>	1	GC
<i>glip/metform tablet 2.5-250m</i>	1	GC
<i>glip/metform tablet 2.5-500m</i>	1	GC
<i>glip/metform tablet 5-500mg</i>	1	GC
<i>glipizide tablet 10mg</i>	1	GC
<i>glipizide tablet 5mg</i>	1	GC
<i>glipizide er tablet 10mg</i>	1	GC
<i>glipizide er tablet 2.5mg</i>	1	GC
<i>glipizide er tablet 5mg</i>	1	GC
<i>glyb/metform tablet 1.25-250</i> QL 120 each per 30 day(s)	1	QL; GC
<i>glyb/metform tablet 2.5-500</i> QL 120 each per 30 day(s)	1	QL; GC
<i>glyb/metform tablet 5-500mg</i> QL 120 each per 30 day(s)	1	QL; GC
GLYXAMBI TABLET 10-5MG QL 30 each per 30 day(s)	3	QL
GLYXAMBI TABLET 25-5MG QL 30 each per 30 day(s)	3	QL
HUMULIN R INJECTABLE U-500	3	PA

Drug	Tier	Requirements /Limits
HUMULIN R INJECTABLE U-500	3	PA
INS ASP PROT INJECTABLE FLEXPEN	1	IC
INSULIN ASPA INJECTABLE 100/ML	1	IC
INSULIN ASPA INJECTABLE 70/30	1	IC
INSULIN ASPA INJECTABLE FLEXPEN	1	IC
INSULIN ASPA INJECTABLE PENFILL	1	IC
JARDIANCE TABLET 10MG QL 30 each per 30 day(s)	3	QL
JARDIANCE TABLET 25MG QL 30 each per 30 day(s)	3	QL
JENTADUETO TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL; ST
JENTADUETO TABLET 2.5-500 QL 120 each per 30 day(s)	3	QL; ST
JENTADUETO TABLET 2.5-850 QL 60 each per 30 day(s)	3	QL; ST
JENTADUETO TABLET XR QL 30 each per 30 day(s)	3	QL; ST
JENTADUETO TABLET XR QL 60 each per 30 day(s)	3	QL; ST
LANTUS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC
LANTUS SOLOS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC
<i>metformin solution 500/5ml</i>	1	GC
<i>metformin tablet 1000mg</i>	1	GC
<i>metformin tablet 500mg</i>	1	GC
<i>metformin tablet 500mg er</i>	1	GC
<i>metformin tablet 750mg er</i>	1	GC
<i>metformin tablet 850mg</i>	1	GC

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Drug	Tier	Requirements /Limits
<i>miglitol tablet 100mg</i>	2	GC
<i>miglitol tablet 25mg</i>	2	GC
<i>miglitol tablet 50mg</i>	2	GC
<i>nateglinide tablet 120mg</i>	1	GC
<i>nateglinide tablet 60mg</i>	1	GC
NOVOLIN INJECTABLE 70/30	1	IC
NOVOLIN INJECTABLE 70/30 FP	1	IC
NOVOLIN N INJECTABLE 100 UNIT	1	IC
NOVOLIN N INJECTABLE U-100	1	IC
NOVOLIN R INJECTABLE 100 UNIT	1	IC
NOVOLIN R INJECTABLE U-100	1	IC
NOVOLOG INJECTABLE 100/ML	3	IC
NOVOLOG INJECTABLE FLEXPEN	3	IC
NOVOLOG INJECTABLE PENFILL	3	IC
NOVOLOG MIX INJECTABLE 70/30	3	IC
NOVOLOG MIX INJECTABLE FLEXPEN	3	IC
PIOGLIT/GLIM TABLET 30-2MG QL 30 each per 30 day(s)	1	QL; GC
PIOGLIT/GLIM TABLET 30-4MG QL 30 each per 30 day(s)	1	QL; GC
<i>pioglit/met tablet 15-500mg</i> QL 90 each per 30 day(s)	1	QL; GC
<i>pioglit/met tablet 15-850mg</i> QL 90 each per 30 day(s)	1	QL; GC
<i>pioglitazone tablet 15mg</i> QL 30 each per 30 day(s)	1	QL; GC
<i>pioglitazone tablet 30mg</i> QL 30 each per 30 day(s)	1	QL; GC
<i>pioglitazone tablet 45mg</i> QL 30 each per 30 day(s)	1	QL; GC
<i>repaglinide tablet 0.5mg</i>	1	GC
<i>repaglinide tablet 1mg</i>	1	GC
<i>repaglinide tablet 2mg</i>	1	GC
SEGLUROMET TABLET 2.5-1000 QL 60 each per 30 day(s)	4	QL; ST
SEGLUROMET TABLET 2.5-500 QL 60 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
SEGLUROMET TABLET 7.5-1000 QL 60 each per 30 day(s)	4	QL; ST
SEGLUROMET TABLET 7.5-500 QL 60 each per 30 day(s)	4	QL; ST
SOLIQUA INJECTABLE 100/33 QL 18 each per 30 day(s)	3	QL; ST; IC
STEGLATRO TABLET 15MG QL 30 each per 30 day(s)	4	QL; ST
STEGLATRO TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST
SYMLINPEN 60 INJECTABLE 1000MCG QL 10.80 each per 30 day(s)	4	QL; ST
SYMLINPEN 120 INJECTABLE 1000MCG QL 10.80 each per 30 day(s)	4	QL; ST
SYNJARDY TABLET QL 60 each per 30 day(s)	3	QL
SYNJARDY TABLET 12.5-500 QL 60 each per 30 day(s)	3	QL
SYNJARDY TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL
SYNJARDY TABLET 5-500MG QL 60 each per 30 day(s)	3	QL
SYNJARDY XR TABLET QL 60 each per 30 day(s)	3	QL
SYNJARDY XR TABLET 10-1000 QL 60 each per 30 day(s)	3	QL
SYNJARDY XR TABLET 25-1000 QL 60 each per 30 day(s)	3	QL
SYNJARDY XR TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL
TOUJEO MAX INJECTABLE 300IU/ML QL 30 milliliter(s) 30 day(s)	3	QL; IC

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Drug	Tier	Requirements /Limits
TOUJEO SOLO INJECTABLE 300IU/ML QL 45 milliliter(s) 30 day(s)	3	QL; IC
TRADJENTA TABLET 5MG QL 30 each per 30 day(s)	3	QL; ST
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRIJARDY XR TABLET	3	
TRULICITY INJECTABLE 0.75/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 1.5/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 3/0.5 QL 4 each per 28 day(s)	3	QL; PA
TRULICITY INJECTABLE 4.5/0.5 QL 4 each per 28 day(s)	3	QL; PA
XIGDUO XR TABLET 10-1000 QL 30 each per 30 day(s)	3	QL
XIGDUO XR TABLET 10-500MG QL 30 each per 30 day(s)	3	QL
XIGDUO XR TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL
XIGDUO XR TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL
XIGDUO XR TABLET 5-500MG QL 60 each per 30 day(s)	3	QL
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI ONE POW 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	2	
GLUCAGEN INJECTABLE HYPOKIT	3	
GLUCAGON KIT 1MG	3	
GVOKE HYPO 2 INJECTABLE .5/.1ML	3	
GVOKE HYPO 2 INJECTABLE 1MG/.2ML	3	
GVOKE KIT SOLUTION 1MG/0.2M	3	

Drug	Tier	Requirements /Limits
GVOKE PFS INJECTABLE	3	
GVOKE PFS INJECTABLE	3	
ZEGALOGUE INJECTABLE 0.6/0.6	4	
ZEGALOGUE INJECTABLE 0.6/0.6	4	
CONTRACEPTIVES		
<i>amabelz tablet 0.5-0.1</i>	2	
<i>amabelz tablet 1-0.5mg</i>	2	
<i>amethia tablet</i> QL 91 each per 91 day(s)	2	QL
<i>apri tablet</i>	2	
<i>aranelle tablet</i>	1	
<i>aviane tablet</i>	1	
<i>balziva tablet</i>	2	
<i>blisovi fe tablet 1.5/30</i>	2	
<i>briellyn tablet</i>	2	
<i>camila tablet 0.35mg</i>	2	
<i>cryselle-28 tablet 28 tablets</i>	1	
<i>deso/ethinyl tablet estradio</i>	1	
<i>deso/ethinyl tablet estradio</i>	2	
<i>dolishale tablet 90-20mcg</i>	2	
<i>drospir/ethi tablet 3-0.03mg</i>	1	
DROSPIRE/ETH TABLET ESTR/LEV	2	
<i>eluryng mis</i> QL 1 each per 28 day(s)	2	QL
<i>emoquette tablet</i>	1	
<i>errin tablet 0.35mg</i>	2	
<i>estarylla tablet 0.25-35</i>	2	
<i>estra/noreth tablet 0.5-0.1</i>	2	
<i>estra/noreth tablet 1-0.5mg</i>	2	
<i>ethy eth est tablet 1-35</i>	2	
<i>ethynodiol tablet 1-50</i>	2	
<i>etonogestrel mis ethy est</i> QL 1 each per 28 day(s)	2	QL
<i>femynor tablet 0.25-35</i>	2	

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Drug	Tier	Requirements /Limits
<i>fyavolv tablet 0.5-2.5</i>	2	
<i>fyavolv tablet 1-5</i>	2	
<i>hailey 24 tablet fe</i>	2	
<i>iclevia tablet</i>	1	QL
QL 91 each per 91 day(s)		
<i>introvale tablet</i>	2	QL
QL 91 each per 91 day(s)		
<i>jasmiel tablet 3-0.02mg</i>	2	
<i>jinteli tablet 1mg-5mcg</i>	2	
<i>junel 1.5/30 tablet</i>	1	
<i>junel 1/20 tablet</i>	1	
<i>junel fe tablet 1.5/30</i>	1	
<i>junel fe tablet 1/20</i>	1	
<i>junel fe 24 tablet 1/20</i>	1	
<i>kariva tablet 28 day</i>	2	
<i>kelnor tablet 1/35</i>	1	
<i>kelnor 1/50 tablet</i>	1	
<i>lessina tablet</i>	2	
<i>levo-eth est tablet 90-20mcg</i>	2	
<i>levonest tablet</i>	2	
<i>levonor/ethi tablet</i>	1	
<i>levonor/ethi tablet estradio</i>	1	
<i>levonor/ethi tablet estradio</i>	1	QL
QL 91 each per 91 day(s)		
<i>levora-28 tablet 0.15/30</i>	2	
LO LOESTRIN TABLET 1-10-10	4	
<i>loestrin tablet 1/20-21</i>	4	
<i>loestrin 21 tablet 1.5/30</i>	4	
<i>loestrin fe tablet 1.5/30</i>	4	
<i>loestrin fe tablet 1/20</i>	4	
<i>loryna tablet 3-0.02mg</i>	1	
<i>lutra tablet</i>	1	
<i>lyleq tablet 0.35mg</i>	2	
<i>marlissa tablet 0.15/30</i>	2	
<i>merzee capsule 1/20</i>	2	
<i>micrgstin 24 tablet fe 1/20</i>	1	
<i>microgestin tablet 1.5/30</i>	1	

Drug	Tier	Requirements /Limits
<i>microgestin tablet 1/20</i>	1	
<i>microgestin tablet fe 1/20</i>	1	
<i>microgestin tablet fe1.5/30</i>	1	
<i>mili tablet 0.25/35</i>	2	
<i>mimvey tablet 1-0.5mg</i>	2	
<i>necon tablet 0.5/35</i>	2	
<i>noreth/ethin tablet 0.5-2.5</i>	2	
<i>noreth/ethin tablet 1/20</i>	1	
<i>noreth/ethin tablet 1mg-5mcg</i>	2	
<i>noreth/ethin tablet fe 1/20</i>	2	
<i>norethin ace tablet 5mg</i>	1	
<i>norethindron tablet 0.35mg</i>	2	
<i>norgest/ethi tablet 0.25/35</i>	1	
<i>norgest/ethi tablet estradio</i>	1	
<i>nortrel tablet 0.5/35</i>	1	
<i>nortrel tablet 1/35</i>	1	
<i>nortrel tablet 7/7/7</i>	1	
<i>nylia tablet 1/35</i>	2	
<i>nylia tablet 7/7/7</i>	2	
<i>nymyo tablet 0.25-35</i>	1	
<i>orsythia tablet</i>	2	
<i>portia-28 tablet</i>	2	
<i>prefest tablet</i>	4	QL; PA
QL 30 each per 30 day(s)		
<i>reclipsen tablet</i>	1	
SAFYRAL TABLET	4	
SLYND TABLET 4MG	4	ST
<i>sprintec 28 tablet 28 day</i>	1	
<i>sronyx tablet</i>	2	
<i>tarina 24 fe tablet</i>	2	
<i>taysofy capsule 1/20</i>	2	
<i>tilia fe tablet</i>	2	
<i>tri-estaryll tablet</i>	2	
<i>tri-legest tablet fe</i>	2	
<i>tri-lo tablet estaryll</i>	2	
<i>tri-lo- tablet sprintec</i>	2	
<i>tri-nymyo tablet</i>	2	

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Drug	Tier	Requirements /Limits
<i>tri-sprintec tablet</i>	2	
<i>tri-vylibra tablet lo</i>	2	
<i>trivora-28 tablet</i>	2	
<i>velivet packet</i>	2	
<i>vestura tablet 3-0.02mg</i>	2	
<i>vienna tablet 0.1-20</i>	1	
<i>vylibra tablet 0.25-35</i>	2	
<i>xulane dis 150-35</i>	2	QL
QL 4 each per 28 day(s)		
<i>zovia 1/35 tablet</i>	1	
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
<i>anastrozole tablet 1mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>depo-estradi injectable 5mg/ml</i>	4	
<i>dotti dis 0.025mg</i>	2	
<i>dotti dis 0.0375mg</i>	2	
<i>dotti dis 0.05mg</i>	2	
<i>dotti dis 0.075mg</i>	2	
<i>dotti dis 0.1mg</i>	2	
<i>estradiol cre 0.01%</i>	1	QL
QL 127.50 each per 30 day(s)		
<i>estradiol dis 0.025mg</i>	2	
<i>estradiol dis 0.025mg</i>	2	
<i>estradiol dis 0.0375mg</i>	2	
ESTRADIOL DIS 0.0375MG	2	
ESTRADIOL DIS 0.05MG	2	
<i>estradiol dis 0.05mg</i>	2	
ESTRADIOL DIS 0.06MG	2	
ESTRADIOL DIS 0.075MG	2	
<i>estradiol dis 0.075mg</i>	2	
<i>estradiol dis 0.1mg</i>	2	
ESTRADIOL DIS 0.1MG	2	
<i>estradiol tablet 0.5mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>estradiol tablet 10mcg</i>	2	QL
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
<i>estradiol tablet 1mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>estradiol tablet 2mg</i>	1	QL
QL 450 each per 30 day(s)		
<i>exemestane tablet 25mg</i>	2	QL
QL 60 each per 30 day(s)		
FEMRING MIS 0.05/24H	4	QL; ST
QL 1 each per 90 day(s)		
FEMRING MIS 0.1MG/24	4	QL; ST
QL 1 each per 90 day(s)		
IMVEXXY MAIN SUP 10MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY MAIN SUP 4MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 10MCG	4	QL
QL 30 each per 30 day(s)		
IMVEXXY STRT SUP 4MCG	4	QL
QL 30 each per 30 day(s)		
<i>letrozole tablet 2.5mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>lyllana dis 0.025mg</i>	2	
<i>lyllana dis 0.0375mg</i>	2	
<i>lyllana dis 0.05mg</i>	2	
<i>lyllana dis 0.075mg</i>	2	
<i>lyllana dis 0.1mg</i>	2	
ORIAHNN CAPSULE	5	QL; PA
QL 60 each per 30 day(s)		
OSPHENA TABLET 60MG	4	QL
QL 30 each per 30 day(s)		
PREMARIN VAG CRE 0.625MG	3	QL
QL 60 each per 30 day(s)		
<i>raloxifene tablet 60mg</i>	1	QL
QL 30 each per 30 day(s)		
SOLTAMOX SOLUTION	4	
10MG/5ML		
<i>tamoxifen tablet 10mg</i>	1	QL
QL 30 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
<i>tamoxifen tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>toremifene tablet 60mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>yuvafem tablet 10mcg</i> QL 30 each per 30 day(s)	2	QL
GONADOTROPINS AND ANTIGONADOTROPINS		
ELIGARD INJECTABLE 22.5MG	4	BvsD
ELIGARD INJECTABLE 30MG	4	BvsD
ELIGARD INJECTABLE 7.5MG	4	BvsD
FIRMAGON INJECTABLE 120MG	5	BvsD
FIRMAGON INJECTABLE 80MG	4	BvsD
<i>leuprolide injectable 1mg/0.2</i>	2	
LUPRON DEPOT INJECTABLE 11.25MG	5	BvsD
LUPRON DEPOT INJECTABLE 22.5MG	5	BvsD
LUPRON DEPOT INJECTABLE 3.75MG	5	BvsD
LUPRON DEPOT INJECTABLE 30MG	5	BvsD
LUPRON DEPOT INJECTABLE 45MG	5	BvsD
LUPRON DEPOT INJECTABLE 7.5MG	5	BvsD
MYFEMBREE TABLET QL 30 each per 30 day(s)	5	QL; PA
ORGOVYX TABLET 120MG QL 32 each per 30 day(s)	5	QL; PA
ORLISSA TABLET 150MG QL 30 each per 30 day(s)	5	QL; PA
ORLISSA TABLET 200MG QL 60 each per 30 day(s)	5	QL; PA
SYNAREL SOLUTION 2MG/ML	4	PA
TRELSTAR MIX INJECTABLE 11.25MG	5	BvsD
TRELSTAR MIX INJECTABLE 22.5MG	5	BvsD

Drug	Tier	Requirements /Limits
TRELSTAR MIX INJECTABLE 3.75MG	5	BvsD
LEPTINS		
MYALEPT INJECTABLE 11.3MG QL 67.80 each per 30 day(s)	5	QL; PA
PARATHYROID AND ANTIPARATHYROID AGENTS		
<i>calcitonin spr 200/act</i>	1	
<i>cinacalcet tablet 30mg</i> QL 120 each per 30 day(s)	2	QL; PA
<i>cinacalcet tablet 60mg</i> QL 120 each per 30 day(s)	2	QL; PA
<i>cinacalcet tablet 90mg</i> QL 120 each per 30 day(s)	2	QL; PA
NATPARA INJECTABLE 100MCG	5	QL; PA
QL 2 each per 28 day(s)		
NATPARA INJECTABLE 25MCG QL 2 each per 28 day(s)	5	QL; PA
NATPARA INJECTABLE 50MCG QL 2 each per 28 day(s)	5	QL; PA
NATPARA INJECTABLE 75MCG QL 2 each per 28 day(s)	5	QL; PA
TERIPARATIDE INJECTABLE	2	PA
TYMLOS INJECTABLE QL 1.56 each per 30 day(s)	5	QL; PA
PITUITARY		
<i>desmopressin spr 0.01%</i> QL 15 each per 30 day(s)	1	QL
<i>desmopressin tablet 0.1mg</i> QL 180 each per 30 day(s)	1	QL
<i>desmopressin tablet 0.2mg</i> QL 180 each per 30 day(s)	1	QL
OMNITROPE INJECTABLE 5.8MG	5	PA
ZOMACTON INJECTABLE 10MG	5	PA
ZOMACTON INJECTABLE 5MG	4	PA

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Drug	Tier Requirements /Limits	
PROGESTINS		
CRINONE GEL 4% VAG	4	PA
DEPO-SQ PROV INJECTABLE 104	4	QL
QL 1 each per 90 day(s)		
MEDROXYPR AC INJECTABLE 150MG/ML	1	QL
QL 1 milliliter(s) 90 day(s)		
MEDROXYPR AC INJECTABLE 150MG/ML	1	QL
QL 1 milliliter(s) 90 day(s)		
<i>medroxypr ac tablet 10mg</i>	1	
<i>medroxypr ac tablet 2.5mg</i>	1	
<i>medroxypr ac tablet 5mg</i>	1	
<i>megestrol suspension 625mg/5m</i>	1	
<i>megestrol ac suspension 40mg/ml</i>	1	
<i>megestrol ac tablet 20mg</i>	1	
<i>megestrol ac tablet 40mg</i>	1	
<i>progesterone capsule 100mg</i>	1	
<i>progesterone capsule 200mg</i>	1	
SOMATOSTATIN AGONISTS AND ANTAGONISTS		
MYCAPSSA CAPSULE 20MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>octreotide injectable 1000mcg</i>	5	PA
<i>octreotide injectable 100mcg</i>	2	PA
<i>octreotide injectable 200mcg</i>	2	PA
<i>octreotide injectable 500mcg</i>	5	PA
<i>octreotide injectable 50mcg/ml</i>	2	PA
SIGNIFOR INJECTABLE 0.3MG/ML	5	QL; PA
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE 0.6MG/ML	5	QL; PA
QL 60 milliliter(s) 30 day(s)		
SIGNIFOR INJECTABLE 0.9MG/ML	5	QL; PA
QL 60 milliliter(s) 30 day(s)		
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
INCRELEX INJECTABLE 40MG/4ML	5	PA

Drug	Tier Requirements /Limits	
OMNITROPE INJECTABLE 10/1.5ML	5	PA
OMNITROPE INJECTABLE 5/1.5ML	5	PA
SOMAVERT INJECTABLE 10MG	5	QL; PA
QL 90 each per 30 day(s)		
SOMAVERT INJECTABLE 15MG	5	QL; PA
QL 60 each per 30 day(s)		
SOMAVERT INJECTABLE 20MG	5	QL; PA
QL 60 each per 30 day(s)		
THYROID AND ANTITHYROID AGENTS		
EUTHYROX TABLET 100MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 112MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 125MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 137MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 150MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 175MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 200MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 25MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 50MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 75MCG	1	QL
QL 90 each per 30 day(s)		
EUTHYROX TABLET 88MCG	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 100mcg</i>	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 112mcg</i>	1	QL
QL 90 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
LEVOTHYROXIN TABLET 125MCG	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 137mcg</i>	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 150mcg</i>	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 175mcg</i>	1	QL
QL 90 each per 30 day(s)		
LEVOTHYROXIN TABLET 200MCG	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 25mcg</i>	1	QL
QL 90 each per 30 day(s)		
LEVOTHYROXIN TABLET 300MCG	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 50mcg</i>	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 75mcg</i>	1	QL
QL 90 each per 30 day(s)		
<i>levothyroxin tablet 88mcg</i>	1	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 100MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 112MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 125MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 137MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 150MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 175MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 200MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 25MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 50MCG	4	QL
QL 90 each per 30 day(s)		

Drug	Tier	Requirements /Limits
LEVOXYL TABLET 75MCG	4	QL
QL 90 each per 30 day(s)		
LEVOXYL TABLET 88MCG	4	QL
QL 90 each per 30 day(s)		
<i>liothyronine tablet 25mcg</i>	2	
<i>liothyronine tablet 50mcg</i>	2	
<i>liothyronine tablet 5mcg</i>	2	
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiour tablet 50mg</i>	2	
SYNTHROID TABLET 100MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 112MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 125MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 137MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 150MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 175MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 200MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 25MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 300MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 50MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 75MCG	3	QL
QL 90 each per 30 day(s)		
SYNTHROID TABLET 88MCG	3	QL
QL 90 each per 30 day(s)		
TIROSINT-SOL SOLUTION 100MCG	3	
TIROSINT-SOL SOLUTION 112MCG	3	

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Drug	Tier	Requirements	Drug	Tier	Requirements
		/Limits			/Limits
TIROSINT-SOL SOLUTION 125MCG	3		UNITHROID TABLET 200MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 137MCG	3		UNITHROID TABLET 25MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 13MCG/ML	3		UNITHROID TABLET 300MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 150MCG	3		UNITHROID TABLET 50MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 175MCG	3		UNITHROID TABLET 75MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 200MCG	3		UNITHROID TABLET 88MCG QL 90 each per 30 day(s)	4	QL
TIROSINT-SOL SOLUTION 25MCG/ML	3		LOCAL ANESTHETICS		
TIROSINT-SOL SOLUTION 37.5/ML	3		LOCAL ANESTHETICS <i>lido/prilocn cre 2.5-2.5%</i>	2	
TIROSINT-SOL SOLUTION 44MCG/ML	3		MISCELLANEOUS THERAPEUTIC AGENTS		
TIROSINT-SOL SOLUTION 50MCG/ML	3		5-ALPHA-REDUCTASE INHIBITORS		
TIROSINT-SOL SOLUTION 62.5/ML	3		<i>dutast/tamsu capsule 0.5-0.4</i>	1	QL
TIROSINT-SOL SOLUTION 75MCG/ML	3		QL 30 each per 30 day(s)		
TIROSINT-SOL SOLUTION 88MCG/ML	3		<i>dutasteride capsule 0.5mg</i>	1	QL
UNITHROID TABLET 100MCG QL 90 each per 30 day(s)	4	QL	QL 30 each per 30 day(s)		
UNITHROID TABLET 112MCG QL 90 each per 30 day(s)	4	QL	ALCOHOL DETERRENTS		
UNITHROID TABLET 125MCG QL 90 each per 30 day(s)	4	QL	<i>disulfiram tablet 250mg</i>	2	
UNITHROID TABLET 137MCG QL 90 each per 30 day(s)	4	QL	<i>disulfiram tablet 500mg</i>	2	
UNITHROID TABLET 150MCG QL 90 each per 30 day(s)	4	QL	ANTIDOTES		
UNITHROID TABLET 175MCG QL 90 each per 30 day(s)	4	QL	<i>acetylcyst solution 10%</i>	2	BvsD
			<i>acetylcyst solution 20%</i>	2	BvsD
			<i>leucovor ca tablet 10mg</i>	1	
			<i>leucovor ca tablet 15mg</i>	1	
			<i>leucovor ca tablet 25mg</i>	1	
			<i>leucovor ca tablet 5mg</i>	1	
			XURIDEN POW 2GM QL 120 each per 30 day(s)	5	QL; PA
			ANTIGOUT AGENTS		
			<i>allopurinol tablet 100mg</i>	1	
			<i>allopurinol tablet 300mg</i>	1	
			COLCHICINE CAPSULE 0.6MG QL 120 each per 30 day(s)	2	QL

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Drug	Tier	Requirements /Limits
COLCHICINE TABLET 0.6MG	2	QL
QL 120 each per 30 day(s)		
<i>febuxostat tablet 40mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>febuxostat tablet 80mg</i>	2	QL
QL 30 each per 30 day(s)		
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI INJECTABLE 284/1.5	5	QL; PA
QL 6 each per 28 day(s)		
BONE ANABOLIC AGENTS		
EVENITY INJECTABLE 105MG	5	QL; PA
QL 2.40 each per 30 day(s)		
BONE RESORPTION INHIBITORS		
<i>alendronate tablet 10mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>alendronate tablet 35mg</i>	1	QL
QL 4 each per 28 day(s)		
<i>alendronate tablet 70mg</i>	1	QL
QL 4 each per 28 day(s)		
<i>ibandronate tablet 150mg</i>	1	QL
QL 1 each per 28 day(s)		
PROLIA SOLUTION 60MG/ML	4	QL; BvsD
QL 1 milliliter(s) 180 day(s)		
RISEDRON SOD TABLET 35MG DR	2	QL; ST
QL 4 each per 28 day(s)		
<i>risedronate tablet 150mg</i>	2	QL; ST
QL 1 each per 28 day(s)		
<i>risedronate tablet 30mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
<i>risedronate tablet 35mg</i>	2	QL; ST
QL 4 each per 28 day(s)		
<i>risedronate tablet 35mg</i>	2	QL; ST
QL 12 each per 84 day(s)		
<i>risedronate tablet 5mg</i>	2	QL; ST
QL 30 each per 30 day(s)		
XGEVA INJECTABLE	5	PA
CARBONIC ANHYDRASE INHIBITORS		
KEVEYIS TABLET 50MG	5	QL; PA
QL 120 each per 30 day(s)		

Drug	Tier	Requirements /Limits
COMPLEMENT INHIBITORS		
HAEGARDA INJECTABLE	5	QL; PA
2000UNIT		
QL 16 each per 28 day(s)		
HAEGARDA INJECTABLE	5	QL; PA
3000UNIT		
QL 16 each per 28 day(s)		
<i>icatibant injectable 30mg/3ml</i>	2	QL; PA
QL 18 milliliter(s) 30 day(s)		
ORLADEYO CAPSULE 110MG	5	QL; PA
QL 30 each per 30 day(s)		
ORLADEYO CAPSULE 150MG	5	QL; PA
QL 30 each per 30 day(s)		
TAKHZYRO INJECTABLE	5	QL; PA
300/2ML		
QL 4 milliliter(s) 28 day(s)		
TAVNEOS CAPSULE 10MG	5	QL; PA
QL 180 each per 30 day(s)		
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
ACTEMRA INJECTABLE 162/0.9	5	QL; PA
QL 3.60 each per 28 day(s)		
ACTEMRA INJECTABLE	5	QL; PA
ACTPEN		
QL 3.60 each per 28 day(s)		
CIMZIA KIT 200MG	5	QL; PA
QL 6 each per 28 day(s)		
CIMZIA PREFL KIT 200MG/ML	5	QL; PA
QL 6 milliliter(s) 28 day(s)		
ENBREL INJECTABLE 25/0.5ML	5	QL; PA
QL 8 milliliter(s) 28 day(s)		
ENBREL INJECTABLE 25MG	5	QL; PA
QL 8 each per 28 day(s)		
ENBREL INJECTABLE 25MG	5	QL; PA
QL 8 each per 28 day(s)		
ENBREL INJECTABLE 50MG/ML	5	QL; PA
QL 8 milliliter(s) 28 day(s)		
ENBREL MINI INJECTABLE	5	QL; PA
50MG/ML		
QL 8 milliliter(s) 28 day(s)		

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ENBREL SRCLK INJECTABLE 50MG/ML QL 8 milliliter(s) 28 day(s)	5	QL; PA	KEVZARA INJECTABLE 150/1.14	5	PA
HUMIRA INJECTABLE 10/0.1ML QL 2 milliliter(s) 28 day(s)	5	QL; PA	KEVZARA INJECTABLE 150/1.14	5	PA
HUMIRA INJECTABLE 20/0.2ML QL 2 milliliter(s) 28 day(s)	5	QL; PA	KEVZARA INJECTABLE 200/1.14	5	PA
HUMIRA INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA	KEVZARA INJECTABLE 200/1.14	5	PA
HUMIRA KIT 40MG/0.8 QL 6 each per 28 day(s)	5	QL; PA	KINERET INJECTABLE QL 20.10 each per 30 day(s)	5	QL; PA
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA	<i>leflunomide tablet 10mg</i>	1	
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA	<i>leflunomide tablet 20mg</i>	1	
HUMIRA PEN INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA	OLUMIANT TABLET 1MG	5	PA
HUMIRA PEN INJECTABLE 40MG/0.8 QL 2 each per 28 day(s)	5	QL; PA	OLUMIANT TABLET 2MG	5	PA
HUMIRA PEN INJECTABLE 80/0.8ML QL 2 milliliter(s) 28 day(s)	5	QL; PA	ORENCIA INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE CD/UC/HS QL 6 each per 28 day(s)	5	QL; PA	ORENCIA INJECTABLE 50/0.4ML QL 1.60 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE PS/UV QL 4 each per 28 day(s)	5	QL; PA	ORENCIA INJECTABLE 87.5/0.7 QL 2.80 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT CD/UC/HS QL 3 each per 28 day(s)	5	QL; PA	ORENCIA CLCK INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN KIT PED UC QL 4 each per 28 day(s)	5	QL; PA	OTEZLA TABLET 10/20/30 QL 55 each per 30 day(s)	5	QL; PA
HUMIRA PEN KIT PS/UV QL 3 each per 28 day(s)	5	QL; PA	OTEZLA TABLET 30MG QL 60 each per 30 day(s)	5	QL; PA
			RINVOQ TABLET 15MG ER QL 30 each per 30 day(s)	5	QL; PA
			RINVOQ TABLET 30MG ER QL 30 each per 30 day(s)	5	QL; PA
			RINVOQ TABLET 45MG ER QL 56 each per 180 day(s)	5	QL; PA
			STELARA INJECTABLE 45MG/0.5 QL 2 each per 28 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits
STELARA INJECTABLE 45MG/0.5	5	QL; PA
QL 2 each per 84 day(s)		
STELARA INJECTABLE 90MG/ML	5	QL; PA
QL 2 milliliter(s) 84 day(s)		
XELJANZ SOLUTION 1MG/ML	5	QL; PA
QL 600 milliliter(s) 30 day(s)		
XELJANZ TABLET 10MG	5	QL; PA
QL 60 each per 30 day(s)		
XELJANZ TABLET 5MG	5	QL; PA
QL 60 each per 30 day(s)		
XELJANZ XR TABLET 11MG	5	QL; PA
QL 30 each per 30 day(s)		
XELJANZ XR TABLET 22MG	5	QL; PA
QL 30 each per 30 day(s)		
IMMUNOMODULATORY AGENTS		
ACTIMMUNE INJECTABLE	5	PA
2MU/0.5		
AVONEX PEN KIT 30MCG	5	QL; PA
QL 4 each per 30 day(s)		
AVONEX PREFL KIT 30MCG	5	QL; PA
QL 4 each per 30 day(s)		
BESREMI SOLUTION 500MCG	5	QL; PA
QL 2 each per 28 day(s)		
<i>dimethyl fum capsule 120mg dr</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>dimethyl fum capsule 240mg dr</i>	2	QL; PA
QL 60 each per 30 day(s)		
<i>dimethyl fum mis starter</i>	2	QL; PA
QL 60 each per 30 day(s)		
EXTAVIA INJECTABLE 0.3MG	5	QL; PA
QL 28 each per 30 day(s)		
GILENYA CAPSULE 0.5MG	5	QL; PA
QL 30 each per 30 day(s)		
<i>glatiramer injectable 20mg/ml</i>	2	QL; PA
QL 30 milliliter(s) 30 day(s)		
<i>glatiramer injectable 40mg/ml</i>	2	QL; PA
QL 30 milliliter(s) 30 day(s)		

Drug	Tier	Requirements /Limits
<i>glatopa injectable 20mg/ml</i>	2	QL; PA
QL 30 milliliter(s) 30 day(s)		
<i>glatopa injectable 40mg/ml</i>	2	QL; PA
QL 30 milliliter(s) 30 day(s)		
PLEGRIDY INJECTABLE	5	QL; PA
QL 2 each per 30 day(s)		
PLEGRIDY INJECTABLE PEN	5	QL; PA
QL 2 each per 30 day(s)		
THALOMID CAPSULE 100MG	5	QL
QL 30 each per 30 day(s)		
THALOMID CAPSULE 150MG	5	QL
QL 60 each per 30 day(s)		
THALOMID CAPSULE 200MG	5	QL
QL 30 each per 30 day(s)		
THALOMID CAPSULE 50MG	5	QL
QL 30 each per 30 day(s)		
ZEPOSIA CAPSULE .92MG	5	QL; PA
QL 30 each per 30 day(s)		
ZEPOSIA CAPSULE STR KIT	5	QL; PA
QL 37 each per 180 day(s)		
ZEPOSIA 7DAY CAPSULE STR	5	QL; PA
PACK		
QL 7 each per 180 day(s)		
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAPSULE 0.5MG	4	BvsD
ASTAGRAF XL CAPSULE 1MG	4	BvsD
ASTAGRAF XL CAPSULE 5MG	4	BvsD
<i>azathioprine tablet 100mg</i>	1	BvsD
<i>azathioprine tablet 50mg</i>	1	BvsD
<i>azathioprine tablet 75mg</i>	1	BvsD
BENLYSTA INJECTABLE	5	PA
200MG/ML		
BENLYSTA INJECTABLE	5	PA
200MG/ML		
<i>cyclosporine capsule 100mg</i>	2	BvsD
<i>cyclosporine capsule 100mg</i>	2	BvsD
<i>md</i>		

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Drug	Tier	Requirements /Limits
<i>cyclosporine capsule 25mg</i>	2	BvsD
<i>cyclosporine capsule 25mg mod</i>	2	BvsD
<i>cyclosporine capsule 50mg mod</i>	2	BvsD
<i>cyclosporine solution modified</i>	2	BvsD
ENSPRYNG INJECTABLE	5	QL; PA
QL 7 each per 168 day(s)		
<i>gengraf capsule 100mg</i>	2	BvsD
<i>gengraf capsule 25mg</i>	2	BvsD
<i>gengraf solution 100mg/ml</i>	2	BvsD
LUPKYNIS CAPSULE 7.9MG	5	QL; PA
QL 180 each per 30 day(s)		
MAVENCLAD PACKET 10MG(10)	5	QL; PA
QL 40 each per 365 day(s)		
MAVENCLAD PACKET 10MG(4)	5	QL; PA
QL 16 each per 365 day(s)		
MAVENCLAD PACKET 10MG(5)	5	QL; PA
QL 20 each per 365 day(s)		
MAVENCLAD PACKET 10MG(6)	5	QL; PA
QL 24 each per 365 day(s)		
MAVENCLAD PACKET 10MG(7)	5	QL; PA
QL 28 each per 365 day(s)		
MAVENCLAD PACKET 10MG(8)	5	QL; PA
QL 32 each per 365 day(s)		
MAVENCLAD PACKET 10MG(9)	5	QL; PA
QL 36 each per 365 day(s)		
<i>mycophenolat capsule 250mg</i>	1	BvsD
<i>mycophenolat suspension 200mg/ml</i>	2	BvsD
<i>mycophenolat tablet 500mg</i>	1	BvsD
<i>mycophenolic tablet 180mg dr</i>	2	QL; BvsD
QL 240 each per 30 day(s)		
<i>mycophenolic tablet 360mg dr</i>	2	QL; BvsD
QL 120 each per 30 day(s)		
REZUROCK TABLET 200MG	5	QL; PA
QL 30 each per 30 day(s)		
SANDIMMUNE SOLUTION	3	BvsD
100MG/ML		

Drug	Tier	Requirements /Limits
<i>sirolimus solution 1mg/ml</i>	2	BvsD
<i>sirolimus tablet 0.5mg</i>	2	BvsD
<i>sirolimus tablet 1mg</i>	2	BvsD
<i>sirolimus tablet 2mg</i>	2	BvsD
<i>tacrolimus capsule 0.5mg</i>	1	BvsD
<i>tacrolimus capsule 1mg</i>	1	BvsD
<i>tacrolimus capsule 5mg</i>	1	BvsD
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST INJECTABLE 220MG	5	PA
<i>betaine anhy pow</i>	5	QL
QL 180 each per 30 day(s)		
CERDELGA CAPSULE 84MG	5	QL; PA
QL 60 each per 30 day(s)		
CYSTADANE POW	4	
CYSTAGON CAPSULE 150MG	4	PA
CYSTAGON CAPSULE 50MG	4	PA
<i>dalfampridin tablet 10mg er</i>	2	QL
QL 60 each per 30 day(s)		
ENDARI POW 5GM	5	QL; PA
QL 180 each per 30 day(s)		
EVRYSDI SOLUTION	5	QL; PA
QL 201 each per 30 day(s)		
FIRDAPSE TABLET 10MG	5	QL; PA
QL 240 each per 30 day(s)		
GALAFOLD CAPSULE 123MG	5	QL; PA
QL 14 each per 28 day(s)		
ISTURISA TABLET 10MG	5	QL; PA
QL 180 each per 30 day(s)		
ISTURISA TABLET 1MG	5	QL; PA
QL 240 each per 30 day(s)		
ISTURISA TABLET 5MG	5	QL; PA
QL 60 each per 30 day(s)		
KORLYM TABLET 300MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>metirosine capsule 250mg</i>	2	ST
<i>miglustat capsule 100mg</i>	5	QL; PA
QL 90 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>nitisinone capsule 10mg</i> QL 600 each per 30 day(s)	2	QL; PA	VOXZOGO INJECTABLE 1.2MG QL 30 each per 30 day(s)	5	QL; PA
<i>nitisinone capsule 2mg</i> QL 600 each per 30 day(s)	2	QL; PA	PROTECTIVE AGENTS		
<i>nitisinone capsule 5mg</i> QL 600 each per 30 day(s)	2	QL; PA	ELMIRON CAPSULE 100MG	4	
NITYR TABLET 10MG QL 600 each per 30 day(s)	5	QL; PA	MESNEX TABLET 400MG	5	
NITYR TABLET 2MG QL 600 each per 30 day(s)	5	QL; PA	RESPIRATORY TRACT AGENTS		
NITYR TABLET 5MG QL 600 each per 30 day(s)	5	QL; PA	ANTIFIBROTIC AGENTS		
ORFADIN CAPSULE 20MG QL 600 each per 30 day(s)	5	QL; PA	ESBRIET CAPSULE 267MG QL 270 each per 30 day(s)	5	QL; PA
ORFADIN SUSPENSION 4MG/ML QL 1500 milliliter(s) 30 day(s)	5	QL; PA	ESBRIET TABLET 267MG QL 270 each per 30 day(s)	5	QL; PA
PYRUKYND TABLET 20MG QL 56 each per 28 day(s)	5	QL; PA	ESBRIET TABLET 801MG QL 90 each per 30 day(s)	5	QL; PA
PYRUKYND TABLET 20MGX5MG QL 56 each per 28 day(s)	5	QL; PA	OFEV CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
PYRUKYND TABLET 50MG QL 56 each per 28 day(s)	5	QL; PA	OFEV CAPSULE 150MG QL 60 each per 30 day(s)	5	QL; PA
PYRUKYND TABLET 50MGX20M QL 56 each per 28 day(s)	5	QL; PA	ANTI-INFLAMMATORY AGENTS		
PYRUKYND TABLET 5MG QL 56 each per 28 day(s)	5	QL; PA	<i>cromolyn sod con 100/5ml</i>	2	PA
PYRUKYND TABLET 5MG TP QL 56 each per 28 day(s)	5	QL; PA	<i>cromolyn sod solution 4% op</i>	2	
<i>sapropterin pow 100mg</i>	2	PA	FASENRA INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
<i>sapropterin pow 500mg</i>	2	PA	FASENRA PEN INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
<i>sapropterin tablet 100mg</i>	2	PA	<i>montelukast chw 4mg</i> QL 60 each per 30 day(s)	1	QL
TYBOST TABLET 150MG QL 30 each per 30 day(s)	3	QL; NM	<i>montelukast chw 5mg</i> QL 60 each per 30 day(s)	1	QL
VOXZOGO INJECTABLE 0.4MG QL 30 each per 30 day(s)	5	QL; PA	<i>montelukast gra 4mg</i> QL 30 each per 30 day(s)	1	QL
VOXZOGO INJECTABLE 0.56MG QL 30 each per 30 day(s)	5	QL; PA	<i>montelukast tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
			NUCALA INJECTABLE 100MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
NUCALA INJECTABLE 100MG/ML	5	QL; PA	PHOSPHODIESTERASE TYPE 4 INHIBITORS		
QL 3 milliliter(s) 28 day(s)			DALIRESP TABLET 250MCG	3	QL
<i>zafirlukast tablet 10mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			DALIRESP TABLET 500MCG	3	QL
<i>zafirlukast tablet 20mg</i>	1	QL	QL 30 each per 30 day(s)		
QL 60 each per 30 day(s)			RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)			ARALASTNP INJECTABLE	5	PA
<i>azel/flutic spr 137-50</i>	2	QL	1000MG		
QL 23 each per 30 day(s)			GLASSIA INJECTABLE	5	PA
<i>cromolyn sod neb 20mg/2ml</i>	2	BvsD	PROLASTIN-C INJECTABLE	5	PA
XHANCE MIS 93MCG	4	PA	1000MG		
CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR MODULATORS			TRIKAFTA TABLET	5	QL; PA
KALYDECO PACKET 25MG	5	QL; PA	QL 90 each per 30 day(s)		
QL 60 each per 30 day(s)			XOLAIR INJECTABLE	5	PA
KALYDECO PACKET 50MG	5	QL; PA	150MG/ML		
QL 60 each per 30 day(s)			XOLAIR INJECTABLE 75/0.5	5	PA
KALYDECO PACKET 75MG	5	QL; PA	XOLAIR SOLUTION 150MG	5	PA
QL 60 each per 30 day(s)			ZEMAIRA INJECTABLE 1000MG	5	PA
KALYDECO TABLET 150MG	5	PA	VASODILATING AGENTS		
ORKAMBI GRA 100-125	5	QL; PA	ADEMPAS TABLET 0.5MG	5	QL; PA
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
ORKAMBI GRA 150-188	5	QL; PA	ADEMPAS TABLET 1.5MG	5	QL; PA
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
ORKAMBI TABLET 100-125	5	QL; PA	ADEMPAS TABLET 1MG	5	QL; PA
QL 112 each per 28 day(s)			QL 90 each per 30 day(s)		
ORKAMBI TABLET 200-125	5	QL; PA	ADEMPAS TABLET 2.5MG	5	QL; PA
QL 112 each per 28 day(s)			QL 90 each per 30 day(s)		
SYMDEKO TABLET 100-150	5	QL; PA	ADEMPAS TABLET 2MG	5	QL; PA
QL 60 each per 30 day(s)			QL 90 each per 30 day(s)		
SYMDEKO TABLET 50-75MG	5	QL; PA	<i>ambrisentan tablet 10mg</i>	2	QL; PA; LA
QL 60 each per 30 day(s)			QL 30 each per 30 day(s)		
TRIKAFTA TABLET	5	QL; PA	<i>ambrisentan tablet 5mg</i>	2	QL; PA; LA
QL 90 each per 30 day(s)			QL 30 each per 30 day(s)		
MUCOLYTIC AGENTS			<i>bosentan tablet 125mg</i>	2	QL; PA
PULMOZYME SOLUTION 1MG/ML	5	QL; BvsD	QL 60 each per 30 day(s)		
QL 150 milliliter(s) 30 day(s)			<i>bosentan tablet 62.5mg</i>	2	QL; PA
			QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
OPSUMIT TABLET 10MG	5	QL; PA; LA	YF-VAX INJECTABLE	3	
QL 30 each per 30 day(s)			SKIN AND MUCOUS MEMBRANE AGENTS		
ORENITRAM TABLET 0.125MG	4	QL; PA	ANTI-INFECTIVES		
QL 300 each per 30 day(s)			<i>acyclovir oin 5%</i>	2	
ORENITRAM TABLET 0.25MG	5	QL; PA	<i>ciclopirox cre 0.77%</i>	2	
QL 300 each per 30 day(s)			<i>ciclopirox gel 0.77%</i>	2	
ORENITRAM TABLET 1MG	5	QL; PA	<i>ciclopirox sha 1%</i>	2	
QL 300 each per 30 day(s)			<i>ciclopirox solution 8%</i>	2	NM
ORENITRAM TABLET 2.5MG	5	QL; PA	<i>ciclopirox suspension 0.77%</i>	2	
QL 300 each per 30 day(s)			CLEOCIN SUP 100MG	3	
ORENITRAM TABLET 5MG	5	QL; PA	<i>clindam/benz gel 1.2-2.5%</i>	2	ST
QL 300 each per 30 day(s)			<i>clindamy/ben gel 1-5%</i>	2	ST
TRACLEER TABLET 32MG	5	QL; PA	<i>clindamy/ben gel 1.2-5%</i>	1	
QL 120 each per 30 day(s)			CLINDAMYCIN CRE 2% VAG	2	
UPTRAVI TABLET 1000MCG	5	QL; PA	CLINDAMYCIN GEL 1%	2	
QL 60 each per 30 day(s)			<i>clindamycin lot 1%</i>	2	
UPTRAVI TABLET 1200MCG	5	QL; PA	<i>clindamycin mis 1%</i>	2	
QL 60 each per 30 day(s)			<i>clindamycin solution 1%</i>	2	
UPTRAVI TABLET 1400MCG	5	QL; PA	<i>clotrim/beta cre diprop</i>	2	
QL 60 each per 30 day(s)			<i>clotrim/beta lot diprop</i>	2	
UPTRAVI TABLET 1600MCG	5	QL; PA	<i>clotrimazole cre 1%</i>	2	
QL 60 each per 30 day(s)			<i>clotrimazole solution 1%</i>	2	
UPTRAVI TABLET 200/800	5	QL; PA	<i>clotrimazole tro 10mg</i>	2	
QL 200 each per 30 day(s)			DENAVIR CRE 1%	4	
UPTRAVI TABLET 200MCG	5	QL; PA	<i>econazole cre 1%</i>	2	
QL 60 each per 30 day(s)			<i>ery pad 2%</i>	2	
UPTRAVI TABLET 400MCG	5	QL; PA	<i>ery/benzoyl gel 3-5%</i>	2	ST
QL 60 each per 30 day(s)			<i>erythromycin gel 2%</i>	2	
UPTRAVI TABLET 600MCG	5	QL; PA	<i>erythromycin solution 2%</i>	2	
QL 60 each per 30 day(s)			<i>gentamicin cre 0.1%</i>	2	
UPTRAVI TABLET 800MCG	5	QL; PA	<i>gentamicin oin 0.1%</i>	2	
QL 60 each per 30 day(s)			<i>ivermectin cre 1%</i>	2	QL; ST
VENTAVIS SOLUTION 10MCG/ML	5	PA	QL 45 each per 30 day(s)		
VENTAVIS SOLUTION 20MCG/ML	5	PA	<i>ketoconazole cre 2%</i>	2	
SERUMS, TOXOIDS, AND VACCINES			<i>ketoconazole sha 2%</i>	2	
VACCINES			<i>lindane sha 1%</i>	2	
MENQUADFI INJECTABLE	3		METRONIDAZOL CRE 0.75%	2	

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Drug	Tier	Requirements /Limits
<i>metronidazol gel 0.75%</i>	2	
<i>metronidazol gel 0.75%vag</i>	2	
<i>metronidazol gel 1%</i>	2	QL
QL 60 each per 30 day(s)		
METRONIDAZOL LOT 0.75%	2	
<i>miconazole 3 sup 200mg</i>	4	
<i>mupirocin cre 2%</i>	2	
<i>mupirocin oin 2%</i>	2	
<i>naftifine cre hcl 2%</i>	2	
<i>nyamyc pow 100000</i>	2	
<i>nystat/triam cre</i>	2	
<i>nystat/triam oin</i>	2	
<i>nystatin cre 100000</i>	1	
<i>nystatin oin 100000</i>	2	
<i>nystatin pow 100000</i>	2	
<i>nystop pow 100000</i>	2	
<i>oxiconazole cre nitrate</i>	2	
<i>permethrin cre 5%</i>	2	
SILVER SULFA CRE 1%	2	
SPINOSAD SUSPENSION 0.9%	4	
SSD CRE 1%	2	
<i>sulfacetamid lot 10%</i>	2	ST
<i>terconazole cre 0.4%</i>	2	
<i>terconazole cre 0.8%</i>	2	
<i>terconazole sup 80mg</i>	2	
VANDAZOLE GEL 0.75%	2	
ANTI-INFLAMMATORY AGENTS		
<i>ala-cort cre 2.5%</i>	2	
<i>alclometason cre 0.05%</i>	2	
<i>alclometason oin 0.05%</i>	2	
<i>amcinonide cre 0.1%</i>	2	
<i>amcinonide lot 0.1%</i>	2	
<i>amcinonide oin 0.1%</i>	2	
<i>aug betamet cre 0.05%</i>	2	
<i>aug betamet gel 0.05%</i>	2	
<i>aug betamet lot 0.05%</i>	2	
<i>aug betamet oin 0.05%</i>	2	

Drug	Tier	Requirements /Limits
<i>betameth dip cre 0.05%</i>	2	
<i>betameth dip lot 0.05%</i>	2	
<i>betameth dip oin 0.05%</i>	2	
<i>betameth val aer 0.12%</i>	2	
<i>betameth val cre 0.1%</i>	2	
BETAMETH VAL LOT 0.1%	2	
BETAMETH VAL OIN 0.1%	2	
CALCIP/BETAM SUSPENSION	2	
<i>calcipotrien oin betameth</i>	2	
CAPEX SHA 0.01%	4	ST
<i>clobetasol aer 0.05%</i>	2	
<i>clobetasol gel 0.05%</i>	2	
<i>clobetasol lot 0.05%</i>	2	
<i>clobetasol oin 0.05%</i>	2	
<i>clobetasol sha 0.05%</i>	2	
<i>clobetasol solution 0.05%</i>	2	
<i>clobetasol spr 0.05%</i>	2	QL
QL 125 each per 14 day(s)		
<i>clobetasol e cre 0.05%</i>	2	
<i>desonide cre 0.05%</i>	2	
<i>desonide gel 0.05%</i>	2	
<i>desonide lot 0.05%</i>	2	
<i>desonide oin 0.05%</i>	2	
<i>desoximetas cre 0.05%</i>	2	
<i>desoximetas cre 0.25%</i>	2	
<i>desoximetas gel 0.05%</i>	2	
<i>desoximetas oin 0.05%</i>	2	
<i>desoximetas oin 0.25%</i>	2	
<i>desoximetaso spr 0.25%</i>	2	
<i>diclofenac gel 1%</i>	2	QL
QL 1000 each per 30 day(s)		
<i>diclofenac gel 3%</i>	2	
<i>diclofenac solution 1.5%</i>	1	QL
QL 450 each per 30 day(s)		
<i>diflorasone cre 0.05%</i>	2	
<i>diflorasone oin 0.05%</i>	2	
ENSTILAR AER	4	

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Drug	Tier	Requirements /Limits
EUCRISA OIN 2%	3	QL
<u>QL 60 each per 30 day(s)</u>		
<i>fluocin acet cre 0.01%</i>	2	
<i>fluocin acet cre 0.025%</i>	2	
<i>fluocin acet oil 0.01% sc</i>	2	
<i>fluocin acet oin 0.025%</i>	2	
<i>fluocin acet solution 0.01%</i>	2	
<i>fluocinonide cre 0.05%</i>	2	
<i>fluocinonide cre 0.1%</i>	2	
<i>fluocinonide cre e 0.05%</i>	2	
FLUOCINONIDE GEL 0.05%	2	
<i>fluocinonide oin 0.05%</i>	2	
<i>fluocinonide solution 0.05%</i>	2	
<i>fluticasone cre 0.05%</i>	2	
<i>fluticasone lot 0.05%</i>	2	
<i>fluticasone oin 0.005%</i>	2	
<i>halobetasol cre 0.05%</i>	2	
<i>halobetasol oin 0.05%</i>	2	
<i>hc butyrate cre 0.1%</i>	1	
HC BUTYRATE OIN 0.1%	1	
<i>hc butyrate solution 0.1%</i>	2	
<i>hc valerate oin 0.2%</i>	2	
<i>hydrocort cre 1%</i>	1	
HYDROCORT ENE 100MG	2	
<i>hydrocort lot 2.5%</i>	2	
<i>hydrocort oin 1%</i>	1	
<i>hydrocort oin 2.5%</i>	2	
<i>hydrocortiso cre 2.5%</i>	2	
<i>hydrocortiso lot 0.1%</i>	2	
<i>mometasone cre 0.1%</i>	2	
<i>mometasone oin 0.1%</i>	2	
<i>mometasone solution 0.1%</i>	2	
<i>prednicarbat oin 0.1%</i>	2	
<i>procto-med cre hc 2.5%</i>	2	
<i>procto-pak cre 1%</i>	2	
<i>proctosol hc cre 2.5%</i>	2	
<i>proctozone cre -hc 2.5%</i>	2	

Drug	Tier	Requirements /Limits
<i>temovate cre 0.05%</i>	2	
<i>triamcinolon aer spray</i>	2	
<i>triamcinolon cre 0.025%</i>	1	
<i>triamcinolon cre 0.1%</i>	1	
<i>triamcinolon cre 0.5%</i>	1	
<i>triamcinolon lot 0.025%</i>	1	
<i>triamcinolon lot 0.1%</i>	1	
<i>triamcinolon oin 0.025%</i>	1	
<i>triamcinolon oin 0.1%</i>	1	
<i>triamcinolon oin 0.5%</i>	1	
<i>triderm cre 0.5%</i>	1	
<i>tritocin oin 0.05%</i>	3	
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>hc pramoxine cre 1-1%</i>	2	
<i>lidocaine oin 5%</i>	2	
<i>lidocaine pad 5%</i>	2	PA
<i>lidocaine solution 2% visc</i>	2	
<i>lidocaine solution 4%</i>	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOT 0.05%	4	QL
<u>QL 45 each per 30 day(s)</u>		
AVITA CRE 0.025%	2	
AVITA GEL 0.025%	2	
<i>tretinoin cre 0.025%</i>	1	
<i>tretinoin cre 0.05%</i>	1	
<i>tretinoin cre 0.1%</i>	1	
<i>tretinoin gel 0.01%</i>	1	
<i>tretinoin gel 0.025%</i>	1	
TRETINOIN GEL 0.04%	2	ST
TRETINOIN GEL 0.05%	2	ST
TRETINOIN GEL 0.1%	2	ST
DEPIGMENTING AND PIGMENTING AGENTS		
<i>methoxsalen capsule 10mg</i>	5	
KERATOLYTIC AGENTS		
<i>adapal/ben p gel 0.1-2.5%</i>	2	ST
<i>ammonium lac cre 12%</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
PANRETIN GEL 0.1%	5	QL; PA
<u>QL 60 each per 30 day(s)</u>		

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Drug	Tier	Requirements /Limits
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acutane capsule 10mg</i>	2	
<i>acutane capsule 20mg</i>	2	
<i>acutane capsule 30mg</i>	2	
<i>acutane capsule 40mg</i>	2	
<i>acitretin capsule 10mg</i> QL 60 each per 30 day(s)	2	QL
<i>acitretin capsule 17.5mg</i> QL 60 each per 30 day(s)	2	QL
<i>acitretin capsule 25mg</i> QL 60 each per 30 day(s)	2	QL
ADAPALENE CRE 0.1%	2	ST
<i>adapalene gel 0.3%</i>	2	ST
ADBRY INJECTABLE 150MG/ML QL 6 milliliter(s) 28 day(s)	5	QL; PA
<i>amnesteem capsule 10mg</i>	2	
<i>amnesteem capsule 20mg</i>	2	
<i>amnesteem capsule 40mg</i>	2	
<i>azelaic acid gel 15%</i> QL 50 each per 30 day(s)	2	QL
AZELEX CRE 20%	4	ST
<i>calcipotrien cre 0.005%</i>	2	
<i>calcipotrien oin 0.005%</i>	2	
<i>calcipotrien solution 0.005%</i>	2	
CIBINQO TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA
CIBINQO TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
CIBINQO TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA
<i>claravis capsule 10mg</i>	2	
<i>claravis capsule 20mg</i>	2	
<i>claravis capsule 30mg</i>	2	
<i>claravis capsule 40mg</i>	2	
COSENTYX INJECTABLE 300DOSE QL 2 each per 28 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
COSENTYX INJECTABLE 75MG/0.5 QL 2.50 each per 28 day(s)	5	QL; PA
COSENTYX PEN INJECTABLE 300DOSE QL 2 each per 28 day(s)	5	QL; PA
DAPSONE GEL 5%	2	ST
DUPIXENT INJECTABLE 100/0.67 QL 1.34 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 200/1.14 QL 3.42 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 200MG QL 3.42 each per 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 300/2ML QL 6 milliliter(s) 28 day(s)	5	QL; PA
DUPIXENT INJECTABLE 300/2ML QL 6 milliliter(s) 28 day(s)	5	QL; PA
FINACEA AER 15%	4	
<i>finasteride tablet 5mg</i> QL 30 each per 30 day(s)	1	QL
<i>fluorouracil cre 5%</i>	2	
<i>fluorouracil solution 2%</i>	2	
<i>fluorouracil solution 5%</i>	2	
ILUMYA SOLUTION 100MG/ML	5	PA
<i>imiquimod cre 5%</i>	2	
<i>isotretinoin capsule 10mg</i>	2	
<i>isotretinoin capsule 20mg</i>	2	
<i>isotretinoin capsule 30mg</i>	2	
<i>isotretinoin capsule 40mg</i>	2	
<i>myorisan capsule 10mg</i>	2	
<i>myorisan capsule 20mg</i>	2	
<i>myorisan capsule 30mg</i>	2	

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Drug	Tier	Requirements /Limits	Drug	Tier	Requirements /Limits
<i>myorisan capsule 40mg</i>	2		<i>flavoxate tablet 100mg</i>	2	
PIMECROLIMUS CRE 1%	2	ST	GELNIQUE GEL 10%	4	QL; ST
PODOFILOX SOLUTION 0.5%	2		QL 30 each per 30 day(s)		
QBREXZA PAD 2.4%	4	QL; PA	GEMTESA TABLET 75MG	4	QL; ST
QL 30 each per 30 day(s)			QL 30 each per 30 day(s)		
RHOFADE CRE 1%	4	QL	MYRBETRIQ SUSPENSION 8MG/ML	3	QL
QL 30 each per 30 day(s)			QL 300 milliliter(s) 30 day(s)		
SANTYL OIN 250/GM	4		MYRBETRIQ TABLET 25MG	3	QL
TACROLIMUS OIN 0.03%	2	QL	QL 30 each per 30 day(s)		
QL 100 each per 30 day(s)			MYRBETRIQ TABLET 50MG	3	QL
<i>tacrolimus oin 0.1%</i>	2	QL	QL 30 each per 30 day(s)		
QL 100 each per 30 day(s)			<i>oxybutynin syrup 5mg/5ml</i>	1	QL
<i>tazarotene cre 0.1%</i>	2	ST	QL 473 milliliter(s) 23 day(s)		
TAZORAC CRE 0.05%	4	ST	<i>oxybutynin tablet 10mg er</i>	1	QL
TAZORAC GEL 0.05%	4		QL 60 each per 30 day(s)		
TAZORAC GEL 0.1%	4		<i>oxybutynin tablet 15mg er</i>	1	QL
VALCHLOR GEL 0.016%	5	QL; PA	QL 60 each per 30 day(s)		
QL 120 each per 30 day(s)			<i>oxybutynin tablet 5mg</i>	1	QL
<i>zenatane capsule 10mg</i>	2		QL 120 each per 30 day(s)		
<i>zenatane capsule 20mg</i>	2		<i>oxybutynin tablet 5mg er</i>	1	QL
<i>zenatane capsule 30mg</i>	2		QL 60 each per 30 day(s)		
<i>zenatane capsule 40mg</i>	2		<i>solifenacin tablet 10mg</i>	1	QL
SKIN AND MUCOUS MEMBRANE PREP RATIONS			QL 30 each per 30 day(s)		
SKIN AND MUCOUS MEMBRANE AGENTS, MISC			<i>solifenacin tablet 5mg</i>	1	QL
SKYRIZI INJECTABLE 150DOSE	5	QL; PA	QL 30 each per 30 day(s)		
QL 2 each per 30 day(s)			<i>tolterodine capsule 2mg er</i>	2	QL
SKYRIZI INJECTABLE 150MG/ML	5	QL; PA	QL 30 each per 30 day(s)		
QL 2 milliliter(s) 28 day(s)			<i>tolterodine capsule 4mg er</i>	2	QL
SKYRIZI PEN INJECTABLE 150MG/ML	5	QL; PA	QL 30 each per 30 day(s)		
QL 2 milliliter(s) 28 day(s)			TOLTERODINE TABLET 1MG	1	QL
TARGRETIN GEL 1%	5	PA	QL 60 each per 30 day(s)		
SMOOTH MUSCLE RELAXANTS			TOLTERODINE TABLET 2MG	1	QL
GENITOURINARY SMOOTH MUSCLE RELAXANTS			QL 60 each per 30 day(s)		
<i>darifenacin tablet 15mg</i>	2	QL	<i>trospium chl capsule 60mg er</i>	2	QL
QL 30 each per 30 day(s)			QL 30 each per 30 day(s)		
<i>darifenacin tablet 7.5mg</i>	2	QL	<i>trospium cl tablet 20mg</i>	1	QL
QL 30 each per 30 day(s)			QL 60 each per 30 day(s)		

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Drug	Tier	Requirements /Limits
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
<i>theophylline tablet 300mg er</i>	2	
<i>theophylline tablet 400mg er</i>	2	
<i>theophylline tablet 600mg er</i>	2	
SUPPLIES		
SUPPLIES		
GAUZE PADS & DRESSINGS - PADS 2 X 2	2	QL
QL 100 each per 30 day(s)		
INSULIN PEN NEEDLE	2	QL
QL 200 each per 30 day(s)		
INSULIN SYRINGE (DISP) U-100 0.3ML	2	QL
QL 200 milliliter(s) 30 day(s)		
INSULIN SYRINGE (DISP) U-100 1ML	2	QL
QL 200 milliliter(s) 30 day(s)		
INSULIN SYRINGE (DISP) U-100 1/2ML	2	QL
QL 200 milliliter(s) 30 day(s)		
ISOPROPYL ALCOHOL 0.7ML/ML MEDICATED PAD	2	
NEEDLES, INSULIN DISP., SAFETY	2	QL
QL 200 each per 30 day(s)		
VITAMINS		
VITAMIN B COMPLEX		
<i>niacin er tablet 1000mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>niacin er tablet 500mg</i>	1	QL
QL 120 each per 30 day(s)		
<i>niacin er tablet 750mg</i>	1	QL
QL 120 each per 30 day(s)		
VITAMIN D		
<i>calcitriol capsule 0.25mcg</i>	1	
<i>calcitriol capsule 0.5mcg</i>	1	
CALCITRIOL OIN 3MCG/GM	2	
<i>calcitriol solution 1mcg/ml</i>	2	

Drug	Tier	Requirements /Limits
DOXERCALCIF CAPSULE 0.5MCG	2	
DOXERCALCIF CAPSULE 1MCG	2	
DOXERCALCIF CAPSULE 2.5MCG	2	
PARICALCITOL CAPSULE 1 MCG	2	
PARICALCITOL CAPSULE 2 MCG	2	
<i>paricalcitol capsule 4 mcg</i>	2	
VITAMINS		
PRENATAL VITAMIN WITH MINERALS AND FOLIC ACID GREATER THAN 0.8MG ORAL TABLET	3	
SODIUM FLUORIDE 2.2MG (FLUORIDE ION 1MG) ORAL TABLET	2	

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Index

abaca/lamivu tablet.....	6	alendronate tablet.....	74	amoxicillin suspension	1
abacav/lamiv tablet		alfuzosin tablet	19	amoxicillin tablet.....	1
/zidovud.....	6	ALISKIREN.....	29	amox-pot cla tablet er	1
abacavir solution	6	allopurinol tablet	73	AMPHET/DEXTR.....	35
abacavir tablet.....	6	ALOCRI.....	57	amphet/dextr capsule.....	35
ABILIFY	48	ALOG/PIOGLIT	64	amphet/dextr tablet.....	35,36
abiraterone tablet	10	ALOGLIPTIN	64	amphotericin injectable.....	5
acampro cal tablet	47	ALOGLIPTIN/	65	ampicillin capsule	1
acarbose tablet.....	64	ALOMIDE	57	ampicillin injectable.....	1
accutane capsule	83	ALPHAGAN	58	amp-sulbacta injectable	1
acebutolol capsule	25	alprazolam con.....	45	anagrelide capsule.....	20
acetazolamid capsule.....	57	alprazolam tablet.....	45	anastrozole tablet.....	69
acetazolamid tablet	58	ALREX	59	apap/codeine tablet.....	31
ACETIC	60	ALTOPREV	23	APLENZIN	48
acetylcyst solution.....	73	ALTRENO	82	APOKYN	43
acitretin capsule	83	ALUNBRIG	10	apomorphine injectable	43
ACTEMRA.....	74	amabelz tablet	67	apraclonidin solution.....	60
ACTHIB.....	17	amantadine capsule.....	45	aprepitant capsule.....	60
ACTIMMUNE.....	76	amantadine solution.....	45	aprepitant packet	60
acyclovir capsule.....	6	amantadine tablet	45	apri tablet	67
acyclovir na injectable.....	6	AMBISOME.....	5	APTIOM.....	37
acyclovir oin	80	ambrisentan tablet	79	APTIVUS	6
acyclovir suspension	6	amcinonide cre.....	81	ARALAST	79
acyclovir tablet	6	amcinonide lot.....	81	aranelle tablet	67
ADACEL	17	amcinonide oin.....	81	ARANESP	21,22
adapal/ben p gel.....	82	amethia tablet	67	ARCALYST.....	77
ADAPALENE	83	amikacin injectable.....	1	arformoterol neb.....	19
adapalene gel	83	amilor/hctz tablet.....	55	ARIKAYCE	1
ADBRY.....	83	AMILORIDE.....	55	aripiprazole solution.....	48
adefov dipiv tablet	6	amiodarone tablet	28	aripiprazole tablet	48
ADEMPAS.....	79	amitriptylin tablet	48	ARISTADA.....	48
AIMOVIG.....	42	amlod/atorva tablet.....	23	ARMODAFINIL.....	36
AJOVY	42	amlod/benazp capsule.....	26	armodafinil tablet.....	36
ala-cort cre.....	81	amlod/olmesa tablet	26	ARNUITY	59
albendazole tablet.....	1	amlod/valsar tablet.....	26	asa/dipyrida capsule.....	30
ALBUTEROL.....	19	amlodipine tablet.....	27	ascomp/cod capsule	31
albuterol aer hfa	19	ammonium lac cre.....	82	ASENAPINE	48
albuterol neb	19	amnesteem capsule	83	asenapine sub.....	48
albuterol syrup.....	19	amox/k clav chw	1	ASMANEX.....	63
albuterol tablet.....	19	amox/k clav suspension.....	1	ASTAGRAF.....	76
alclometason cre	81	amox/k clav tablet	1	atazanavir capsule	6
alclometason oin	81	amoxapine tablet.....	48	atenol/chlor tablet	25
ALDACTAZIDE.....	29	amoxicillin capsule	1	atenolol tablet.....	25
ALECENSA	10	amoxicillin chw	1	atomoxetine capsule	47

Index

atorvastatin tablet.....	23	BESIVANCE	58	BUMETANIDE.....	55
atovaq/progu tablet.....	6	BESREMI.....	76	bupren/nalox mis	31
atovaquone suspension.....	6	betaine anhy pow	77	bupren/nalox sub	31
ATROVENT	17	BETAMETH	81	BUPRENORPHIN.....	31
aug betamet cre	81	betameth dip cre	81	buprenorphin dis.....	31
aug betamet gel.....	81	betameth dip lot	81	buprenorphin sub.....	31,32
aug betamet lot.....	81	betameth dip oin	81	bupropion tablet.....	49
aug betamet oin	81	betameth val aer.....	81	BUPROPN.....	49
AURYXIA	56	betameth val cre.....	81	bupropn hcl tablet.....	49
aviane tablet.....	67	BETAXOLOL	58	bupirone tablet	45
AVITA.....	82	betaxolol tablet.....	25	but/apap/caf capsule	32
AVONEX.....	76	bethanechol tablet	18	but/apap/caf capsule	
AYVAKIT	10	BETOPTIC-S.....	58	codeine	32
AZASITE.....	58	BEVESPI	18	but/apap/caf tablet	32
azathioprine tablet.....	76	BEXAROTENE.....	10	but/asa/caf/ capsule	
azel/flutic spr.....	79	BEXSERO	17	codeine	32
azelaic acid gel.....	83	bicalutamide tablet.....	10	but/asa/caff capsule.....	32
azelastine dro	57	BICILLIN	2	butorphanol solution.....	32
azelastine spr.....	57	BIKTARVY	6	BYDUREON.....	65
AZELEX.....	83	bimatoprost solution	58	BYETTA.....	65
AZITHROMYCIN	1	bisoprl/hctz tablet	25	cabergoline tablet	43
azithromycin injectable	1	bisoprol fum tablet	25	CABLIVI	20
azithromycin tablet	1,2	BIVIGAM.....	16	CABOMETYX	10
aztreonam injectable.....	2	blephamide oin s.o.p.....	58	CALC.....	56
bacit/polomy oin op	58	blisovi fe tablet.....	67	CALCIP/BETAM.....	81
bacitracin oin op.....	58	BOOSTRIX.....	17	calcipotrien cre	83
baclofen tablet	19	bosentan tablet	79	calcipotrien oin.....	83
balsalazide capsule.....	60	BOSULIF.....	10	calcipotrien oin betameth	81
BALVERSA	10	BRAFTOVI	10	calcipotrien solution.....	83
balziva tablet	67	BREZTRI	18	calcitonin spr.....	70
BAQSIMI	67	briellyn tablet.....	67	CALCITRIOL	85
BARACLUDGE	6	BRILINTA	20	calcitriol capsule	85
BAXDELA	2	brimo/timolo solution.....	58	calcitriol solution	85
BCG.....	17	brimonidine solution.....	58	CALQUENCE	10
BECONASE	59	brinzolamide suspension.....	58	CAMBIA.....	32
BELBUCA.....	31	BRIVIACT	37	camila tablet.....	67
BELSOMRA.....	45	bromfenac solution.....	59	candesa/hctz tablet.....	29
BENAZEP/HCTZ	29	bromocriptin capsule.....	43	CANDESARTAN.....	29
benazep/hctz tablet	29	bromocriptin tablet	43	candesartan tablet	29
benazepril tablet	29	BRUKINSA.....	10	CAPEX	81
BENLYSTA	76	BUDES/FORMOT	19	CAPLYTA.....	49
BENZNIDAZOLE	6	budesonide capsule	63	CAPRELSA.....	10
benztropine tablet.....	43	budesonide suspension	63	captopril tablet.....	29
BEPOTASTINE.....	57	budesonide tablet er.....	60	carb/levo.....	44

Index

carb/levo er tablet.....	44	CHANTIX.....	18	clindamycin lot.....	80
carb/levo tablet.....	43,44	CHEMET.....	62	clindamycin mis.....	80
CARBAMAZEPIN.....	37	chenodal tablet.....	61	clindamycin solution.....	3,80
carbamazepin chw.....	38	chlorhex glu solution.....	58	CLINIMIX.....	55
carbamazepin suspension.....	38	chloroquine tablet.....	6	clinisol sf injectable.....	55
carbamazepin tablet.....	38	chlorpromaz tablet.....	49	clobazam suspension.....	38
carbidopa tablet.....	44	chlorpromazi con.....	49	clobazam tablet.....	38
carglumic tablet.....	55	chlorthalid tablet.....	55	clobetasol aer.....	81
carisoprodol tablet.....	19	CHOLBAM.....	62	clobetasol e cre.....	81
carteolol solution.....	25	cholestyram pow.....	23	clobetasol gel.....	81
cartia xt capsule.....	27	CIBINQO.....	83	clobetasol lot.....	81
CARVEDILOL.....	25	ciclopirox cre.....	80	clobetasol oin.....	81
carvedilol capsule.....	25	ciclopirox gel.....	80	clobetasol sha.....	81
carvedilol tablet.....	25	ciclopirox sha.....	80	clobetasol solution.....	81
casprofungin injectable.....	5	ciclopirox solution.....	80	clobetasol spr.....	81
CAYSTON.....	2	ciclopirox suspension.....	80	clomipramine capsule.....	49
cefaclor capsule.....	2	cilostazol tablet.....	20	clonazep odt tablet.....	38
cefaclor er tablet.....	2	CILOXAN.....	58	clonazepam tablet.....	38
cefadroxil capsule.....	2	CIMDUO.....	7	clonidine dis.....	28,29
cefadroxil suspension.....	2	cimetidine solution.....	61	clonidine tablet.....	29
cefadroxil tablet.....	2	cimetidine tablet.....	61	clopidogrel tablet.....	20
cefazolin injectable.....	2	CIMZIA.....	74	cloraz dipot tablet.....	46
cefdinir capsule.....	2	cinacalcet tablet.....	70	clotrim/beta cre diprop.....	80
cefdinir suspension.....	2	CIPRO.....	58	clotrim/beta lot diprop.....	80
cefepime injectable.....	2	CIPRO/DEXA.....	58	clotrimazole cre.....	80
cefixime capsule.....	2	CIPROFLOXACN.....	58	clotrimazole solution.....	80
cefixime suspension.....	2	ciprofloxacn injectable.....	2	clotrimazole tro.....	80
cefoxitin injectable.....	2	ciprofloxacn solution.....	58	clozapine tablet.....	49
cefepodo prox suspension.....	2	ciprofloxacn tablet.....	2	COARTEM.....	6
cefepodoxime tablet.....	2	CITALOPRAM.....	49	CODEINE.....	32
cefprozil suspension.....	2	citalopram solution.....	49	COLCHICINE.....	73,74
cefprozil tablet.....	2	citalopram tablet.....	49	COLESEVELAM.....	23
ceftazidime injectable.....	2	claravis capsule.....	83	colesevelam tablet.....	24
ceftriaxone injectable.....	2	CLARINEX-D.....	1	COLESTIPOL.....	24
cefuroxime injectable.....	2	clarithromyc suspension.....	2	colistimeth injectable.....	3
cefuroxime tablet.....	2	clarithromyc tablet.....	3	COMBIGAN.....	58
celecoxib capsule.....	32	CLENPIQ.....	61	COMBIVENT.....	18
CELONTIN.....	38	CLEOCIN.....	80	COMETRIQ.....	10
cephalexin capsule.....	2	clindam/benz gel.....	80	COMPLERA.....	7
cephalexin suspension.....	2	clindamy/ben gel.....	80	compro sup.....	49
cephalexin tablet.....	2	clindamy/d.....	3	constulose solution.....	55
CERDELGA.....	77	CLINDAMYCIN.....	80	COPIKTRA.....	10
cetirizine solution.....	1	clindamycin capsule.....	3	CORLANOR.....	28
CEVIMELINE.....	18	clindamycin injectable.....	3	COSENTYX.....	83

Index

COTELLIC.....	10	desloratadin tablet.....	1	DIGOXIN.....	28
CREON	62	desmopressin spr.....	70	digoxin tablet.....	28
CRINONE.....	71	desmopressin tablet	70	DIHYDROERGOT.....	19
cromolyn sod con	78	deso/ethinyl tablet estradio	67	dilantin capsule.....	38
cromolyn sod neb.....	79	desonide cre.....	81	dilantin chw	38
cromolyn sod solution.....	78	desonide gel.....	81	DILANTIN-125	38
cryselle.....	67	desonide lot.....	81	DILTIAZEM	27
cyclobenzapr tablet.....	19	desonide oin	81	diltiazem capsule	27
CYCLOPHOSPH.....	11	desoximetas cre.....	81	diltiazem tablet.....	27
cyclosporine capsule	76,77	desoximetas gel.....	81	dilt-xr capsule	27
cyclosporine emu	59	desoximetas oin.....	81	dimethyl fum capsule	76
cyclosporine solution		desoximetaso spr.....	81	dimethyl fum mis starter	76
modified	77	DESVENLAFAX	49	DIP/TET	17
cyproheptad syrup	1	desvenlafax tablet	49	DIPENTUM	61
cyproheptad tablet.....	1	dexameth pho solution.....	59	diphen/atrop liq.....	18
CYSTADANE	77	dexamethason elx.....	63	diphen/atrop tablet.....	18
CYSTADROPS.....	60	dexamethason tablet.....	63	disulfiram tablet	73
CYSTAGON	77	DEXILANT	61	DIURIL	55
CYSTARAN.....	60	DEXLANSOPRAZ	61	divalproex capsule.....	38
D10W/NACL.....	56	dexmethylph capsule.....	36	divalproex tablet.....	38
D2.5W/NACL.....	56	dexmethylphe capsule.....	36	dofetilide capsule	28
D5W/NACL.....	56	dexmethylphe capsule er	36	dolishale tablet	67
dalfampridin tablet.....	77	dextroamphet capsule.....	36	donepezil tablet.....	18
DALIRESP	79	DEXTROSE	55	DOPTELET	22
DALVANCE	3	DIACOMIT	38	dorzol/timol solution.....	58
danazol capsule	64	DIAZEPAM.....	46	dorzolamide solution.....	58
dantrolene capsule.....	19	diazepam con	46	dotti dis	69
DAPSONE.....	83	diazepam solution	46	DOVATO.....	7
dapsone tablet.....	5	diazepam tablet	46	doxazosin tablet	23
DAPTACEL	17	diazoxide suspension	67	doxepin hcl capsule	49
daptomycin injectable.....	3	diclofen pot tablet	32	doxepin hcl con.....	49
daptomycin solution.....	3	diclofenac gel	81	DOXERCALCIF.....	85
darifenacin tablet	84	diclofenac solution.....	59,81	doxy	3
DAURISMO	11	diclofenac tablet	32	doxycyc mono capsule.....	3
DAYTRANA.....	36	dicloxacill capsule.....	3	doxycyc mono tablet	3
deferasirox gra.....	62,63	dicyclomine capsule.....	18	doxycycl hyc capsule	3
deferasirox tablet	63	dicyclomine solution.....	18	doxycycl hyc tablet	3
deferiprone tablet.....	63	dicyclomine tablet.....	18	doxycycline suspension	3
DELSTRIGO.....	7	DIFICID	3	doxycycline tablet.....	3
DENAVIR	80	diflorasone cre	81	DRIZALMA.....	49,50
depo-estradi injectable.....	69	diflorasone oin	81	dronabinol capsule	60
DEPO-SQ.....	71	diflunisal tablet.....	32	drospir/ethi tablet	67
DESCOVY.....	7	difluprednat emu	59	DROSPIRE/ETH.....	67
desipramine tablet	49	digitek tablet	28	DROXIA	11
		digox tablet	28		

Index

droxidopa capsule	19	EQUETRO	39	EVOTAZ	7
duloxetine capsule.....	50	ergoloid mes tablet.....	19	EVRYSDI	77
DUPIXENT	83	ERIVEDGE	11	exemestane tablet	69
dutast/tamsu capsule.....	73	ERLEADA	11	EXKIVITY.....	11
dutasteride capsule.....	73	erlotinib tablet.....	11	EXSERVAN.....	47
econazole cre.....	80	errin tablet	67	EXTAVIA	76
EDARBYCLOR	29	ertapenem injectable.....	3	ezetim/simva tablet.....	24
EDURANT	7	ery pad	80	ezetimibe tablet.....	24
efavir/emtri tablet tenofovi	7	ery/benzoyl gel	80	famciclovir tablet.....	7
efavir/lamiv tablet tenofovi.....	7	ERYPED.....	3	famotidine suspension	61
efavirenz capsule.....	7	ERYTHROCIN	3	famotidine tablet.....	61
efavirenz tablet	7	erythrocin tablet.....	3	FANAPT	50
ELIGARD.....	70	erythrom eth suspension.....	3	FARXIGA.....	65
ELIQUIS	20	ERYTHROMYCIN	3	FASENRA	78
ELMIRON	78	erythromycin gel.....	80	febuxostat tablet.....	74
eluryng mis	67	erythromycin oin.....	58	felbamate suspension	39
EMCYT	11	erythromycin solution.....	80	felbamate tablet.....	39
EMGALITY	42	erythromycin tablet.....	3	felodipine tablet	27
emoquette tablet.....	67	ESBRIET	78	FEMRING.....	69
EMSAM.....	50	escitalopram solution	50	femynor tablet.....	67
emtr/ten df tablet	7	escitalopram tablet.....	50	FENOFIBRATE.....	24
emtr/tenofov tablet.....	7	esomepra mag capsule	61	fenofibrate capsule.....	24
emtricitabin capsule	7	estarylla tablet	67	fenofibrate tablet	24
EMTRIVA.....	7	estra/noreth tablet.....	67	fenofibric capsule	24
enalapr/hctz tablet.....	29	ESTRADIOL	69	FENOPROFEN.....	32
enalapril tablet	29	estradiol cre	69	fenoprofen tablet.....	32
ENBREL	74,75	estradiol dis.....	69	FENTANYL	32,33
ENDARI	77	estradiol tablet.....	69	fentanyl dis.....	32
endocet tablet.....	32	eszopiclone tablet.....	46	FERRIPROX.....	63
ENGERIX-B.....	17	ethacrynic tablet acd	55	FETZIMA.....	50
ENOXAPARIN	22,23	ethambutol tablet.....	5	FINACEA.....	83
ENSPRYNG	77	ethosuximide capsule	39	finasteride tablet.....	83
ENSTILAR	81	ethosuximide solution	39	FINTEPLA.....	39
entacapone tablet.....	44	ethy eth est tablet	67	FIRDAPSE	77
entecavir tablet	7	ethynodiol tablet.....	67	FIRMAGON.....	70
ENTRESTO.....	29	etodolac capsule.....	32	FIRVANQ	3
enulose solution	55	etodolac er tablet	32	FLAREX.....	59
EPIDIOLEX	38	etodolac tablet.....	32	flavoxate tablet.....	84
EPINEPHRINE	19,20	etonogestrel mis ethy est	67	FLEBOGAMMA.....	16
epitol tablet	38	etravirine tablet.....	7	flecainide tablet.....	28
EPIVIR	7	EUCRISA	82	FLOVENT	59
eplerenone tablet.....	29	EUTHYROX.....	71	fluconazole suspension.....	5
EPOGEN	22	EVENITY.....	74	fluconazole tablet	5
EPRONTIA	38	everolimus tablet.....	11	fluconazole/ injectable nacl.....	5

Index

FLUCYTOSINE.....	5	FROVATRIPTAN	42	glip/metform tablet.....	65
flucytosine capsule.....	5	FULPHILA.....	22	glipizide er tablet.....	65
fludrocort tablet.....	63	furosemide injectable	29,55	glipizide tablet	65
flunisolide spr	59	furosemide solution.....	55	GLUCAGEN.....	67
fluocin acet cre.....	82	furosemide tablet.....	55	GLUCAGON	67
fluocin acet oil	59,82	FUZEON.....	7	glyb/metform tablet.....	65
fluocin acet oin	82	fyavolv tablet	68	glycopyrrol tablet	18
fluocin acet solution	82	FYCOMPA.....	39	glycopyrrola solution.....	18
FLUOCINONIDE.....	82	gabapentin capsule.....	39	GLYXAMBI.....	65
fluocinonide cre.....	82	gabapentin solution	39	granisetron tablet.....	60
fluocinonide cre e.....	82	gabapentin tablet	39	GRANIX	22
fluocinonide oin.....	82	GALAFOLD	77	griseofulvin suspension	5
fluocinonide solution.....	82	galantamine capsule.....	18	griseofulvin tablet micr.....	5
FLUOROMETHOL	59	galantamine solution	18	griseofulvin tablet ultr	5
fluorouracil cre.....	83	galantamine tablet.....	18	guanfacine tablet.....	47
fluorouracil solution	83	GAMMAGARD	16,17	GVOKE	67
fluoxetine capsule.....	50	GAMMAKED.....	17	HAEGARDA.....	74
fluoxetine solution	50	GAMMAPLEX.....	17	hailey	68
fluoxetine tablet.....	50	GAMUNEX-C	17	halobetasol cre.....	82
fluphenaz de injectable	50	GARDASIL	17	halobetasol oin.....	82
fluphenazine elx	50	GATIFLOXACIN	58	haloper dec injectable	51
fluphenazine injectable	50	GATTEX.....	62	haloper lac injectable	51
fluphenazine tablet.....	50	GAUZE	85	haloperidol con.....	51
flurbiprofen solution.....	59	gavilyte-c solution.....	61	haloperidol tablet.....	51
flurbiprofen tablet	33	gavilyte-g solution.....	61	HAVRIX.....	17
flutamide capsule	11	GAVRETO	11	HC	82
FLUTIC/SALME	20	GELNIQUE	84	hc butyrate cre.....	82
flutic/salme aer.....	20	gemfibrozil tablet.....	24	hc butyrate solution	82
fluticasone cre	82	GEMTESA	84	hc pramoxine cre	82
fluticasone lot.....	82	generlac solution.....	55	hc valerate oin.....	82
fluticasone oin	82	gengraf capsule.....	77	HC/ACET.....	59
fluticasone spr	59	gengraf solution.....	77	HEMADY	63
FLUVASTATIN.....	24	gentam/nacl injectable	3	heparin sod injectable	21
fluvastatin capsule.....	24	gentamicin cre	80	HETLIOZ	46
FLUVOXAMINE.....	50	gentamicin injectable.....	3	HIBERIX	17
fluvoxamine capsule.....	50	gentamicin oin.....	80	HUMIRA.....	75
FML.....	59	gentamicin solution	58	HUMULIN.....	65
FONDAPARINUX	20,21	GENVOYA	7	hydralazine tablet.....	29
formoterol neb.....	20	GILENYA	76	hydrochlorot capsule.....	55
fosamprenavi tablet.....	7	GILOTRIF.....	11	hydrochlorot tablet	55
fosfomycin pow.....	9	GLASSIA.....	79	hydroco/apap tablet.....	33
fosinop/hctz tablet.....	29	glatiramer injectable.....	76	hydrocod/ibu tablet.....	33
fosinopril tablet	29	glatopa injectable.....	76	HYDROCORT	63,82
FOTIVDA	11	glimepiride tablet.....	65	hydrocort cre.....	82

Index

hydrocort lot.....	82	INVEGA.....	51	kelnor tablet	68
hydrocort oin.....	82	IOPIDINE.....	60	KERENDIA.....	29
hydrocort tablet	63	IPOL.....	17	ketoconazole cre	80
hydrocortiso cre.....	82	ipratropium solution	18	ketoconazole sha.....	80
hydrocortiso lot	82	ipratropium spr	60	ketoconazole tablet.....	5
hydromorphon tablet.....	33	ipratropium/ solution		ketoprofen capsule	33
hydroxychlor tablet	6	albuter.....	18	KETOROLAC.....	59
hydroxyurea capsule	11	irbesar/hctz tablet	29	ketorolac solution.....	59
hydroxyz hcl tablet	46	IRBESARTAN	29	KEVEYIS	74
hydroxyz pam capsule.....	46	irbesartan tablet	29	KEVZARA	75
ibandronate tablet	74	IRESSA	12	KINERET	75
IBRANCE.....	11	ISENTRESS	7,9	KINRIX	17
ibu tablet	33	ISOLYTE-P	55	KISQALI	12
ibuprofen tablet	33	ISOLYTE-S	56	KLOR-CON.....	57
icatibant injectable	74	isoniazid tablet.....	5	klor-con m.....	57
iclevia tablet.....	68	ISOPROPYL	85	klor-con packet	57
ICLUSIG	11,12	ISOSORB	30	KLOXXADO	48
icosapent capsule.....	24	isosorb din tablet	30	KORLYM	77
IDHIFA.....	12	isosorb mono tablet.....	30,31	KOSELUGO	12
ILEVRO	59	isotretinoin capsule	83	KRINTAFEL.....	6
ILUMYA	83	isradipine capsule	27	KYNMOBI	44
imatinib mes tablet	12	ISTURISA.....	77	labetalol tablet.....	26
IMBRUVICA	12	ITRACONAZOLE	5	lacosamide tablet.....	39
imipenem/cil injectable	3	itraconazole capsule	5	lactulose packet	55
imipram hcl tablet	51	ivermectin cre	80	lactulose solution.....	55
imipram pam capsule	51	ivermectin tablet.....	1	LAMICTAL.....	39
imiquimod cre.....	83	IXIARO	17	lamivud/zido tablet.....	7
IMOVAX	17	JAKAFI	12	lamivudine solution	8
IMPAVIDO.....	6	jantoven tablet.....	21	lamivudine tablet.....	8
IMVEXXY	69	JARDIANCE	65	lamotrigine chw	39
INBRIJA	44	jasmiel tablet	68	lamotrigine kit odt	39
INCRELEX	71	JENTADUETO.....	65	lamotrigine kit start	39
indapamide tablet	55	jinteli tablet.....	68	lamotrigine tablet.....	39,40
indomethacin capsule	33	JULUCA.....	7	LAMPIT.....	6
INFANRIX	17	junel	68	lansopr/amox mis /clarith	3
INLYTA	12	junel fe	68	lansoprazole capsule	61
INQOVI.....	12	junel fe tablet.....	68	lansoprazole tablet	61
INREBIC.....	12	JUXTAPID.....	24	lanthanum chw	56
INS	65	JYNARQUE	55,56	LANTUS	65
INSULIN.....	65,85	KALYDECO	79	lapatinib tablet.....	12
INTELENCE	7	kariva tablet	68	latanoprost solution	58
INTRAROSA	63	KCL/D5W/LACT	56	LATUDA.....	51
INTRON	7	KCL/D5W/NACL.....	56	LEDIP-SOFOSB.....	8
introvale tablet.....	68	kelnor	68	leflunomide tablet	75

Index

lenalidomide capsule.....	12	LIVTENCITY	8	meclofen sod capsule.....	33
LENVIMA.....	12,13	LO	68	MEDROXYPR	71
lessina tablet	68	loestrin	68	medroxypr ac tablet	71
letrozole tablet	69	loestrin fe tablet	68	mefloquine tablet.....	6
leucovor ca tablet.....	73	loestrin tablet.....	68	megestrol ac suspension	71
LEUKERAN.....	13	LOKELMA.....	56	megestrol ac tablet.....	71
LEUKINE	22	LONSURF	13	megestrol suspension.....	71
leuprolide injectable.....	70	loperamide capsule.....	60	MEKINIST	13
LEVALBUTEROL	20	lopin/riton solution	8	MEKTOVI.....	13
levabuterol neb	20	lopin/riton tablet.....	8	meloxicam tablet.....	33
levetiraceta solution.....	40	lorazepam con.....	46	MEMANT	47
levetiraceta tablet	40	lorazepam tablet.....	46	memantine hc capsule.....	47
levobunolol solution.....	58	LORBRENA.....	13	memantine hc solution.....	47
levocetirizi solution	1	loryna tablet.....	68	memantine tablet hcl	47
levocetirizi tablet.....	1	losartan pot tablet	30	MENACTRA	17
levo-eth est tablet	68	losartan/hct tablet.....	30	MENQUADFI	80
levoflox/d.....	4	LOTEMAX	59,60	MENVEO	17
levofloxacin injectable.....	4	loteprednol gel.....	60	mercaptapur tablet	13
levofloxacin solution.....	58	loteprednol suspension	60	meropenem injectable	4
levofloxacin tablet	4	lovastatin tablet.....	24,25	merzee capsule.....	68
levonest tablet.....	68	loxapine capsule	51	MESALAMINE.....	61
levonor/ethi tablet.....	68	LUBIPROSTONE	62	mesalamine ene.....	61
levonor/ethi tablet estradio.....	68	LUCEMYRA	20	mesalamine tablet	61
levora.....	68	LUMAKRAS	13	MESNEX	78
LEVOTHYROXIN.....	72	LUMIGAN	58	metaxalone tablet	19
levothyroxin tablet.....	71,72	LUPKYNIS.....	77	metformin solution.....	65
LEVOXYL.....	72	LUPRON.....	70	metformin tablet.....	65
LEXIVA.....	8	lutera tablet	68	methadone solution	33
lido/prilocn cre	73	LYBALVI	51	methadone tablet.....	33
lidocaine oin	82	lyleq tablet.....	68	methazolamid tablet	58
lidocaine pad	82	lyllana dis.....	69	methenam hip tablet.....	10
lidocaine solution	82	LYNPARZA	13	methimazole tablet	72
lindane sha	80	LYSODREN	13	methocarbam tablet.....	19
LINEZOLID	4	MAGNESIUM.....	40	METHOTREXATE	13
linezolid injectable.....	4	magnesium su injectable	40	methotrexate injectable.....	13
linezolid tablet.....	4	maraviroc tablet.....	8	methotrexate tablet.....	13
LINZESS	62	marlissa tablet.....	68	methoxsalen capsule.....	82
liothyronine tablet	72	MARPLAN.....	51	methscopolam tablet	18
lisinop/hctz tablet.....	29,30	MATULANE.....	13	METHYLPHENID	36
lisinopril tablet.....	30	matzim la tablet	27	methylphenid capsule	36
LITHIUM.....	42	MAVENCLAD	77	methylphenid chw.....	36,37
lithium carb capsule	42	MAVYRET	8	methylphenid solution	37
lithium carb tablet.....	42	MAXIDEX	60	methylphenid tablet.....	37
LIVALO	24	meclizine tablet.....	60	METHYLPRED	63

Index

methylpred tablet	63	MOVANTIK	62	NERLYNX	13
metoclopram solution	62	moxifloxacin solution hcl	58	NEULASTA	22
metoclopram tablet	62	moxifloxacin tablet	4	NEUPOGEN	22
metocloprami tablet.....	62	MULPLETA.....	22	NEUPRO	44
metolazone tablet	56	MULTAQ.....	28	NEVANAC.....	60
metoprl/hctz tablet	26	mupirocin cre	81	nevirapine suspension	8
metoprol suc tablet	26	mupirocin oin	81	nevirapine tablet	8
metoprol tar tablet.....	26	MYALEPT	70	NEXAVAR	13
METRONIDAZOL	6,80,81	MYCAPSSA	71	NEXLETOL.....	25
metronidazol capsule	6	mycophenolat capsule.....	77	NEXLIZET	25
metronidazol gel.....	81	mycophenolat suspension	77	niacin er tablet.....	85
metronidazol tablet.....	6	mycophenolat tablet	77	nicardipine capsule.....	27
metyrosine capsule	77	mycophenolic tablet	77	NICOTROL	18
mexiletine capsule.....	28	MYFEMBREE.....	70	nifedipine capsule	27
micafungin injectable	5	myorisan capsule	83,84	nifedipine tablet	27
miconazole	81	MYRBETRIQ.....	84	nilutamide tablet	13
micrgstin	68	nabumetone tablet.....	34	nimodipine capsule.....	27
microgestin tablet	68	nadolol tablet.....	26	NINLARO	13
microgestin tablet fe	68	nafcillin injectable	4	NISOLDIPINE	27
midodrine tablet	20	naftifine cre hcl	81	nisoldipine tablet.....	27
miglitol tablet	66	naloxone hcl spr.....	48	nitazoxanide tablet.....	6
miglustat capsule.....	77	naloxone injectable.....	48	nitisinone capsule	78
mili tablet	68	naltrexone tablet.....	48	nitro-bid oin.....	31
mimvey tablet	68	naproxen sod tablet.....	34	NITROFUR	10
minocycline capsule	4	naproxen suspension	34	NITROFURANTN.....	10
minoxidil tablet.....	29	naproxen tablet	34	nitrofurantn suspension	10
mirtazapine tablet.....	51,52	naratriptan tablet	42,43	nitroglycer dis	31
MISOPROSTOL.....	61	NATACYN	58	nitroglyceri sub	31
M-M-R	17	nateglinide tablet.....	66	nitroglycern sub	31
modafinil tablet	37	NATPARA.....	70	nitroglycrn spr.....	31
moexipril tablet.....	30	NAYZILAM	46	NITROLINGUAL	31
molindone tablet hcl	52	nebivolol tablet.....	26	NITYR	78
mometasone cre	82	necon tablet.....	68	NIVESTYM	22
mometasone oin	82	NEEDLES,	85	nizatidine capsule	61
mometasone solution	82	nefazodone tablet	52	nizatidine solution	61
mometasone spr	60	neo/bac/poly oin op	58	noreth/ethin tablet.....	68
montelukast chw	78	neo/poly/bac oin /hc	58	noreth/ethin tablet fe	68
montelukast gra	78	NEO/POLY/DEX	59	norethin ace tablet	68
montelukast tablet.....	78	neo/poly/dex suspension	59	norethindron tablet.....	68
MORPHINE.....	34	neo/poly/gra solution op.....	59	norgest/ethi tablet	68
morphine sul capsule	33,34	neo/poly/hc solution	59	norgest/ethi tablet estradio	68
morphine sul solution.....	34	neo/poly/hc suspension	59	NORPACE	28
morphine sul tablet	34	neo/poly/hc suspension op	59	nortrel tablet	68
MOTTEGRITY	62	neomycin tablet.....	4	nortriptylin capsule	52

Index

nortriptylin solution	52	OLUMIANT	75	pantoprazole tablet	61
NORVIR	8	omega	25	PARICALCITOL	85
NOURIANZ	47	omeprazole capsule	61	paricalcitol capsule	85
NOVOLIN	66	OMNARIS	60	paromomycin capsule	6
NOVOLOG	66	OMNITROPE	70,71	paroxetine er tablet	52
NOXAFIL	5	ondansetron solution	60	paroxetine suspension	52
NUBEQA	13	ondansetron tablet	60	paroxetine tablet	52
NUCALA	78,79	ONGENTYS	44	paser gra	5
NUDEXTA	47	ONUREG	13	PAXIL	52
NUPLAZID	52	OPSUMIT	80	PEDIARIX	17
NURTEC	43	ORENCIA	75	PEDVAX	17
NUTRILIPID	55	ORENITRAM	80	PEG/NASUL/C/	61
NUZYRA	4	ORFADIN	78	PEG-3350	61
nyamyc pow	81	ORGOVYX	70	PEG-3350/KCL	61
nylia tablet	68	ORIAHNN	69	PEGASYS	8
NYMALIZE	29	ORLISSA	70	PEMAZYRE	13
nymyo tablet	68	ORKAMBI	79	PEN	4
nystat/triam cre	81	ORLADEYO	74	pen g proc injectable	4
nystat/triam oin	81	orsythia tablet	68	pen g sodium injectable	4
nystatin cre	81	ORTIKOS	63	penicillamin tablet	63
nystatin oin	81	oseltamivir capsule	8	penicillin gk injectable	4
nystatin pow	81	oseltamivir suspension	8	penicillin vk solution	4
nystatin suspension	5	OSPHENA	69	penicillin vk tablet	4
nystatin tablet	5	OTEZLA	75	PENTACEL	17
nystop pow	81	oxandrolone tablet	64	pentamidine inh	6
NYVEPRIA	22	OXBRYTA	21	pentamidine injectable	6
OCALIVA	62	oxcarbazepin suspension	40	PENTASA	61
OCTAGAM	17	oxcarbazepin tablet	40	pentoxifylli tablet	22
octreotide injectable	71	OXERVATE	60	perindopril tablet	30
ODEFSEY	8	oxiconazole cre nitrate	81	perlogard solution	59
ODOMZO	13	oxybutynin syrup	84	permethrin cre	81
OFEV	78	oxybutynin tablet	84	perphenazine tablet	52
ofloxacin dro	59	oxycod/apap tablet	34	PERSERIS	52,53
ofloxacin tablet	4	OXYCODONE	34,35	PERTZYE	62
olanza/fluox capsule	52	oxycodone capsule hcl	34	PEXEVA	53
olanzapine injectable	52	oxycodone con	34	phenelzine tablet	53
olanzapine tablet	52	oxycodone solution	34	PHENOBARB	40
OLM	27	oxycodone tablet	34,35	phenoxybenza capsule	19
olm med/amlo tablet /hctz	27	oxymorphone tablet	35	phenylbutyra pow sodium	55
olm med/hctz tablet	30	pacerone tablet	28	phenytoin chw	40
olmesa medox tablet	30	PALIPERIDONE	52	phenytoin ex capsule	40
olopatadine dro	57	PALYNZIQ	57	phenytoin suspension	40
olopatadine solution	57	PANRETIN	82	PHEXXI	54
olopatadine spr	57	pantoprazole packet	61	PIFELTRO	8

Index

PILOCARPINE	58	pregabalin solution	41	pyridostigm tablet	18
pilocarpine tablet	18	PREHEVBRIO.....	17	pyridostigmi solution	18
PIMECROLIMUS	84	PREMARIN.....	69	pyridostigmi tablet	18
pimozide tablet.....	53	premasol solution	55	pyridostigmi tablet er.....	18
pindolol tablet	26	PRENATAL	85	PYRUKYND	78
PIOGLIT/GLIM	66	PRETOMANID	5	QBREXZA.....	84
pioglita/met tablet	66	prevalite pow	25	QELBREE	47
pioglitazone tablet.....	66	PREVYMIS.....	8	QINLOCK	14
piper/tazoba injectable	4	PREZCOBIX	8	qnapril/hctz tablet.....	30
PIQRAY.....	13	PREZISTA	8	QUADRACEL.....	17
piroxicam capsule.....	35	PRIFTIN.....	5	quetiapine tablet.....	53
PLASMA-LYTE.....	57	PRIMAQUINE.....	6	quinapril tablet.....	30
PLEGRIDY	76	primidone tablet	41	quinidine su tablet.....	28
plenamine injectable	55	PRIVIGEN.....	17	quinine sulf capsule	6
PLENVU.....	61	proben/colch tablet	57	QULIPTA.....	43
PODOFILOX.....	84	probenecid tablet	57	RABAVERT.....	17
polymyxin b/ solution		PROCALAMINE	55	rabeprazole tablet.....	61
trimethp.....	10	prochlorper sup	53	raloxifene tablet	69
POMALYST	13,14	prochlorper tablet	53	ramelteon tablet.....	46
portia	68	procto-med cre hc	82	ramipril capsule	30
posaconazole tablet	5	procto-pak cre.....	82	ranolazine tablet.....	28
POT	57	proctosol hc cre.....	82	rasagiline tablet.....	44
pot chloride capsule	57	proctozone cre -hc.....	82	RASUVO	14
pot chloride injectable.....	57	progesterone capsule	71	reclipsen tablet.....	68
pot chloride tablet.....	57	PROLASTIN-C.....	79	RECOMBIVA	17
pot citra er tablet	55	PROLIA	74	RECOMBIVA-HB	17
pot cl micro tablet	57	PROMACTA	22	RECTIV.....	31
PRADAXA	21	promethazine sup.....	1	REDITREX	14
pramipexole tablet.....	44,45	promethazine syrup.....	1	RELENZA.....	9
prasugrel tablet	21	promethazine tablet.....	1	RELISTOR.....	61,62
pravastatin tablet	25	promethegan sup	1	repaglinide tablet	66
praziquantel tablet.....	1	propafenone capsule.....	28	REPATHA.....	25
prazosin hcl capsule.....	23	propafenone tablet.....	28	RESTASIS	60
PRED	63	propranolol capsule	26	RETACRIT	22
pred sod pho solution	60	propranolol solution	26	RETEVMO.....	14
PRED-G.....	59	propranolol tablet.....	26	REVCovi.....	57
prednicarbat oin	82	propylthiour tablet.....	72	REVLIMID	14
PREDNISOLONE	60,64	PROQUAD	17	REXULTI.....	53
prednisolone solution	64	PROSOL	55	REYATAZ.....	9
prednisone con.....	64	protriptylin tablet	53	REYVOW	43
prednisone solution.....	64	PULMOZYME	79	REZUROCK	77
prednisone tablet	64	PURIXAN.....	9	RHOFADE	84
prefest tablet.....	68	PYLERA	61	RHOPRESSA.....	58
pregabalin capsule.....	40,41	pyrazinamide tablet.....	5	ribavirin capsule	9

Index

ribavirin tablet.....	9	SERTRALINE.....	53	STELARA.....	75,76
RIDAURA.....	62	sertraline tablet.....	54	STIOLTO.....	18
rifabutin capsule.....	5	sevelamer tablet.....	56	STIVARGA.....	15
rifampin capsule.....	6	SHINGRIX.....	17	streptomycin injectable.....	4
rifampin injectable.....	6	SIGNIFOR.....	71	STRIBILD.....	9
riluzole tablet.....	47	sildenafil suspension.....	31	STRIVERDI.....	20
RINVOQ.....	75	sildenafil tablet.....	31	SUCRAID.....	57
RISEDRON.....	74	silodosin capsule.....	19	sucalfate suspension.....	61
risedronate tablet.....	74	SILVER.....	81	sucalfate tablet.....	61
RISPERDAL.....	53	SIMBRINZA.....	58	sulf/pred na solution op.....	59
RISPERIDONE.....	53	simvastatin tablet.....	25	sulfacet sod oin.....	59
risperidone tablet.....	53	sirolimus solution.....	77	sulfacet sod solution.....	59
ritonavir tablet.....	9	sirolimus tablet.....	77	sulfacetamid lot.....	81
RIVASTIGMINE.....	19	SIRTURO.....	6	sulfadiazine tablet.....	4
rivastigmine capsule.....	18,19	SITAVIG.....	9	SULFASALAZIN.....	4
rivastigmine dis.....	19	SIVEXTRO.....	4	sulindac tablet.....	35
rizatriptan tablet.....	43	SKYRIZI.....	84	SUMATRIPTAN.....	43
ROCKLATAN.....	58	SLYND.....	68	sumatriptan injectable.....	43
ropinirole tablet.....	44,45	smz/tmp ds tablet.....	4	sumatriptan spr.....	43
rosuvastatin tablet.....	25	smz-tmp suspension.....	4	sumatriptan tablet.....	43
ROTARIX.....	17	smz-tmp tablet.....	4	sunitinib capsule.....	15
ROTATEQ.....	17	SOD.....	57	SUNOSI.....	47
ROWASA.....	61	sod chloride injectable.....	57	SUPRAX.....	4
ROZLYTREK.....	14	sod poly sul pow.....	56	suprax chw.....	4
RUBRACA.....	14	SODIUM.....	56,85	suprax suspension.....	4
rufinamide suspension.....	41	SOFOS/VELPAT.....	9	SUPREP.....	61
rufinamide tablet.....	41	solifenacin tablet.....	84	SYMBICORT.....	20
RUKOBIA.....	9	SOLIQUA.....	66	SYMDEKO.....	79
RYDAPT.....	14	SOLTAMOX.....	69	SYMJEPI.....	20
SAFYRAL.....	68	SOMAVERT.....	71	SYMLINPEN.....	66
SANDIMMUNE.....	77	sorine tablet.....	26	SYMLNPEN.....	66
SANTYL.....	84	sotalol af tablet.....	26	SYMPAZAN.....	41
sapropterin pow.....	78	sotalol hcl tablet.....	26	SYMPROIC.....	62
sapropterin tablet.....	78	SPINOSAD.....	81	SYMTUZA.....	9
SAVAYSA.....	21	SPIRIVA.....	18	SYNAREL.....	70
SAVELLA.....	47	spirono/hctz tablet.....	30	SYNJARDY.....	66
SCSEMBLIX.....	14	spironolact tablet.....	30	SYNRIBO.....	15
scopolamine dis.....	18	sprintec.....	68	SYNTHROID.....	72
SECUADO.....	53	SPRITAM.....	41	TABLOID.....	15
SEGLUROMET.....	66	SPRYCEL.....	14,15	TABRECTA.....	15
selegiline capsule.....	45	sps suspension.....	56	TACROLIMUS.....	84
selegiline tablet.....	45	sronyx tablet.....	68	tacrolimus capsule.....	77
SELZENTRY.....	9	SSD.....	81	tacrolimus oin.....	84
SEREVENT.....	20	STEGLATRO.....	66	tadalafil tablet.....	31

Index

TAFINLAR	15	thiothixene capsule	54	TRECTOR.....	6
TAGRISO.....	15	tiadylt capsule	27,28	TRELEGY.....	18
TAKHZYRO	74	TIAGABINE.....	41	TRELSTAR	70
TALZENNA.....	15	TIBSOVO.....	15	TRETINOIN	82
tamoxifen tablet.....	69,70	TICOVAC.....	17	tretinoin capsule.....	15
tamsulosin capsule	19	TIGECYCLINE.....	4	tretinoin cre	82
TARGRETIN	84	tilia fe tablet	68	tretinoin gel	82
tarina	68	TIMOLOL	58	trexall tablet	15
TARPEYO.....	64	timolol mal solution.....	58	triamcinolon aer spray.....	82
TASIGNA	15	timolol mal tablet	26	triamcinolon cre.....	82
TAVALISSE.....	21	timolol male solution.....	58	triamcinolon lot	82
TAVNEOS	74	TIMOPTIC	58	triamcinolon oin.....	82
taysofy capsule	68	tinidazole tablet	6	triamcinolon pst den.....	60
tazarotene cre	84	TIROSINT-SOL.....	72,73	triamt/hctz capsule.....	56
TAZORAC	84	TIVICAY.....	9	triamt/hctz tablet	56
taztia xt capsule	27	tizanidine capsule.....	19	TRIAMTERENE.....	56
TAZVERIK	15	tizanidine tablet	19	TRIAZOLAM.....	46
TDVAX.....	17	tobra/dexame suspension	59	triderm cre	82
TEFLARO	4	TOBRADEX.....	59	trientine capsule.....	63
TEGSEDI	74	tobramycin injectable	4	tri-estaryll tablet.....	68
TEKTURNA	30	tobramycin neb.....	5	trifluoperaz tablet	54
telmis/amlod tablet.....	27	tobramycin solution.....	59	trifluridine solution.....	59
telmisa/hctz tablet.....	30	TOBREX	59	trihexyphen solution	45
telmisartan tablet.....	30	tolcapone tablet.....	45	trihexyphen tablet.....	45
temazepam capsule.....	46	TOLTERODINE	84	TRIJARDY.....	67
temovate cre	82	tolterodine capsule.....	84	TRIKAFTA	79
TENIVAC.....	17	tolvaptan tablet	56	tri-legest tablet fe.....	68
tenofovir tablet	9	TOPIRAMATE.....	41	tri-lo tablet estaryll	68
TEPMETKO.....	15	topiramate capsule.....	41	tri-lo- tablet sprintec.....	68
terazosin capsule	23	topiramate tablet.....	41	TRIMETHOPRIM	10
terbinafine tablet	5	toremifene tablet.....	70	trimipramine capsule	54
TERBUTALINE.....	20	torsemide tablet	56	TRINTELLIX.....	54
terconazole cre	81	TOUJEO	66,67	tri-nymyo tablet.....	68
terconazole sup	81	TPN.....	57	tri-sprintec tablet.....	69
TERIPARATIDE.....	70	TRACLEER	80	tritocin oin	82
testost cyp injectable	64	TRADJENTA	67	TRIUMEQ.....	9
testost enan injectable.....	64	tramadl/apap tablet.....	35	trivora	69
testosterone gel	64	tramadol hcl tablet	35	tri-vylibra tablet lo.....	69
testosterone gel pump.....	64	trando/verap tablet.....	28	TROPHAMINE.....	55
testosterone solution.....	64	trandolapril tablet.....	30	trospium chl capsule.....	84
tetrabenazin tablet.....	54	TRANEX	20	trospium cl tablet.....	84
THALOMID.....	76	tranylcyprom tablet	54	TRULANCE.....	62
theophylline tablet.....	85	TRAVASOL	55	TRULICITY.....	67
thioridazine tablet	54	trazodone tablet	54	TRUMENBA.....	17

Index

TRUSELTIQ.....	15	VERQUVO.....	31	XOSPATA.....	16
TUKYSA.....	15	VERSACLOZ.....	54	XPROVIO.....	16
TURALIO.....	15	VERZENIO.....	16	XTAMPZA.....	35
TWINRIX.....	17	vestura tablet.....	69	XTANDI.....	16
TYBOST.....	78	vienva tablet.....	69	xulane dis.....	69
TYMLOS.....	70	vigabatrin packet.....	42	XURIDEN.....	73
TYPHIM.....	17	vigabatrin tablet.....	42	XYREM.....	47
UBRELVY.....	43	vigadrone pow.....	42	XYWAV.....	47
UDENYCA.....	22	VIIBRYD.....	54	YF-VAX.....	80
UKONIQ.....	15	VIMPAT.....	42	YONSA.....	16
UNITHROID.....	73	VIOKACE.....	62	yuafem tablet.....	70
UPTRAVI.....	80	VIRACEPT.....	9	zafirlukast tablet.....	79
ursodiol capsule.....	62	VIREAD.....	9	zaleplon capsule.....	46
ursodiol tablet.....	62	VITRAKVI.....	16	ZARXIO.....	22
valacyclovir tablet.....	9	VIZIMPRO.....	16	ZEGALOGUE.....	67
VALCHLOR.....	84	VONJO.....	16	ZEJULA.....	16
valganciclov solution.....	9	VORICONAZOLE.....	5	ZELAPAR.....	45
valganciclov tablet.....	9	voriconazole injectable.....	5	ZELBORAF.....	16
valproic acid capsule.....	41	voriconazole tablet.....	5	ZEMAIRA.....	79
valproic acid solution.....	42	VOSEVI.....	9	zenatane capsule.....	84
valsart/hctz tablet.....	30	VOTRIENT.....	16	ZENPEP.....	62
valsartan tablet.....	30	VOXZOGO.....	78	ZEPOSIA.....	76
VALTOCO.....	46	VRAYLAR.....	54	ZETONNA.....	60
vancomycin capsule.....	5	vylibra tablet.....	69	zidovudine capsule.....	9
vancomycin injectable.....	5	VYNDAMAX.....	28	zidovudine syrup.....	9
vancomycin solution.....	5	VYNDAQEL.....	28	zidovudine tablet.....	9
VANDAZOLE.....	81	VYVANSE.....	37	ZIEXTENZO.....	22
VAQTA.....	17	VYZULTA.....	58	ZIMHI.....	48
varenicline packet.....	18	warfarin tablet.....	21	ziprasidone capsule.....	54
varenicline tablet.....	18	WELIREG.....	16	ziprasidone injectable.....	54
VARIVAX.....	17	wixela inhub aer.....	20	ZIRGAN.....	59
VARUBI.....	60	XALKORI.....	16	ZOLINZA.....	16
VASCEPA.....	25	XARELTO.....	21	zolmitriptan spr.....	43
velivet packet.....	69	XCOPRI.....	42	zolmitriptan tablet.....	43
VELPHORO.....	56	XELJANZ.....	76	zolpidem er tablet.....	46
VELTASSA.....	56	XELPROS.....	58	zolpidem tablet.....	46
VEMLIDY.....	9	XENLETA.....	5	ZOMACTON.....	70
VENCLEXTA.....	15,16	XERMELO.....	60	ZOMIG.....	43
venlafaxine capsule.....	54	XGEVA.....	74	zonisamide capsule.....	42
venlafaxine tablet.....	54	XHANCE.....	79	ZONTIVITY.....	21
VENTAVIS.....	80	XIFAXAN.....	5	ZOSYN.....	5
VENTOLIN.....	20	XIGDUO.....	67	zovia.....	69
VERAPAMIL.....	28	XIIDRA.....	60	ZYDELIG.....	16
verapamil tablet.....	28	XOFLUZA.....	9	ZYKADIA.....	16
		XOLAIR.....	79		

Index

ZYLET	59
ZYPREXA	54

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