

# COMPREHENSIVE formulary

list of covered drugs | 2022

**This formulary is for the following plans and service areas:**

**Utah**

SelectHealth Advantage Essential (HMO) | Wasatch  
SelectHealth Advantage (HMO) | Southwest and Central Utah

**Idaho**

SelectHealth Advantage Essential (HMO) | Treasure Valley  
SelectHealth Advantage (HMO) | Magic Valley  
SelectHealth Advantage (HMO) | Southwest Idaho  
SelectHealth Advantage (HMO) | South Central Idaho

**Nevada**

SelectHealth Advantage (HMO) | Nevada

**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](https://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)

H1994\_1643053\_v29\_C

HPMS Approved Formulary File Submission ID 22084 Version 29

**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](https://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**.

<b>Plan Name   Service Area</b>	<b>Annual Prescription Drug Tier 3,4,5 Deductible</b>
<b>Utah Plans</b>	
SelectHealth Advantage Essential   Wasatch	\$200.00
SelectHealth Advantage   Southwest and Central Utah	\$200.00
<b>Idaho Plans</b>	
SelectHealth Advantage Essential   Treasure Valley	\$150.00
SelectHealth Advantage   Magic Valley	\$150.00
SelectHealth Advantage   Southwest Idaho	\$200.00
SelectHealth Advantage   South Central Idaho	\$200.00
<b>Nevada Plans</b>	
SelectHealth Advantage   Nevada	\$0.00

## Stage 2: Initial Coverage Period Copayment/Coinsurance Levels

### Utah Plans

**Plane Name | Service Area:** SelectHealth Advantage Essential | 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	29% coinsurance after deductible	Not Available	29% coinsurance after deductible	Not Available

**Plan Name | Service Area:** SelectHealth Advantage | Southwest and Central Utah

Southwest and Central Utah service area counties: Garfield, Iron, Juab, Millard, Piute, Sanpete, Sevier, Washington, and Wayne

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$3.00	\$9.00	\$3.00	\$6.00
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	29% coinsurance after deductible	Not Available	29% coinsurance after deductible	Not Available

## Idaho Plans

**Plan Name | Service Area:** SelectHealth Advantage Essential | 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	\$15.00	\$45.00	\$15.00	\$30.00
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

**Plan Name | Service Area:** SelectHealth Advantage | Magic Valley

Magic Valley service area counties: Twin Falls

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$3.00	\$9.00	\$3.00	\$6.00
Tier 2: Generic	\$15.00	\$45.00	\$15.00	\$30.00
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

**Plan Name | Service Area:** SelectHealth Advantage | Southwest Idaho

Southwest Idaho service area counties: Adams, Elmore, Gem, Owyhee, Payette, Valley, and Washington

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$3.00	\$9.00	\$3.00	\$6.00
Tier 2: Generic	\$15.00	\$45.00	\$15.00	\$30.00
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	29% coinsurance after deductible	Not Available	29% coinsurance after deductible	Not Available

**Plan Name | Service Area:** SelectHealth Advantage | South Central Idaho

South Central Idaho service area counties: Cassia, Gooding, Jerome and Minidoka

Drug Tier	Retail		Mail Order	
	30 Day	100 Day	30 Day	100 Day
Tier 1: Preferred Generic	\$3.00	\$9.00	\$3.00	\$6.00
Tier 2: Generic	\$15.00	\$45.00	\$15.00	\$30.00
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	29% coinsurance after deductible	Not Available	29% coinsurance after deductible	Not Available



## Nevada Plans

**Plan Name | Service Area:** SelectHealth Advantage | Nevada

Nevada service area counties: Clark and Nye

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	\$8.00	\$24.00	\$0.00	\$0.00
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
<b>ANTIHISTAMINE DRUGS</b>			<i>amox/k clav tablet 500-125</i>	1	NM
<b>FIRST GENERATION ANTIHISTAMINES</b>			<i>amox/k clav tablet 875-125</i>	1	NM
<i>cyproheptad syrup 2mg/5ml</i>	1	QL	<i>amoxicillin capsule 250mg</i>	1	NM
QL 4500 milliliter(s) 30 day(s)			<i>amoxicillin capsule 500mg</i>	1	NM
<i>cyproheptad tablet 4mg</i>	1	QL	<i>amoxicillin chw 125mg</i>	2	NM
QL 450 each per 30 day(s)			<i>amoxicillin chw 250mg</i>	2	NM
<i>promethazine sup 12.5mg</i>	2		<i>amoxicillin suspension</i>	1	NM
<i>promethazine sup 25mg</i>	2		<i>125/5ml</i>		
<i>promethazine syrup 6.25/5ml</i>	2		<i>amoxicillin suspension</i>	1	NM
<i>promethazine tablet 12.5mg</i>	2		<i>200/5ml</i>		
<i>promethazine tablet 25mg</i>	2		<i>amoxicillin suspension</i>	1	NM
<i>promethazine tablet 50mg</i>	2		<i>250/5ml</i>		
<i>promethegan sup 25mg</i>	3		<i>amoxicillin suspension</i>	1	NM
<i>promethegan sup 50mg</i>	3		<i>400/5ml</i>		
<b>SECOND GENERATION ANTIHISTAMINES</b>			<i>amoxicillin tablet 500mg</i>	1	NM
<i>cetirizine solution 1mg/ml</i>	1	QL	<i>amoxicillin tablet 875mg</i>	1	NM
QL 300 milliliter(s) 30 day(s)			<i>amp-sulbacta injectable</i>	2	HI; NM
CLARINEX-D TABLET 2.5-120	4		<i>1-0.5gm</i>		
<i>desloratadin tablet 5mg</i>	4	QL	<i>amp-sulbacta injectable 15gm</i>	2	HI; NM
QL 30 each per 30 day(s)			<i>amp-sulbacta injectable 3gm</i>	2	HI; NM
<i>levocetirizi solution 2.5/5ml</i>	1		<i>ampicillin capsule 500mg</i>	1	NM
<i>levocetirizi tablet 5mg</i>	1	QL	<i>ampicillin injectable 10gm</i>	2	HI; NM
QL 30 each per 30 day(s)			<i>ampicillin injectable 125mg</i>	2	HI; NM
<b>ANTHelmINTICs</b>			<i>ampicillin injectable 1gm</i>	2	HI; NM
<b>ANTHelmINTICs</b>			ARIKAYCE SUSPENSION	5	QL; PA
<i>albendazole tablet 200mg</i>	2	PA; NM	QL 252 each per 30 day(s)		
<i>ivermectin tablet 3mg</i>	2	NM	<i>azithromycin injectable 500mg</i>	1	HI; NM
<i>praziquantel tablet 600mg</i>	2	NM	AZITHROMYCIN POW 1GM	1	NM
<b>ANTIBACTERIALS</b>			PACKET		
<i>amikacin injectable 500/2ml</i>	2	HI; NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav chw 200mg</i>	2	NM	<i>100/5ML</i>		
<i>amox/k clav chw 400mg</i>	2	NM	AZITHROMYCIN SUSPENSION	1	NM
<i>amox/k clav suspension 200/5ml</i>	1	NM	<i>200/5ML</i>		
<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
<i>amox/k clav tablet 250-125</i>	1	NM	<i>azithromycin tablet 600mg</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
<i>aztreonam injectable 1gm</i>	2	HI; NM	<i>cefepodo prox suspension</i>	2	NM
<i>aztreonam injectable 2gm</i>	2	HI; NM	<i>50mg/5ml</i>		
BAXDELA INJECTABLE 300MG	4	QL; PA; HI; NM	<i>cefepodoxime tablet 100mg</i>	2	NM
QL 28 each per 14 day(s)			<i>cefepodoxime tablet 200mg</i>	2	NM
BAXDELA TABLET 450MG	4	QL; PA; NM	<i>cefprozil suspension 125/5ml</i>	2	NM
QL 28 each per 14 day(s)			<i>cefprozil suspension 250/5ml</i>	2	NM
BICILLIN C-R INJECTABLE 1200000	4	NM	<i>cefprozil tablet 250mg</i>	2	NM
BICILLIN C-R INJECTABLE 900/300	4	NM	<i>cefprozil tablet 500mg</i>	2	NM
BICILLIN L-A INJECTABLE 1200000	4	NM	<i>ceftazidime injectable 1gm</i>	2	HI; NM
BICILLIN L-A INJECTABLE 2400000	4	NM	<i>ceftazidime injectable 2gm</i>	2	HI; NM
BICILLIN L-A INJECTABLE 600000	4	NM	<i>ceftazidime injectable 6gm</i>	2	HI; NM
CAYSTON INH 75MG	5	QL; PA; NM	<i>ceftriaxone injectable 10gm</i>	2	HI; NM
QL 280 each per 30 day(s)			<i>ceftriaxone injectable 1gm</i>	2	HI; NM
<i>cefaclor capsule 250mg</i>	1	NM	<i>ceftriaxone injectable 250mg</i>	2	HI; NM
<i>cefaclor capsule 500mg</i>	1	NM	<i>ceftriaxone injectable 2gm</i>	2	HI; NM
<i>cefaclor er tablet 500mg</i>	2	NM	<i>ceftriaxone injectable 500mg</i>	2	HI; NM
<i>cefadroxil capsule 500mg</i>	1	NM	<i>cefuroxime injectable 1.5gm</i>	2	HI; NM
<i>cefadroxil suspension 250/5ml</i>	2	NM	<i>cefuroxime injectable 750mg</i>	2	HI; NM
<i>cefadroxil suspension 500/5ml</i>	2	NM	<i>cefuroxime tablet 250mg</i>	2	NM
<i>cefadroxil tablet 1gm</i>	2	NM	<i>cefuroxime tablet 500mg</i>	2	NM
<i>cefazolin injectable 10gm</i>	2	HI; NM	<i>cephalexin capsule 250mg</i>	1	NM
<i>cefazolin injectable 1gm</i>	2	HI; NM	<i>cephalexin capsule 500mg</i>	1	NM
<i>cefazolin injectable 500mg</i>	2	HI; NM	<i>cephalexin suspension</i>	1	NM
<i>cefdinir capsule 300mg</i>	1	NM	<i>125/5ml</i>		
<i>cefdinir suspension 125/5ml</i>	1	NM	<i>cephalexin suspension</i>	1	NM
<i>cefdinir suspension 250/5ml</i>	1	NM	<i>250/5ml</i>		
<i>cefepime injectable 1gm</i>	2	HI; NM	<i>cephalexin tablet 250mg</i>	1	NM
<i>cefepime injectable 2gm</i>	2	HI; NM	<i>cephalexin tablet 500mg</i>	1	NM
<i>cefixime capsule 400mg</i>	2	QL	<i>ciprofloxacin injectable 200mg</i>	2	HI; NM
QL 60 each per 30 day(s)			<i>ciprofloxacin tablet 100mg</i>	1	NM
<i>cefixime suspension 100/5ml</i>	2	NM	<i>ciprofloxacin tablet 250mg</i>	1	NM
<i>cefixime suspension 200/5ml</i>	2	NM	<i>ciprofloxacin tablet 500mg</i>	1	NM
<i>cefoxitin injectable 10gm</i>	2	HI; NM	<i>ciprofloxacin tablet 750mg</i>	1	NM
<i>cefoxitin injectable 1gm</i>	2	HI; NM	<i>clarithromycin suspension</i>	2	NM
<i>cefoxitin injectable 2gm</i>	2	HI; NM	<i>125/5ml</i>		
<i>cefepodo prox suspension</i>	2	NM	<i>clarithromycin suspension</i>	2	NM
<i>100/5ml</i>			<i>250/5ml</i>		

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>	3	NM
<i>dicloxacill capsule 500mg</i>	3	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	4	NM
<i>erythromycin tablet 250mg bs</i>	2	NM
<i>erythromycin tablet 250mg ec</i>	4	NM
<i>erythromycin tablet 333mg ec</i>	4	NM
<i>erythromycin tablet 500mg bs</i>	2	NM
<i>erythromycin tablet 500mg ec</i>	4	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>levoflox/d5w injectable 500/100m</i>	2	HI; 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
<i>levoflox/d5w injectable 750/150</i>	2	HI; NM	<i>piper/tazoba injectable</i>	2	HI; NM
<i>levofloxacin injectable 25mg/ml</i>	2	HI; NM	<i>36-4.5gm</i>		
<i>levofloxacin tablet 250mg</i>	1	NM	<i>piper/tazoba injectable</i>	2	HI; NM
<i>levofloxacin tablet 500mg</i>	1	NM	<i>4-0.5gm</i>		
<i>levofloxacin tablet 750mg</i>	1	NM	SIVEXTRO INJECTABLE 200MG	4	QL; PA; HI; NM
<i>linezolid injectable 2mg/ml</i>	2	HI; NM	QL 6 each per 30 day(s)		
LINEZOLID SUSPENSION 100/5ML	2	NM	SIVEXTRO TABLET 200MG	4	QL; PA; NM
<i>linezolid tablet 600mg</i>	2	QL; NM	QL 6 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>smz-tmp suspension 200-40/5</i>	1	NM
<i>meropenem injectable 1gm</i>	2	HI; NM	<i>smz-tmp tablet 400-80mg</i>	1	NM
<i>meropenem injectable 500mg</i>	2	HI; NM	<i>smz/tmp ds tablet 800-160</i>	1	NM
<i>minocycline capsule 100mg</i>	2	NM	<i>streptomycin injectable 1gm</i>	2	BvsD; NM
<i>minocycline capsule 50mg</i>	2	NM	<i>sulfadiazine tablet 500mg</i>	2	NM
<i>minocycline capsule 75mg</i>	2	NM	SULFASALAZIN TABLET 500MG	2	NM
<i>nafcillin injectable 10gm</i>	2	PA; HI; NM	SULFASALAZIN TABLET 500MG	2	NM
<i>nafcillin injectable 1gm</i>	2	PA; HI; NM	DR		
<i>nafcillin injectable 2gm</i>	2	PA; HI; NM	<i>suprax chw 100mg</i>	4	QL; NM
<i>neomycin tablet 500mg</i>	2	NM	QL 60 each per 30 day(s)		
NUZYRA INJECTABLE 100MG	4	QL; PA; HI; NM	<i>suprax chw 200mg</i>	4	QL; NM
QL 15 each per 14 day(s)			QL 60 each per 30 day(s)		
NUZYRA TABLET 150MG	4	QL; PA; NM	<i>suprax suspension 200/5ml</i>	4	NM
QL 30 each per 14 day(s)			SUPRAX SUSPENSION	4	NM
<i>ofloxacin tablet 300mg</i>	2	NM	500/5ML		
<i>ofloxacin tablet 400mg</i>	2	NM	TEFLARO INJECTABLE 400MG	4	PA; HI; NM
<i>pen g proc injectable 600000</i>	2	BvsD; NM	TEFLARO INJECTABLE 600MG	4	PA; HI; NM
<i>pen g sodium injectable 5000000</i>	2	HI; NM	TIGECYCLINE INJECTABLE	2	QL; PA; HI; NM
PEN GK/DEXTR INJECTABLE	2	HI; NM	50MG		
40000/ML			QL 28 each per 14 day(s)		
PEN GK/DEXTR INJECTABLE	2	HI; NM	<i>tobramycin injectable</i>	2	HI; NM
60000/ML			<i>10mg/ml</i>		
<i>penicillin gk injectable 20mu</i>	2	HI; NM	<i>tobramycin injectable</i>	2	HI; NM
<i>penicillin vk solution 125/5ml</i>	2	NM	<i>40mg/ml</i>		
<i>penicillin vk solution 250/5ml</i>	2	NM	<i>tobramycin neb 300/5ml</i>	2	PA; NM
<i>penicillin vk tablet 250mg</i>	1	NM	<i>vancomycin capsule 125mg</i>	3	QL; NM
<i>penicillin vk tablet 500mg</i>	1	NM	QL 120 each per 30 day(s)		
<i>piper/tazoba injectable 2-0.25gm</i>	2	HI; NM	<i>vancomycin capsule 250mg</i>	3	QL; NM
<i>piper/tazoba injectable 3-0.375g</i>	2	HI; NM	QL 120 each per 30 day(s)		

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>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
<b>ANTIFUNGALS</b>		
AMBISOME INJECTABLE 50MG	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
<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

Drug	Tier	Requirements /Limits
<i>micafungin injectable 100mg</i>	2	BvsD
<i>micafungin injectable 50mg</i>	2	BvsD
NOXAFIL SUSPENSION 40MG/ML	5	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)	5	QL; PA
<i>terbinafine tablet 250mg</i> QL 90 each per 30 day(s)	1	QL; NM
<i>voriconazole injectable 200mg</i>	3	HI; NM
VORICONAZOLE SUSPENSION 40MG/ML QL 450 milliliter(s) 30 day(s)	3	QL; NM
<i>voriconazole tablet 200mg</i> QL 90 each per 30 day(s)	3	QL; NM
<i>voriconazole tablet 50mg</i> QL 360 each per 30 day(s)	3	QL; NM
<b>ANTIMYCOBACTERIALS</b>		
<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
<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

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
SIRTURO TABLET 20MG QL 1050 each per 30 day(s)	4	QL; PA; NM
TRECTOR TABLET 250MG	4	NM
<b>ANTIPROTOZOALS</b>		
<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>	4	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
<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

Drug	Tier	Requirements /Limits
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
<b>ANTIVIRALS</b>		
<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
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

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
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/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
<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>	3	NM
<b>ANTIVIRALS</b>		
<i>etravirine tablet 200mg</i>	3	NM
<b>ANTIVIRALS</b>		
<i>famciclovir tablet 125mg</i>	1	NM
<i>famciclovir tablet 250mg</i>	1	NM
<i>famciclovir tablet 500mg</i>	1	NM

Drug	Tier	Requirements /Limits
<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
<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

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>lopin/riton solution 80-20/ml</i> QL 390 milliliter(s) 30 day(s)	2	QL; NM
<b>ANTIVIRALS</b>		
<i>lopin/riton tablet 100-25mg</i> QL 300 each per 30 day(s)	3	QL; NM
<i>lopin/riton tablet 200-50mg</i> QL 120 each per 30 day(s)	3	QL; NM
<b>ANTIVIRALS</b>		
<i>maraviroc tablet 150mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>maraviroc tablet 300mg</i> QL 120 each per 30 day(s)	3	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
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

Drug	Tier	Requirements /Limits
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
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
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

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
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
SYMTUZA 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
<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

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

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
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)	3	QL; PA
<i>erlotinib tablet 150mg</i> QL 30 each per 30 day(s)	3	QL; PA
<i>erlotinib tablet 25mg</i> QL 60 each per 30 day(s)	3	QL; PA
<i>everolimus tablet 0.25mg</i> QL 120 each per 30 day(s)	5	QL; BvsD
<i>everolimus tablet 0.5mg</i> QL 120 each per 30 day(s)	5	QL; BvsD
<i>everolimus tablet 0.75mg</i> QL 120 each per 30 day(s)	5	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)	4	QL; BvsD
<i>everolimus tablet 2.5mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>everolimus tablet 2mg</i> QL 60 each per 30 day(s)	5	QL; PA
<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

Drug	Tier	Requirements /Limits
<i>everolimus tablet 5mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>everolimus tablet 7.5mg</i> QL 30 each per 30 day(s)	5	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
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

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
ICLUSIG TABLET 45MG QL 30 each per 30 day(s)	5	QL; PA	JAKAFI TABLET 25MG QL 60 each per 30 day(s)	5	QL
IDHIFA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA	JAKAFI TABLET 5MG QL 60 each per 30 day(s)	5	QL
IDHIFA TABLET 50MG QL 30 each per 30 day(s)	5	QL; PA	KISQALI TABLET 200DOSE QL 63 each per 28 day(s)	5	QL; PA
<i>imatinib mes tablet 100mg</i> QL 90 each per 30 day(s)	3	QL	KISQALI TABLET 400DOSE QL 63 each per 28 day(s)	5	QL; PA
<i>imatinib mes tablet 400mg</i> QL 60 each per 30 day(s)	3	QL	KISQALI TABLET 600DOSE QL 63 each per 28 day(s)	5	QL; PA
IMBRUVICA CAPSULE 140MG QL 120 each per 30 day(s)	5	QL; PA	KOSELUGO CAPSULE 10MG QL 120 each per 30 day(s)	5	QL; PA
IMBRUVICA CAPSULE 70MG QL 30 each per 30 day(s)	5	QL; PA	KOSELUGO CAPSULE 25MG QL 120 each per 30 day(s)	5	QL; PA
IMBRUVICA TABLET 140MG QL 30 each per 30 day(s)	5	QL; PA	<i>lapatinib tablet 250mg</i> QL 180 each per 30 day(s)	2	QL; PA
IMBRUVICA TABLET 280MG QL 30 each per 30 day(s)	5	QL; PA	<i>lenalidomide capsule 10mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
IMBRUVICA TABLET 420MG QL 30 each per 30 day(s)	5	QL; PA	<i>lenalidomide capsule 15mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
IMBRUVICA TABLET 560MG QL 30 each per 30 day(s)	5	QL; PA	<i>lenalidomide capsule 25mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
INLYTA TABLET 1MG QL 600 each per 30 day(s)	5	QL; PA	<i>lenalidomide capsule 5mg</i> QL 28 each per 28 day(s)	5	QL; PA; LA
INLYTA TABLET 5MG QL 120 each per 30 day(s)	5	QL; PA	LENVIMA CAPSULE 10MG QL 90 each per 30 day(s)	5	QL; PA
INQOVI TABLET 35-100MG QL 5 each per 28 day(s)	5	QL; PA	LENVIMA CAPSULE 12MG QL 90 each per 30 day(s)	5	QL; PA
INREBIC CAPSULE 100MG QL 120 each per 30 day(s)	5	QL; PA	LENVIMA CAPSULE 14MG QL 90 each per 30 day(s)	5	QL; PA
IRESSA TABLET 250MG QL 30 each per 30 day(s)	5	QL; PA	LENVIMA CAPSULE 18MG QL 90 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 10MG QL 60 each per 30 day(s)	5	QL	LENVIMA CAPSULE 20MG QL 90 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 15MG QL 60 each per 30 day(s)	5	QL	LENVIMA CAPSULE 24MG QL 90 each per 30 day(s)	5	QL; PA
JAKAFI TABLET 20MG QL 60 each per 30 day(s)	5	QL	LENVIMA CAPSULE 4MG QL 90 each per 30 day(s)	5	QL; PA

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
LENVIMA CAPSULE 8MG QL 90 each per 30 day(s)	5	QL; PA	NINLARO CAPSULE 3MG QL 3 each per 28 day(s)	5	QL; PA
LEUKERAN TABLET 2MG	3		NINLARO CAPSULE 4MG QL 3 each per 28 day(s)	5	QL; PA
LONSURF TABLET 15-6.14 QL 80 each per 28 day(s)	5	QL; PA	NUBEQA TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
LONSURF TABLET 20-8.19 QL 80 each per 28 day(s)	5	QL; PA	ODOMZO CAPSULE 200MG QL 30 each per 30 day(s)	5	QL; PA; LA
LORBRENA TABLET 100MG QL 30 each per 30 day(s)	5	QL; PA	ONUREG TABLET 200MG QL 14 each per 28 day(s)	5	QL; PA
LORBRENA TABLET 25MG QL 30 each per 30 day(s)	5	QL; PA	ONUREG TABLET 300MG QL 14 each per 28 day(s)	5	QL; PA
LUMAKRAS TABLET 120MG QL 240 each per 30 day(s)	5	QL; PA	PEMAZYRE TABLET 13.5MG	5	PA
LYNPARZA TABLET 100MG QL 120 each per 30 day(s)	5	QL; PA	PEMAZYRE TABLET 4.5MG	5	PA
LYNPARZA TABLET 150MG QL 120 each per 30 day(s)	5	QL; PA	PEMAZYRE TABLET 9MG	5	PA
LYSODREN TABLET 500MG	3		PIQRAY 200MG TABLET DOSE QL 30 each per 30 day(s)	5	QL; PA
MATULANE CAPSULE 50MG	3		PIQRAY 250MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
MEKINIST TABLET 0.5MG QL 90 each per 30 day(s)	5	QL; PA	PIQRAY 300MG TABLET DOSE QL 60 each per 30 day(s)	5	QL; PA
MEKINIST TABLET 2MG QL 30 each per 30 day(s)	5	QL; PA	POMALYST CAPSULE 1MG QL 21 each per 28 day(s)	5	QL; PA
MEKTOVI TABLET 15MG QL 180 each per 30 day(s)	5	QL; PA	POMALYST CAPSULE 2MG QL 21 each per 28 day(s)	5	QL; PA
<i>mercaptopur tablet 50mg</i>	2		POMALYST CAPSULE 3MG QL 21 each per 28 day(s)	5	QL; PA
METHOTREXATE INJECTABLE 25MG/ML <i>methotrexate injectable 50mg/2ml</i>	2	BvsD	POMALYST CAPSULE 4MG QL 21 each per 28 day(s)	5	QL; PA
<i>methotrexate tablet 2.5mg</i>	2		QINLOCK TABLET 50MG QL 90 each per 30 day(s)	5	QL; PA
NERLYNX TABLET 40MG QL 180 each per 30 day(s)	5	QL; PA	RASUVO INJECTABLE 10MG QL 0.80 each per 28 day(s)	3	QL; ST
NEXAVAR TABLET 200MG QL 120 each per 30 day(s)	5	QL; PA	RASUVO INJECTABLE 12.5MG QL 1 each per 28 day(s)	3	QL; ST
<i>nilutamide tablet 150mg</i>	2		RASUVO INJECTABLE 15MG QL 1.20 each per 28 day(s)	3	QL; ST
NINLARO CAPSULE 2.3MG QL 3 each per 28 day(s)	5	QL; PA			

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
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
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

Drug	Tier	Requirements /Limits
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
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

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>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
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

Drug	Tier	Requirements /Limits
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
VENCLEXTA TABLET START PK QL 120 each per 30 day(s)	5	QL; PA
VERZENIO TABLET 100MG QL 60 each per 30 day(s)	5	QL; PA
VERZENIO TABLET 150MG QL 60 each per 30 day(s)	5	QL; PA
VERZENIO TABLET 200MG QL 60 each per 30 day(s)	5	QL; PA
VERZENIO TABLET 50MG QL 60 each per 30 day(s)	5	QL; PA

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
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			
XOSPATA TABLET 40MG QL 90 each per 30 day(s)	5	QL; PA			
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 40MG QL 8 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 40MG QL 4 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 50MG QL 8 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 60MG QL 24 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 60MG QL 4 each per 28 day(s)	5	QL; PA			
XPOVIO PACKET 80MG QL 32 each per 28 day(s)	5	QL; PA			
XTANDI CAPSULE 40MG QL 120 each per 30 day(s)	5	QL; PA			

**ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND**

**ANTITOXINS AND IMMUNE GLOBULINS**

BIVIGAM INJECTABLE 10%	5	PA
FLEBOGAMMA INJECTABLE 5GM/50ML	5	PA
GAMMAGARD INJECTABLE 2.5GM/25	5	PA
GAMMAGARD SD INJECTABLE 10GM HU	5	PA
GAMMAGARD SD INJECTABLE 5GM HU	5	PA
GAMMAKED INJECTABLE 1GM/10ML	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 10%	5	PA
GAMMAPLEX INJECTABLE 5%	5	PA
GAMUNEX-C INJECTABLE 1GM/10ML	3	PA

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
OCTAGAM INJECTABLE 1GM	5	PA	PEDVAX HIB INJECTABLE	3	
OCTAGAM INJECTABLE 2GM/20ML	5	PA	PREHEVBRIO SUSPENSION 10MCG/ML	3	BvsD
PRIVIGEN INJECTABLE 20GRAMS	5	PA	PROQUAD INJECTABLE	3	
<b>TOXOIDS</b>			RABAVERT INJECTABLE	3	
ADACEL INJECTABLE	3		RECOMBIVA HB INJECTABLE 10MCG/ML	3	BvsD
BOOSTRIX INJECTABLE	3		RECOMBIVA HB INJECTABLE 5MCG/0.5	3	BvsD
BOOSTRIX INJECTABLE	3		RECOMBIVA-HB INJECTABLE 40MCG/ML	3	BvsD
DAPTACEL INJECTABLE	3		ROTARIX SUSPENSION	3	
DIP/TET PED INJECTABLE 25-5LFU	2		ROTATEQ SOLUTION	3	
INFANRIX INJECTABLE	3		SHINGRIX INJECTABLE 50/0.5ML	1	
KINRIX INJECTABLE	3		TICOVAC INJECTABLE	3	
PEDIARIX INJECTABLE 0.5ML	3		TRUMENBA INJECTABLE	3	
PENTACEL INJECTABLE	3		TWINRIX INJECTABLE	3	BvsD
QUADRACEL INJECTABLE	3		TYPHIM VI INJECTABLE	3	
QUADRACEL INJECTABLE 0.5ML	3		TYPHIM VI INJECTABLE	3	
TDVAX INJECTABLE 2-2 LF	3		VAQTA INJECTABLE 25/0.5ML	3	
TENIVAC INJECTABLE 5-2LF	3		VAQTA INJECTABLE 50UNT/ML	3	
<b>VACCINES</b>			VARIVAX INJECTABLE	3	
ACTHIB INJECTABLE	3		<b>AUTONOMIC DRUGS</b>		
BCG VACCINE INJECTABLE 50MG	3		<b>ANTICHOLINERGIC AGENTS</b>		
BEXSERO INJECTABLE	3		ATROVENT HFA AER 17MCG	4	
ENGERIX-B INJECTABLE 10/0.5ML	3	BvsD	BEVESPI AER 9-4.8MCG	3	QL
ENGERIX-B INJECTABLE 20MCG/ML	3	BvsD	QL 10.70 each per 30 day(s)		
GARDASIL 9 INJECTABLE	3		COMBIVENT AER 20-100	3	QL
GARDASIL 9 INJECTABLE	3		QL 8 each per 30 day(s)		
HAVRIX INJECTABLE 1440UNIT	3		<i>dicyclomine capsule 10mg</i>	1	QL
HAVRIX INJECTABLE 720UNIT	3		QL 240 each per 30 day(s)		
HIBERIX SOLUTION 10MCG	3		<i>dicyclomine solution</i>	2	QL
IMOVAX RABIE INJECTABLE 2.5/ML	3		<i>10mg/5ml</i>		
IPOL INJECTABLE INACTIVE	3		QL 2400 milliliter(s) 30 day(s)		
IXIARO INJECTABLE	3		<i>dicyclomine tablet 20mg</i>	1	QL
M-M-R II INJECTABLE	3		QL 240 each per 30 day(s)		
MENACTRA INJECTABLE	3				
MENVEO INJECTABLE	3				

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>glycopyrrol tablet 1mg</i>	1	
<i>glycopyrrol tablet 2mg</i>	1	
<i>glycopyrrola solution 1mg/5ml</i>	3	
<i>ipratropium solution 0.02%inh</i>	1	BvsD
<i>ipratropium/ solution albuter</i>	1	BvsD
<i>methscopolam tablet 2.5mg</i>	2	
<i>methscopolam tablet 5mg</i>	2	
<i>scopolamine dis 1mg/3day</i>	2	QL
QL 10 each per 28 day(s)		
SPIRIVA AER 1.25MCG	3	QL
QL 4 each per 30 day(s)		
SPIRIVA CAPSULE HANDIHLR	3	QL
QL 30 each per 30 day(s)		
SPIRIVA SPR 2.5MCG	3	QL
QL 4 each per 30 day(s)		
STIOLTO AER 2.5-2.5	3	QL
QL 4 each per 30 day(s)		
TRELEGY AER ELLIPTA	3	QL
QL 60 each per 30 day(s)		
TRELEGY AER ELLIPTA	3	QL
QL 60 each per 30 day(s)		
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
CHANTIX PACKET 1MG	3	QL
QL 336 each per 365 day(s)		
NICOTROL INH	4	QL
QL 1344 each per 30 day(s)		
NICOTROL NS SPR 10MG/ML	4	QL
QL 360 milliliter(s) 30 day(s)		
<i>varenicline packet 0.5x1mg</i>	1	QL
QL 106 each per 365 day(s)		
<i>varenicline tablet 0.5mg</i>	1	QL
QL 336 each per 365 day(s)		
<i>varenicline tablet 1mg</i>	1	QL
QL 336 each per 365 day(s)		
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol tablet 10mg</i>	1	
<i>bethanechol tablet 25mg</i>	1	

Drug	Tier	Requirements /Limits
<i>bethanechol tablet 50mg</i>	1	
<i>bethanechol tablet 5mg</i>	1	
CEVIMELINE CAPSULE 30MG	3	
<i>donepezil tablet 10mg</i>	1	
<i>donepezil tablet 10mg odt</i>	1	
<i>donepezil tablet 23mg</i>	1	
<i>donepezil tablet 5mg</i>	1	
<i>donepezil tablet 5mg odt</i>	1	
<i>galantamine capsule 16mg er</i>	2	
<i>galantamine capsule 24mg er</i>	2	
<i>galantamine capsule 8mg er</i>	2	
<i>galantamine solution 4mg/ml</i>	2	
<i>galantamine tablet 12mg</i>	1	
<i>galantamine tablet 4mg</i>	1	
<i>galantamine tablet 8mg</i>	1	
<i>pilocarpine tablet 5mg</i>	2	
<i>pilocarpine tablet 7.5mg</i>	2	
<i>pyridostigm tablet 60mg</i>	1	
<i>pyridostigmi solution</i>	3	
<i>60mg/5ml</i>		
<i>pyridostigmi tablet 30mg</i>	1	
<i>pyridostigmi tablet er 180mg</i>	3	
<i>rivastigmine capsule 1.5mg</i>	2	
<i>rivastigmine capsule 3mg</i>	2	
<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	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen tablet 10mg</i>	1	
<i>baclofen tablet 20mg</i>	1	
<i>baclofen tablet 5mg</i>	1	
<i>carisoprodol tablet 350mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>cyclobenzapr tablet 10mg</i>	2	
<i>cyclobenzapr tablet 5mg</i>	2	

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>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>	3	
<i>metaxalone tablet 800mg</i>	3	
<i>methocarbam tablet 500mg</i>	2	
<i>methocarbam tablet 750mg</i>	2	
<i>tizanidine capsule 2mg</i>	2	QL; ST
QL 540 each per 30 day(s)		
<i>tizanidine capsule 4mg</i>	2	QL; ST
QL 270 each per 30 day(s)		
<i>tizanidine capsule 6mg</i>	2	QL; ST
QL 180 each per 30 day(s)		
<i>tizanidine tablet 2mg</i>	2	QL
QL 540 each per 30 day(s)		
<i>tizanidine tablet 4mg</i>	2	QL
QL 270 each per 30 day(s)		
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>		
<i>alfuzosin tablet 10mg er</i>	1	QL
QL 30 each per 30 day(s)		
DIHYDROERGOT SPR 4MG/ML	2	PA
<i>ergoloid mes tablet 1mg oral</i>	2	QL
QL 90 each per 30 day(s)		
<i>phenoxybenza capsule 10mg</i>	5	QL; PA
QL 3600 each per 30 day(s)		
<i>silodosin capsule 4mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>silodosin capsule 8mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>tamsulosin capsule 0.4mg</i>	1	QL
QL 60 each per 30 day(s)		
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
ALBUTEROL AER HFA	1	QL
QL 36 each per 30 day(s)		
<i>albuterol aer hfa</i>	1	QL
QL 13.40 each per 30 day(s)		

Drug	Tier	Requirements /Limits
ALBUTEROL AER HFA	1	QL
QL 17 each per 30 day(s)		
<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>	3	QL; BvsD
QL 120 milliliter(s) 30 day(s)		
<i>droxidopa capsule 100mg</i>	5	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 200mg</i>	5	QL; PA
QL 180 each per 30 day(s)		
<i>droxidopa capsule 300mg</i>	5	QL; PA
QL 180 each per 30 day(s)		
EPINEPHRINE INJECTABLE	3	
0.15MG		
EPINEPHRINE INJECTABLE	3	
0.15MG		
EPINEPHRINE INJECTABLE	3	
0.3MG		
<i>formoterol neb 20/2ml</i>	3	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)		

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
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)		

### 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	5	QL
QL 30 milliliter(s) 30 day(s)		
FONDAPARINUX INJECTABLE 2.5/0.5	4	QL
QL 30 each per 30 day(s)		
FONDAPARINUX INJECTABLE 5/0.4ML	5	QL
QL 30 milliliter(s) 30 day(s)		

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

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	
warfarin tablet 1mg	1	
warfarin tablet 2.5mg	1	
warfarin tablet 2mg	1	
warfarin tablet 3mg	1	
warfarin tablet 4mg	1	
warfarin tablet 5mg	1	
warfarin tablet 6mg	1	
warfarin tablet 7.5mg	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
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS AGENTS, MISCELLANEOUS</b>		
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
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 100MCG	5	BvsD
ARANESP INJECTABLE 10MCG	3	BvsD
ARANESP INJECTABLE 150MCG	5	BvsD

Drug	Tier Requirements /Limits	
ARANESP INJECTABLE 200MCG	5	BvsD
ARANESP INJECTABLE 200MCG	5	BvsD
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE 25MCG	3	BvsD
ARANESP INJECTABLE 300MCG	5	BvsD
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE 40MCG	3	BvsD
ARANESP INJECTABLE 500MCG	5	BvsD
ARANESP INJECTABLE 60MCG	3	BvsD
ARANESP INJECTABLE 60MCG	3	BvsD
DOPTELET TABLET 20MG QL 10 each per 30 day(s)	4	QL; PA
DOPTELET TABLET 20MG QL 15 each per 30 day(s)	4	QL; PA
DOPTELET TABLET 20MG QL 60 each per 30 day(s)	4	QL; PA
EPOGEN INJECTABLE 10000/ML	4	BvsD
EPOGEN INJECTABLE 2000/ML	4	BvsD
EPOGEN INJECTABLE 20000/ML	5	BvsD
EPOGEN INJECTABLE 3000/ML	4	BvsD
EPOGEN INJECTABLE 4000/ML	4	BvsD
FULPHILA INJECTABLE 6/0.6ML	5	PA
GRANIX INJECTABLE 300/0.5	5	BvsD
GRANIX INJECTABLE 300/1ML	5	BvsD
GRANIX INJECTABLE 480/0.8	5	BvsD
GRANIX INJECTABLE 480/1.6	5	BvsD
LEUKINE INJECTABLE 250MCG	5	BvsD
MULPLETA TABLET 3MG QL 7 each per 30 day(s)	4	QL; PA
NEULASTA INJECTABLE 6MG/0.6M	5	PA

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>amlod/atorva tablet 10-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 10-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 10-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 10-80mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 2.5-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 2.5-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 2.5-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 5-10mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 5-20mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 5-40mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>amlod/atorva tablet 5-80mg</i> QL 30 each per 30 day(s)	2	QL; ST
<i>atorvastatin tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 20mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 40mg</i> QL 30 each per 30 day(s)	1	QL
<i>atorvastatin tablet 80mg</i> QL 30 each per 30 day(s)	1	QL
<i>cholestyram pow 4gm</i> QL 720 each per 30 day(s)	2	QL
<i>cholestyram pow 4gm lite</i> QL 1195 each per 30 day(s)	2	QL
COLESEVELAM PACKET 3.75 QL 180 each per 30 day(s)	4	QL
<i>colesevelam tablet 625mg</i> QL 180 each per 30 day(s)	2	QL

Drug	Tier	Requirements /Limits
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

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>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)	3	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
<i>lovastatin tablet 40mg</i> QL 60 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
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

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>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
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>	
<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
<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

Drug	Tier Requirements /Limits
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
<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
NISOLDIPINE TABLET 17MG ER	2
<i>nisoldipine tablet 20mg er</i>	2
<i>nisoldipine tablet 25.5mg</i>	2

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>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>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
<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
<b>CARDIAC DRUGS</b>	
<i>amiodarone tablet 100mg</i>	1

Drug	Tier Requirements /Limits
<i>amiodarone tablet 200mg</i>	1
<i>amiodarone tablet 400mg</i>	1
CORLANOR SOLUTION	3 QL; ST
5MG/5ML	
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	1
50MCG/ML	
<i>digoxin tablet 0.0625mg</i>	3
<i>digoxin tablet 0.125mg</i>	1
<i>digoxin tablet 0.25mg</i>	1
<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</i>	2
<i>er</i>	
<i>propafenone capsule 325mg</i>	2
<i>er</i>	

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>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)		
<b>HYPOTENSIVE AGENTS</b>		
<i>clonidine dis 0.1/24hr</i>	2	
<i>clonidine dis 0.2/24hr</i>	2	
<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)		
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
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)		

Drug	Tier	Requirements /Limits
<i>benazepril tablet 10mg</i>	1	
<i>benazepril tablet 20mg</i>	1	
<i>benazepril tablet 40mg</i>	1	
<i>benazepril tablet 5mg</i>	1	
CANDESARTAN TABLET 16MG	1	
<i>candesartan tablet 32mg</i>	1	
<i>candesartan tablet 4mg</i>	1	
<i>candesartan tablet 8mg</i>	1	
<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	
<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>fosinopril tablet 10mg</i>	1	
<i>fosinopril tablet 20mg</i>	1	
<i>fosinopril tablet 40mg</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>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	

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
lisinopril tablet 30mg	1		isosorb din tablet 10mg	1	
lisinopril tablet 40mg	1		isosorb din tablet 20mg	1	
lisinopril tablet 5mg	1		isosorb din tablet 30mg	1	
losartan pot tablet 100mg	1		isosorb din tablet 40mg	1	
losartan pot tablet 25mg	1		isosorb din tablet 5mg	1	
losartan pot tablet 50mg	1		ISOSORB MONO TABLET 10MG	1	
moexipril tablet 15mg	1		isosorb mono tablet 120mg er	1	
moexipril tablet 7.5mg	1		ISOSORB MONO TABLET 20MG	1	
olmesa medox tablet 20mg	1		isosorb mono tablet 30mg er	1	
olmesa medox tablet 40mg	1		isosorb mono tablet 60mg er	1	
olmesa medox tablet 5mg	1		nitroglyceri sub 0.6mg	1	
perindopril tablet 2mg	1		nitroglyceri sub 0.3mg	1	
perindopril tablet 4mg	1		nitroglyceri sub 0.4mg	1	
perindopril tablet 8mg	1		sildenafil suspension 10mg/ml	2	QL; PA
quinapril tablet 10mg	1		QL 180 milliliter(s) 30 day(s)		
quinapril tablet 20mg	1		sildenafil tablet 20mg	1	QL; PA
quinapril tablet 40mg	1		QL 90 each per 30 day(s)		
quinapril tablet 5mg	1		tadalafil tablet 20mg	2	QL; PA
ramipril capsule 1.25mg	1		QL 60 each per 30 day(s)		
ramipril capsule 10mg	1		VERQUVO TABLET 10MG	4	QL; PA
ramipril capsule 2.5mg	1		QL 30 each per 30 day(s)		
ramipril capsule 5mg	1		VERQUVO TABLET 2.5MG	4	QL; PA
spironolact tablet 100mg	1		QL 30 each per 30 day(s)		
spironolact tablet 25mg	1		VERQUVO TABLET 5MG	4	QL; PA
spironolact tablet 50mg	1		QL 30 each per 30 day(s)		
telmisartan tablet 20mg	1		<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
telmisartan tablet 40mg	1		<b>ANALGESICS AND ANTIPYRETICS</b>		
telmisartan tablet 80mg	1		apap/codeine tablet	3	QL; NM
trandolapril tablet 1mg	1		300-15mg		
trandolapril tablet 2mg	1		QL 390 each per 30 day(s)		
trandolapril tablet 4mg	1		apap/codeine tablet	3	QL; NM
valsartan tablet 160mg	1		300-30mg		
valsartan tablet 320mg	1		QL 390 each per 30 day(s)		
valsartan tablet 40mg	1		apap/codeine tablet	3	QL; NM
valsartan tablet 80mg	1		300-60mg		
<b>VASODILATING AGENTS</b>			QL 390 each per 30 day(s)		
asa/dipyrida capsule 25-200mg	3	QL	apap/codeine tablet	3	QL; NM
QL 60 each per 30 day(s)			300-60mg		
			QL 390 each per 30 day(s)		

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
<i>ascomp/cod capsule 30mg</i> QL 180 each per 30 day(s)	3	QL; NM	<i>buprenorphin sub 2mg</i> QL 210 each per 30 day(s)	2	QL; NM
BELBUCA MIS 150MCG QL 60 each per 30 day(s)	3	QL; NM	<i>buprenorphin sub 8mg</i> QL 120 each per 30 day(s)	2	QL; NM
BELBUCA MIS 300MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/apap/caf capsule</i> QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 450MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/apap/caf capsule</i> QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 600MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/apap/caf capsule codeine</i> QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 750MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/apap/caf capsule codeine</i> QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 75MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/apap/caf tablet</i> QL 60 each per 30 day(s)	3	QL; NM
BELBUCA MIS 900MCG QL 60 each per 30 day(s)	3	QL; NM	<i>but/asa/caf/ capsule codeine</i> QL 60 each per 30 day(s)	3	QL; NM
<i>bupren/nalox mis 12-3mg</i> QL 120 each per 30 day(s)	2	QL; NM	<i>but/asa/caff capsule</i> QL 60 each per 30 day(s)	3	QL; NM
<i>bupren/nalox mis 2-0.5mg</i> QL 120 each per 30 day(s)	2	QL; NM	<i>butorphanol solution</i> 10mg/ml QL 25 milliliter(s) 30 day(s)	3	QL; NM
<i>bupren/nalox mis 4-1mg</i> QL 120 each per 30 day(s)	2	QL; NM	CAMBIA POW 50MG QL 9 each per 30 day(s)	4	QL; ST
<i>bupren/nalox mis 8-2mg</i> QL 120 each per 30 day(s)	2	QL; NM	<i>celecoxib capsule 100mg</i> QL 240 each per 30 day(s)	1	QL
<i>bupren/nalox sub 2-0.5mg</i> QL 120 each per 30 day(s)	2	QL; NM	<i>celecoxib capsule 200mg</i> QL 120 each per 30 day(s)	1	QL
<i>bupren/nalox sub 8-2mg</i> QL 120 each per 30 day(s)	2	QL; NM	<i>celecoxib capsule 400mg</i> QL 60 each per 30 day(s)	1	QL
<i>buprenorphin dis 10mcg/hr</i> QL 4 each per 28 day(s)	2	QL; NM	<i>celecoxib capsule 50mg</i> QL 480 each per 30 day(s)	1	QL
BUPRENORPHIN DIS 15MCG/HR QL 4 each per 28 day(s)	2	QL; NM	CODEINE SULF TABLET 15MG QL 180 each per 30 day(s)	3	QL; NM
BUPRENORPHIN DIS 20MCG/HR QL 4 each per 28 day(s)	2	QL; NM	CODEINE SULF TABLET 30MG QL 180 each per 30 day(s)	3	QL; NM
BUPRENORPHIN DIS 5MCG/HR QL 4 each per 28 day(s)	2	QL; NM	CODEINE SULF TABLET 60MG QL 180 each per 30 day(s)	3	QL; NM
BUPRENORPHIN DIS 7.5/HR QL 4 each per 28 day(s)	2	QL; 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
<i>diclofen pot tablet 50mg</i>	1	
<i>diclofenac gel 3%</i>	2	
<i>diclofenac tablet 100mg er</i>	1	
<i>diclofenac tablet 25mg dr</i>	1	
<i>diclofenac tablet 50mg dr</i>	1	
<i>diclofenac tablet 75mg dr</i>	1	
<i>diflunisal tablet 500mg</i> QL 90 each per 30 day(s)	2	QL
<i>endocet tablet 10-325mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>endocet tablet 5-325mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>endocet tablet 7.5-325</i> QL 120 each per 30 day(s)	3	QL; NM
<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> QL 60 each per 30 day(s)	1	QL
<i>etodolac er tablet 500mg</i> QL 60 each per 30 day(s)	1	QL
<i>etodolac er tablet 600mg</i> QL 30 each per 30 day(s)	1	QL
FENOPROFEN CAPSULE 400MG	2	
<i>fenoprofen tablet 600mg</i>	2	
<i>fentanyl dis 100mcg/h</i> QL 10 each per 30 day(s)	3	QL; PA; NM
<i>fentanyl dis 12mcg/hr</i> QL 10 each per 30 day(s)	3	QL; PA; NM
<i>fentanyl dis 25mcg/hr</i> QL 10 each per 30 day(s)	3	QL; PA; NM
<i>fentanyl dis 50mcg/hr</i> QL 10 each per 30 day(s)	3	QL; PA; NM
<i>fentanyl dis 75mcg/hr</i> QL 10 each per 30 day(s)	3	QL; PA; NM
FENTANYL CIT TABLET 100MCG QL 120 each per 30 day(s)	4	QL; PA

Drug	Tier	Requirements /Limits
FENTANYL CIT TABLET 200MCG QL 120 each per 30 day(s)	4	QL; PA
FENTANYL CIT TABLET 400MCG QL 120 each per 30 day(s)	4	QL; PA
FENTANYL CIT TABLET 600MCG QL 120 each per 30 day(s)	4	QL; PA
FENTANYL CIT TABLET 800MCG QL 120 each per 30 day(s)	4	QL; PA
FENTANYL OT LOZ 1200MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 1600MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 200MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 400MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 600MCG QL 120 each per 30 day(s)	4	QL; PA; NM
FENTANYL OT LOZ 800MCG QL 120 each per 30 day(s)	4	QL; PA; NM
<i>flurbiprofen tablet 100mg</i>	1	
<i>hydroco/apap tablet</i> 10-325mg QL 120 each per 30 day(s)	3	QL; NM
<i>hydroco/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>hydroco/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	3	QL; NM
<i>hydrocod/ibu tablet 7.5-200</i> QL 210 each per 30 day(s)	3	QL; NM
<i>hydromorphon tablet 12mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>hydromorphon tablet 16mg er</i> QL 30 each per 30 day(s)	3	QL; PA; 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
<i>hydromorphon tablet 2mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>hydromorphon tablet 32mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>hydromorphon tablet 4mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>hydromorphon tablet 8mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>hydromorphon tablet 8mg er</i> QL 30 each per 30 day(s)	3	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>	3	
<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 10mg/5ml</i> QL 600 milliliter(s) 30 day(s)	3	QL; PA; NM
<i>methadone solution 5mg/5ml</i> QL 600 milliliter(s) 30 day(s)	3	QL; PA; NM
<i>methadone tablet 10mg</i> QL 120 each per 30 day(s)	3	QL; PA; NM
<i>methadone tablet 5mg</i> QL 120 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 100mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 10mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM

Drug	Tier	Requirements /Limits
<i>morphine sul capsule 120mg</i> <i>er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 20mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 30mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 45mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 50mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 60mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 75mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 80mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul capsule 90mg er</i> QL 30 each per 30 day(s)	3	QL; PA; NM
MORPHINE SUL SOLUTION 10MG/5ML QL 960 milliliter(s) 30 day(s)	3	QL; NM
MORPHINE SUL SOLUTION 20MG/5ML QL 960 milliliter(s) 30 day(s)	3	QL; NM
<i>morphine sul solution</i> <i>20mg/ml</i> QL 240 milliliter(s) 30 day(s)	3	QL; NM
<i>morphine sul tablet 100mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul tablet 15mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>morphine sul tablet 15mg er</i> QL 90 each per 30 day(s)	3	QL; PA; 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
<i>morphine sul tablet 200mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul tablet 30mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>morphine sul tablet 30mg er</i> QL 60 each per 30 day(s)	3	QL; PA; NM
<i>morphine sul tablet 60mg er</i> QL 60 each per 30 day(s)	3	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>	3	
<i>naproxen sod tablet 550mg</i>	3	
<i>oxycod/apap tablet 10-325mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>oxycod/apap tablet 2.5-325</i> QL 120 each per 30 day(s)	3	QL; NM
<i>oxycod/apap tablet 5-325mg</i> QL 120 each per 30 day(s)	3	QL; NM
<i>oxycod/apap tablet 7.5-325</i> QL 120 each per 30 day(s)	3	QL; NM
<i>oxycodone capsule hcl 5mg</i> QL 180 each per 30 day(s)	3	QL; NM
<i>oxycodone con 100/5ml</i> QL 270 milliliter(s) 30 day(s)	3	QL; NM
<i>oxycodone solution 5mg/5ml</i> QL 240 milliliter(s) 30 day(s)	3	QL; NM
<i>oxycodone tablet 10mg</i> QL 180 each per 30 day(s)	3	QL; NM
OXYCODONE TABLET 10MG ER QL 60 each per 30 day(s)	3	QL; PA; NM
<i>oxycodone tablet 15mg</i> QL 180 each per 30 day(s)	3	QL; NM
<i>oxycodone tablet 20mg</i> QL 180 each per 30 day(s)	3	QL; NM

Drug	Tier	Requirements /Limits
OXYCODONE TABLET 20MG ER QL 60 each per 30 day(s)	3	QL; PA; NM
<i>oxycodone tablet 30mg</i> QL 180 each per 30 day(s)	3	QL; NM
OXYCODONE TABLET 40MG ER QL 60 each per 30 day(s)	3	QL; PA; NM
<i>oxycodone tablet 5mg</i> QL 180 each per 30 day(s)	3	QL; NM
OXYCODONE TABLET 80MG ER QL 60 each per 30 day(s)	3	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)	3	QL
<i>tramadol hcl tablet 100mg</i> QL 120 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 100mg er</i> QL 120 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 200mg er</i> QL 60 each per 30 day(s)	3	QL
<i>tramadol hcl tablet 300mg er</i> QL 30 each per 30 day(s)	3	QL

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>tramadol hcl tablet 50mg</i> QL 240 each per 30 day(s)	3	QL
XTAMPZA ER CAPSULE 13.5MG QL 60 each per 30 day(s)	3	QL; PA; NM
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
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CNS STIMULANTS</b>		
<i>amphet/dextr capsule 10mg er</i> QL 30 each per 30 day(s)	3	QL
<i>amphet/dextr capsule 15mg er</i> QL 30 each per 30 day(s)	3	QL
<i>amphet/dextr capsule 20mg er</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr capsule 25mg er</i> QL 60 each per 30 day(s)	3	QL
AMPHET/DEXTR CAPSULE 30MG ER QL 60 each per 30 day(s)	3	QL
AMPHET/DEXTR CAPSULE 5MG ER QL 30 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 10mg</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 12.5mg</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 15mg</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 20mg</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 30mg</i> QL 60 each per 30 day(s)	3	QL

Drug	Tier	Requirements /Limits
<i>amphet/dextr tablet 5mg</i> QL 60 each per 30 day(s)	3	QL
<i>amphet/dextr tablet 7.5mg</i> QL 60 each per 30 day(s)	3	QL
<i>armodafinil tablet 150mg</i> QL 30 each per 30 day(s)	3	QL
ARMODAFINIL TABLET 200MG QL 30 each per 30 day(s)	3	QL
<i>armodafinil tablet 250mg</i> QL 30 each per 30 day(s)	3	QL
<i>armodafinil tablet 50mg</i> QL 30 each per 30 day(s)	3	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)	3	QL
<i>dexmethylph capsule 30mg er</i> QL 30 each per 30 day(s)	3	QL
<i>dexmethylph capsule 40mg er</i> QL 30 each per 30 day(s)	3	QL
<i>dexmethylphe capsule 10mg er</i> QL 60 each per 30 day(s)	3	QL
<i>dexmethylphe capsule 20mg er</i> QL 30 each per 30 day(s)	3	QL
<i>dexmethylphe capsule 5mg er</i> QL 30 each per 30 day(s)	3	QL
<i>dexmethylphe capsule er 25mg</i> QL 30 each per 30 day(s)	3	QL

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>dexmethylphe capsule er 35mg</i> QL 30 each per 30 day(s)	3	QL
<i>dextroamphet capsule 10mg er</i> QL 120 each per 30 day(s)	3	QL
<i>dextroamphet capsule 15mg er</i> QL 120 each per 30 day(s)	3	QL
<i>dextroamphet capsule 5mg er</i> QL 60 each per 30 day(s)	3	QL
<i>methylphenid capsule 10mg</i> QL 180 each per 30 day(s)	3	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)	3	QL
<i>methylphenid capsule 20mg er</i> QL 30 each per 30 day(s)	3	QL
METHYLPHENID CAPSULE 30MG QL 60 each per 30 day(s)	3	QL
<i>methylphenid capsule 30mg er</i> QL 30 each per 30 day(s)	3	QL
METHYLPHENID CAPSULE 40MG ER QL 30 each per 30 day(s)	3	QL
<i>methylphenid capsule 40mg er</i> QL 30 each per 30 day(s)	3	QL
METHYLPHENID CAPSULE 50MG QL 30 each per 30 day(s)	3	QL
METHYLPHENID CAPSULE 60MG QL 30 each per 30 day(s)	3	QL
<i>methylphenid capsule 60mg la</i> QL 30 each per 30 day(s)	3	QL
<i>methylphenid chw 10mg</i> QL 180 each per 30 day(s)	3	QL
<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)	3	QL

Drug	Tier	Requirements /Limits
<i>methylphenid solution</i> 10mg/5ml QL 900 milliliter(s) 30 day(s)	3	QL
<i>methylphenid solution</i> 5mg/5ml QL 1800 milliliter(s) 30 day(s)	3	QL
<i>methylphenid tablet 10mg</i> QL 90 each per 30 day(s)	3	QL
<i>methylphenid tablet 10mg er</i> QL 120 each per 30 day(s)	3	QL
<i>methylphenid tablet 18mg er</i> QL 30 each per 30 day(s)	3	QL
<i>methylphenid tablet 20mg</i> QL 90 each per 30 day(s)	3	QL
<i>methylphenid tablet 20mg er</i> QL 90 each per 30 day(s)	3	QL
<i>methylphenid tablet 27mg er</i> QL 30 each per 30 day(s)	3	QL
<i>methylphenid tablet 36mg er</i> QL 30 each per 30 day(s)	3	QL
<i>methylphenid tablet 54mg er</i> QL 30 each per 30 day(s)	3	QL
<i>methylphenid tablet 5mg</i> QL 90 each per 30 day(s)	3	QL
<i>methylphenid tablet 72mg er</i> QL 30 each per 30 day(s)	3	QL
<i>modafinil tablet 100mg</i> QL 30 each per 30 day(s)	3	QL
<i>modafinil tablet 200mg</i> QL 60 each per 30 day(s)	3	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
VYVANSE CAPSULE 40MG QL 30 each per 30 day(s)	4	QL; ST

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
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
<b>ANTICONVULSANTS</b>		
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
<i>carbamazepin chw 100mg</i> QL 480 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<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</i> 2.5mg/ml 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
DIACOMIT CAPSULE 250MG QL 300 each per 30 day(s)	4	QL; PA

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
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
EQUETRO CAPSULE 100MG QL 180 each per 30 day(s)	4	QL; ST
EQUETRO CAPSULE 200MG QL 180 each per 30 day(s)	4	QL; ST

Drug	Tier	Requirements /Limits
EQUETRO CAPSULE 300MG QL 180 each per 30 day(s)	4	QL; ST
<i>ethosuximide capsule 250mg</i>	1	
<i>ethosuximide solution</i> 250/5ml QL 1200 milliliter(s) 30 day(s)	1	QL
<i>felbamate suspension</i> 600/5ml QL 900 milliliter(s) 30 day(s)	2	QL
<i>felbamate tablet 400mg</i> QL 270 each per 30 day(s)	2	QL
<i>felbamate tablet 600mg</i> QL 180 each per 30 day(s)	2	QL
FINTEPLA SOLUTION 2.2MG/ML QL 360 milliliter(s) 30 day(s)	4	QL; PA
FYCOMPA SUSPENSION 0.5MG/ML QL 720 milliliter(s) 30 day(s)	4	QL
FYCOMPA TABLET 10MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 12MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 2MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 4MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 6MG QL 30 each per 30 day(s)	4	QL
FYCOMPA TABLET 8MG QL 30 each per 30 day(s)	4	QL
<i>gabapentin capsule 100mg</i> QL 960 each per 30 day(s)	1	QL
<i>gabapentin capsule 300mg</i> QL 330 each per 30 day(s)	1	QL
<i>gabapentin capsule 400mg</i> QL 270 each per 30 day(s)	1	QL

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>gabapentin solution 250/5ml</i> QL 2160 milliliter(s) 30 day(s)	1	QL
<i>gabapentin tablet 600mg</i> QL 180 each per 30 day(s)	1	QL
<i>gabapentin tablet 800mg</i> QL 120 each per 30 day(s)	1	QL
<i>lacosamide tablet 100mg</i> QL 60 each per 30 day(s)	2	QL
<i>lacosamide tablet 150mg</i> QL 60 each per 30 day(s)	2	QL
<i>lacosamide tablet 200mg</i> QL 60 each per 30 day(s)	2	QL
<i>lacosamide tablet 50mg</i> QL 60 each per 30 day(s)	2	QL
LAMICTAL ODT TABLET 100MG QL 60 each per 30 day(s)	4	QL
LAMICTAL ODT TABLET 200MG QL 90 each per 30 day(s)	4	QL
LAMICTAL ODT TABLET 25MG QL 210 each per 30 day(s)	4	QL
LAMICTAL ODT TABLET 50MG QL 120 each per 30 day(s)	4	QL
<i>lamotrigine chw 25mg</i> QL 600 each per 30 day(s)	2	QL
<i>lamotrigine chw 5mg</i> QL 600 each per 30 day(s)	2	QL
<i>lamotrigine kit odt</i> QL 70 each per 365 day(s)	2	QL
<i>lamotrigine kit start 35</i> QL 70 each per 365 day(s)	2	QL
<i>lamotrigine kit start 49</i> QL 98 each per 365 day(s)	2	QL
<i>lamotrigine kit start 98</i> QL 196 each per 365 day(s)	2	QL
<i>lamotrigine tablet 100mg</i> QL 180 each per 30 day(s)	1	QL
<i>lamotrigine tablet 100mg er</i> QL 90 each per 30 day(s)	3	QL

Drug	Tier	Requirements /Limits
<i>lamotrigine tablet 150mg</i> QL 120 each per 30 day(s)	1	QL
<i>lamotrigine tablet 200mg</i> QL 90 each per 30 day(s)	1	QL
<i>lamotrigine tablet 200mg er</i> QL 90 each per 30 day(s)	3	QL
<i>lamotrigine tablet 250mg er</i> QL 90 each per 30 day(s)	3	QL
<i>lamotrigine tablet 25mg</i> QL 720 each per 30 day(s)	1	QL
<i>lamotrigine tablet 25mg er</i> QL 60 each per 30 day(s)	3	QL
<i>lamotrigine tablet 25mg odt</i> QL 210 each per 30 day(s)	2	QL
<i>lamotrigine tablet 300mg er</i> QL 90 each per 30 day(s)	3	QL
<i>lamotrigine tablet 50mg er</i> QL 30 each per 30 day(s)	3	QL
<i>lamotrigine tablet 50mg odt</i> QL 120 each per 30 day(s)	2	QL
<i>lamotrigine tablet 100mg odt</i> QL 60 each per 30 day(s)	2	QL
<i>lamotrigine tablet 200mg odt</i> QL 90 each per 30 day(s)	2	QL
<i>levetiraceta solution</i> 100mg/ml QL 900 milliliter(s) 30 day(s)	1	QL
<i>levetiraceta tablet 1000mg</i> QL 120 each per 30 day(s)	1	QL
<i>levetiraceta tablet 250mg</i> QL 480 each per 30 day(s)	1	QL
<i>levetiraceta tablet 500mg</i> QL 240 each per 30 day(s)	1	QL
<i>levetiraceta tablet 500mg er</i> QL 120 each per 30 day(s)	1	QL
<i>levetiraceta tablet 750mg</i> QL 120 each per 30 day(s)	1	QL

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>levetiraceta tablet 750mg er</i> QL 120 each per 30 day(s)	1	QL
MAGNESIUM SU INJECTABLE 50%	2	HI
<i>magnesium su injectable 50%</i>	2	HI
<i>oxcarbazepin suspension</i> 300mg/5m QL 1200 each per 30 day(s)	1	QL
<i>oxcarbazepin tablet 150mg</i> QL 600 each per 30 day(s)	1	QL
<i>oxcarbazepin tablet 300mg</i> QL 300 each per 30 day(s)	1	QL
<i>oxcarbazepin tablet 600mg</i> QL 120 each per 30 day(s)	1	QL
PHENOBARB ELX 20MG/5ML	1	
PHENOBARB TABLET 100MG	1	
PHENOBARB TABLET 15MG	1	
PHENOBARB TABLET 16.2MG	1	
PHENOBARB TABLET 30MG	1	
PHENOBARB TABLET 32.4MG	1	
PHENOBARB TABLET 60MG	1	
PHENOBARB TABLET 64.8MG	1	
PHENOBARB TABLET 97.2MG	1	
<i>phenytoin chw 50mg</i> QL 600 each per 30 day(s)	1	QL
<i>phenytoin suspension 125/5ml</i> QL 750 milliliter(s) 30 day(s)	2	QL
<i>phenytoin ex capsule 100mg</i> QL 300 each per 30 day(s)	1	QL
<i>phenytoin ex capsule 200mg</i> QL 180 each per 30 day(s)	1	QL
<i>phenytoin ex capsule 300mg</i> QL 120 each per 30 day(s)	2	QL
<i>pregabalin capsule 100mg</i> QL 90 each per 30 day(s)	1	QL
<i>pregabalin capsule 150mg</i> QL 120 each per 30 day(s)	1	QL
<i>pregabalin capsule 200mg</i> QL 90 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<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</i> 40mg/ml QL 2400 milliliter(s) 30 day(s)	2	QL; PA
<i>rufinamide tablet 200mg</i> QL 120 each per 30 day(s)	3	QL; PA
<i>rufinamide tablet 400mg</i> QL 240 each per 30 day(s)	3	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

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
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)	3	QL; PA
TOPIRAMATE CAPSULE ER 150MG QL 60 each per 30 day(s)	3	QL; PA
TOPIRAMATE CAPSULE ER 200MG QL 60 each per 30 day(s)	3	QL; PA
TOPIRAMATE CAPSULE ER 25MG QL 30 each per 30 day(s)	3	QL; PA
TOPIRAMATE CAPSULE ER 50MG QL 30 each per 30 day(s)	3	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
<i>valproic acid solution 250/5ml</i> QL 3000 milliliter(s) 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<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
<i>zonisamide capsule 25mg</i> QL 720 each per 30 day(s)	1	QL

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>zonisamide capsule 50mg</i> QL 360 each per 30 day(s)	1	QL
<b>ANTIMANIC AGENTS</b>		
<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	
<b>ANTIMIGRAINE AGENTS</b>		
AIMOVIG INJECTABLE 140MG/ML QL 2 milliliter(s) 28 day(s)	4	QL; PA
AIMOVIG 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)	4	QL; ST
<i>naratriptan tablet 1mg</i> QL 9 each per 30 day(s)	2	QL
<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

Drug	Tier	Requirements /Limits
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</i> 4mg/0.5 QL 4 each per 30 day(s)	4	QL
SUMATRIPTAN INJECTABLE 4MG/0.5 QL 4 each per 30 day(s)	4	QL
<i>sumatriptan injectable</i> 6mg/0.5 QL 4 each per 30 day(s)	4	QL
SUMATRIPTAN INJECTABLE 6MG/0.5 QL 4 each per 30 day(s)	4	QL
<i>sumatriptan injectable</i> 6mg/0.5 QL 4 each per 30 day(s)	4	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
<i>sumatriptan tablet 100mg</i> QL 9 each per 30 day(s)	1	QL

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>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)	3	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
<b>ANTIPARKINSONIAN AGENTS</b>		
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
<i>carb/levo tablet 10-100mg</i> QL 300 each per 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<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>	3	
<i>carb/levo 75 tablet /entacap</i>	3	
<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>	3	
<i>carb/levo125 tablet /entacap</i>	3	
<i>carb/levo150 tablet /entacap</i>	3	
<i>carb/levo200 tablet /entacap</i>	3	
<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
NEUPRO DIS 3MG/24HR QL 30 each per 30 day(s)	4	QL

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
NEUPRO DIS 4MG/24HR	4	QL	<i>ropinirole tablet 8mg er</i>	3	QL
QL 30 each per 30 day(s)			QL 90 each per 30 day(s)		
NEUPRO DIS 6MG/24HR	4	QL	<i>selegiline capsule 5mg</i>	2	
QL 30 each per 30 day(s)			<i>selegiline tablet 5mg</i>	2	
NEUPRO DIS 8MG/24HR	4	QL	<i>tolcapone tablet 100mg</i>	2	
QL 30 each per 30 day(s)			<i>trihexyphen solution</i>	1	
ONGENTYS CAPSULE 50MG	4	QL; ST	<i>0.4mg/ml</i>		
QL 30 each per 30 day(s)			<i>trihexyphen tablet 2mg</i>	1	QL
<i>pramipexole tablet 0.125mg</i>	1	QL	QL 150 each per 30 day(s)		
QL 120 each per 30 day(s)			<i>trihexyphen tablet 5mg</i>	1	QL
<i>pramipexole tablet 0.25mg</i>	1	QL	QL 150 each per 30 day(s)		
QL 120 each per 30 day(s)			ZELAPAR TABLET 1.25MG	5	ST
<i>pramipexole tablet 0.5mg</i>	1	QL	<b>ANTIPARKINSONIAN AGENTS (CNS)</b>		
QL 120 each per 30 day(s)			<i>amantadine capsule 100mg</i>	1	QL; NM
<i>pramipexole tablet 0.75mg</i>	1	QL	QL 120 each per 30 day(s)		
QL 120 each per 30 day(s)			<i>amantadine solution</i>	1	QL; NM
<i>pramipexole tablet 1.5mg</i>	1	QL	<i>50mg/5ml</i>		
QL 120 each per 30 day(s)			QL 1200 milliliter(s) 30 day(s)		
<i>pramipexole tablet 1mg</i>	1	QL	<i>amantadine tablet 100mg</i>	1	QL; NM
QL 120 each per 30 day(s)			QL 120 each per 30 day(s)		
<i>rasagiline tablet 0.5mg</i>	3		ONGENTYS CAPSULE 25MG	4	QL; ST
<i>rasagiline tablet 1mg</i>	3		QL 30 each per 30 day(s)		
<i>ropinirole tablet 0.25mg</i>	1		<i>pramipexole tablet 0.375 er</i>	3	QL; ST
<i>ropinirole tablet 0.5mg</i>	1		QL 30 each per 30 day(s)		
<i>ropinirole tablet 12mg er</i>	3	QL	<i>pramipexole tablet 0.75 er</i>	3	QL; ST
QL 90 each per 30 day(s)			QL 90 each per 30 day(s)		
<i>ropinirole tablet 1mg</i>	1		<i>pramipexole tablet 1.5mg er</i>	3	QL; ST
<i>ropinirole tablet 2mg</i>	1		QL 90 each per 30 day(s)		
<i>ropinirole tablet 2mg er</i>	3	QL	<i>pramipexole tablet 2.25 er</i>	3	QL; ST
QL 90 each per 30 day(s)			QL 30 each per 30 day(s)		
<i>ropinirole tablet 3mg</i>	1		<i>pramipexole tablet 3.75 er</i>	3	QL; ST
<i>ropinirole tablet 4mg</i>	1		QL 30 each per 30 day(s)		
<i>ropinirole tablet 4mg er</i>	3	QL	<i>pramipexole tablet 3mg er</i>	3	QL; ST
QL 90 each per 30 day(s)			QL 30 each per 30 day(s)		
<i>ropinirole tablet 5mg</i>	1		<i>pramipexole tablet 4.5mg er</i>	3	QL; ST
<i>ropinirole tablet 6mg er</i>	3	QL	QL 30 each per 30 day(s)		
QL 90 each per 30 day(s)			<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
			<i>alprazolam con 1mg/ml</i>	2	QL
			QL 300 milliliter(s) 30 day(s)		

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>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	

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

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>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

Drug	Tier	Requirements /Limits
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
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
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<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

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>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
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>	3	
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
<b>FIBROMYALGIA AGENTS</b>		
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
<b>OPIATE ANTAGONISTS</b>		
KLOXXADO SPR 8MG QL 7 each per 70 day(s)	3	QL
<i>naloxone injectable 0.4mg/ml</i> QL 2 milliliter(s) 30 day(s)	1	QL

Drug	Tier	Requirements /Limits
<i>naloxone injectable 0.4mg/ml</i> QL 20 milliliter(s) 30 day(s)	1	QL
<i>naloxone injectable 1mg/ml</i> QL 40 milliliter(s) 30 day(s)	1	QL
<i>naloxone hcl spr</i> QL 2 each per 30 day(s)	2	QL
<i>naltrexone tablet 50mg</i>	2	
ZIMHI SOLUTION QL 2 each per 30 day(s)	3	QL
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
ABILIFY MAIN INJECTABLE 300MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 300MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 400MG QL 2 each per 28 day(s)	5	QL
ABILIFY MAIN INJECTABLE 400MG QL 2 each per 28 day(s)	5	QL
<i>amitriptylin tablet 100mg</i>	2	
<i>amitriptylin tablet 10mg</i>	2	
<i>amitriptylin tablet 150mg</i>	2	
<i>amitriptylin tablet 25mg</i>	2	
<i>amitriptylin tablet 50mg</i>	2	
<i>amitriptylin tablet 75mg</i>	2	
<i>amoxapine tablet 100mg</i>	2	
<i>amoxapine tablet 150mg</i>	2	
<i>amoxapine tablet 25mg</i>	2	
<i>amoxapine tablet 50mg</i>	2	
APLENZIN TABLET 174MG QL 30 each per 30 day(s)	4	QL; ST
APLENZIN TABLET 348MG QL 30 each per 30 day(s)	4	QL; ST
APLENZIN TABLET 522MG QL 30 each per 30 day(s)	4	QL; ST

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>aripiprazole solution 1mg/ml</i>	2	QL
QL 900 milliliter(s) 30 day(s)		
<i>aripiprazole tablet 10mg</i>	2	
<i>aripiprazole tablet 10mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>aripiprazole tablet 15mg</i>	2	
<i>aripiprazole tablet 15mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>aripiprazole tablet 20mg</i>	2	
<i>aripiprazole tablet 2mg</i>	2	
<i>aripiprazole tablet 30mg</i>	2	
<i>aripiprazole tablet 5mg</i>	2	
ARISTADA INJECTABLE 1064MG	5	QL; ST
QL 3.90 each per 28 day(s)		
ARISTADA INJECTABLE 441MG/1.	5	QL; ST
QL 1.60 each per 28 day(s)		
ARISTADA INJECTABLE 662MG/2	5	QL; ST
QL 2.40 each per 28 day(s)		
ARISTADA INJECTABLE 882MG/3	5	QL; ST
QL 3.20 each per 28 day(s)		
ARISTADA INJECTABLE INITIO	5	QL; ST
QL 2.40 each per 28 day(s)		
ASENAPINE SUB 10MG	2	QL; ST
QL 60 each per 30 day(s)		
<i>asenapine sub 2.5mg</i>	2	QL; ST
QL 60 each per 30 day(s)		
<i>asenapine sub 5mg</i>	2	QL; ST
QL 60 each per 30 day(s)		
<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	

Drug	Tier	Requirements /Limits
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>	3	
<i>chlorpromazi con 30mg/ml</i>	3	
CITALOPRAM CAPSULE 30MG	3	
<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)		
<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>desipramine tablet 100mg</i>	2	
<i>desipramine tablet 10mg</i>	2	

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>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 ER	2	QL
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 ER	2	QL
QL 30 each per 30 day(s)		
DESVENLAFAX TABLET 50MG ER	2	QL
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)		
DRIZALMA CAPSULE 40MG DR	4	QL
QL 60 each per 30 day(s)		
DRIZALMA CAPSULE 60MG DR	4	QL
QL 60 each per 30 day(s)		
<i>duloxetine capsule 20mg</i>	2	
<i>duloxetine capsule 30mg</i>	2	
<i>duloxetine capsule 40mg</i>	2	QL
QL 60 each per 30 day(s)		
<i>duloxetine capsule 60mg</i>	2	
EMSAM DIS 12MG/24H	4	QL; ST
QL 30 each per 30 day(s)		
EMSAM DIS 6MG/24HR	4	QL; ST
QL 30 each per 30 day(s)		

Drug	Tier	Requirements /Limits
EMSAM DIS 9MG/24HR	4	QL; ST
QL 30 each per 30 day(s)		
<i>escitalopram solution</i>	2	
<i>5mg/5ml</i>		
<i>escitalopram tablet 10mg</i>	1	
<i>escitalopram tablet 20mg</i>	1	
<i>escitalopram tablet 5mg</i>	1	
FANAPT PACKET	4	QL; PA
QL 8 each per 30 day(s)		
FANAPTTABLET 10MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 12MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 1MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 2MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 4MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 6MG	4	QL; PA
QL 60 each per 30 day(s)		
FANAPTTABLET 8MG	4	QL; PA
QL 60 each per 30 day(s)		
FETZIMA CAPSULE 120MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 20MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 40MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE 80MG	4	QL; ST
QL 30 each per 30 day(s)		
FETZIMA CAPSULE TITRATIO	4	QL; ST
QL 30 each per 30 day(s)		
<i>fluoxetine capsule 10mg</i>	1	
<i>fluoxetine capsule 20mg</i>	1	
<i>fluoxetine capsule 40mg</i>	1	
<i>fluoxetine capsule 90mg dr</i>	2	QL
QL 4 each per 28 day(s)		

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>fluoxetine solution 20mg/5ml</i>	2	
<i>fluoxetine tablet 10mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>fluoxetine tablet 10mg</i>	2	
<i>fluoxetine tablet 20mg</i>	2	
<i>fluoxetine tablet 20mg</i>	2	QL
QL 120 each per 30 day(s)		
<i>fluoxetine tablet 60mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>fluphenaz de injectable 25mg/ml</i>	2	BvsD
<i>fluphenazine elx 2.5/5ml</i>	2	
<i>fluphenazine injectable 2.5mg/ml</i>	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	
<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>	3	
<i>imipram hcl tablet 25mg</i>	3	
<i>imipram hcl tablet 50mg</i>	3	
<i>imipram pam capsule 100mg</i>	3	
<i>imipram pam capsule 125mg</i>	3	
<i>imipram pam capsule 150mg</i>	3	

Drug	Tier	Requirements /Limits
<i>imipram pam capsule 75mg</i>	3	
INVEGA HAFYE INJECTABLE	4	QL
1092MG		
QL 3.50 each per 180 day(s)		
INVEGA HAFYE INJECTABLE	4	QL
1560MG		
QL 5 each per 180 day(s)		
INVEGA SUST INJECTABLE	4	
117/0.75		
INVEGA SUST INJECTABLE	4	
156MG/ML		
INVEGA SUST INJECTABLE	4	
234/1.5		
INVEGA SUST INJECTABLE	4	
39/0.25		
INVEGA SUST INJECTABLE	4	
78/0.5ML		
INVEGA TRINZ INJECTABLE	4	QL
273MG		
QL 0.8750 each per 90 day(s)		
INVEGA TRINZ INJECTABLE	4	QL
410MG		
QL 1.3150 each per 90 day(s)		
INVEGA TRINZ INJECTABLE	4	QL
546MG		
QL 1.75 each per 90 day(s)		
INVEGA TRINZ INJECTABLE	4	QL
819MG		
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)		

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
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)		
<i>mirtazapine tablet 7.5mg</i>	1	
<i>molindone tablet hcl 10mg</i>	2	QL
QL 270 each per 30 day(s)		
<i>molindone tablet hcl 25mg</i>	2	QL
QL 270 each per 30 day(s)		
<i>molindone tablet hcl 5mg</i>	2	QL
QL 270 each per 30 day(s)		
<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	

Drug	Tier	Requirements /Limits
<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	5	QL; PA
QL 60 each per 30 day(s)		
NUPLAZID TABLET 10MG	5	QL; PA
QL 60 each per 30 day(s)		
<i>olanza/fluox capsule 12-25mg</i>	4	
<i>olanza/fluox capsule 12-50mg</i>	4	
<i>olanza/fluox capsule 3-25mg</i>	4	
<i>olanza/fluox capsule 6-25mg</i>	4	
<i>olanza/fluox capsule 6-50mg</i>	4	
<i>olanzapine injectable 10mg</i>	2	BvsD
<i>olanzapine tablet 10mg</i>	1	
<i>olanzapine tablet 10mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 15mg</i>	1	
<i>olanzapine tablet 15mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 2.5mg</i>	1	
<i>olanzapine tablet 20mg</i>	1	
<i>olanzapine tablet 20mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 5mg</i>	1	
<i>olanzapine tablet 5mg odt</i>	2	QL
QL 30 each per 30 day(s)		
<i>olanzapine tablet 7.5mg</i>	1	
PALIPERIDONE TABLET ER 1.5MG	2	QL; ST
QL 30 each per 30 day(s)		
PALIPERIDONE TABLET ER 3MG	2	QL; ST
QL 30 each per 30 day(s)		
PALIPERIDONE TABLET ER 6MG	2	QL; ST
QL 60 each per 30 day(s)		

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
PALIPERIDONE TABLET ER 9MG	2	QL; ST
QL 30 each per 30 day(s)		
<i>paroxetine er tablet 12.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>paroxetine er tablet 37.5mg</i>	2	QL
QL 30 each per 30 day(s)		
<i>paroxetine suspension 10mg/5ml</i>	3	QL
QL 900 milliliter(s) 30 day(s)		
<i>paroxetine tablet 10mg</i>	1	
<i>paroxetine tablet 20mg</i>	1	
<i>paroxetine tablet 25mg er</i>	2	QL
QL 90 each per 30 day(s)		
<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	4	QL; BvsD
QL 1 each per 30 day(s)		
PERSERIS INJECTABLE 90MG	4	QL; BvsD
QL 1 each per 30 day(s)		
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>	2	QL
QL 150 each per 30 day(s)		
<i>pimozide tablet 2mg</i>	2	QL
QL 150 each per 30 day(s)		
<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	

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

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>risperidone tablet 2mg</i>	1	
<i>risperidone tablet 2mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 3mg</i>	1	
<i>risperidone tablet 3mg odt</i>	2	QL
QL 60 each per 30 day(s)		
<i>risperidone tablet 4mg</i>	1	
<i>risperidone tablet 4mg odt</i>	2	QL
QL 60 each per 30 day(s)		
SECUADO DIS 3.8MG	4	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 5.7MG	4	QL; ST
QL 30 each per 30 day(s)		
SECUADO DIS 7.6MG	4	QL; ST
QL 30 each per 30 day(s)		
SERTRALINE CON 20MG/ML	2	QL
QL 300 milliliter(s) 30 day(s)		
<i>sertraline tablet 100mg</i>	1	
<i>sertraline tablet 25mg</i>	1	
<i>sertraline tablet 50mg</i>	1	
<i>thioridazine tablet 100mg</i>	2	PA
<i>thioridazine tablet 10mg</i>	2	PA
<i>thioridazine tablet 25mg</i>	2	PA
<i>thioridazine tablet 50mg</i>	2	PA
<i>thiothixene capsule 10mg</i>	2	
<i>thiothixene capsule 1mg</i>	2	
<i>thiothixene capsule 2mg</i>	2	
<i>thiothixene capsule 5mg</i>	2	
<i>tranylcyprom tablet 10mg</i>	2	
<i>trazodone tablet 100mg</i>	1	
<i>trazodone tablet 150mg</i>	1	
<i>trazodone tablet 50mg</i>	1	
<i>trifluoperaz tablet 10mg</i>	2	
<i>trifluoperaz tablet 1mg</i>	2	
<i>trifluoperaz tablet 2mg</i>	2	
<i>trifluoperaz tablet 5mg</i>	2	
<i>trimipramine capsule 100mg</i>	2	

Drug	Tier	Requirements /Limits
<i>trimipramine capsule 25mg</i>	2	
<i>trimipramine capsule 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL; ST
QL 30 each per 30 day(s)		
TRINTELLIX TABLET 20MG	4	QL; ST
QL 30 each per 30 day(s)		
TRINTELLIX TABLET 5MG	4	QL; ST
QL 30 each per 30 day(s)		
<i>venlafaxine capsule 150mg er</i>	2	QL
QL 60 each per 30 day(s)		
<i>venlafaxine capsule 37.5 er</i>	2	QL
QL 30 each per 30 day(s)		
<i>venlafaxine capsule 75mg er</i>	2	QL
QL 90 each per 30 day(s)		
<i>venlafaxine tablet 100mg</i>	2	
<i>venlafaxine tablet 25mg</i>	2	
<i>venlafaxine tablet 37.5mg</i>	2	
<i>venlafaxine tablet 50mg</i>	2	
<i>venlafaxine tablet 75mg</i>	2	
VERSACLOZ SUSPENSION	5	QL; PA
50MG/ML		
QL 600 milliliter(s) 30 day(s)		
VIIBRYD KIT STARTER	4	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 10MG	4	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 20MG	4	QL; ST
QL 30 each per 30 day(s)		
VIIBRYD TABLET 40MG	4	QL; ST
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 1.5-3MG	4	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 1.5MG	4	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 3MG	4	QL; PA
QL 30 each per 30 day(s)		
VRAYLAR CAPSULE 4.5MG	4	QL; PA
QL 30 each per 30 day(s)		

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
VRAYLAR CAPSULE 6MG QL 30 each per 30 day(s)	4	QL; PA	CLINIMIX E INJECTABLE 2.75/D5W	3	HI
<i>ziprasidone capsule 20mg</i>	2		CLINIMIX E INJECTABLE 4.25/D10	3	HI
<i>ziprasidone capsule 40mg</i>	2		CLINIMIX E INJECTABLE 4.25/D5W	3	HI
<i>ziprasidone capsule 60mg</i>	2		CLINIMIX E INJECTABLE 5%/D15W	3	HI
<i>ziprasidone capsule 80mg</i>	2		CLINIMIX E INJECTABLE 5%/D20W	3	HI
ZYPREXA RELP INJECTABLE 210MG	4	BvsD	<i>clinisol sf injectable 15%</i>	2	HI
<b>VESICULAR MONOAMINE TRANSPORTER 2 (VMAT2) INHIBITORS</b>			DEXTROSE INJECTABLE 10% DEXTROSE INJECTABLE 5%	2	HI
<i>tetrabenazin tablet 12.5mg</i> QL 240 each per 30 day(s)	5	QL; PA	ISOLYTE-P INJECTABLE /D5W NUTRILIPID EMU 20%	3	HI
<i>tetrabenazin tablet 25mg</i> QL 120 each per 30 day(s)	5	QL; PA	<i>plenamine injectable 15%</i> <i>premasol solution 10%</i>	2	HI
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>			PROCALAMINE INJECTABLE 3%	3	HI
<b>CONTRACEPTIVES (FOAMS, DEVICES)</b>			PROSOL INJECTABLE 20% TRAVASOL INJECTABLE 10%	3	HI
PHEXXI GEL QL 12 each per 30 day(s)	4	QL	TROPHAMINE INJECTABLE 10%	3	HI
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE ALKALINIZING AGENTS</b>			<b>DIURETICS</b> ALDACTAZIDE TABLET 50/50	4	
<i>pot citra er tablet 1080mg</i>	2		<i>amilor/hctz tablet 5-50</i>	1	
<i>pot citra er tablet 1620mg</i>	2		AMILORIDE TABLET 5MG <i>atenol/chlor tablet 100-25mg</i>	1	
<i>pot citra er tablet 540mg</i>	2		<i>atenol/chlor tablet 50-25mg</i> BENAZEP/HCTZ TABLET	1	
<b>AMMONIA DETOXICANTS</b>			10-12.5 BENAZEP/HCTZ TABLET	1	
<i>carglumic tablet 200mg</i>	5	PA	20-12.5 BENAZEP/HCTZ TABLET	1	
<i>constulose solution 10gm/15</i>	1		CLINIMIX INJECTABLE 4.25/D10 CLINIMIX INJECTABLE 4.25/D5W	3	HI
<i>enulose solution 10gm/15</i>	1		CLINIMIX INJECTABLE 5%/D15W CLINIMIX INJECTABLE 5%/D20W	3	HI
<i>generlac solution 10gm/15</i>	1				
<i>lactulose packet 10gm</i>	2				
<i>lactulose solution 10gm/15</i>	1				
<i>phenylbutyra pow sodium</i>	2				
<b>CALORIC AGENTS</b>					
CLINIMIX INJECTABLE 4.25/D10	3	HI			
CLINIMIX INJECTABLE 4.25/D5W	3	HI			
CLINIMIX INJECTABLE 5%/D15W	3	HI			
CLINIMIX INJECTABLE 5%/D20W	3	HI			

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>bisoprl/hctz tablet 2.5/6.25</i>	1	
<i>bisoprl/hctz tablet 5-6.25mg</i>	1	
BUMETANIDE TABLET 0.5MG	1	
BUMETANIDE TABLET 1MG	1	
BUMETANIDE TABLET 2MG	1	
<i>candes/hctz tablet 16-12.5</i>	1	
<i>candes/hctz tablet 32-12.5</i>	1	
<i>candes/hctz tablet 32-25mg</i>	1	
<i>chlorthalid tablet 25mg</i>	1	
<i>chlorthalid tablet 50mg</i>	1	
DIURIL SUSPENSION 250/5ML	3	
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>ethacrynic tablet acd 25mg</i>	5	QL; PA
QL 480 each per 30 day(s)		
<i>fosinop/hctz tablet 10/12.5</i>	1	
<i>fosinop/hctz tablet 20/12.5</i>	1	
<i>furosemide injectable 10mg/ml</i>	1	
<i>furosemide solution 10mg/ml</i>	1	
<i>furosemide solution 8mg/ml</i>	1	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>hydrochlorot capsule 12.5mg</i>	1	
<i>hydrochlorot tablet 12.5mg</i>	1	
<i>hydrochlorot tablet 25mg</i>	1	
<i>hydrochlorot tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	1	
<i>indapamide tablet 2.5mg</i>	1	
<i>irbesar/hctz tablet 150-12.5</i>	1	
<i>irbesar/hctz tablet 300-12.5</i>	1	
JYNARQUE PACKET 15MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 30-15MG	5	QL; PA
QL 60 each per 30 day(s)		

Drug	Tier	Requirements /Limits
JYNARQUE PACKET 45-15MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 60-30MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE PACKET 90-30MG	5	QL; PA
QL 60 each per 30 day(s)		
JYNARQUE TABLET 15MG	5	QL; PA
QL 120 each per 30 day(s)		
JYNARQUE TABLET 30MG	5	QL; PA
QL 120 each per 30 day(s)		
<i>lisinop/hctz tablet 10-12.5</i>	1	
<i>lisinop/hctz tablet 20-12.5</i>	1	
<i>lisinop/hctz tablet 20-25mg</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>metolazone tablet 10mg</i>	1	
<i>metolazone tablet 2.5mg</i>	1	
<i>metolazone tablet 5mg</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>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	1	
/HCTZ		
<i>olm med/amlo tablet /hctz</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>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>spirono/hctz tablet 25/25</i>	1	
TEKTRUNA HCT TABLET	4	ST
300-12.5		

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
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>tolvaptan tablet 15mg</i> QL 30 each per 30 day(s)	2	QL
<i>tolvaptan tablet 30mg</i> QL 120 each per 30 day(s)	2	QL
<i>toremide tablet 100mg</i>	1	
<i>toremide tablet 10mg</i>	1	
<i>toremide tablet 20mg</i>	1	
<i>toremide tablet 5mg</i>	1	
<i>triamt/hctz capsule 37.5-25</i>	1	
<i>triamt/hctz tablet 37.5-25</i>	1	
<i>triamt/hctz tablet 75-50mg</i>	1	
TRIAMTERENE CAPSULE 100MG QL 90 each per 30 day(s)	3	QL
TRIAMTERENE CAPSULE 50MG QL 90 each per 30 day(s)	3	QL
<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	
<b>ION-REMOVING AGENTS</b>		
AURYXIA TABLET 210MG QL 360 each per 30 day(s)	5	QL; PA
<i>lanthanum chw 1000mg</i> QL 150 each per 30 day(s)	2	QL; PA
<i>lanthanum chw 500mg</i> QL 450 each per 30 day(s)	2	QL; PA
<i>lanthanum chw 750mg</i> QL 180 each per 30 day(s)	2	QL; PA
LOKELMA PACKET 10GM QL 90 each per 30 day(s)	3	QL; PA
LOKELMA PACKET 5GM QL 30 each per 30 day(s)	3	QL; PA

Drug	Tier	Requirements /Limits
<i>sevelamer tablet 400mg</i>	3	
<i>sevelamer tablet 800mg</i>	3	
<i>sevelamer tablet 800mg</i>	3	
<i>sod poly sul pow</i>	2	
<i>sps suspension 15gm/60</i>	2	
VELPHORO CHW 500MG QL 180 each per 30 day(s)	5	QL; PA
VELTASSA POW 16.8GM QL 30 each per 30 day(s)	5	QL; PA
VELTASSA POW 25.2GM QL 30 each per 30 day(s)	5	QL; PA
VELTASSA POW 8.4GM QL 30 each per 30 day(s)	5	QL; PA
<b>IRRIGATING SOLUTIONS</b>		
SODIUM CHLOR SOLUTION 0.9% IRR	1	BvsD
<b>REPLACEMENT PREPARATIONS</b>		
CALC ACETATE CAPSULE 667MG	2	
D10W/NACL INJECTABLE 0.2%	2	HI
D10W/NACL INJECTABLE 0.45%	2	HI
D2.5W/NACL INJECTABLE 0.45%	2	HI
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 20MEQ/L	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE	2	HI
KCL/D5W/NACL INJECTABLE 0.15/0.2	2	HI
KCL/D5W/NACL INJECTABLE 0.15/0.9	2	HI

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
KCL/D5W/NACL INJECTABLE 0.3/0.45	2	HI
KCL/D5W/NACL INJECTABLE 0.3/0.9%	2	HI
<i>klor-con packet 20meq</i>	3	
KLOR-CON 10 TABLET 10MEQ ER	1	
<i>klor-con m15 tablet 15meq er</i>	4	
<i>klor-con m20 tablet 20meq er</i>	2	
PLASMA-LYTE INJECTABLE -148	3	HI
PLASMA-LYTE INJECTABLE -A	3	HI
POT CHL/D5W INJECTABLE 20MEQ/L	2	HI
POT CHL/NACL INJECTABLE 20MEQ/L	3	HI
POT CHL/NACL INJECTABLE 20MEQ/L	3	HI
POT CHL/NACL INJECTABLE 40MEQ/L	3	HI
<i>pot chloride capsule 10meq er</i>	1	
<i>pot chloride capsule 8meq er</i>	1	
<i>pot chloride injectable 10meq</i>	3	HI
<i>pot chloride injectable 20meq</i>	3	HI
<i>pot chloride injectable 2meq/ml</i>	3	HI
<i>pot chloride injectable 40meq</i>	3	HI
POT CHLORIDE POW 20MEQ	3	
POT CHLORIDE SOLUTION 10%	2	
POT CHLORIDE SOLUTION 20%	2	
<i>pot chloride tablet 10meq er</i>	1	
POT CHLORIDE TABLET 20MEQ ER	1	
POT CHLORIDE TABLET 8MEQ ER	1	
<i>pot cl micro tablet 10meq er</i>	1	
<i>pot cl micro tablet 15meq er</i>	2	
<i>pot cl micro tablet 20meq er</i>	1	
<i>sod chloride injectable 0.45%</i>	2	HI
SOD CHLORIDE INJECTABLE 0.9%	2	HI
SOD CHLORIDE INJECTABLE 3%	2	HI

Drug	Tier	Requirements /Limits
SOD CHLORIDE INJECTABLE 5%	2	HI
TPN ELECTROL INJECTABLE	2	HI
<b>URICOSURIC AGENTS</b>		
<i>proben/colch tablet 500-0.5</i>	1	
<i>probenecid tablet 500mg</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
PALYNZIQ INJECTABLE 10/0.5ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
PALYNZIQ INJECTABLE 2.5/0.5 QL 60 each per 30 day(s)	5	QL; PA
PALYNZIQ INJECTABLE 20MG/ML QL 60 milliliter(s) 30 day(s)	5	QL; PA
REVCovi INJECTABLE 1.6MG/ML QL 9 milliliter(s) 30 day(s)	5	QL; PA
SUCRAID SOLUTION 8500/ML QL 354 milliliter(s) 30 day(s)	5	QL; PA; LA
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
LOTEMAX OIN 0.5% QL 15 each per 30 day(s)	4	QL
<i>loteprednol gel 0.5%</i> QL 15 each per 30 day(s)	3	QL
<b>EYE, EAR, NOSE, AND THROAT (EENT)</b>		
<b>ANTIALLERGIC AGENTS</b>		
ALOCRIl SOLUTION 2% QL 15 each per 30 day(s)	4	QL
ALOMIDE SOLUTION 0.1% OP QL 30 each per 30 day(s)	4	QL
<i>azelastine dro 0.05%</i>	4	
<i>azelastine spr 0.1%</i> QL 60 each per 30 day(s)	1	QL

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>azelastine spr 0.15%</i>	4	QL
QL 60 each per 30 day(s)		
<i>BEPOTASTINE DRO 1.5%</i>	3	QL
QL 15 each per 30 day(s)		
<i>olopatadine dro 0.1%</i>	2	QL
QL 15 each per 30 day(s)		
<i>olopatadine solution 0.2%</i>	2	QL
QL 7.50 each per 30 day(s)		
<i>olopatadine spr 0.6%</i>	2	QL; ST
QL 30.50 each per 30 day(s)		
<b>ANTIGLAUCOMA AGENTS</b>		
<i>acetazolamid capsule 500mg er</i>	2	
<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>	3	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>	3	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	

Drug	Tier	Requirements /Limits
PILOCARPINE SOLUTION 1%	3	
OP		
PILOCARPINE SOLUTION 2%	3	
OP		
PILOCARPINE SOLUTION 4%	3	
OP		
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	4	QL
1-0.2%		
QL 16 each per 30 day(s)		
TIMOLOL GEL SOLUTION	3	
0.25% OP		
TIMOLOL GEL SOLUTION 0.5%	3	
OP		
<i>timolol mal solution 0.25% op</i>	1	
<i>timolol mal solution 0.5% op</i>	3	
<i>timolol mal solution 0.5% op</i>	1	
<i>timolol male solution 0.5%</i>	2	
TIMOPTIC OCU SOLUTION	4	
0.25% OP		
VYZULTA SOLUTION 0.024%	4	ST
XELPROS EMU 0.005%	4	QL
QL 2.50 each per 30 day(s)		
<b>ANTI-INFECTIVES</b>		
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)		

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
CIPRO HC SUSPENSION OTIC	3	
CIPRO/DEXA SUSPENSION 0.3-0.1%	3	
CIPROFLOXACN SOLUTION 0.2%	2	NM
<i>ciprofloxacin 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)		
<i>moxifloxacin tablet 400mg</i>	2	NM
NATACYN SUSPENSION 5% OP	4	
<i>neo/bac/poly oin op</i>	2	
<i>neo/poly/bac oin /hc 1%op</i>	2	
NEO/POLY/DEX OIN 0.1% OP	1	
<i>neo/poly/dex suspension 0.1% op</i>	1	
<i>neo/poly/gra solution op</i>	2	
<i>neo/poly/hc solution 1% otic</i>	2	
<i>neo/poly/hc suspension 1% otic</i>	2	
<i>neo/poly/hc suspension op</i>	3	
<i>ofloxacin dro 0.3% op</i>	2	
<i>ofloxacin dro 0.3%otic</i>	2	
<i>polymyxin b/ solution trimethp</i>	1	
PRED-G SUSPENSION OP	4	
PRED-G S.O.P OIN OP	4	
<i>sulf/pred na solution op</i>	2	
<i>sulfacet sod oin 10% op</i>	2	
<i>sulfacet sod solution 10% op</i>	2	
<i>tobra/dexame suspension 0.3-0.1%</i>	2	
TOBRADEX OIN 0.3-0.1%	4	
TOBRADEX ST SUSPENSION 0.3-0.05	4	
<i>tobramycin solution 0.3% op</i>	1	

Drug	Tier	Requirements /Limits
TOBEX OIN 0.3% OP	4	
<i>trifluridine solution 1% op</i>	2	
ZIRGAN GEL 0.15%	4	
ZYLET SUSPENSION 0.5-0.3%	4	
<b>ANTI-INFLAMMATORY AGENTS</b>		
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)		
<i>bromfenac solution 0.09% op</i>	3	
<i>cyclosporine emu 0.05%</i>	3	QL
QL 60 each per 30 day(s)		
<i>dexameth pho solution 0.1% op</i>	2	
<i>diclofenac solution 0.1% op</i>	2	
<i>difluprednat emu 0.05%</i>	3	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)		

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
<i>flunisolide spr 0.025%</i>	1	QL	<i>pred sod pho solution 1% op</i>	2	
QL 50 each per 30 day(s)			PREDNISOLONE SUSPENSION	2	QL
<i>fluocin acet oil 0.01%</i>	3		1% OP		
FLUOROMETHOL SUSPENSION	2		QL 30 each per 30 day(s)		
0.1% OP			RESTASIS MUL EMU 0.05%	3	QL
<i>flurbiprofen solution 0.03% op</i>	3		QL 60 each per 30 day(s)		
<i>flutic/salme aer 100/50</i>	1	QL	<i>triamcinolon pst den 0.1%</i>	2	
QL 60 each per 30 day(s)			<i>wixela inhub aer 100/50</i>	1	QL
<i>flutic/salme aer 250/50</i>	1	QL	QL 60 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>wixela inhub aer 250/50</i>	1	QL
<i>flutic/salme aer 500/50</i>	1	QL	QL 60 each per 30 day(s)		
QL 60 each per 30 day(s)			<i>wixela inhub aer 500/50</i>	1	QL
FLUTIC/SALME INH 113/14	1	QL	QL 60 each per 30 day(s)		
QL 1 each per 30 day(s)			XIIDRA DRO 5%	4	QL
FLUTIC/SALME INH 232/14	1	QL	QL 60 each per 30 day(s)		
QL 1 each per 30 day(s)			ZETONNA AER 37MCG	4	QL
FLUTIC/SALME INH 55/14	1	QL	QL 6.10 each per 30 day(s)		
QL 1 each per 30 day(s)			<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>fluticasone spr 50mcg</i>	3	QL	ACETIC ACID SOLUTION 2%	2	
QL 16 each per 30 day(s)			OTIC		
FML FORTE SUSPENSION 0.25%	4		<i>apraclonidin solution 0.5% op</i>	2	
OP			CYSTADROPS SOLUTION	5	QL; PA
HC/ACET ACID SOLUTION OTIC	3		0.37%		
ILEVRO DRO 0.3% OP	4	QL	QL 20 each per 30 day(s)		
QL 15 each per 30 day(s)			CYSTARAN SOLUTION 0.44%	5	QL; PA
KETOROLAC SOLUTION 0.4%	2		QL 60 each per 30 day(s)		
<i>ketorolac solution 0.5%</i>	2		IOPIDINE SOLUTION 1% OP	4	
LOTEMAX SM GEL 0.38%	4	QL	<i>ipratropium spr 0.03%</i>	1	
QL 15 each per 30 day(s)			<i>ipratropium spr 0.06%</i>	1	
<i>loteprednol suspension 0.5%</i>	3	QL	OXERVATE SOLUTION	5	QL; PA
QL 15 each per 30 day(s)			20MCG/ML		
MAXIDEX SUSPENSION 0.1% OP	4		QL 28 milliliter(s) 28 day(s)		
<i>mometasone spr 50mcg</i>	2	QL	<b>GASTROINTESTINAL DRUGS</b>		
QL 34 each per 30 day(s)			<b>ANTIDIARRHEA AGENTS</b>		
NEVANAC SUSPENSION 0.1%	4	QL	<i>diphen/atrop liq 2.5/5</i>	2	
QL 15 each per 30 day(s)			<i>diphen/atrop tablet 2.5mg</i>	2	
OMNARIS SPR	4	QL; ST	<i>loperamide capsule 2mg</i>	2	
QL 12.50 each per 30 day(s)					

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
XERMELO TABLET 250MG QL 90 each per 30 day(s)	5	QL; PA	<i>budesonide tablet er 9mg</i> QL 30 each per 30 day(s)	5	QL; ST
<b>ANTIEMETICS</b>			<b>DIPENTUM CAPSULE 250MG</b>		
<i>aprepitant capsule 125mg</i> QL 3 each per 30 day(s)	3	QL; BvsD	MESALAMINE CAPSULE 0.375GM QL 120 each per 30 day(s)	3	QL
<i>aprepitant capsule 40mg</i> QL 1 each per 30 day(s)	3	QL; BvsD	MESALAMINE CAPSULE 400MG DR	3	
<i>aprepitant capsule 80mg</i> QL 6 each per 30 day(s)	3	QL; BvsD	<i>mesalamine ene 4gm</i>	3	
<i>aprepitant packet 80 &amp; 125</i> QL 9 each per 30 day(s)	3	QL; BvsD	<i>mesalamine tablet 1.2gm</i> QL 120 each per 30 day(s)	3	QL
<i>compro sup 25mg</i>	2		<i>mesalamine tablet 800mg dr</i>	3	ST
<i>dronabinolcapsule 10mg</i> QL 60 each per 30 day(s)	3	QL; PA	PENTASA CAPSULE 250MG CR QL 480 each per 30 day(s)	4	QL
<i>dronabinolcapsule 2.5mg</i> QL 60 each per 30 day(s)	3	QL; PA	PENTASA CAPSULE 500MG CR QL 240 each per 30 day(s)	4	QL
<i>dronabinolcapsule 5mg</i> QL 60 each per 30 day(s)	3	QL; PA	ROWASA KIT 4GM	4	
<i>granisetron tablet 1mg</i>	2	BvsD	<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>meclizine tablet 12.5mg</i>	1		<i>cimetidine solution 300/5ml</i>	2	
<i>meclizine tablet 25mg</i>	1		<i>cimetidine tablet 200mg</i>	2	
<i>ondansetron solution 4mg/5ml</i>	2	BvsD	<i>cimetidine tablet 300mg</i>	2	
<i>ondansetron tablet 24mg</i>	1	BvsD	<i>cimetidine tablet 400mg</i>	2	
<i>ondansetron tablet 4mg</i> QL 240 each per 30 day(s)	1	QL; BvsD	<i>cimetidine tablet 800mg</i>	2	
<i>ondansetron tablet 4mg odt</i> QL 240 each per 30 day(s)	1	QL; BvsD	DEXILANT CAPSULE 30MG DR QL 30 each per 30 day(s)	3	QL; ST
<i>ondansetron tablet 8mg</i> QL 240 each per 30 day(s)	1	QL; BvsD	DEXILANT CAPSULE 60MG DR QL 30 each per 30 day(s)	3	QL; ST
<i>ondansetron tablet 8mg odt</i> QL 240 each per 30 day(s)	1	QL; BvsD	DEXLANSOPRAZ CAPSULE 30MG DR QL 30 each per 30 day(s)	3	QL; ST
<i>prochlorper sup 25mg</i>	2		DEXLANSOPRAZ CAPSULE 60MG DR QL 30 each per 30 day(s)	3	QL; ST
<i>prochlorper tablet 10mg</i>	2		<i>esomepra mag capsule 20mg dr</i>	2	
<i>prochlorper tablet 5mg</i>	2		<i>esomepra mag capsule 40mg dr</i>	2	
VARUBI TABLET 90MG QL 4 each per 28 day(s)	4	QL; BvsD	<i>famotidine suspension</i> 40mg/5ml	3	
<b>ANTI-INFLAMMATORY AGENTS</b>			<i>famotidine tablet 20mg</i>	1	
<i>balsalazide capsule 750mg</i>	2		<b>PLENVU SOLUTION</b>		
<i>famotidine tablet 40mg</i>	1			4	ST
<i>lansopr/amox mis /clarith</i>	2	QL; 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	Drug	Tier	Requirements
		/Limits			/Limits
<i>QL 122 each per 14 day(s)</i>			RELISTOR TABLET 150MG	5	QL; PA
<i>lansoprazole capsule 15mg dr</i>	1		<i>QL 90 each per 30 day(s)</i>		
<i>lansoprazole capsule 30mg dr</i>	1		SUPREP BOWEL SOLUTION	3	
<i>lansoprazole tablet 15mg odt</i>	4	QL; ST	PREP KIT		
<i>QL 60 each per 30 day(s)</i>			CHOLELITHOLYTIC AGENTS		
<i>lansoprazole tablet 30mg odt</i>	4	QL; ST	chenodal tablet 250mg	4	QL
<i>QL 60 each per 30 day(s)</i>			<i>QL 240 each per 30 day(s)</i>		
MISOPROSTOL TABLET 100MCG	2		ursodiol capsule 300mg	2	
MISOPROSTOL TABLET 200MCG	2		ursodiol tablet 250mg	2	
nizatidine capsule 150mg	2		ursodiol tablet 500mg	2	
nizatidine capsule 300mg	2		DIGESTANTS		
nizatidine solution 15mg/ml	2		CREON CAPSULE 12000UNT	3	
omeprazole capsule 10mg	1		CREON CAPSULE 24000UNT	3	
omeprazole capsule 20mg	1		CREON CAPSULE 3000UNIT	3	
omeprazole capsule 40mg	1		CREON CAPSULE 36000UNT	3	
pantoprazole packet 40mg	2	QL	CREON CAPSULE 6000UNIT	3	
<i>QL 60 each per 30 day(s)</i>			PERTZYE CAPSULE 16000U	4	
<i>pantoprazole tablet 20mg</i>	1		PERTZYE CAPSULE 24000U	4	
<i>pantoprazole tablet 40mg</i>	1		PERTZYE CAPSULE 4000UNIT	4	
PYLERA CAPSULE	4	NM	PERTZYE CAPSULE 8000UNIT	4	
<i>rabeprazole tablet 20mg</i>	2	QL	VIOKACE TABLET 10440	4	
<i>QL 60 each per 30 day(s)</i>			VIOKACE TABLET 20880	4	
<i>sucralfate suspension 1gm/10ml</i>	2		ZENPEP CAPSULE 10000UNT	3	
<i>sucralfate tablet 1gm</i>	2		ZENPEP CAPSULE 15000UNT	3	
CATHARTICS AND LAXATIVES			ZENPEP CAPSULE 20000UNT	3	
CLENPIQ SOLUTION	3		ZENPEP CAPSULE 25000	3	
<i>gavilyte-c solution</i>	2		ZENPEP CAPSULE 3000UNIT	3	
<i>gavilyte-g solution</i>	2		ZENPEP CAPSULE 40000	3	
LUBIPROSTONE CAPSULE 24MCG	2	QL	ZENPEP CAPSULE 5000UNIT	3	
<i>QL 60 each per 30 day(s)</i>			GI DRUGS, MISCELLANEOUS		
LUBIPROSTONE CAPSULE 8MCG	2	QL	CHOLBAM CAPSULE 250MG	5	QL; PA
<i>QL 60 each per 30 day(s)</i>			<i>QL 120 each per 30 day(s)</i>		
PEG-3350 SOLUTION ELECTROL	2		CHOLBAM CAPSULE 50MG	5	QL; PA
PEG-3350/KCL SOLUTION	2		<i>QL 120 each per 30 day(s)</i>		
/SODIUM			GATTEX KIT 5MG	5	PA
PEG/NASUL/C/ SOLUTION	2		LINZESS CAPSULE 145MCG	3	QL
NACL/POT			<i>QL 30 each per 30 day(s)</i>		
LINZESS CAPSULE 290MCG	3	QL	<i>deferasirox gra 360mg</i>	2	QL; PA

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	
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
LINZESS CAPSULE 72MCG	3	QL	<i>deferasirox gra 90mg</i>	2	QL; PA
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
MOVANTIK TABLET 12.5MG	3	QL	<i>deferasirox tablet 125mg</i>	2	QL
QL 30 each per 30 day(s)			QL 720 each per 30 day(s)		
MOVANTIK TABLET 25MG	3	QL	<i>deferasirox tablet 180mg</i>	2	QL
QL 30 each per 30 day(s)			QL 450 each per 30 day(s)		
OCALIVA TABLET 10MG	5	QL; PA	<i>deferasirox tablet 250mg</i>	2	QL; PA
QL 30 each per 30 day(s)			QL 360 each per 30 day(s)		
OCALIVA TABLET 5MG	5	QL; PA	<i>deferasirox tablet 360mg</i>	2	QL
QL 30 each per 30 day(s)			QL 120 each per 30 day(s)		
RELISTOR INJECTABLE 12/0.6ML	5	QL; PA	<i>deferasirox tablet 500mg</i>	2	QL; PA
QL 16.80 milliliter(s) 28 day(s)			QL 180 each per 30 day(s)		
RELISTOR INJECTABLE 8/0.4ML	5	QL; PA	<i>deferasirox tablet 90mg</i>	2	QL
QL 22.40 milliliter(s) 28 day(s)			QL 240 each per 30 day(s)		
SYMPROIC TABLET 0.2MG	3		<i>deferiprone tablet 1000mg</i>	5	
TRULANCE TABLET 3MG	4	QL; ST	<i>deferiprone tablet 500mg</i>	2	
QL 30 each per 30 day(s)			FERRIPROX SOLUTION	4	QL
<b>PROKINETIC AGENTS</b>			100MG/ML		
<i>metoclopram solution 5mg/5ml</i>	3		QL 2700 milliliter(s) 30 day(s)		
<i>metoclopram tablet 10mg</i>	3		<i>penicillamin tablet 250mg</i>	2	PA
<i>metoclopram tablet 5mg</i>	3		<i>trientine capsule 250mg</i>	2	PA
<i>metoclopram tablet 5mg odt</i>	4				
<i>metocloprami tablet 10mg odt</i>	4				
MOTEGRITY TABLET 1MG	4	QL; ST	ASMANEX 120 AER 220MCG	3	QL
QL 30 each per 30 day(s)			QL 1 each per 30 day(s)		
MOTEGRITY TABLET 2MG	4	QL; ST	ASMANEX 30 AER 110MCG	3	QL
QL 30 each per 30 day(s)			QL 1 each per 30 day(s)		
<b>GOLD COMPOUNDS</b>			ASMANEX 30 AER 220MCG	3	QL
<b>GOLD COMPOUNDS</b>			QL 1 each per 30 day(s)		
RIDAURA CAPSULE 3MG	5		ASMANEX 60 AER 220MCG	3	QL
<b>HEAVY METAL ANTAGONISTS</b>			QL 1 each per 30 day(s)		
<b>HEAVY METAL ANTAGONISTS</b>			ASMANEX HFA AER 100 MCG	3	QL
CHEMET CAPSULE 100MG	4		QL 13 each per 30 day(s)		
<i>deferasirox gra 180mg</i>	2	QL; PA	ASMANEX HFA AER 200 MCG	3	QL
QL 120 each per 30 day(s)			QL 13 each per 30 day(s)		
ASMANEX HFA AER 50MCG	3	QL	ORTIKOS CAPSULE 9MG ER	5	QL; ST
QL 13 each per 30 day(s)			QL 30 each per 30 day(s)		

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
BREZTRI AERO AER SPHERE QL 10.70 each per 30 day(s)	3	QL	PRED SOD PHO SOLUTION 5MG/5ML	2	
BUDES/FORMOT AER 160-4.5 QL 20.40 each per 30 day(s)	3	QL	<i>prednisolone solution</i> 10mg/5ml	2	
BUDES/FORMOT AER 80-4.5 QL 20.40 each per 30 day(s)	3	QL	<i>prednisolone solution</i> 15mg/5ml	2	
<i>budesonide capsule 3mg dr</i>	2		<i>prednisolone solution</i> 20mg/5ml	2	
<i>budesonide suspension</i> 0.25mg/2 QL 240 each per 30 day(s)	2	QL; BvsD	<i>prednisolone solution</i> 25mg/5ml	2	
<i>budesonide suspension</i> 0.5mg/2 QL 240 each per 30 day(s)	2	QL; BvsD	PREDNISOLONE TABLET 10MG ODT	3	
<i>budesonide suspension</i> 1mg/2ml QL 240 milliliter(s) 30 day(s)	2	QL; BvsD	PREDNISOLONE TABLET 15MG ODT	3	
<i>dexamethason elx 0.5/5ml</i>	2		PREDNISOLONE TABLET 30MG ODT	3	
<i>dexamethason tablet 0.5mg</i>	2		<i>prednisone con 5mg/ml</i>	2	
<i>dexamethason tablet 0.75mg</i>	2		<i>prednisone solution 5mg/5ml</i>	2	
<i>dexamethason tablet 1.5mg</i>	2		<i>prednisone tablet 10mg</i>	1	
<i>dexamethason tablet 1mg</i>	2		<i>prednisone tablet 1mg</i>	1	
<i>dexamethason tablet 2mg</i>	2		<i>prednisone tablet 2.5mg</i>	1	
<i>dexamethason tablet 4mg</i>	2		<i>prednisone tablet 20mg</i>	1	
<i>dexamethason tablet 6mg</i>	2		<i>prednisone tablet 50mg</i>	1	
<i>fludrocort tablet 0.1mg</i>	1		<i>prednisone tablet 5mg</i>	1	
HEMADY TABLET 20MG QL 60 each per 30 day(s)	4	QL; PA	SYMBICORT AER 160-4.5 QL 20.40 each per 30 day(s)	3	QL
<i>hydrocort tablet 10mg</i>	2		SYMBICORT AER 80-4.5 QL 20.40 each per 30 day(s)	3	QL
HYDROCORT TABLET 20MG	2		TARPEYO CAPSULE 4MG QL 120 each per 30 day(s)	5	QL; PA
HYDROCORT TABLET 5MG	2		<b>ANDROGENS</b>		
INTRAROSA SUP 6.5MG QL 30 each per 30 day(s)	4	QL			
METHYLPRED TABLET 16MG	2				
<i>methylpred tablet 32mg</i>	2				

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
<i>methylpred tablet 4mg</i>	2		<i>danazolcapsule 100mg</i>	2	
<i>methylpred tablet 4mg</i>	2		<i>danazolcapsule 200mg</i>	2	
<i>methylpred tablet 8mg</i>	2		<i>danazolcapsule 50mg</i>	2	
ORTIKOS CAPSULE 6MG ER QL 30 each per 30 day(s)	5	QL; ST	<i>oxandrolone tablet 10mg</i>	2	
<i>oxandrolone tablet 2.5mg</i>	2		ALOG/PIOGLIT TABLET 25-45MG QL 30 each per 30 day(s)	1	QL; GC
<i>testost cyp injectable 100mg/ml</i>	2		ALOGLIPTIN TABLET 12.5MG QL 30 each per 30 day(s)	1	QL; GC
<i>testost cyp injectable 200mg/ml</i>	2		ALOGLIPTIN TABLET 25MG QL 30 each per 30 day(s)	1	QL; GC
<i>testost enan injectable 200mg/ml</i> QL 10 milliliter(s) 30 day(s)	2	QL	ALOGLIPTIN TABLET 6.25MG QL 30 each per 30 day(s)	1	QL; GC
<i>testosterone gel 1%(25mg)</i> QL 300 each per 30 day(s)	3	QL	ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
<i>testosterone gel 1%(50mg)</i> QL 300 each per 30 day(s)	3	QL	ALOGLIPTIN/ TABLET METFORM QL 60 each per 30 day(s)	1	QL; GC
<i>testosterone gel 1.62%</i> QL 150 each per 30 day(s)	3	QL	BYDUREON BC INJECTABLE 2/0.85ML QL 4 milliliter(s) 28 day(s)	3	QL; PA
<i>testosterone gel 1.62%</i> QL 150 each per 30 day(s)	3	QL	BYETTA INJECTABLE 10MCG QL 4.80 each per 28 day(s)	3	QL; PA
<i>testosterone gel 1.62%</i> QL 150 each per 30 day(s)	3	QL	BYETTA INJECTABLE 5MCG QL 2.40 each per 28 day(s)	3	QL; PA
<i>testosterone gel 10mg/act</i> QL 120 each per 30 day(s)	3	QL; PA	FARXIGA TABLET 10MG QL 30 each per 30 day(s)	3	QL
<i>testosterone gel pump 1%</i> QL 300 each per 30 day(s)	3	QL	FARXIGA TABLET 5MG QL 30 each per 30 day(s)	3	QL
<i>testosterone solution 30mg/act</i> QL 180 each per 30 day(s)	3	QL; PA	<i>glimepiride tablet 1mg</i>	1	GC
<b>ANTIDIABETIC AGENTS</b>			<i>glimepiride tablet 2mg</i>	1	GC
<i>acarbose tablet 100mg</i> QL 90 each per 30 day(s)	1	QL; GC	<i>glimepiride tablet 4mg</i>	1	GC
<i>acarbose tablet 25mg</i> QL 90 each per 30 day(s)	1	QL; GC	<i>glip/metform tablet 2.5-250m</i>	1	GC
<i>acarbose tablet 50mg</i> QL 90 each per 30 day(s)	1	QL; GC	<i>glip/metform tablet 2.5-500m</i>	1	GC
ALOG/PIOGLIT TABLET 12.5-15 QL 30 each per 30 day(s)	1	QL; GC	<i>glip/metform tablet 5-500mg</i>	1	GC
ALOG/PIOGLIT TABLET 12.5-30 QL 30 each per 30 day(s)	1	QL; GC			

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
ALOG/PIOGLIT TABLET 12.5-45	1	QL; GC	<i>glipizide tablet 10mg</i>	1	GC
QL 30 each per 30 day(s)			<i>glipizide tablet 5mg</i>	1	GC
ALOG/PIOGLIT TABLET 25-15MG	1	QL; GC	<i>glipizide er tablet 10mg</i>	1	GC
QL 30 each per 30 day(s)			<i>glipizide er tablet 2.5mg</i>	1	GC
ALOG/PIOGLIT TABLET 25-30MG	1	QL; GC	<i>glipizide er tablet 5mg</i>	1	GC
<i>glyb/metform tablet 1.25-250</i>	1	QL; GC	LANTUS SOLOS INJECTABLE	3	QL; IC
QL 120 each per 30 day(s)			100/ML		
<i>glyb/metform tablet 2.5-500</i>	1	QL; GC	QL 120 milliliter(s) 30 day(s)		
QL 120 each per 30 day(s)			<i>metformin solution 500/5ml</i>	1	GC
<i>glyb/metform tablet 5-500mg</i>	1	QL; GC	<i>metformin tablet 1000mg</i>	1	GC
QL 120 each per 30 day(s)			<i>metformin tablet 500mg</i>	1	GC
GLYXAMBI TABLET 10-5MG	3	QL	<i>metformin tablet 500mg er</i>	1	GC
QL 30 each per 30 day(s)			<i>metformin tablet 750mg er</i>	1	GC
GLYXAMBI TABLET 25-5MG	3	QL	<i>metformin tablet 850mg</i>	1	GC
QL 30 each per 30 day(s)			<i>miglitol tablet 100mg</i>	2	GC
HUMULIN R INJECTABLE U-500	3	PA	<i>miglitol tablet 25mg</i>	2	GC
HUMULIN R INJECTABLE U-500	3	PA	<i>miglitol tablet 50mg</i>	2	GC
INS ASP PROT INJECTABLE	1	IC	<i>nateglinide tablet 120mg</i>	1	GC
FLEXPEN			<i>nateglinide tablet 60mg</i>	1	GC
INSULIN ASPA INJECTABLE	1	IC	NOVOLIN INJECTABLE 70/30	1	IC
100/ML			NOVOLIN INJECTABLE 70/30	1	IC
INSULIN ASPA INJECTABLE	1	IC	FP		
70/30			NOVOLIN N INJECTABLE 100	1	IC
INSULIN ASPA INJECTABLE	1	IC	UNIT		
FLEXPEN			NOVOLIN N INJECTABLE U-100	1	IC
INSULIN ASPA INJECTABLE	1	IC	NOVOLIN R INJECTABLE 100	1	IC
PENFILL			UNIT		
JARDIANCE TABLET 10MG	3	QL	NOVOLIN R INJECTABLE U-100	1	IC
QL 30 each per 30 day(s)			NOVOLOG INJECTABLE	3	IC
JARDIANCE TABLET 25MG	3	QL	100/ML		
QL 30 each per 30 day(s)			NOVOLOG INJECTABLE	3	IC
JENTADUETO TABLET 2.5-1000	3	QL; ST	FLEXPEN		
QL 60 each per 30 day(s)			NOVOLOG INJECTABLE	3	IC
JENTADUETO TABLET 2.5-500	3	QL; ST	PENFILL		
QL 120 each per 30 day(s)					

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
JENTADUETO TABLET 2.5-850 QL 60 each per 30 day(s)	3	QL; ST	NOVOLOG MIX INJECTABLE 70/30	3	IC
JENTADUETO TABLET XR QL 60 each per 30 day(s)	3	QL; ST	NOVOLOG MIX INJECTABLE FLEXPEN	3	IC
JENTADUETO TABLET XR QL 30 each per 30 day(s)	3	QL; ST	PIOGLIT/GLIM TABLET 30-2MG	1	QL; GC
LANTUS INJECTABLE 100/ML QL 120 milliliter(s) 30 day(s)	3	QL; IC	QL 30 each per 30 day(s)		
			PIOGLIT/GLIM TABLET 30-4MG	1	QL; GC
			QL 30 each per 30 day(s)		
<i>pioglit/met tablet 15-500mg</i> QL 90 each per 30 day(s)	1	QL; GC	SYNJARDY TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL
<i>pioglit/met tablet 15-850mg</i> QL 90 each per 30 day(s)	1	QL; GC	SYNJARDY TABLET 5-500MG QL 60 each per 30 day(s)	3	QL
<i>pioglitazone tablet 15mg</i> QL 30 each per 30 day(s)	1	QL; GC	SYNJARDY XR TABLET QL 60 each per 30 day(s)	3	QL
<i>pioglitazone tablet 30mg</i> QL 30 each per 30 day(s)	1	QL; GC	SYNJARDY XR TABLET 10-1000 QL 60 each per 30 day(s)	3	QL
<i>pioglitazone tablet 45mg</i> QL 30 each per 30 day(s)	1	QL; GC	SYNJARDY XR TABLET 25-1000 QL 60 each per 30 day(s)	3	QL
<i>repaglinide tablet 0.5mg</i>	1	GC	SYNJARDY XR TABLET 5-1000MG	3	QL
<i>repaglinide tablet 1mg</i>	1	GC	QL 60 each per 30 day(s)		
<i>repaglinide tablet 2mg</i>	1	GC	TOUJEO MAX INJECTABLE 300IU/ML	3	QL; IC
SEGLUROMET TABLET 2.5-1000 QL 60 each per 30 day(s)	4	QL; ST	QL 30 milliliter(s) 30 day(s)		
SEGLUROMET TABLET 2.5-500 QL 60 each per 30 day(s)	4	QL; ST	TOUJEO SOLO INJECTABLE 300IU/ML	3	QL; IC
SEGLUROMET TABLET 7.5-1000 QL 60 each per 30 day(s)	4	QL; ST	QL 45 milliliter(s) 30 day(s)		
SEGLUROMET TABLET 7.5-500 QL 60 each per 30 day(s)	4	QL; ST	TRADJENTA TABLET 5MG QL 30 each per 30 day(s)	3	QL; ST
SOLIQUA INJECTABLE 100/33 QL 18 each per 30 day(s)	3	QL; ST; IC	TRIJARDY XR TABLET	3	
STEGLATRO TABLET 15MG QL 30 each per 30 day(s)	4	QL; ST	TRIJARDY XR TABLET	3	
STEGLATRO TABLET 5MG QL 30 each per 30 day(s)	4	QL; ST	TRIJARDY XR TABLET	3	
SYMLINPEN 60 INJECTABLE 1000MCG QL 10.80 each per 30 day(s)	4	QL; ST	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

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
SYMLNPEN 120 INJECTABLE 1000MCG <u>QL 10.80 each per 30 day(s)</u>	4	QL; ST	TRULICITY INJECTABLE 3/0.5 <u>QL 4 each per 28 day(s)</u>	3	QL; PA
SYNJARDY TABLET <u>QL 60 each per 30 day(s)</u>	3	QL	TRULICITY INJECTABLE 4.5/0.5 <u>QL 4 each per 28 day(s)</u>	3	QL; PA
SYNJARDY TABLET 12.5-500 <u>QL 60 each per 30 day(s)</u>	3	QL	XIGDUO XR TABLET 10-1000 <u>QL 30 each per 30 day(s)</u>	3	QL
XIGDUO XR TABLET 2.5-1000 QL 60 each per 30 day(s)	3	QL	XIGDUO XR TABLET 10-500MG <u>QL 30 each per 30 day(s)</u>	3	QL
XIGDUO XR TABLET 5-1000MG QL 60 each per 30 day(s)	3	QL	DROSPIRE/ETH TABLET ESTR/LEV	2	
XIGDUO XR TABLET 5-500MG <u>QL 60 each per 30 day(s)</u>	3	QL	<i>eluryng mis</i> QL 1 each per 28 day(s)	2	QL
<b>ANTIHYPOGLYCEMIC AGENTS</b>			<i>emoquette tablet</i>	1	
BAQSIMI ONE POW 3MG/DOSE	3		<i>errin tablet 0.35mg</i>	2	
<u>diazoxide suspension 50mg/ml</u>	2		<i>estarylla tablet 0.25-35</i>	2	
GLUCAGEN INJECTABLE HYPOKIT	3		<i>estra/noreth tablet 0.5-0.1</i>	2	
GLUCAGON KIT 1MG	3		<i>estra/noreth tablet 1-0.5mg</i>	2	
GVOKE HYPO 2 INJECTABLE .5/.1ML	3		<i>ethy eth est tablet 1-35</i>	2	
GVOKE HYPO 2 INJECTABLE 1MG/.2ML	3		<i>ethynodiol tablet 1-50</i>	2	
GVOKE KIT SOLUTION 1MG/0.2M	3		<i>etonogestrel mis ethy est</i> QL 1 each per 28 day(s)	2	QL
GVOKE PFS INJECTABLE	3		<i>femynor tablet 0.25-35</i>	2	
GVOKE PFS INJECTABLE	3		<i>fyavolv tablet 0.5-2.5</i>	2	
ZEGALOGUE INJECTABLE 0.6/0.6	4		<i>fyavolv tablet 1-5</i>	2	
ZEGALOGUE INJECTABLE 0.6/0.6	4		<i>hailey 24 tablet fe</i>	2	
<b>CONTRACEPTIVES</b>			<i>iclevia tablet</i>	1	QL
<i>amabelz tablet 0.5-0.1</i>	2		QL 91 each per 91 day(s)		
<i>amabelz tablet 1-0.5mg</i>	2		<i>introvale tablet</i>	2	QL
<i>amethia tablet</i> QL 91 each per 91 day(s)	2	QL	QL 91 each per 91 day(s)		
<i>apri tablet</i>	2		<i>jasmiel tablet 3-0.02mg</i>	2	
<i>aranelle tablet</i>	1		<i>jinteli tablet 1mg-5mcg</i>	2	
<i>aviane tablet</i>	1		<i>junel 1.5/30 tablet</i>	1	
<i>balziva tablet</i>	2		<i>junel fe tablet 1.5/30</i>	1	
<i>blisovi fe tablet 1.5/30</i>	2		<i>junel fe tablet 1/20</i>	1	
<i>briellyn tablet</i>	2		<i>junel fe 24 tablet 1/20</i>	1	
<i>camila tablet 0.35mg</i>	2		<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	

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
<i>cryselle-28 tablet 28 tablets</i>	1	<i>levonest tablet</i>	2
<i>deso/ethinyl tablet estradio</i>	1	<i>levonor/ethi tablet</i>	1
<i>deso/ethinyl tablet estradio</i>	2	<i>levonor/ethi tablet estradio</i>	1
<i>dolishale tablet 90-20mcg</i>	2	<i>levonor/ethi tablet estradio</i>	1 QL
<i>drospir/ethi tablet 3-0.03mg</i>	1	QL 91 each per 91 day(s)	
<i>levora-28 tablet 0.15/30</i>	2	<i>reclipsen tablet</i>	1
LO LOESTRIN TABLET 1-10-10	4	SAFYRAL TABLET	4
<i>loestrin tablet 1/20-21</i>	4	SLYND TABLET 4MG	4 ST
<i>loestrin 21 tablet 1.5/30</i>	4	<i>sprintec 28 tablet 28 day</i>	1
<i>loestrin fe tablet 1.5/30</i>	4	<i>sronyx tablet</i>	2
<i>loestrin fe tablet 1/20</i>	4	<i>tarina 24 fe tablet</i>	2
<i>loryna tablet 3-0.02mg</i>	1	<i>taysofy capsule 1/20</i>	2
<i>lutura tablet</i>	1	<i>tilia fe tablet</i>	2
<i>lyleq tablet 0.35mg</i>	2	<i>tri-estaryll tablet</i>	2
<i>marlissa tablet 0.15/30</i>	2	<i>tri-legest tablet fe</i>	2
<i>merzee capsule 1/20</i>	2	<i>tri-lo tablet estaryll</i>	2
<i>micrgstin 24 tablet fe 1/20</i>	1	<i>tri-lo- tablet sprintec</i>	2
<i>microgestin tablet 1.5/30</i>	1	<i>tri-nymyo tablet</i>	2
<i>microgestin tablet 1/20</i>	1	<i>tri-sprintec tablet</i>	2
<i>microgestin tablet fe 1/20</i>	1	<i>tri-vylibra tablet lo</i>	2
<i>microgestin tablet fe1.5/30</i>	1	<i>trivora-28 tablet</i>	2
<i>mili tablet 0.25/35</i>	2	<i>velivet packet</i>	2
<i>mimvey tablet 1-0.5mg</i>	2	<i>vestura tablet 3-0.02mg</i>	2
<i>necon tablet 0.5/35</i>	2	<i>vienva tablet 0.1-20</i>	1
<i>noreth/ethin tablet 0.5-2.5</i>	2	<i>vylibra tablet 0.25-35</i>	2
<i>noreth/ethin tablet 1/20</i>	1	<i>xulane dis 150-35</i>	2 QL
<i>noreth/ethin tablet 1mg-5mcg</i>	2	QL 4 each per 28 day(s)	
<i>noreth/ethin tablet fe 1/20</i>	2	<i>zovia 1/35 tablet</i>	1
<i>norethin ace tablet 5mg</i>	1	<b>ESTROGENS AND ANTIESTROGENS</b>	
<i>norethindron tablet 0.35mg</i>	2	<i>lyllana dis 0.025mg</i>	2
<i>norgest/ethi tablet 0.25/35</i>	1	<i>lyllana dis 0.0375mg</i>	2
<i>norgest/ethi tablet estradio</i>	1	<i>lyllana dis 0.05mg</i>	2
<i>nortrel tablet 0.5/35</i>	1	<i>lyllana dis 0.075mg</i>	2
<i>nortrel tablet 1/35</i>	1	<i>lyllana dis 0.1mg</i>	2
<i>nortrel tablet 7/7/7</i>	1	<b>ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS</b>	
<i>nylia tablet 1/35</i>	2	<i>anastrozole tablet 1mg</i>	1 QL
<i>nylia tablet 7/7/7</i>	2	QL 30 each per 30 day(s)	
<i>nymyo tablet 0.25-35</i>	1	<i>depo-estradi injectable</i>	4
<i>orsythia tablet</i>	2	<i>5mg/ml</i>	
<i>portia-28 tablet</i>	2		

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
<i>prefest tablet</i> QL 30 each per 30 day(s)	4	QL; PA	<i>dotti dis 0.025mg</i>	2	
<i>dotti dis 0.05mg</i>	2		<i>dotti dis 0.0375mg</i>	2	
<i>dotti dis 0.075mg</i>	2		KISQALI 200 PACKET FEMARA QL 49 each per 28 day(s)	5	QL; PA
<i>dotti dis 0.1mg</i>	2		KISQALI 400 PACKET FEMARA QL 70 each per 28 day(s)	5	QL; PA
<i>estradiol cre 0.01%</i> QL 127.50 each per 30 day(s)	1	QL	KISQALI 600 PACKET FEMARA QL 91 each per 28 day(s)	5	QL; PA
<i>estradiol dis 0.025mg</i>	2		<i>letrozole tablet 2.5mg</i> QL 30 each per 30 day(s)	1	QL
<i>estradiol dis 0.025mg</i>	2		ORIAHNN CAPSULE QL 60 each per 30 day(s)	5	QL; PA
<i>estradiol dis 0.0375mg</i>	2		OSPHENA TABLET 60MG QL 30 each per 30 day(s)	4	QL
ESTRADIOL DIS 0.0375MG	2		PREMARIN VAG CRE 0.625MG QL 60 each per 30 day(s)	3	QL
ESTRADIOL DIS 0.05MG	2		<i>raloxifene tablet 60mg</i> QL 30 each per 30 day(s)	1	QL
<i>estradiol dis 0.05mg</i>	2		SOLTAMOX SOLUTION 10MG/5ML	4	
ESTRADIOL DIS 0.06MG	2		<i>tamoxifen tablet 10mg</i> QL 30 each per 30 day(s)	1	QL
ESTRADIOL DIS 0.075MG	2		<i>tamoxifen tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<i>estradiol dis 0.075mg</i>	2		<i>toremifene tablet 60mg</i> QL 30 each per 30 day(s)	5	QL; PA
<i>estradiol dis 0.1mg</i>	2		<i>yuvafem tablet 10mcg</i> QL 30 each per 30 day(s)	2	QL
ESTRADIOL DIS 0.1MG	2		<b>GONADOTROPINS AND ANTIGONADOTROPINS</b>		
<i>estradiol tablet 0.5mg</i> QL 450 each per 30 day(s)	1	QL	ELIGARD INJECTABLE 22.5MG	4	BvsD
<i>estradiol tablet 10mcg</i> QL 30 each per 30 day(s)	2	QL	ELIGARD INJECTABLE 30MG	4	BvsD
<i>estradiol tablet 1mg</i> QL 450 each per 30 day(s)	1	QL	ELIGARD INJECTABLE 7.5MG	4	BvsD
<i>estradiol tablet 2mg</i> QL 450 each per 30 day(s)	1	QL	FIRMAGON INJECTABLE 120MG	5	BvsD
<i>exemestane tablet 25mg</i> QL 60 each per 30 day(s)	2	QL	FIRMAGON INJECTABLE 80MG	4	BvsD
FEMRING MIS 0.05/24H QL 1 each per 90 day(s)	4	QL; ST	<i>leuprolide injectable 1mg/0.2</i>	2	
FEMRING MIS 0.1MG/24 QL 1 each per 90 day(s)	4	QL; ST	LUPRON DEPOT INJECTABLE 11.25MG	5	BvsD
IMVEXXY MAIN SUP 10MCG QL 30 each per 30 day(s)	4	QL	LUPRON DEPOT INJECTABLE 22.5MG	5	BvsD
IMVEXXY MAIN SUP 4MCG QL 30 each per 30 day(s)	4	QL			
IMVEXXY STRT SUP 10MCG QL 30 each per 30 day(s)	4	QL			
IMVEXXY STRT SUP 4MCG QL 30 each per 30 day(s)	4	QL			

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
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
TRELSTAR MIX INJECTABLE 3.75MG	5	BvsD
<b>LEPTINS</b>		
MYALEPT INJECTABLE 11.3MG QL 67.80 each per 30 day(s)	5	QL; PA
<b>PARATHYROID AND ANTIPARATHYROID AGENTS</b>		
<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 QL 2 each per 28 day(s)	5	QL; PA
NATPARA INJECTABLE 25MCG QL 2 each per 28 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
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
<b>PITUITARY</b>		
<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
<b>PROGESTINS</b>		
CRINONE GEL 4% VAG	4	PA
DEPO-SQ PROV INJECTABLE 104 QL 1 each per 90 day(s)	4	QL
MEDROXYPR AC INJECTABLE 150MG/ML QL 1 milliliter(s) 90 day(s)	1	QL
MEDROXYPR AC INJECTABLE 150MG/ML QL 1 milliliter(s) 90 day(s)	1	QL
<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	

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>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	
<b>SOMATOSTATIN AGONISTS AND ANTAGONISTS</b>		
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>	3	PA
<i>octreotide injectable 200mcg</i>	3	PA
<i>octreotide injectable 500mcg</i>	5	PA
<i>octreotide injectable 50mcg/ml</i>	3	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)
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
INCRELEX INJECTABLE 40MG/4ML	5	PA
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)
<b>THYROID AND ANTITHYROID AGENTS</b>		
EUTHYROX TABLET 100MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 112MCG QL 90 each per 30 day(s)	1	QL
EUTHYROX TABLET 125MCG QL 90 each per 30 day(s)	1	QL

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

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
<i>levothyroxin tablet 50mcg</i> QL 90 each per 30 day(s)	1	QL	SYNTHROID TABLET 125MCG QL 90 each per 30 day(s)	3	QL
<i>levothyroxin tablet 75mcg</i> QL 90 each per 30 day(s)	1	QL	SYNTHROID TABLET 137MCG QL 90 each per 30 day(s)	3	QL
<i>levothyroxin tablet 88mcg</i> QL 90 each per 30 day(s)	1	QL	SYNTHROID TABLET 150MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 100MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 175MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 112MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 200MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 125MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 25MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 137MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 300MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 150MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 50MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 175MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 75MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 200MCG QL 90 each per 30 day(s)	4	QL	SYNTHROID TABLET 88MCG QL 90 each per 30 day(s)	3	QL
LEVOXYL TABLET 25MCG QL 90 each per 30 day(s)	4	QL	TIROSINT-SOL SOLUTION 100MCG	3	
LEVOXYL TABLET 50MCG QL 90 each per 30 day(s)	4	QL	TIROSINT-SOL SOLUTION 112MCG	3	
LEVOXYL TABLET 75MCG QL 90 each per 30 day(s)	4	QL	TIROSINT-SOL SOLUTION 125MCG	3	
LEVOXYL TABLET 88MCG QL 90 each per 30 day(s)	4	QL	TIROSINT-SOL SOLUTION 137MCG	3	
<i>liothyronine tablet 25mcg</i>	2		TIROSINT-SOL SOLUTION 13MCG/ML	3	
<i>liothyronine tablet 50mcg</i>	2		TIROSINT-SOL SOLUTION 150MCG	3	
<i>liothyronine tablet 5mcg</i>	2		TIROSINT-SOL SOLUTION 175MCG	3	
<i>methimazole tablet 10mg</i>	2		TIROSINT-SOL SOLUTION 200MCG	3	
<i>methimazole tablet 5mg</i>	2		TIROSINT-SOL SOLUTION 25MCG/ML	3	
<i>propylthiour tablet 50mg</i>	2				
SYNTHROID TABLET 100MCG QL 90 each per 30 day(s)	3	QL			
SYNTHROID TABLET 112MCG QL 90 each per 30 day(s)	3	QL			

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	Drug	Tier	Requirements
		/Limits			/Limits
TIROSINT-SOL SOLUTION 37.5/ML	3		<i>dutasteride capsule 0.5mg</i>	1	QL
TIROSINT-SOL SOLUTION 44MCG/ML	3		QL 30 each per 30 day(s)		
TIROSINT-SOL SOLUTION 50MCG/ML	3		<b>ALCOHOL DETERRENTS</b>		
TIROSINT-SOL SOLUTION 62.5/ML	3		<i>disulfiram tablet 250mg</i>	2	
TIROSINT-SOL SOLUTION 75MCG/ML	3		<i>disulfiram tablet 500mg</i>	2	
TIROSINT-SOL SOLUTION 88MCG/ML	3		<b>ANTIDOTES</b>		
UNITHROID TABLET 100MCG QL 90 each per 30 day(s)	4	QL	<i>acetylcyst solution 10%</i>	2	BvsD
UNITHROID TABLET 112MCG QL 90 each per 30 day(s)	4	QL	<i>acetylcyst solution 20%</i>	2	BvsD
UNITHROID TABLET 125MCG QL 90 each per 30 day(s)	4	QL	<i>leucovor ca tablet 10mg</i>	1	
UNITHROID TABLET 137MCG QL 90 each per 30 day(s)	4	QL	<i>leucovor ca tablet 15mg</i>	1	
UNITHROID TABLET 150MCG QL 90 each per 30 day(s)	4	QL	<i>leucovor ca tablet 25mg</i>	1	
UNITHROID TABLET 175MCG QL 90 each per 30 day(s)	4	QL	<i>leucovor ca tablet 5mg</i>	1	
UNITHROID TABLET 200MCG QL 90 each per 30 day(s)	4	QL	XURIDEN POW 2GM	5	QL; PA
UNITHROID TABLET 25MCG QL 90 each per 30 day(s)	4	QL	QL 120 each per 30 day(s)		
UNITHROID TABLET 300MCG QL 90 each per 30 day(s)	4	QL	<b>ANTIGOUT AGENTS</b>		
UNITHROID TABLET 50MCG QL 90 each per 30 day(s)	4	QL	<i>allopurinol tablet 100mg</i>	1	
UNITHROID TABLET 75MCG QL 90 each per 30 day(s)	4	QL	<i>allopurinol tablet 300mg</i>	1	
UNITHROID TABLET 88MCG QL 90 each per 30 day(s)	4	QL	COLCHICINE CAPSULE 0.6MG	3	QL
<b>MISCELLANEOUS THERAPEUTIC AGENT</b>			QL 120 each per 30 day(s)		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>			COLCHICINE TABLET 0.6MG	3	QL
<i>dutast/tamsu capsule 0.5-0.4</i>	1	QL	QL 120 each per 30 day(s)		
QL 30 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)		
			<b>ANTISENSE OLIGONUCLEOTIDES</b>		
			TEGSEDI INJECTABLE 284/1.5	5	QL; PA
			QL 6 each per 28 day(s)		
			<b>BONE ANABOLIC AGENTS</b>		
			EVENITY INJECTABLE 105MG	5	QL; PA
			QL 2.40 each per 30 day(s)		
			<b>BONE RESORPTION INHIBITORS</b>		
			<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)		

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
<i>ibandronate tablet 150mg</i>	1	QL	<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
QL 1 each per 28 day(s)			SKYRIZI INJECTABLE 150DOSE	5	QL; PA
PROLIA SOLUTION 60MG/ML	4	QL; BvsD	QL 2 each per 30 day(s)		
QL 1 milliliter(s) 180 day(s)			SKYRIZI INJECTABLE	5	QL; PA
RISEDRON SOD TABLET 35MG DR	2	QL; ST	150MG/ML		
QL 4 each per 28 day(s)			QL 2 milliliter(s) 28 day(s)		
<i>risedronate tablet 150mg</i>	2	QL; ST	SKYRIZI PEN INJECTABLE	5	QL; PA
QL 1 each per 28 day(s)			150MG/ML		
<i>risedronate tablet 30mg</i>	2	QL; ST	QL 2 milliliter(s) 28 day(s)		
QL 30 each per 30 day(s)			XELJANZ SOLUTION 1MG/ML	5	QL; PA
<i>risedronate tablet 35mg</i>	2	QL; ST	QL 600 milliliter(s) 30 day(s)		
QL 4 each per 28 day(s)			<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
<i>risedronate tablet 35mg</i>	2	QL; ST	ACTEMRA INJECTABLE 162/0.9	5	QL; PA
QL 12 each per 84 day(s)			QL 3.60 each per 28 day(s)		
<i>risedronate tablet 5mg</i>	2	QL; ST	ACTEMRA INJECTABLE	5	QL; PA
QL 30 each per 30 day(s)			ACTPEN		
XGEVA INJECTABLE	5	PA	QL 3.60 each per 28 day(s)		
<b>CARBONIC ANHYDRASE INHIBITORS</b>			CIMZIA KIT 200MG	5	QL; PA
KEVEYIS TABLET 50MG	5	QL; PA	QL 6 each per 28 day(s)		
QL 120 each per 30 day(s)			CIMZIA PREFL KIT 200MG/ML	5	QL; PA
<b>COMPLEMENT INHIBITORS</b>			QL 6 milliliter(s) 28 day(s)		
HAEGARDA INJECTABLE	5	QL; PA	ENBREL INJECTABLE 25/0.5ML	5	QL; PA
2000UNIT			QL 8 milliliter(s) 28 day(s)		
QL 16 each per 28 day(s)			ENBREL INJECTABLE 25MG	5	QL; PA
HAEGARDA INJECTABLE	5	QL; PA	QL 8 each per 28 day(s)		
3000UNIT			ENBREL INJECTABLE 25MG	5	QL; PA
QL 16 each per 28 day(s)			QL 8 each per 28 day(s)		
<i>icatibant injectable 30mg/3ml</i>	2	QL; PA	ENBREL INJECTABLE 50MG/ML	5	QL; PA
QL 18 milliliter(s) 30 day(s)			QL 8 milliliter(s) 28 day(s)		
ORLADEYO CAPSULE 110MG	5	QL; PA	ENBREL MINI INJECTABLE	5	QL; PA
QL 30 each per 30 day(s)			50MG/ML		
ORLADEYO CAPSULE 150MG	5	QL; PA	QL 8 milliliter(s) 28 day(s)		
QL 30 each per 30 day(s)			ENBREL SRCLK INJECTABLE	5	QL; PA
TAKHZYRO INJECTABLE 300/2ML	5	QL; PA	50MG/ML		
QL 4 milliliter(s) 28 day(s)			QL 8 milliliter(s) 28 day(s)		
TAVNEOS CAPSULE 10MG	5	QL; PA	HUMIRA INJECTABLE	5	QL; PA
QL 180 each per 30 day(s)			10/0.1ML		
			QL 2 milliliter(s) 28 day(s)		

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
HUMIRA INJECTABLE 20/0.2ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA KIT 40MG/0.8 QL 6 each per 28 day(s)	5	QL; PA
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEDIA INJECTABLE CROHNS QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE 40/0.4ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE 40MG/0.8 QL 2 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE 80/0.8ML QL 2 milliliter(s) 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE CD/UC/HS QL 6 each per 28 day(s)	5	QL; PA
HUMIRA PEN INJECTABLE PS/UV QL 4 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT CD/UC/HS QL 3 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT PED UC QL 4 each per 28 day(s)	5	QL; PA
HUMIRA PEN KIT PS/UV QL 3 each per 28 day(s)	5	QL; PA
KEVZARA INJECTABLE 150/1.14	5	PA
KEVZARA INJECTABLE 150/1.14	5	PA
KEVZARA INJECTABLE 200/1.14	5	PA
KEVZARA INJECTABLE 200/1.14	5	PA
KINERET INJECTABLE QL 20.10 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
<i>leflunomide tablet 10mg</i>	1	
<i>leflunomide tablet 20mg</i>	1	
OLUMIANT TABLET 1MG	5	PA
OLUMIANT TABLET 2MG	5	PA
ORENCIA INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
ORENCIA INJECTABLE 50/0.4ML QL 1.60 milliliter(s) 28 day(s)	5	QL; PA
ORENCIA INJECTABLE 87.5/0.7 QL 2.80 each per 28 day(s)	5	QL; PA
ORENCIA CLCK INJECTABLE 125MG/ML QL 4 milliliter(s) 28 day(s)	5	QL; PA
OTEZLA TABLET 10/20/30 QL 55 each per 30 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
STELARA INJECTABLE 45MG/0.5 QL 2 each per 84 day(s)	5	QL; PA
STELARA INJECTABLE 90MG/ML QL 2 milliliter(s) 84 day(s)	5	QL; PA
XELJANZ TABLET 10MG QL 60 each per 30 day(s)	5	QL; PA
XELJANZ TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA

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
XELJANZ XR TABLET 11MG QL 30 each per 30 day(s)	5	QL; PA
XELJANZ XR TABLET 22MG QL 30 each per 30 day(s)	5	QL; PA
<b>IMMUNOMODULATORY AGENTS</b>		
ACTIMMUNE INJECTABLE 2MU/0.5	5	PA
AVONEX PEN KIT 30MCG QL 4 each per 30 day(s)	5	QL; PA
AVONEX PREFL KIT 30MCG QL 4 each per 30 day(s)	5	QL; PA
BESREMI SOLUTION 500MCG QL 2 each per 28 day(s)	5	QL; PA
<i>dimethylfum capsule 120mg dr</i> QL 60 each per 30 day(s)	5	QL; PA
<i>dimethylfum capsule 240mg dr</i> QL 60 each per 30 day(s)	5	QL; PA
<i>dimethylfum mis starter</i> QL 60 each per 30 day(s)	5	QL; PA
EXTAVIA INJECTABLE 0.3MG QL 28 each per 30 day(s)	5	QL; PA
GILENYA CAPSULE 0.5MG QL 30 each per 30 day(s)	5	QL; PA
<i>glatiramer injectable 20mg/ml</i> QL 30 milliliter(s) 30 day(s)	5	QL; PA
<i>glatiramer injectable 40mg/ml</i> QL 30 milliliter(s) 30 day(s)	5	QL; PA
<i>glatopa injectable 20mg/ml</i> QL 30 milliliter(s) 30 day(s)	2	QL; PA
<i>glatopa injectable 40mg/ml</i> QL 30 milliliter(s) 30 day(s)	2	QL; PA
PLEGRIDY INJECTABLE QL 2 each per 30 day(s)	5	QL; PA
PLEGRIDY INJECTABLE PEN QL 2 each per 30 day(s)	5	QL; PA
THALOMID CAPSULE 100MG QL 30 each per 30 day(s)	5	QL

Drug	Tier	Requirements /Limits
THALOMID CAPSULE 150MG QL 60 each per 30 day(s)	5	QL
THALOMID CAPSULE 200MG QL 30 each per 30 day(s)	5	QL
THALOMID CAPSULE 50MG QL 30 each per 30 day(s)	5	QL
ZEPOSIA CAPSULE .92MG QL 30 each per 30 day(s)	5	QL; PA
ZEPOSIA CAPSULE STR KIT QL 37 each per 180 day(s)	5	QL; PA
ZEPOSIA 7DAY CAPSULE STR PACK QL 7 each per 180 day(s)	5	QL; PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
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 200MG/ML	5	PA
BENLYSTA INJECTABLE 200MG/ML	5	PA
<i>cyclosporine capsule 100mg</i>	2	BvsD
<i>cyclosporine capsule 100mg md</i>	2	BvsD
<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 QL 7 each per 168 day(s)	5	QL; PA
<i>gengraf capsule 100mg</i>	2	BvsD
<i>gengraf capsule 25mg</i>	2	BvsD

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>gengraf solution 100mg/ml</i>	2	BvsD
LUPKYNIS CAPSULE 7.9MG QL 180 each per 30 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(10) QL 40 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(4) QL 16 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(5) QL 20 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(6) QL 24 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(7) QL 28 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(8) QL 32 each per 365 day(s)	5	QL; PA
MAVENCLAD PACKET 10MG(9) QL 36 each per 365 day(s)	5	QL; PA
<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> QL 240 each per 30 day(s)	3	QL; BvsD
<i>mycophenolic tablet 360mg dr</i> QL 120 each per 30 day(s)	3	QL; BvsD
REZUROCK TABLET 200MG QL 30 each per 30 day(s)	5	QL; PA
SANDIMMUNE SOLUTION 100MG/ML	3	BvsD
<i>sirolimus solution 1mg/ml</i>	3	BvsD
<i>sirolimus tablet 0.5mg</i>	3	BvsD
<i>sirolimus tablet 1mg</i>	3	BvsD
<i>sirolimus tablet 2mg</i>	3	BvsD
<i>tacrolimus capsule 0.5mg</i>	1	BvsD
<i>tacrolimus capsule 1mg</i>	1	BvsD
<i>tacrolimus capsule 5mg</i>	1	BvsD
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ARCALYST INJECTABLE 220MG	5	PA

Drug	Tier	Requirements /Limits
<i>betaine anhy pow</i> QL 180 each per 30 day(s)	5	QL
CERDELGA CAPSULE 84MG QL 60 each per 30 day(s)	5	QL; PA
CYSTADANE POW	4	
CYSTAGON CAPSULE 150MG	4	PA
CYSTAGON CAPSULE 50MG	4	PA
<i>dalfampridin tablet 10mg er</i> QL 60 each per 30 day(s)	3	QL
ENDARI POW 5GM QL 180 each per 30 day(s)	5	QL; PA
EVOTAZ TABLET 300-150 QL 30 each per 30 day(s)	4	QL; NM
EVRYSDI SOLUTION QL 201 each per 30 day(s)	5	QL; PA
FIRDAPSE TABLET 10MG QL 240 each per 30 day(s)	5	QL; PA
GALAFOLD CAPSULE 123MG QL 14 each per 28 day(s)	5	QL; PA
ISTURISA TABLET 10MG QL 180 each per 30 day(s)	5	QL; PA
ISTURISA TABLET 1MG QL 240 each per 30 day(s)	5	QL; PA
ISTURISA TABLET 5MG QL 60 each per 30 day(s)	5	QL; PA
KORLYM TABLET 300MG QL 120 each per 30 day(s)	5	QL; PA
<i>metyrosine capsule 250mg</i>	2	ST
<i>miglustat capsule 100mg</i> QL 90 each per 30 day(s)	5	QL; PA
<i>nitisinone capsule 10mg</i> QL 600 each per 30 day(s)	2	QL; PA
<i>nitisinone capsule 2mg</i> QL 600 each per 30 day(s)	2	QL; PA
<i>nitisinone capsule 5mg</i> QL 600 each per 30 day(s)	2	QL; PA
NITYR TABLET 10MG QL 600 each per 30 day(s)	5	QL; PA

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
NITYR TABLET 2MG QL 600 each per 30 day(s)	5	QL; PA
NITYR TABLET 5MG QL 600 each per 30 day(s)	5	QL; PA
ORFADIN CAPSULE 20MG QL 600 each per 30 day(s)	5	QL; PA
ORFADIN SUSPENSION 4MG/ML QL 1500 milliliter(s) 30 day(s)	5	QL; PA
PREZCOBIX TABLET 800-150 QL 30 each per 30 day(s)	4	QL; NM
PYRUKYND TABLET 20MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 20MGX5MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 50MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 50MGX20M QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 5MG QL 56 each per 28 day(s)	5	QL; PA
PYRUKYND TABLET 5MG TP QL 56 each per 28 day(s)	5	QL; PA
<i>sapropterin pow 100mg</i>	2	PA
<i>sapropterin pow 500mg</i>	2	PA
<i>sapropterin tablet 100mg</i>	2	PA
TYBOST TABLET 150MG QL 30 each per 30 day(s)	3	QL; NM
VOXZOGO INJECTABLE 0.4MG QL 30 each per 30 day(s)	5	QL; PA
VOXZOGO INJECTABLE 0.56MG QL 30 each per 30 day(s)	5	QL; PA
VOXZOGO INJECTABLE 1.2MG QL 30 each per 30 day(s)	5	QL; PA
<b>PROTECTIVE AGENTS</b>		
ELMIRON CAPSULE 100MG	4	
MESNEX TABLET 400MG	5	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTIFIBROTIC AGENTS</b>		
ESBRIET CAPSULE 267MG QL 270 each per 30 day(s)	5	QL; PA

Drug	Tier	Requirements /Limits
ESBRIET TABLET 267MG QL 270 each per 30 day(s)	5	QL; PA
ESBRIET TABLET 801MG QL 90 each per 30 day(s)	5	QL; PA
OFEV CAPSULE 100MG QL 60 each per 30 day(s)	5	QL; PA
OFEV CAPSULE 150MG QL 60 each per 30 day(s)	5	QL; PA
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sod con 100/5ml</i>	2	PA
<i>cromolyn sod solution 4% op</i>	2	
FASENRA INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
FASENRA PEN INJECTABLE 30MG/ML QL 1 milliliter(s) 28 day(s)	5	QL; PA
<i>montelukast chw 4mg</i> QL 60 each per 30 day(s)	1	QL
<i>montelukast chw 5mg</i> QL 60 each per 30 day(s)	1	QL
<i>montelukast gra 4mg</i> QL 30 each per 30 day(s)	1	QL
<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
NUCALA INJECTABLE 100MG/ML QL 3 milliliter(s) 28 day(s)	5	QL; PA
<i>zafirlukast tablet 10mg</i> QL 60 each per 30 day(s)	1	QL
<i>zafirlukast tablet 20mg</i> QL 60 each per 30 day(s)	1	QL
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
<i>azel/flutic spr 137-50</i> QL 23 each per 30 day(s)	4	QL

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
<i>cromolyn sod neb 20mg/2ml</i>	2	BvsD	NUDEXTA CAPSULE 20-10MG	4	QL; PA
XHANCE MIS 93MCG	4	PA	QL 60 each per 30 day(s)		
<b>CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATORS</b>			PROLASTIN-C INJECTABLE 1000MG	5	PA
KALYDECO PACKET 25MG QL 60 each per 30 day(s)	5	QL; PA	TRIKAFTA TABLET QL 90 each per 30 day(s)	5	QL; PA
KALYDECO PACKET 50MG QL 60 each per 30 day(s)	5	QL; PA	XOLAIR INJECTABLE 150MG/ML	5	PA
KALYDECO PACKET 75MG QL 60 each per 30 day(s)	5	QL; PA	XOLAIR INJECTABLE 75/0.5	5	PA
KALYDECO TABLET 150MG	5	PA	XOLAIR SOLUTION 150MG	5	PA
ORKAMBI GRA 100-125 QL 60 each per 30 day(s)	5	QL; PA	ZEMAIRA INJECTABLE 1000MG	5	PA
ORKAMBI GRA 150-188 QL 60 each per 30 day(s)	5	QL; PA	<b>VASODILATING AGENTS</b>		
ORKAMBI TABLET 100-125 QL 112 each per 28 day(s)	5	QL; PA	ADEMPAS TABLET 0.5MG QL 90 each per 30 day(s)	5	QL; PA
ORKAMBI TABLET 200-125 QL 112 each per 28 day(s)	5	QL; PA	ADEMPAS TABLET 1.5MG QL 90 each per 30 day(s)	5	QL; PA
SYMDEKO TABLET 100-150 QL 60 each per 30 day(s)	5	QL; PA	ADEMPAS TABLET 1MG QL 90 each per 30 day(s)	5	QL; PA
SYMDEKO TABLET 50-75MG QL 60 each per 30 day(s)	5	QL; PA	ADEMPAS TABLET 2.5MG QL 90 each per 30 day(s)	5	QL; PA
TRIKAFTA TABLET QL 90 each per 30 day(s)	5	QL; PA	ADEMPAS TABLET 2MG QL 90 each per 30 day(s)	5	QL; PA
<b>MUCOLYTIC AGENTS</b>			<i>ambrisentan tablet 10mg</i> QL 30 each per 30 day(s)	5	QL; PA; LA
PULMOZYME SOLUTION 1MG/ML QL 150 milliliter(s) 30 day(s)	5	QL; BvsD	<i>ambrisentan tablet 5mg</i> QL 30 each per 30 day(s)	5	QL; PA; LA
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>			<i>bosentan tablet 125mg</i> QL 60 each per 30 day(s)	5	QL; PA
DALIRESP TABLET 250MCG QL 30 each per 30 day(s)	3	QL	<i>bosentan tablet 62.5mg</i> QL 60 each per 30 day(s)	5	QL; PA
DALIRESP TABLET 500MCG QL 30 each per 30 day(s)	3	QL	OPSUMIT TABLET 10MG QL 30 each per 30 day(s)	5	QL; PA; LA
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>			ORENITRAM TABLET 0.125MG QL 300 each per 30 day(s)	4	QL; PA
ARALAST NP INJECTABLE 1000MG	5	PA	ORENITRAM TABLET 0.25MG QL 300 each per 30 day(s)	5	QL; PA
GLASSIA INJECTABLE	5	PA	ORENITRAM TABLET 1MG QL 300 each per 30 day(s)	5	QL; PA

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

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
<i>naftifine cre hcl 2%</i>	3		BETAMETH VAL OIN 0.1%	2	
<i>nyamyc pow 100000</i>	2		CALCIP/BETAM SUSPENSION	2	
<i>nystat/triam cre</i>	2		<i>calcipotrien oin betameth</i>	3	
<i>nystat/triam oin</i>	2		CAPEX SHA 0.01%	4	ST
<i>nystatin cre 100000</i>	1		<i>clobetasol aer 0.05%</i>	2	
<i>nystatin oin 100000</i>	2		<i>clobetasol gel 0.05%</i>	2	
<i>nystatin pow 100000</i>	2		<i>clobetasol lot 0.05%</i>	3	
<i>nystop pow 100000</i>	2		<i>clobetasol oin 0.05%</i>	2	
<i>oxiconazole cre nitrate</i>	3		<i>clobetasol sha 0.05%</i>	2	
<i>permethrin cre 5%</i>	2		<i>clobetasol solution 0.05%</i>	2	
SILVER SULFA CRE 1%	2		<i>clobetasol spr 0.05%</i>	2	QL
SPINOSAD SUSPENSION 0.9%	4		QL 125 each per 14 day(s)		
SSD CRE 1%	2		<i>clobetasol e cre 0.05%</i>	2	
<i>sulfacetamid lot 10%</i>	3	ST	<i>desonide cre 0.05%</i>	2	
<i>terconazole cre 0.4%</i>	2		<i>desonide gel 0.05%</i>	2	
<i>terconazole cre 0.8%</i>	2		<i>desonide lot 0.05%</i>	2	
VANDAZOLE GEL 0.75%	2		<i>desonide oin 0.05%</i>	2	
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>			<i>desoximetas cre 0.05%</i>	2	
<i>periogard solution 0.12%</i>	2		<i>desoximetas cre 0.25%</i>	2	
<i>terconazole sup 80mg</i>	2		<i>desoximetas gel 0.05%</i>	2	
<b>ANTI-INFLAMMATORY AGENTS</b>			<i>desoximetas oin 0.05%</i>	2	
<i>ala-cort cre 2.5%</i>	2		<i>desoximetas oin 0.25%</i>	2	
<i>alclometason cre 0.05%</i>	2		<i>diclofenac gel 1%</i>	2	QL
<i>alclometason oin 0.05%</i>	2		QL 1000 each per 30 day(s)		
<i>amcinonide cre 0.1%</i>	2		<i>diclofenac solution 1.5%</i>	1	QL
<i>amcinonide lot 0.1%</i>	2		QL 450 each per 30 day(s)		
<i>amcinonide oin 0.1%</i>	2		<i>diflorasone cre 0.05%</i>	3	
<i>aug betamet cre 0.05%</i>	2		<i>diflorasone oin 0.05%</i>	2	
<i>aug betamet gel 0.05%</i>	2		ENSTILAR AER	4	
<i>aug betamet lot 0.05%</i>	2		EUCRISA OIN 2%	3	QL
<i>aug betamet oin 0.05%</i>	2		QL 60 each per 30 day(s)		
<i>betameth dip cre 0.05%</i>	2		<i>fluocin acet cre 0.01%</i>	2	
<i>betameth dip lot 0.05%</i>	2		<i>fluocin acet cre 0.025%</i>	2	
<i>betameth dip oin 0.05%</i>	2		<i>fluocin acet oil 0.01% sc</i>	3	
<i>betameth val aer 0.12%</i>	3		<i>fluocin acet oin 0.025%</i>	2	
<i>betameth val cre 0.1%</i>	2		<i>fluocin acet solution 0.01%</i>	2	
BETAMETH VAL LOT 0.1%	2		<i>fluocinonide cre 0.05%</i>	2	

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>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>	3
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	3
<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
<i>triamcinolon aer spray</i>	4
<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

Drug	Tier Requirements /Limits
<i>triamcinolon oin 0.5%</i>	1
<i>triderm cre 0.5%</i>	1
<i>tritocin oin 0.05%</i>	3
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS)</b>	
<i>desoximetaso spr 0.25%</i>	2
<i>temovate cre 0.05%</i>	2
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>	
<i>hc pramoxine cre 1-1%</i>	2
<i>lido/prilocn cre 2.5-2.5%</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
<b>CELL STIMULANTS AND PROLIFERANTS</b>	
ALTRENO LOT 0.05%	4 QL
QL 45 each per 30 day(s)	
AVITA CRE 0.025%	2
AVITA GEL 0.025%	2
<i>tretinoin cre 0.025%</i>	3
<i>tretinoin cre 0.05%</i>	3
<i>tretinoin cre 0.1%</i>	3
<i>tretinoin gel 0.01%</i>	3
<i>tretinoin gel 0.025%</i>	3
TRETINOIN GEL 0.04%	4 ST
TRETINOIN GEL 0.05%	3 ST
TRETINOIN GEL 0.1%	4 ST
<b>DEPIGMENTING AND PIGMENTING AGENTS</b>	
<i>methoxsalen capsule 10mg</i>	5
<b>KERATOLYTIC AGENTS</b>	
<i>adapal/ben p gel 0.1-2.5%</i>	2 ST
<i>ammonium lac cre 12%</i>	1
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>	
PANRETIN GEL 0.1%	5 QL; PA
QL 60 each per 30 day(s)	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>	
<i>accutane capsule 10mg</i>	3

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>acutane capsule 20mg</i>	3	
<i>acutane capsule 30mg</i>	3	
<i>acutane capsule 40mg</i>	3	
<i>acitretin capsule 10mg</i>	4	QL
QL 60 each per 30 day(s)		
<i>acitretin capsule 17.5mg</i>	4	QL
QL 60 each per 30 day(s)		
<i>acitretin capsule 25mg</i>	4	QL
QL 60 each per 30 day(s)		
ADAPALENE CRE 0.1%	3	ST
<i>adapalene gel 0.3%</i>	3	ST
ADBRY INJECTABLE 150MG/ML	5	QL; PA
QL 6 milliliter(s) 28 day(s)		
<i>amnesteem capsule 10mg</i>	2	
<i>amnesteem capsule 20mg</i>	2	
<i>amnesteem capsule 40mg</i>	2	
<i>azelaic acid gel 15%</i>	3	QL
QL 50 each per 30 day(s)		
AZELEX CRE 20%	4	ST
<i>calcipotrien cre 0.005%</i>	3	
<i>calcipotrien oin 0.005%</i>	3	
<i>calcipotrien solution 0.005%</i>	3	
CIBINQO TABLET 100MG	5	QL; PA
QL 30 each per 30 day(s)		
CIBINQO TABLET 200MG	5	QL; PA
QL 30 each per 30 day(s)		
CIBINQO TABLET 50MG	5	QL; PA
QL 30 each per 30 day(s)		
<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	5	QL; PA
QL 2 each per 28 day(s)		
COSENTYX INJECTABLE 75MG/0.5	5	QL; PA
QL 2.50 each per 28 day(s)		
COSENTYX PEN INJECTABLE	5	QL; PA
300DOSE		
QL 2 each per 28 day(s)		

Drug	Tier	Requirements /Limits
DAPSONE GEL 5%	3	ST
DUPIXENT INJECTABLE	5	QL; PA
100/0.67		
QL 1.34 each per 28 day(s)		
DUPIXENT INJECTABLE	5	QL; PA
200/1.14		
QL 3.42 each per 28 day(s)		
DUPIXENT INJECTABLE 200MG	5	QL; PA
QL 3.42 each per 28 day(s)		
DUPIXENT INJECTABLE	5	QL; PA
300/2ML		
QL 6 milliliter(s) 28 day(s)		
DUPIXENT INJECTABLE	5	QL; PA
300/2ML		
QL 6 milliliter(s) 28 day(s)		
FINACEA AER 15%	4	
<i>finasteride tablet 5mg</i>	1	QL
QL 30 each per 30 day(s)		
<i>fluorouracil cre 5%</i>	2	
<i>fluorouracil solution 2%</i>	2	
<i>fluorouracil solution 5%</i>	2	
ILUMYA SOLUTION	5	PA
100MG/ML		
<i>imiquimod cre 5%</i>	2	
<i>isotretinoin capsule 10mg</i>	3	
<i>isotretinoin capsule 20mg</i>	3	
<i>isotretinoin capsule 30mg</i>	3	
<i>isotretinoin capsule 40mg</i>	3	
<i>myorisan capsule 10mg</i>	2	
<i>myorisan capsule 20mg</i>	2	
<i>myorisan capsule 30mg</i>	2	
<i>myorisan capsule 40mg</i>	2	
<i>nitro-bid oin 2%</i>	4	
<i>nitroglycer dis 0.1mg/hr</i>	1	
<i>nitroglycer dis 0.2mg/hr</i>	1	
<i>nitroglycer dis 0.4mg/hr</i>	1	
<i>nitroglycer dis 0.6mg/hr</i>	1	

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
<i>nitroglycrn spr 0.4mg</i>	1		MYRBETRIQ SUSPENSION	3	QL
NITROLINGUAL SPR PUMPSRA	1		8MG/ML		
PIMECROLIMUS CRE 1%	3	ST	QL 300 milliliter(s) 30 day(s)		
PODOFILOX SOLUTION 0.5%	2		MYRBETRIQ TABLET 25MG	3	QL
QBREXZA PAD 2.4%	4	QL; PA	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			MYRBETRIQ TABLET 50MG	3	QL
RECTIV OIN 0.4%	4	QL	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>oxybutynin syrup 5mg/5ml</i>	1	QL
RHOFADE CRE 1%	4	QL	QL 473 milliliter(s) 23 day(s)		
QL 30 each per 30 day(s)			<i>oxybutynin tablet 10mg er</i>	1	QL
SANTYL OIN 250/GM	4		QL 60 each per 30 day(s)		
TACROLIMUS OIN 0.03%	3	QL	<i>oxybutynin tablet 15mg er</i>	1	QL
QL 100 each per 30 day(s)			QL 60 each per 30 day(s)		
<i>tacrolimus oin 0.1%</i>	3	QL	<i>oxybutynin tablet 5mg</i>	1	QL
QL 100 each per 30 day(s)			QL 120 each per 30 day(s)		
TARGETIN GEL 1%	5	PA	<i>oxybutynin tablet 5mg er</i>	1	QL
<i>tazarotene cre 0.1%</i>	2	ST	QL 60 each per 30 day(s)		
TAZORAC CRE 0.05%	4	ST	<i>solifenacin tablet 10mg</i>	1	QL
TAZORAC GEL 0.05%	4		QL 30 each per 30 day(s)		
TAZORAC GEL 0.1%	4		<i>solifenacin tablet 5mg</i>	1	QL
VALCHLOR GEL 0.016%	5	QL; PA	QL 30 each per 30 day(s)		
QL 120 each per 30 day(s)			<i>tolterodine capsule 2mg er</i>	2	QL
<i>zenatane capsule 10mg</i>	2		QL 30 each per 30 day(s)		
<i>zenatane capsule 20mg</i>	2		<i>tolterodine capsule 4mg er</i>	2	QL
<i>zenatane capsule 30mg</i>	2		QL 30 each per 30 day(s)		
<i>zenatane capsule 40mg</i>	2		TOLTERODINE TABLET 1MG	1	QL
<b>SMOOTH MUSCLE RELAXANTS</b>			QL 60 each per 30 day(s)		
<b>GENITOURINARY SMOOTH MUSCLE RELAXANTS</b>			TOLTERODINE TABLET 2MG	1	QL
<i>darifenacin tablet 15mg</i>	2	QL	QL 60 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>trospium chl capsule 60mg er</i>	2	QL
<i>darifenacin tablet 7.5mg</i>	2	QL	QL 30 each per 30 day(s)		
QL 30 each per 30 day(s)			<i>trospium cl tablet 20mg</i>	1	QL
<i>flavoxate tablet 100mg</i>	2		QL 60 each per 30 day(s)		
GELNIQUE GEL 10%	4	QL; ST	<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
QL 30 each per 30 day(s)			<i>theophylline tablet 300mg er</i>	2	
GEMTESA TABLET 75MG	4	QL; ST	<i>theophylline tablet 400mg er</i>	2	
QL 30 each per 30 day(s)			<i>theophylline tablet 600mg er</i>	2	

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
<b>SUPPLIES</b>		
<b>SUPPLIES</b>		
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)		
<b>VITAMINS</b>		
<b>VITAMIN B COMPLEX</b>		
<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)		
<b>VITAMIN D</b>		
<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	
DOXERCALCIF CAPSULE 0.5MCG	2	
DOXERCALCIF CAPSULE 1MCG	2	
DOXERCALCIF CAPSULE 2.5MCG	2	
PARICALCITOL CAPSULE 1 MCG	2	

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

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.

## Index

abaca/lamivu tablet.....	6	alendronate tablet.....	73	amoxicillin suspension .....	1
abacav/lamiv tablet		alfuzosin tablet .....	19	amoxicillin tablet.....	1
/zidovud.....	6	ALISKIREN.....	28	AMPHET/DEXTR.....	34
abacavir solution .....	6	allopurinol tablet.....	73	amphet/dextr capsule.....	34
abacavir tablet.....	6	ALOCRI.....	56	amphet/dextr tablet.....	34
ABILIFY .....	46	ALOG/PIOGLIT .....	64	amphotericin injectable.....	5
abiraterone tablet .....	10	ALOGLIPTIN .....	64	ampicillin capsule .....	1
acampro cal tablet .....	45	ALOGLIPTIN/ .....	64	ampicillin injectable.....	1
acarbose tablet.....	64	ALOMIDE .....	56	amp-sulbacta injectable .....	1
accutane capsule .....	82,83	ALPHAGAN .....	57	anagrelide capsule.....	20
acebutolol capsule .....	25	alprazolam con.....	43	anastrozole tablet.....	68
acetazolamid capsule.....	57	alprazolam tablet.....	44	apap/codeine tablet .....	29
acetazolamid tablet .....	57	ALREX .....	58	APLENZIN .....	46
ACETIC .....	59	ALTOPREV .....	22	APOKYN .....	42
acetylcyst solution.....	73	ALTRENO .....	82	apomorphine injectable .....	42
acitretin capsule .....	83	ALUNBRIG .....	10	apraclonidin solution.....	59
ACTEMRA.....	74	amabelz tablet .....	67	aprepitant capsule.....	60
ACTHIB.....	17	amantadine capsule.....	43	aprepitant packet .....	60
ACTIMMUNE.....	76	amantadine solution.....	43	apri tablet.....	67
acyclovir capsule.....	6	amantadine tablet .....	43	APTIOM.....	36
acyclovir na injectable.....	6	AMBISOME.....	5	APTIVUS .....	6
acyclovir oin .....	80	ambrisentan tablet .....	79	ARALAST .....	79
acyclovir suspension .....	6	amcinonide cre.....	81	aranelle tablet .....	67
acyclovir tablet .....	6	amcinonide lot.....	81	ARANESP.....	21
ADACEL .....	17	amcinonide oin.....	81	ARCALYST.....	77
adapal/ben p gel.....	82	amethia tablet .....	67	arformoterol neb .....	19
ADAPALENE .....	83	amikacin injectable.....	1	ARIKAYCE .....	1
adapalene gel .....	83	amilor/hctz tablet.....	53	aripiprazole solution .....	47
ADBRY.....	83	AMILORIDE.....	53	aripiprazole tablet.....	47
adefov dipiv tablet .....	6	amiodarone tablet .....	27	ARISTADA.....	47
ADEMPAS.....	79	amitriptylin tablet .....	46	ARMODAFINIL.....	34
AIMOVIG.....	41	amlod/atorva tablet.....	23	armodafinil tablet.....	34
AJOVY .....	41	amlod/benazp capsule.....	26	ARNUITY.....	58
ala-cort cre.....	81	amlod/olmesa tablet .....	26	asa/dipyrida capsule.....	29
albendazole tablet.....	1	amlod/valsar tablet.....	26	ascomp/cod capsule .....	30
ALBUTEROL.....	19	amlodipine tablet.....	26	ASENAPINE.....	47
albuterol aer hfa .....	19	ammonium lac cre.....	82	asenapine sub.....	47
albuterol neb .....	19	amnesteem capsule .....	83	ASMANEX.....	62,63
albuterol syrup.....	19	amox/k clav chw .....	1	ASTAGRAF .....	76
albuterol tablet.....	19	amox/k clav suspension.....	1	atazanavir capsule .....	6
alclometason cre.....	81	amox/k clav tablet .....	1	atenol/chlor tablet .....	53
alclometason oin .....	81	amoxapine tablet.....	46	atenolol tablet.....	25
ALDACTAZIDE.....	53	amoxicillin capsule .....	1	atomoxetine capsule .....	45
ALECENSA .....	10	amoxicillin chw .....	1	atorvastatin tablet.....	23

## Index

atovaq/progu tablet.....	6	BESREMI.....	76	bupren/nalox mis.....	30
atovaquone suspension.....	6	betaine anhy pow.....	77	bupren/nalox sub.....	30
ATROVENT.....	17	BETAMETH.....	81	BUPRENORPHIN.....	30
aug betamet cre.....	81	betameth dip cre.....	81	buprenorphin dis.....	30
aug betamet gel.....	81	betameth dip lot.....	81	buprenorphin sub.....	30
aug betamet lot.....	81	betameth dip oin.....	81	bupropion tablet.....	47
aug betamet oin.....	81	betameth val aer.....	81	BUPROPIN.....	47
AURYXIA.....	55	betameth val cre.....	81	bupropn hcl tablet.....	47
aviane tablet.....	67	BETAXOLOL.....	57	bupirone tablet.....	44
AVITA.....	82	betaxolol tablet.....	25	but/apap/caf capsule.....	30
AVONEX.....	76	bethanechol tablet.....	18	but/apap/caf capsule	
AYVAKIT.....	10	BETOPTIC-S.....	57	codeine.....	30
AZASITE.....	57	BEVESPI.....	17	but/apap/caf tablet.....	30
azathioprine tablet.....	76	BEXAROTENE.....	10	but/asa/caf/ capsule	
azel/flutic spr.....	78	BEXSERO.....	17	codeine.....	30
azelaic acid gel.....	83	bicalutamide tablet.....	10	but/asa/caff capsule.....	30
azelastine dro.....	56	BICILLIN.....	2	butorphanol solution.....	30
azelastine spr.....	56,57	BIKTARVY.....	6	BYDUREON.....	64
AZELEX.....	83	bimatoprost solution.....	57	BYETTA.....	64
AZITHROMYCIN.....	1	bisoprl/hctz tablet.....	53,54	cabergoline tablet.....	42
azithromycin injectable.....	1	bisoprol fum tablet.....	25	CABLIVI.....	20
azithromycin tablet.....	1	BIVIGAM.....	16	CABOMETYX.....	10
aztreonam injectable.....	2	blephamide oin s.o.p.....	57	CALC.....	55
bacit/polymy oin op.....	57	blisovi fe tablet.....	67	CALCIP/BETAM.....	81
bacitracin oin op.....	57	BOOSTRIX.....	17	calcipotrien cre.....	83
baclofen tablet.....	18	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.....	63	calcitonin spr.....	70
BAQSIMI.....	67	briellyn tablet.....	67	CALCITRIOL.....	85
BARACLUDGE.....	6	BRILINTA.....	20	calcitriol capsule.....	85
BAXDELA.....	2	brimo/timolo solution.....	57	calcitriol solution.....	85
BCG.....	17	brimonidine solution.....	57	CALQUENCE.....	10
BECONASE.....	58	brinzolamide suspension.....	57	CAMBIA.....	30
BELBUCA.....	30	BRIVIACT.....	36	camila tablet.....	67
BELSOMRA.....	44	bromfenac solution.....	58	candes/hctz tablet.....	54
BENAZEP/HCTZ.....	53	bromocriptin capsule.....	42	CANDESARTAN.....	28
benazep/hctz tablet.....	53	bromocriptin tablet.....	42	candesartan tablet.....	28
benazepril tablet.....	28	BRUKINSA.....	10	CAPEX.....	81
BENLYSTA.....	76	BUDES/FORMOT.....	63	CAPLYTA.....	47
BENZNIDAZOLE.....	6	budesonide capsule.....	63	CAPRELSA.....	10
benztropine tablet.....	42	budesonide suspension.....	63	captopril tablet.....	28
BEPOTASTINE.....	57	budesonide tablet er.....	60	carb/levo.....	42
BESIVANCE.....	57	BUMETANIDE.....	54	carb/levo er tablet.....	42



## Index

carb/levo tablet.....	42	CHEMET .....	62	clindamycin mis .....	80
CARBAMAZEPIN.....	36	chenodal tablet.....	61	clindamycin solution.....	3,80
carbamazepin chw.....	36	chlorhex glu solution .....	57	CLINIMIX .....	53
carbamazepin suspension .....	36	chloroquine tablet .....	6	clinisol sf injectable.....	53
carbamazepin tablet.....	36	chlorpromaz tablet .....	47	clobazam suspension.....	36
carbidopa tablet.....	42	chlorpromazi con .....	47	clobazam tablet .....	36
carglumic tablet .....	53	chlorthalid tablet.....	54	clobetasol aer.....	81
carisoprodol tablet .....	18	CHOLBAM .....	61	clobetasol e cre.....	81
carteolol solution.....	25	cholestyram pow .....	23	clobetasol gel.....	81
cartia xt capsule.....	26	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
caspofungin injectable .....	5	ciclopirox solution.....	80	clobetasol spr .....	81
CAYSTON .....	2	ciclopirox suspension.....	80	clomipramine capsule .....	47
cefaclor capsule .....	2	cilostazol tablet .....	20	clonazep odt tablet.....	36
cefaclor er tablet .....	2	CILOXAN .....	57	clonazepam tablet.....	36
cefadroxil capsule.....	2	CIMDUO .....	6	clonidine dis.....	28
cefadroxil suspension .....	2	cimetidine solution .....	60	clonidine tablet.....	28
cefadroxil tablet.....	2	cimetidine tablet.....	60	clopidogrel tablet.....	20
cefazolin injectable.....	2	CIMZIA.....	74	cloraz dipot tablet.....	44
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 .....	47
cefepodo prox suspension .....	2	ciprofloxacn tablet.....	2	COARTEM .....	6
cefpodoxime tablet .....	2	CITALOPRAM.....	47	CODEINE .....	30
cefprozil suspension .....	2	citalopram solution.....	47	COLCHICINE .....	73
cefprozil tablet.....	2	citalopram tablet .....	47	COLESEVELAM .....	23
ceftazidime injectable .....	2	claravis capsule .....	83	colesevelam tablet .....	23
ceftriaxone injectable.....	2	CLARINEX-D.....	1	COLESTIPOL.....	23
cefuroxime injectable.....	2	clarithromyc suspension .....	2	colistimeth injectable .....	3
cefuroxime tablet .....	2	clarithromyc tablet .....	3	COMBIGAN .....	57
celecoxib capsule.....	30	CLENPIQ .....	61	COMBIVENT .....	17
CELONTIN .....	36	CLEOCIN .....	80	COMETRIQ.....	10
cephalexin capsule.....	2	clindam/benz gel.....	80	COMPLERA.....	6
cephalexin suspension.....	2	clindamy/ben gel .....	80	compro sup .....	60
cephalexin tablet.....	2	clindamy/d .....	3	constulose solution.....	53
CERDELGA.....	77	CLINDAMYCIN .....	80	COPIKTRA.....	10
cetirizine solution.....	1	clindamycin capsule.....	3	CORLANOR.....	27
CEVIMELINE .....	18	clindamycin injectable .....	3	COSENTYX .....	83
CHANTIX .....	18	clindamycin lot .....	80	COTELLIC.....	10

## Index

CREON .....	61	desmopressin spr .....	70	digoxin tablet .....	27
CRINONE .....	70	desmopressin tablet .....	70	DIHYDROERGOT .....	19
cromolyn sod con .....	78	deso/ethinyl tablet estradio .....	67	dilantin capsule .....	37
cromolyn sod neb .....	79	desonide cre .....	81	dilantin chw .....	37
cromolyn sod solution .....	78	desonide gel .....	81	DILANTIN-125 .....	37
cryselle .....	67	desonide lot .....	81	DILTIAZEM .....	26
cyclobenzapr tablet .....	18,19	desonide oin .....	81	diltiazem capsule .....	26
CYCLOPHOSPH .....	10	desoximetas cre .....	81	diltiazem tablet .....	26
cyclosporine capsule .....	76	desoximetas gel .....	81	dilt-xr capsule .....	26
cyclosporine emu .....	58	desoximetas oin .....	81	dimethyl fum capsule .....	76
cyclosporine solution		desoximetaso spr .....	82	dimethyl fum mis starter .....	76
modified .....	76	DESVENLAFAX .....	48	DIP/TET .....	17
cyproheptad syrup .....	1	desvenlafax tablet .....	48	DIPENTUM .....	60
cyproheptad tablet .....	1	dexameth pho solution .....	58	diphen/atrop liq .....	59
CYSTADANE .....	77	dexamethason elx .....	63	diphen/atrop tablet .....	59
CYSTADROPS .....	59	dexamethason tablet .....	63	disulfiram tablet .....	73
CYSTAGON .....	77	DEXILANT .....	60	DIURIL .....	54
CYSTARAN .....	59	DEXLANSOPRAZ .....	60	divalproex capsule .....	37
D10W/NAACL .....	55	dexmethylph capsule .....	34	divalproex tablet .....	37
D2.5W/NAACL .....	55	dexmethylphe capsule .....	34	dofetilide capsule .....	27
D5W/NAACL .....	55	dexmethylphe capsule er .....	34,35	dolishale tablet .....	67
dalfampridin tablet .....	77	dextroamphet capsule .....	35	donepezil tablet .....	18
DALIRESP .....	79	DEXTROSE .....	53	DOPTELET .....	21
DALVANCE .....	3	DIACOMIT .....	36,37	dorzol/timol solution .....	57
danazol capsule .....	63	DIAZEPAM .....	44	dorzolamide solution .....	57
dantrolene capsule .....	19	diazepam con .....	44	dotti dis .....	68,69
DAPSONE .....	83	diazepam solution .....	44	DOVATO .....	7
dapsone tablet .....	5	diazepam tablet .....	44	doxazosin tablet .....	22
DAPTACEL .....	17	diazoxide suspension .....	67	doxepin hcl capsule .....	48
daptomycin injectable .....	3	diclofen pot tablet .....	31	doxepin hcl con .....	48
daptomycin solution .....	3	diclofenac gel .....	31,81	DOXERCALCIF .....	85
darifenacin tablet .....	84	diclofenac solution .....	58,81	doxy .....	3
DAURISMO .....	11	diclofenac tablet .....	31	doxycyc mono capsule .....	3
DAYTRANA .....	34	dicloxacill capsule .....	3	doxycyc mono tablet .....	3
deferasirox gra .....	62	dicyclomine capsule .....	17	doxycycl hyc capsule .....	3
deferasirox tablet .....	62	dicyclomine solution .....	17	doxycycl hyc tablet .....	3
deferiprone tablet .....	62	dicyclomine tablet .....	17	doxycycline suspension .....	3
DELSTRIGO .....	6	DIFICID .....	3	doxycycline tablet .....	3
DENAVIR .....	80	diflorasone cre .....	81	DRIZALMA .....	48
depo-estradi injectable .....	68	diflorasone oin .....	81	dronabinol capsule .....	60
DEPO-SQ .....	70	diflunisal tablet .....	31	drosipir/ethi tablet .....	67
DESCOVY .....	7	difluprednat emu .....	58	DROSPIRE/ETH .....	67
desipramine tablet .....	47,48	digitek tablet .....	27	DROXIA .....	11
desloratadin tablet .....	1	digox tablet .....	27	droxidopa capsule .....	19
		DIGOXIN .....	27		

## Index

duloxetine capsule .....	48	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.....	45
econazole cre.....	80	errin tablet .....	67	EXTAVIA .....	76
EDARBYCLOR .....	54	ertapenem injectable.....	3	ezetim/simva tablet.....	23
EDURANT .....	7	ery pad .....	80	ezetimibe tablet.....	23
efavir/emtri tablet tenofovi.....	7	ery/benzoyl gel .....	80	famciclovir tablet.....	7
efavir/lamiv tablet tenofovi.....	7	ERYPED.....	3	famotidine suspension .....	60
efavirenz capsule.....	7	ERYTHROCIN .....	3	famotidine tablet.....	60
efavirenz tablet .....	7	erythrocin tablet.....	3	FANAPT .....	48
ELIGARD.....	69	erythrom eth suspension.....	3	FARXIGA.....	64
ELIQUIS .....	20	ERYTHROMYCIN .....	3	FASENRA .....	78
ELMIRON .....	78	erythromycin gel.....	80	febuxostat tablet.....	73
eluryng mis .....	67	erythromycin oin.....	58	felbamate suspension .....	37
EMCYT .....	11	erythromycin solution.....	80	felbamate tablet.....	37
EMGALITY .....	41	erythromycin tablet.....	3	felodipine tablet .....	26
emoquette tablet .....	67	ESBRIET .....	78	FEMRING.....	69
EMSAM.....	48	escitalopram solution .....	48	femynor tablet.....	67
emtr/ten df tablet.....	9	escitalopram tablet.....	48	FENOFIBRATE.....	23
emtr/tenofov tablet.....	7	esomepra mag capsule.....	60	fenofibrate capsule.....	23
emtricitabin capsule.....	7	estarylla tablet .....	67	fenofibrate tablet .....	23,24
EMTRIVA.....	7	estra/noreth tablet.....	67	fenofibric capsule .....	24
enalapr/hctz tablet.....	54	ESTRADIOL .....	69	FENOPROFEN.....	31
enalapril tablet.....	28	estradiol cre .....	69	fenoprofen tablet.....	31
ENBREL .....	74	estradiol dis.....	69	FENTANYL .....	31
ENDARI .....	77	estradiol tablet.....	69	fantanyl dis.....	31
endocet tablet .....	31	eszopiclone tablet.....	44	FERRIPROX.....	62
ENGERIX-B.....	17	ethacrynic tablet acd .....	54	FETZIMA.....	48
ENOXAPARIN .....	22	ethambutol tablet.....	5	FINACEA .....	83
ENSPRYNG .....	76	ethosuximide capsule .....	37	finasteride tablet.....	83
ENSTILAR .....	81	ethosuximide solution .....	37	FINTEPLA.....	37
entacapone tablet.....	42	ethy eth est tablet .....	67	FIRDAPSE .....	77
entecavir tablet .....	7	ethynodiol tablet.....	67	FIRMAGON.....	69
ENTRESTO.....	28	etodolac capsule.....	31	FIRVANQ .....	3
enulose solution .....	53	etodolac er tablet .....	31	FLAREX.....	58
EPIDIOLEX .....	37	etodolac tablet.....	31	flavoxate tablet.....	84
EPINEPHRINE .....	19	etonogestrel mis ethy est .....	67	FLEBOGAMMA.....	16
epitol tablet .....	37	etravirine tablet.....	7	flecainide tablet.....	27
EPIVIR .....	7	EUCRISA .....	81	FLOVENT .....	58
eplerenone tablet.....	28	EUTHYROX.....	71	fluconazole suspension.....	5
EPOGEN .....	21	EVENITY.....	73	fluconazole tablet.....	5
EPRONTIA .....	37	everolimus tablet.....	11	fluconazole/ injectable nacl.....	5
EQUETRO .....	37	EVOTAZ .....	77	FLUCYTOSINE .....	5

## Index

flucytosine capsule.....	5	FULPHILA.....	21	glipizide er tablet.....	64
fludrocort tablet.....	63	furosemide injectable.....	28,54	glipizide tablet.....	64
flunisolide spr.....	59	furosemide solution.....	54	GLUCAGEN.....	67
fluocin acet cre.....	81	furosemide tablet.....	54	GLUCAGON.....	67
fluocin acet oil.....	59,81	FUZEON.....	7	glyb/metform tablet.....	65
fluocin acet oin.....	81	fyavolv tablet.....	67	glycopyrrol tablet.....	18
fluocin acet solution.....	81	FYCOMPA.....	37	glycopyrrola solution.....	18
FLUOCINONIDE.....	82	gabapentin capsule.....	37	GLYXAMBI.....	65
fluocinonide cre.....	81,82	gabapentin solution.....	38	granisetron tablet.....	60
fluocinonide cre e.....	82	gabapentin tablet.....	38	GRANIX.....	21
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.....	45
fluorouracil solution.....	83	GAMMAGARD.....	16	GVOKE.....	67
fluoxetine capsule.....	48	GAMMAKED.....	16	HAEGARDA.....	74
fluoxetine solution.....	49	GAMMAPLEX.....	16	hailey.....	67
fluoxetine tablet.....	49	GAMUNEX-C.....	16	halobetasol cre.....	82
fluphenaz de injectable.....	49	GARDASIL.....	17	halobetasol oin.....	82
fluphenazine elx.....	49	GATIFLOXACIN.....	58	haloper dec injectable.....	49
fluphenazine injectable.....	49	GATTEX.....	61	haloper lac injectable.....	49
fluphenazine tablet.....	49	GAUZE.....	85	haloperidol con.....	49
flurbiprofen solution.....	59	gavilyte-c solution.....	61	haloperidol tablet.....	49
flurbiprofen tablet.....	31	gavilyte-g solution.....	61	HAVRIX.....	17
flutamide capsule.....	11	GAVRETO.....	11	HC.....	82
FLUTIC/SALME.....	59	GELNIQUE.....	84	hc butyrate cre.....	82
flutic/salme aer.....	59	gemfibrozil tablet.....	24	hc butyrate solution.....	82
fluticasone cre.....	82	GEMTESA.....	84	hc pramoxine cre.....	82
fluticasone lot.....	82	generlac solution.....	53	hc valerate oin.....	82
fluticasone oin.....	82	gengraf capsule.....	76	HC/ACET.....	59
fluticasone spr.....	59	gengraf solution.....	77	HEMADY.....	63
FLUVASTATIN.....	24	gentam/nacl injectable.....	3	heparin sod injectable.....	20
fluvastatin capsule.....	24	gentamicin cre.....	80	HETLIOZ.....	44
FLUVOXAMINE.....	49	gentamicin injectable.....	3	HIBERIX.....	17
fluvoxamine capsule.....	49	gentamicin oin.....	80	HUMIRA.....	74,75
FML.....	59	gentamicin solution.....	58	HUMULIN.....	65
FONDAPARINUX.....	20	GENVOYA.....	7	hydralazine tablet.....	28
formoterol neb.....	19	GILENYA.....	76	hydrochlorot capsule.....	54
fosamprenavi tablet.....	7	GILOTRIF.....	11	hydrochlorot tablet.....	54
fosfomycin pow.....	9	GLASSIA.....	79	hydroco/apap tablet.....	31
fosinop/hctz tablet.....	54	glatiramer injectable.....	76	hydrocod/ibu tablet.....	31
fosinopril tablet.....	28	glatopa injectable.....	76	HYDROCORT.....	63,82
FOTIVDA.....	11	glimepiride tablet.....	64	hydrocort cre.....	82
FROVATRIPTAN.....	41	glip/metform tablet.....	64	hydrocort lot.....	82

## Index

hydrocort oin .....	82	IOPIDINE.....	59	KERENDIA.....	28
hydrocort tablet.....	63	IPOL .....	17	ketoconazole cre .....	80
hydrocortiso cre.....	82	ipratropium solution .....	18	ketoconazole sha.....	80
hydrocortiso lot .....	82	ipratropium spr .....	59	ketoconazole tablet.....	5
hydromorphon tablet.....	31,32	ipratropium/ solution		ketoprofen capsule.....	32
hydroxychlor tablet .....	6	albuter.....	18	KETOROLAC.....	59
hydroxyurea capsule .....	11	irbesar/hctz tablet .....	54	ketorolac solution.....	59
hydroxyz hcl tablet .....	44	IRBESARTAN .....	28	KEVEYIS .....	74
hydroxyz pam capsule.....	44	irbesartan tablet .....	28	KEVZARA .....	75
ibandronate tablet.....	74	IRESSA .....	12	KINERET .....	75
IBRANCE.....	11	ISENTRESS .....	7,9	KINRIX .....	17
ibu tablet .....	32	ISOLYTE-P .....	53	KISQALI .....	12,69
ibuprofen tablet .....	32	ISOLYTE-S .....	55	KLOR-CON .....	56
icatibant injectable .....	74	isoniazid tablet.....	5	klor-con m .....	56
iclevia tablet.....	67	ISOPROPYL .....	85	klor-con packet.....	56
ICLUSIG .....	11,12	ISOSORB .....	29	KLOXXADO .....	46
icosapent capsule.....	24	isosorb din tablet .....	29	KORLYM .....	77
IDHIFA.....	12	isosorb mono tablet.....	29	KOSELUGO .....	12
ILEVRO .....	59	isotretinoin capsule .....	83	KRINTAFEL.....	6
ILUMYA .....	83	isradipine capsule .....	26	KYNMOBI .....	42
imatinib mes tablet .....	12	ISTURISA.....	77	labetalol tablet.....	25
IMBRUVICA .....	12	ITRACONAZOLE .....	5	lacosamide tablet .....	38
imipenem/cil injectable .....	3	itraconazole capsule .....	5	lactulose packet.....	53
imipram hcl tablet .....	49	ivermectin cre .....	80	lactulose solution.....	53
imipram pam capsule .....	49	ivermectin tablet.....	1	LAMICTAL.....	38
imiquimod cre.....	83	IXIARO .....	17	lamivud/zido tablet .....	7
IMOVAX .....	17	JAKAFI .....	12	lamivudine solution .....	7
IMPAVIDO.....	6	jantoven tablet.....	20	lamivudine tablet.....	7
IMVEXXY .....	69	JARDIANCE .....	65	lamotrigine chw .....	38
INBRIJA .....	42	jasmiel tablet .....	67	lamotrigine kit odt .....	38
INCRELEX .....	71	JENTADUETO.....	65	lamotrigine kit start .....	38
indapamide tablet .....	54	jinteli tablet.....	67	lamotrigine tablet .....	38
indomethacin capsule .....	32	JULUCA.....	7	LAMPIT.....	6
INFANRIX .....	17	junel .....	67	lansopr/amox mis /clarith .....	61
INLYTA .....	12	junel fe .....	67	lansoprazole capsule.....	61
INQOVI.....	12	junel fe tablet .....	67	lansoprazole tablet .....	61
INREBIC.....	12	JUXTAPID.....	24	lanthanum chw.....	55
INS.....	65	JYNARQUE.....	54	LANTUS .....	65
INSULIN.....	65,85	KALYDECO .....	79	lapatinib tablet .....	12
INTELENCE .....	7	kariva tablet .....	67	latanoprost solution .....	57
INTRAROSA .....	63	KCL/D5W/LACT .....	55	LATUDA.....	49,50
INTRON .....	7	KCL/D5W/NACL.....	55,56	LEDIP-SOFOSB.....	7
introvale tablet.....	67	kelnor .....	67	leflunomide tablet.....	75
INVEGA .....	49	kelnor tablet.....	67	lenalidomide capsule.....	12

## Index

LENVIMA.....	12,13	LO .....	68	MEDROXYPR .....	70
lessina tablet .....	67	loestrin .....	68	medroxypr ac tablet .....	70
letrozole tablet .....	69	loestrin fe tablet .....	68	mefloquine tablet .....	6
leucovor ca tablet.....	73	loestrin tablet.....	68	megestrol ac suspension.....	70
LEUKERAN.....	13	LOKELMA.....	55	megestrol ac tablet.....	71
LEUKINE .....	21	LONSURF .....	13	megestrol suspension.....	70
leuprolide injectable.....	69	loperamide capsule.....	59	MEKINIST .....	13
LEVALBUTEROL .....	19	lopin/riton solution .....	8	MEKTOVI.....	13
levabuterol neb .....	19	lopin/riton tablet.....	8	meloxicam tablet.....	32
levetiraceta solution.....	38	lorazepam con.....	44	MEMANT .....	45
levetiraceta tablet .....	38,39	lorazepam tablet.....	45	memantine hc capsule.....	45,46
levobunolol solution.....	57	LORBRENA.....	13	memantine hc solution.....	46
levocetirizi solution .....	1	loryna tablet.....	68	memantine tablet hcl .....	45
levocetirizi tablet.....	1	losartan pot tablet .....	29	MENACTRA .....	17
levo-eth est tablet.....	67	losartan/hct tablet.....	54	MENQUADFI .....	80
levoflox/d.....	3,4	LOTEMAX .....	56,59	MENVEO .....	17
levofloxacin injectable.....	4	loteprednol gel.....	56	mercaptapur tablet .....	13
levofloxacin solution.....	58	loteprednol suspension .....	59	meropenem injectable .....	4
levofloxacin tablet.....	4	lovastatin tablet .....	24	merzee capsule.....	68
levonest tablet.....	67	loxapine capsule .....	50	MESALAMINE.....	60
levonor/ethi tablet.....	67	LUBIPROSTONE .....	61	mesalamine ene.....	60
levonor/ethi tablet estradio .....	67	LUCEMYRA .....	19	mesalamine tablet .....	60
levora.....	68	LUMAKRAS .....	13	MESNEX .....	78
LEVOTHYROXIN.....	71	LUMIGAN .....	57	metaxalone tablet .....	19
levothyroxin tablet.....	71,72	LUPKYNIS.....	77	metformin solution.....	65
LEVOXYL.....	72	LUPRON.....	69,70	metformin tablet .....	65
LEXIVA.....	7	lutera tablet .....	68	methadone solution .....	32
lido/prilocn cre .....	82	LYBALVI .....	50	methadone tablet.....	32
lidocaine oin .....	82	lyleq tablet.....	68	methazolamid tablet .....	57
lidocaine pad .....	82	lyllana dis.....	68	methenam hip tablet.....	9
lidocaine solution .....	82	LYNPARZA .....	13	methimazole tablet .....	72
lindane sha .....	80	LYSODREN .....	13	methocarbam tablet.....	19
LINEZOLID .....	4	MAGNESIUM.....	39	METHOTREXATE .....	13
linezolid injectable.....	4	magnesium su injectable .....	39	methotrexate injectable.....	13
linezolid tablet.....	4	maraviroc tablet.....	8	methotrexate tablet .....	13
LINZESS .....	61,62	marlissa tablet.....	68	methoxsalen capsule.....	82
liothyronine tablet.....	72	MARPLAN.....	50	methscopolam tablet .....	18
lisinop/hctz tablet.....	54	MATULANE.....	13	METHYLPHENID .....	35
lisinopril tablet.....	28,29	matzim la tablet .....	26	methylphenid capsule .....	35
LITHIUM.....	41	MAVENCLAD .....	77	methylphenid chw.....	35
lithium carb capsule .....	41	MAVYRET .....	8	methylphenid solution.....	35
lithium carb tablet.....	41	MAXIDEX.....	59	methylphenid tablet.....	35
LIVALO .....	24	meclizine tablet.....	60	METHYLPRED .....	63
LIVTENCITY.....	7	meclofen sod capsule .....	32	methylpred tablet .....	63

## Index

metoclopram solution.....	62	moxifloxacin solution hcl.....	58	NEULASTA.....	21
metoclopram tablet.....	62	moxifloxacin tablet.....	58	NEUPOGEN.....	22
metocloprami tablet.....	62	MULPLETA.....	21	NEUPRO.....	42,43
metolazone tablet.....	54	MULTAQ.....	27	NEVANAC.....	59
metoprl/hctz tablet.....	54	mupirocin cre.....	80	nevirapine suspension.....	8
metoprol suc tablet.....	25	mupirocin oin.....	80	nevirapine tablet.....	8
metoprol tar tablet.....	25	MYALEPT.....	70	NEXAVAR.....	13
METRONIDAZOL.....	6,80	MYCAPSSA.....	71	NEXLETOL.....	24
metronidazol capsule.....	6	mycophenolat capsule.....	77	NEXLIZET.....	24
metronidazol gel.....	80	mycophenolat suspension.....	77	niacin er tablet.....	85
metronidazol tablet.....	6	mycophenolat tablet.....	77	nicardipine capsule.....	26
metyrosine capsule.....	77	mycophenolic tablet.....	77	NICOTROL.....	18
mexiletine capsule.....	27	MYFEMBREE.....	70	nifedipine capsule.....	26
micafungin injectable.....	5	myrisan capsule.....	83	nifedipine tablet.....	26
miconazole.....	80	MYRBETRIQ.....	84	nilutamide tablet.....	13
micrgstin.....	68	nabumetone tablet.....	33	NINLARO.....	13
microgestin tablet.....	68	nadolol tablet.....	25	NISOLDIPINE.....	26,27
microgestin tablet fe.....	68	nafcillin injectable.....	4	nisoldipine tablet.....	26,27
midodrine tablet.....	19	naftifine cre hcl.....	81	nitazoxanide tablet.....	6
miglitol tablet.....	65	naloxone hcl spr.....	46	nitisinone capsule.....	77
miglustat capsule.....	77	naloxone injectable.....	46	nitro-bid oin.....	83
mili tablet.....	68	naltrexone tablet.....	46	NITROFUR.....	9
mimvey tablet.....	68	naproxen sod tablet.....	33	NITROFURANTN.....	9
minocycline capsule.....	4	naproxen suspension.....	33	nitrofurantn suspension.....	10
minoxidil tablet.....	28	naproxen tablet.....	33	nitroglycer dis.....	83
mirtazapine tablet.....	50	naratriptan tablet.....	41	nitroglyceri sub.....	29
MISOPROSTOL.....	61	NATACYN.....	58	nitroglycer sub.....	29
M-M-R.....	17	nateglinide tablet.....	65	nitroglycrn spr.....	84
modafinil tablet.....	35	NATPARA.....	70	NITROLINGUAL.....	84
moexipril tablet.....	29	NAYZILAM.....	45	NITYR.....	77,78
molindone tablet hcl.....	50	nebivolol tablet.....	25	NIVESTYM.....	22
mometasone cre.....	82	necon tablet.....	68	nizatidine capsule.....	61
mometasone oin.....	82	NEEDLES,.....	85	nizatidine solution.....	61
mometasone solution.....	82	nefazodone tablet.....	50	noreth/ethin tablet.....	68
mometasone spr.....	59	neo/bac/poly oin op.....	58	noreth/ethin tablet fe.....	68
montelukast chw.....	78	neo/poly/bac oin /hc.....	58	norethin ace tablet.....	68
montelukast gra.....	78	NEO/POLY/DEX.....	58	norethindron tablet.....	68
montelukast tablet.....	78	neo/poly/dex suspension.....	58	norgest/ethi tablet.....	68
MORPHINE.....	32	neo/poly/gra solution op.....	58	norgest/ethi tablet estradio.....	68
morphine sul capsule.....	32	neo/poly/hc solution.....	58	NORPACE.....	27
morphine sul solution.....	32	neo/poly/hc suspension.....	58	nortrel tablet.....	68
morphine sul tablet.....	32,33	neo/poly/hc suspension op.....	58	nortriptylin capsule.....	50
MOTEGRITY.....	62	neomycin tablet.....	4	nortriptylin solution.....	50
MOVANTIK.....	62	NERLYNX.....	13	NORVIR.....	8

## Index

NOURIANZ .....	46	omeprazole capsule.....	61	paricalcitol capsule .....	85
NOVOLIN .....	65	OMNARIS .....	59	paromomycin capsule .....	6
NOVOLOG.....	65	OMNITROPE.....	70,71	paroxetine er tablet.....	51
NOXAFIL.....	5	ondansetron solution .....	60	paroxetine suspension.....	51
NUBEQA.....	13	ondansetron tablet.....	60	paroxetine tablet .....	51
NUCALA .....	78	ONGENTYS .....	43	paser gra .....	5
NUDEXTA.....	79	ONUREG.....	13	PAXIL.....	51
NUPLAZID .....	50	OPSUMIT .....	79	PEDIARIX .....	17
NURTEC.....	41	ORENCIA.....	75	PEDVAX.....	17
NUTRILIPID.....	53	ORENITRAM .....	79,80	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 .....	28	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 .....	62
nystatin oin.....	81	oseltamivir capsule .....	8	penicilln gk injectable .....	4
nystatin pow .....	81	oseltamivir suspension.....	8	penicilln vk solution.....	4
nystatin suspension .....	5	OSPHENA .....	69	penicilln vk tablet .....	4
nystatin tablet .....	5	OTEZLA.....	75	PENTACEL .....	17
nystop pow.....	81	oxandrolone tablet .....	63,64	pentamidine inh .....	6
NYVEPRIA.....	22	OXBRYTA .....	21	pentamidine injectable.....	6
OALIVA.....	62	oxcarbazepin suspension .....	39	PENTASA .....	60
OCTAGAM.....	17	oxcarbazepin tablet .....	39	pentoxifylli tablet.....	22
octreotide injectable .....	71	OXERVATE .....	59	perindopril tablet.....	29
ODEFSEY .....	8	oxiconazole cre nitrate.....	81	periogard solution .....	81
ODOMZO .....	13	oxybutynin syrup .....	84	permethrin cre.....	81
OFEV .....	78	oxybutynin tablet.....	84	perphenazine tablet .....	51
ofloxacin dro.....	58	oxycod/apap tablet.....	33	PERSERIS .....	51
ofloxacin tablet.....	4	OXYCODONE .....	33	PERTZYE .....	61
olanza/fluox capsule.....	50	oxycodone capsule hcl.....	33	PEXEVA .....	51
olanzapine injectable .....	50	oxycodone con.....	33	phenelzine tablet.....	51
olanzapine tablet.....	50	oxycodone solution .....	33	PHENOBARB.....	39
OLM .....	54	oxycodone tablet.....	33	phenoxybenza capsule .....	19
olm med/amlo tablet /hctz .....	54	oxymorphone tablet.....	33	phenylbutyra pow sodium .....	53
olm med/hctz tablet.....	54	pacerone tablet.....	27	phenytoin chw.....	39
olmesa medox tablet.....	29	PALIPERIDONE.....	50,51	phenytoin ex capsule.....	39
olopatadine dro.....	57	PALYNZIQ .....	56	phenytoin suspension.....	39
olopatadine solution .....	57	PANRETIN.....	82	PHEXXI .....	53
olopatadine spr .....	57	pantoprazole packet .....	61	PIFELTRO.....	8
OLUMIANT.....	75	pantoprazole tablet .....	61	PILOCARPINE.....	57
omega.....	24	PARICALCITOL .....	85	pilocarpine tablet.....	18



## Index

PIMECROLIMUS .....	84	PREMARIN.....	69	pyridostigmi tablet.....	18
pimozide tablet.....	51	premasol solution .....	53	pyridostigmi tablet er .....	18
pindolol tablet .....	25	PRENATAL .....	85	PYRUKYND .....	78
PIOGLIT/GLIM .....	65	PRETOMANID .....	5	QBREXZA.....	84
pioglita/met tablet .....	66	prevalite pow .....	24	QELBREE .....	46
pioglitazone tablet.....	66	PREVYMIS.....	8	QINLOCK .....	13
piper/tazoba injectable .....	4	PREZCOBIX .....	78	qnapril/hctz tablet.....	54
PIQRAY.....	13	PREZISTA .....	8	QUADRACEL.....	17
piroxicam capsule.....	33	PRIFTIN.....	5	quetiapine tablet.....	51
PLASMA-LYTE.....	56	PRIMAQUINE.....	6	quinapril tablet .....	29
PLEGRIDY .....	76	primidone tablet .....	39	quinidine su tablet.....	28
plenamine injectable .....	53	PRIVIGEN.....	17	quinine sulf capsule .....	6
PLENVU.....	61	proben/colch tablet .....	56	QULIPTA.....	41
PODOFILOX.....	84	probenecid tablet .....	56	RABAVERT.....	17
polymyxin b/ solution		PROCALAMINE .....	53	rabeprazole tablet.....	61
trimethp.....	58	prochlorper sup.....	60	raloxifene tablet .....	69
POMALYST .....	13	prochlorper tablet.....	60	ramelteon tablet.....	45
portia .....	68	procto-med cre hc .....	82	ramipril capsule .....	29
posaconazole tablet .....	5	procto-pak cre.....	82	ranolazine tablet.....	28
POT .....	56	proctosol hc cre.....	82	rasagiline tablet.....	43
pot chloride capsule .....	56	proctozone cre -hc.....	82	RASUVO .....	13,14
pot chloride injectable.....	56	progesterone capsule .....	71	reclipsen tablet.....	68
pot chloride tablet.....	56	PROLASTIN-C.....	79	RECOMBIVA .....	17
pot citra er tablet .....	53	PROLIA .....	74	RECOMBIVA-HB .....	17
pot cl micro tablet .....	56	PROMACTA .....	22	RECTIV.....	84
PRADAXA .....	20	promethazine sup.....	1	REDITREX .....	14
pramipexole tablet.....	43	promethazine syrup.....	1	RELENZA.....	8
prasugrel tablet.....	20	promethazine tablet.....	1	RELISTOR.....	61,62
pravastatin tablet .....	24	promethegan sup .....	1	repaglinide tablet .....	66
praziquantel tablet.....	1	propafenone capsule.....	27,28	REPATHA.....	24
prazosin hcl capsule.....	22	propafenone tablet.....	28	RESTASIS .....	59
PRED .....	63	propranolol capsule .....	25	RETACRIT .....	22
pred sod pho solution .....	59	propranolol solution .....	25	RETEVMO.....	14
PRED-G.....	58	propranolol tablet.....	25	REVCОВI.....	56
prednicarbat oin .....	82	propylthiour tablet.....	72	REVLIMID .....	14
PREDNISOLONE .....	59,63	PROQUAD .....	17	REXULTI.....	51
prednisolone solution .....	63	PROSOL .....	53	REYATAZ.....	8
prednisone con.....	63	protriptylin tablet .....	51	REYVOW .....	41
prednisone solution.....	63	PULMOZYME .....	79	REZUROCK.....	77
prednisone tablet .....	63	PURIXAN.....	9	RHOFADE .....	84
prefest tablet.....	68	PYLERA .....	61	RHOPRESSA.....	57
pregabalin capsule.....	39	pyrazinamide tablet.....	5	ribavirin capsule .....	8
pregabalin solution.....	39	pyridostigm tablet .....	18	ribavirin tablet.....	8
PREHEVBRIO .....	17	pyridostigmi solution .....	18	RIDAURA .....	62

## Index

rifabutin capsule.....	5	sevelamer tablet.....	55	STIVARGA.....	14
rifampin capsule.....	5	SHINGRIX.....	17	streptomycin injectable.....	4
rifampin injectable .....	5	SIGNIFOR.....	71	STRIBILD.....	9
riluzole tablet.....	46	sildenafil suspension .....	29	STRIVERDI .....	19
RINVOQ.....	75	sildenafil tablet.....	29	SUCRAID.....	56
RISEDRON .....	74	silodosin capsule .....	19	sucralfate suspension .....	61
risedronate tablet.....	74	SILVER .....	81	sucralfate tablet.....	61
RISPERDAL .....	51	SIMBRINZA .....	57	sulf/pred na solution op.....	58
RISPERIDONE .....	51	simvastatin tablet .....	24,25	sulfacet sod oin.....	58
risperidone tablet.....	51,52	sirolimus solution .....	77	sulfacet sod solution.....	58
ritonavir tablet .....	8	sirolimus tablet.....	77	sulfacetamid lot .....	81
RIVASTIGMINE .....	18	SIRTURO .....	5,6	sulfadiazine tablet .....	4
rivastigmine capsule.....	18	SITAVIG .....	9	SULFASALAZIN .....	4
rivastigmine dis.....	18	SIVEXTRO .....	4	sulindac tablet .....	33
rizatriptan tablet .....	41	SKYRIZI .....	74	SUMATRIPTAN .....	41
ROCKLATAN .....	57	SLYND.....	68	sumatriptan injectable.....	41
ropinirole tablet.....	43	smz/tmp ds tablet.....	4	sumatriptan spr.....	41
rosuvastatin tablet .....	24	smz-tmp suspension .....	4	sumatriptan tablet.....	41,42
ROTARIX.....	17	smz-tmp tablet.....	4	sunitinib capsule.....	14,15
ROTATEQ .....	17	SOD .....	56	SUNOSI.....	46
ROWASA .....	60	sod chloride injectable .....	56	SUPRAX .....	4
ROZLYTREK.....	14	sod poly sul pow.....	55	suprax chw.....	4
RUBRACA .....	14	SODIUM .....	55,85	suprax suspension .....	4
rufinamide suspension .....	39	SOFOS/VELPAT .....	9	SUPREP .....	61
rufinamide tablet.....	39	solifenacin tablet .....	84	SYMBICORT .....	63
RUKOBIA .....	8	SOLIQUA.....	66	SYMDEKO.....	79
RYDAPT .....	14	SOLTAMOX.....	69	SYMJEPI.....	20
SAFYRAL.....	68	SOMAVERT.....	71	SYMLINPEN .....	66
SANDIMMUNE.....	77	sorine tablet.....	25	SYMLNPEN .....	66
SANTYL.....	84	sotalol af tablet.....	25	SYMPAZAN.....	39
sapropterin pow .....	78	sotalol hcl tablet.....	26	SYMPROIC.....	62
sapropterin tablet.....	78	SPINOSAD.....	81	SYM TUZA .....	9
SAVAYSA .....	20	SPIRIVA.....	18	SYNAREL.....	70
SAVELLA.....	46	spirono/hctz tablet.....	54	SYNJARDY.....	66
SCEMBLIX.....	14	spironolact tablet.....	29	SYNRIBO.....	15
scopolamine dis.....	18	sprintec .....	68	SYNTHROID .....	72
SECUADO .....	52	SPRITAM.....	39	TABLOID.....	15
SEGLUROMET .....	66	SPRYCEL.....	14	TABRECTA .....	15
selegiline capsule.....	43	sps suspension .....	55	TACROLIMUS .....	84
selegiline tablet .....	43	sronyx tablet.....	68	tacrolimus capsule.....	77
SELZENTRY .....	8,9	SSD .....	81	tacrolimus oin .....	84
SEREVENT .....	19	STEGLATRO .....	66	tadalafil tablet .....	29
SERTRALINE .....	52	STELARA .....	75	TAFINLAR .....	15
sertraline tablet.....	52	STIOLTO.....	18	TAGRISSO.....	15

## Index

TAKHZYRO .....	74	TIAGABINE.....	40	TRELSTAR .....	70
TALZENNA.....	15	TIBSOVO.....	15	TRETINOIN .....	82
tamoxifen tablet.....	69	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 .....	57	trexall tablet.....	15
TARPEYO.....	63	timolol mal solution.....	57	triamcinolon aer spray.....	82
TASIGNA .....	15	timolol mal tablet .....	26	triamcinolon cre .....	82
TAVALISSE.....	21	timolol male solution.....	57	triamcinolon lot .....	82
TAVNEOS .....	74	TIMOPTIC .....	57	triamcinolon oin.....	82
taysofy capsule .....	68	tinidazole tablet.....	6	triamcinolon pst den.....	59
tazarotene cre .....	84	TIROSINT-SOL.....	72,73	triamt/hctz capsule.....	55
TAZORAC.....	84	TIVICAY.....	9	triamt/hctz tablet.....	55
taztia xt capsule.....	27	tizanidine capsule .....	19	TRIAMTERENE.....	55
TAZVERIK .....	15	tizanidine tablet.....	19	TRIAZOLAM.....	45
TDVAX.....	17	tobra/dexame suspension .....	58	triderm cre .....	82
TEFLARO .....	4	TOBRADEX.....	58	trientine capsule.....	62
TEGSEDI .....	73	tobramycin injectable .....	4	tri-estaryll tablet .....	68
TEKTURNA .....	54,55	tobramycin neb.....	4	trifluoperaz tablet.....	52
telmis/amlod tablet.....	27	tobramycin solution.....	58	trifluridine solution.....	58
telmisa/hctz tablet.....	55	TOBREX .....	58	trihexyphen solution .....	43
telmisartan tablet.....	29	tolcapone tablet.....	43	trihexyphen tablet.....	43
temazepam capsule.....	45	TOLTERODINE .....	84	TRIJARDY.....	66
temovate cre .....	82	tolterodine capsule.....	84	TRIKAFTA .....	79
TENIVAC.....	17	tolvaptan tablet .....	55	tri-legend tablet fe.....	68
tenofovir tablet .....	9	TOPIRAMATE.....	40	tri-lo tablet estaryll .....	68
TEPMETKO.....	15	topiramate capsule.....	40	tri-lo- tablet sprintec .....	68
terazosin capsule.....	22	topiramate tablet.....	40	TRIMETHOPRIM .....	10
terbinafine tablet .....	5	toremifene tablet.....	69	trimipramine capsule .....	52
TERBUTALINE.....	20	torsemidate tablet .....	55	TRINTELLIX .....	52
terconazole cre .....	81	TOUJEO .....	66	tri-nymyo tablet.....	68
terconazole sup .....	81	TPN.....	56	tri-sprintec tablet.....	68
TERIPARATIDE.....	70	TRACLEER .....	80	tritocin oin .....	82
testost cyp injectable .....	64	TRADJENTA .....	66	TRIUMEQ .....	9
testost enan injectable .....	64	tramadol/apap tablet.....	33	trivora .....	68
testosterone gel .....	64	tramadol hcl tablet .....	33,34	tri-vylibra tablet lo .....	68
testosterone gel pump.....	64	trando/verap tablet.....	27	TROPHAMINE.....	53
testosterone solution.....	64	trandolapril tablet.....	29	trospium chl capsule.....	84
tetrabenazin tablet.....	53	TRANEX .....	20	trospium cl tablet.....	84
THALOMID.....	76	tranylcyprom tablet.....	52	TRULANCE.....	62
theophylline tablet.....	84	TRAVASOL .....	53	TRULICITY.....	66
thioridazine tablet.....	52	trazodone tablet .....	52	TRUMENBA .....	17
thiothixene capsule .....	52	TRECTOR .....	6	TRUSELTIQ .....	15
tiadylt capsule .....	27	TRELEGY .....	18	TUKYSA .....	15

## Index

TURALIO.....	15	VERZENIO .....	15	XTAMPZA.....	34
TWINRIX.....	17	vestura tablet.....	68	XTANDI.....	16
TYBOST .....	78	vienva tablet .....	68	xulane dis.....	68
TYMLOS .....	70	vigabatrin packet .....	40	XURIDEN .....	73
TYPHIM .....	17	vigabatrin tablet.....	40	XYREM .....	45
UBRELVY .....	42	vigadrone pow .....	40	XYWAV .....	45
UDENYCA.....	22	VIIBRYD .....	52	YF-VAX .....	80
UKONIQ .....	15	VIMPAT .....	40	YONSA.....	16
UNITHROID .....	73	VIOKACE.....	61	yuafem tablet .....	69
UPTRAVI.....	80	VIRACEPT .....	9	zafirlukast tablet .....	78
ursodiol capsule.....	61	VIREAD .....	9	zaleplon capsule .....	45
ursodiol tablet .....	61	VITRAKVI .....	16	ZARXIO .....	22
valacyclovir tablet.....	9	VIZIMPRO .....	16	ZEGALOGUE .....	67
VALCHLOR.....	84	VONJO.....	16	ZEJULA .....	16
valganciclov solution .....	9	VORICONAZOLE.....	5	ZELAPAR.....	43
valganciclov tablet.....	9	voriconazole injectable .....	5	ZELBORAF .....	16
valproic acid capsule .....	40	voriconazole tablet .....	5	ZEMAIRA .....	79
valproic acid solution.....	40	VOSEVI .....	9	zenatane capsule.....	84
valsart/hctz tablet .....	55	VOTRIENT .....	16	ZENPEP.....	61
valsartan tablet.....	29	VOXZOGO.....	78	ZEPOSIA .....	76
VALTOCO .....	45	VRAYLAR .....	52,53	ZETONNA .....	59
vancomycin capsule .....	4	vylibra tablet .....	68	zidovudine capsule .....	9
vancomycin injectable.....	5	VYNDAMAX.....	28	zidovudine syrup .....	9
vancomycin solution.....	5	VYNDAQEL .....	28	zidovudine tablet.....	9
VANDAZOLE.....	81	VYVANSE .....	35,36	ZIEXTENZO .....	22
VAQTA .....	17	VYZULTA.....	57	ZIMHI .....	46
varenicline packet .....	18	warfarin tablet.....	20,21	ziprasidone capsule .....	53
varenicline tablet.....	18	WELIREG .....	16	ziprasidone injectable.....	53
VARIVAX .....	17	wixela inhub aer.....	59	ZIRGAN.....	58
VARUBI .....	60	XALKORI .....	16	ZOLINZA .....	16
VASCEPA .....	25	XARELTO.....	21	zolmitriptan spr.....	42
velivet packet.....	68	XCOPRI .....	40	zolmitriptan tablet.....	42
VELPHORO .....	55	XELJANZ.....	74,75,76	zolpidem er tablet .....	45
VELTASSA.....	55	XELPROS.....	57	zolpidem tablet.....	45
VEMLIDY .....	9	XENLETA.....	5	ZOMACTON.....	70
VENCLEXTA .....	15	XERMELO .....	60	ZOMIG.....	42
venlafaxine capsule .....	52	XGEVA .....	74	zonisamide capsule.....	40,41
venlafaxine tablet.....	52	XHANCE.....	79	ZONTIVITY .....	21
VENTAVIS.....	80	XIFAXAN .....	5	ZOSYN .....	5
VENTOLIN .....	20	XIGDUO .....	66,67	zovia.....	68
VERAPAMIL.....	27	XIIDRA .....	59	ZYDELIG.....	16
verapamil tablet .....	27	XOFLUZA .....	9	ZYKADIA .....	16
VERQUVO .....	29	XOLAIR .....	79	ZYLET.....	58
VERSACLOZ .....	52	XOSPATA .....	16	ZYPREXA.....	53
		XPOVIO.....	16		

## Index

**This formulary is for the following plans and service areas:**

**Utah**

SelectHealth Advantage Essential (HMO) | Wasatch

SelectHealth Advantage (HMO) | Southwest and Central Utah

**Idaho**

SelectHealth Advantage Essential (HMO) | Treasure Valley

SelectHealth Advantage (HMO) | Magic Valley

SelectHealth Advantage (HMO) | Southwest Idaho

SelectHealth Advantage (HMO) | South Central Idaho

**Nevada**

SelectHealth Advantage (HMO) | Nevada

**P.O. Box 30196**

**Salt Lake City, UT 84130-0196**

**855-442-9900 Toll-Free**

**TTY Users: 711**

**[selecthealth.org/medicare](https://selecthealth.org/medicare)**



**H1994\_1643053\_v29\_C**

**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](https://selecthealth.org/medicare)**.