

Arkansas Blue Cross and Blue Shield Blue Choice Formulary

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INTRODUCTION

We are pleased to provide the 2025 **Arkansas Blue Cross and Blue Shield Blue Choice Formulary** as a useful reference and informational tool. The **Blue Choice Formulary** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **Blue Choice Formulary** is reflective of current medical practice as of the date of review.

The information contained in this **Blue Choice Formulary** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **Blue Choice Formulary** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **Blue Choice Formulary** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

PREFACE

The **Blue Choice Formulary** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the **Blue Choice Formulary** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the **Blue Choice Formulary** will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

TIER	DESCRIPTION
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- Tier 1: Lowest plan member copayment: **All generic drugs**, including those on the **Blue Choice Formulary**.
- Tier 2: Intermediate plan member copayment: Preferred brand-name products on the **Blue Choice Formulary** selected for Tier 2.
- Tier 3: Higher plan member copayment: Brand-name products on the **Blue Choice Formulary** not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

LEGEND

Abbreviation	Description
AGE	Prior Authorization applies for members age 35 and older

MB	Medical Benefit
OTC	Over the counter
PA	Prior Authorization
PA*	Prior Authorization may apply
QL	Quantity Limits
SGM	Specialty Guideline Management
ST	Step Therapy
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
GOUT		
<i>allopurinol solr 500mg</i>	MB	
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps .6mg; tabs .6mg</i>	1	
MITIGARE CAPS .6MG	2	
<i>probenecid tabs 500mg</i>	1	
NSAIDS		
<i>diclofenac sodium soln 1.5%; tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>ibuprofen soln 10mg/ml</i>	MB	
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 275mg, 375mg, 500mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
NSAIDS, COMBINATIONS		
<i>diclofenac sodium-misoprostol delayed release 50-0.2 mg</i>	1	
<i>diclofenac sodium-misoprostol delayed release 75-0.2 mg</i>	1	
OPIOID ANALGESICS		
<i>codeine-acetaminophen soln 120-12 mg/5ml</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-15 mg</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-30 mg</i>	1	QL; PA*
<i>codeine-acetaminophen tab 300-60 mg</i>	1	QL; PA*
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	QL; PA*
<i>fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	QL; PA*
<i>fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	QL; PA*
<i>hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	1	QL; PA*

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL; PA*
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL; PA*
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL; PA*
<i>hydromorphone liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	1	QL; PA*
<i>hydromorphone soln 1mg/ml, 2mg/ml, 10mg/ml</i>	MB	
<i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>	1	QL; PA*
<i>methadone conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	1	QL; PA*
<i>methadone soln 10mg/ml</i>	MB	PA*
<i>morphine soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	1	QL; PA*
<i>morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	MB	
<i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	QL; PA*
<i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 30mg</i>	1	QL; PA*
<i>oxycodone ext-rel t12a 10mg, 20mg, 40mg, 80mg</i>	1	QL; PA*
<i>oxycodone-acetaminophen tab 5-325 mg</i>	1	QL; PA*
<i>tramadol soln 5mg/ml; tabs 50mg</i>	1	QL; PA*
<i>tramadol ext-rel tb24 100mg, 200mg, 300mg</i>	1	QL; PA*
OPIOID PARTIAL AGONISTS		
<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	2	PA
<i>buprenorphine hcl film 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	1	QL
<i>buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	PA
SALICYLATES		
<i>diflunisal tabs 500mg</i>	1	
VISCOSUPPLEMENTS		
<i>DUROLANE PRSY 60MG/3ML</i>	MB	
<i>EUFLEXXA SOSY 20MG/2ML</i>	MB	
<i>GELSYN-3 SOSY 16.8MG/2ML</i>	MB	
<i>SUPARTZ FX SOSY 25MG/2.5ML</i>	MB	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM CHEW 100MG	2	QL
<i>ivermectin tabs 3mg</i>	1	
STROMEKTOL TABS 3MG	3	
ANTI-BACTERIALS - MISCELLANEOUS		
<i>tinidazole tabs 250mg, 500mg</i>	1	
ANTIFUNGALS		
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	3	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole inj 200 mg/100ml</i>	MB	
<i>fluconazole inj 400 mg/200ml</i>	MB	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	PA
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine tabs 250mg</i>	1	
<i>voriconazole solr 200mg</i>	MB	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	1	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir soln 20mg/ml; tabs 300mg</i>	1	QL
APRETUDE SUER 600MG/3ML	2	QL
<i>atazanavir caps 150mg, 200mg, 300mg</i>	1	QL
<i>darunavir tabs 600mg, 800mg</i>	1	QL
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	QL
<i>emtricitabine caps 200mg</i>	1	QL
<i>etravirine tabs 100mg, 200mg</i>	1	QL
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	2	QL
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	QL
<i>maraviroc tabs 150mg, 300mg</i>	1	QL
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	1	QL
<i>ritonavir tabs 100mg</i>	1	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	2	QL
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL
<i>abacavir-lamivudine tab 600-300 mg</i>	1	QL
BIKTARVY TAB	2	QL
CABENUVA SUS 400-600	2	SGM, QL
CABENUVA SUS 600-900	2	SGM, QL
CIMDUO TAB 300-300	2	QL
DESCOVY TAB 120-15MG	2	QL
DESCOVY TAB 200/25MG	2	QL
DOVATO TAB 50-300MG	2	QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL
GENVOYA TAB	2	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL
ODEFSEY TAB	2	QL
STRIBILD TAB	2	QL
SYMTUZA TAB	2	QL
TRIUMEQ PD TAB	2	QL
TRIUMEQ TAB	2	QL
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml</i>	MB	
<i>isoniazid syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg, 300mg</i>	1	
<i>rifampin solr 600mg</i>	MB	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	1	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	1	QL
PAXLOVID TAB 150-100	2	QL
PAXLOVID TAB 300-100	2	QL
RELENZA AEPB 5MG/BLISTER	2	QL
<i>valacyclovir tabs 1gm, 500mg</i>	1	
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	1	QL
CEPHALOSPORINS		
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	1	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	MB	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	1	
<i>azithromycin solr 500mg</i>	MB	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>clarithromycin ext-rel tb24 500mg</i>	1	
DIFICID SUSR 40MG/ML; TABS 200MG	2	PA
<i>erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg; tbec 250mg, 333mg, 500mg</i>	1	
FLUOROQUINOLONES		
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg</i>	1	
<i>ciprofloxacin inj 200 mg/100ml</i>	MB	
<i>ciprofloxacin inj 400 mg/200ml</i>	MB	
<i>levofloxacin soln 25mg/ml</i>	MB	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin inj 250 mg/50ml</i>	MB	
<i>levofloxacin inj 500 mg/100ml</i>	MB	

Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin tabs 400mg</i>	1	
<i>moxifloxacin inj 400 mg/250ml</i>	MB	
HEPATITIS B		
<i>entecavir tabs .5mg, 1mg</i>	1	QL
<i>lamivudine tabs 100mg</i>	1	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL
VEMLIDY TABS 25MG	2	QL
HEPATITIS C		
EPCLUSA PAK 150-37.5	2	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	2	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	2	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	2	SGM, QL; Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	2	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	2	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	2	SGM, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	2	SGM, QL; Genotypes 1, 4, 5, 6
<i>ribavirin caps 200mg; tabs 200mg</i>	1	SGM, QL
VOSEVI TAB	2	SGM, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
MISCELLANEOUS		
<i>clindamycin caps 75mg, 150mg, 300mg; solr 75mg/5ml</i>	1	
<i>clindamycin soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	MB	
<i>clindamycin inj 300 mg/50ml</i>	MB	
<i>clindamycin inj 600 mg/50ml</i>	MB	
<i>clindamycin inj 900 mg/50ml</i>	MB	
<i>dapsone tabs 25mg, 100mg</i>	1	
FLAGYL TABS 500MG	3	
<i>linezolid soln 600mg/300ml</i>	MB	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	1	
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	1	
<i>metronidazole soln 500mg/100ml</i>	MB	
<i>nitrofurantoin caps 25mg, 50mg, 100mg; susp 25mg/5ml</i>	1	Except NDC 16571074024

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Drug Name	Drug Tier	Requirements/Limits
<i>pyrimethamine tabs 25mg</i>	1	PA
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	MB	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>vancomycin caps 125mg, 250mg</i>	1	QL
XIFAXAN TABS 550MG	2	PA

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin-clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>	1	
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 875-125 mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	MB	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
<i>dicloxacillin caps 250mg, 500mg</i>	1	
<i>penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	

TETRACYCLINES

<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	1	
<i>doxycycline hyclate solr 100mg</i>	MB	
<i>minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>minocycline hcl tb24 105mg, 135mg</i>	1	
<i>tetracycline caps 250mg, 500mg</i>	1	QL
VIBRAMYCIN CAPS 100MG	3	
VIBRAMYCIN SYRP 50MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
EMCYT CAPS 140MG	2	
<i>melfhalan hcl solr 50mg</i>	MB	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	1	SGM
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	1	SGM
LONSURF TAB 15-6.14	2	SGM, QL
LONSURF TAB 20-8.19	2	SGM, QL
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	1	
<i>pemetrexed solr 100mg, 500mg, 750mg, 1000mg</i>	MB	
ANTIMITOTIC, TAXOIDS		
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	MB	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SOSY 500MCG/ML	2	SGM, QL
ERIVEDGE CAPS 150MG	2	SGM, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	2	SGM, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	2	SGM, QL
BIOSIMILARS		
KANJINTI SOLR 150MG, 420MG	MB	
RUXIENCE SOLN 100MG/10ML, 500MG/50ML	MB	
TRAZIMERA SOLR 150MG, 420MG	MB	
ZIRABEV SOLN 100MG/4ML, 400MG/16ML	MB	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone tabs 250mg, 500mg</i>	1	SGM, QL
<i>anastrozole tabs 1mg</i>	1	
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	2	SGM
ERLEADA TABS 60MG, 240MG	2	SGM, QL
<i>exemestane tabs 25mg</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	1	SGM
<i>megestrol acetate tabs 20mg, 40mg</i>	1	
NUBEQA TABS 300MG	2	SGM, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	
XTANDI CAPS 40MG; TABS 40MG, 80MG	2	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125MG	2	SGM, QL
KINASE INHIBITORS		
ALECENSA CAPS 150MG	2	SGM, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	2	SGM, QL
ALUNBRIG PAK	2	SGM, QL
AUGTYRO CAPS 40MG	2	SGM, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	2	SGM, QL
BRAFTOVI CAPS 75MG	2	SGM, QL
BRUKINSA CAPS 80MG	2	SGM, QL
CABOMETYX TABS 20MG, 40MG, 60MG	2	SGM, QL
CALQUENCE TABS 100MG	2	SGM, QL
COPIKTRA CAPS 15MG, 25MG	2	SGM, QL
COTELLIC TABS 20MG	2	SGM, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	1	SGM, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	1	SGM, QL
GAVRETO CAPS 100MG	2	SGM, QL
<i>gefitinib tabs 250mg</i>	1	SGM, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	2	SGM, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	1	SGM, QL
INLYTA TABS 1MG, 5MG	2	SGM, QL
KISQALI TBP 200MG	2	SGM, QL
KISQALI FEMARA CO-PACK 200 MG DOSE	2	SGM, QL
KISQALI FEMARA CO-PACK 400 MG DOSE	2	SGM, QL
KISQALI FEMARA CO-PACK 600 MG DOSE	2	SGM, QL
KOSELUGO CAPS 10MG, 25MG	2	SGM, QL
<i>lapatinib ditosylate tabs 250mg</i>	1	SGM, QL
LENVIMA CPPK 4MG, 10MG	2	SGM, QL
LENVIMA CAP 14 MG	2	SGM, QL
LENVIMA CAP 18 MG	2	SGM, QL
LENVIMA CAP 24 MG	2	SGM, QL
MEKTOVI TABS 15MG	2	SGM, QL
<i>pazopanib tabs 200mg</i>	1	SGM, QL
RETEVMO CAPS 40MG, 80MG	2	SGM, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	2	SGM, QL
RYDAPT CAPS 25MG	2	SGM, QL
<i>sorafenib tabs 200mg</i>	1	SGM, QL
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG, 100MG, 140MG	2	SGM, QL
STIVARGA TABS 40MG	2	SGM, QL
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	1	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABS 40MG, 80MG	2	SGM, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	2	SGM, QL
XOSPATA TABS 40MG	2	SGM, QL
ZELBORAF TABS 240MG	2	SGM, QL
ZYDELIG TABS 100MG, 150MG	2	SGM, QL
ZYKADIA TABS 150MG	2	SGM, QL
MISCELLANEOUS		
<i>bexarotene caps 75mg</i>	1	SGM
<i>hydroxyurea caps 500mg</i>	1	
KRAZATI TABS 200MG	2	SGM, QL
LUMAKRAS TABS 120MG, 320MG	2	SGM, QL
LYNPARZA TABS 100MG, 150MG	2	SGM, QL
ODOMZO CAPS 200MG	2	SGM, QL
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
VISTOGARD PACK 10GM	2	SGM, QL
ZEJULA TABS 100MG, 200MG, 300MG	2	SGM, QL
MONOCLONAL ANTIBODIES		
PERJETA SOLN 420MG/14ML	MB	
PHESGO SOL	2	SGM
PROTEASOME INHIBITORS		
<i>bortezomib solr 3.5mg</i>	MB	
NINLARO CAPS 2.3MG, 3MG, 4MG	2	SGM, QL
TOPOISOMERASE INHIBITORS		
<i>etoposide caps 50mg</i>	1	
<i>etoposide soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	MB	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ACE INHIBITORS		
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>enalaprilat soln 1.25mg/ml</i>	MB	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10MG, 20MG, 40MG	3	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1	
KERENDIA TABS 10MG, 20MG	2	PA
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine-olmesartan tab 5-20 mg</i>	1	
<i>amlodipine-olmesartan tab 5-40 mg</i>	1	
<i>amlodipine-olmesartan tab 10-20 mg</i>	1	
<i>amlodipine-olmesartan tab 10-40 mg</i>	1	
<i>amlodipine-telmisartan tab 40-5 mg</i>	1	
<i>amlodipine-telmisartan tab 40-10 mg</i>	1	
<i>amlodipine-telmisartan tab 80-5 mg</i>	1	
<i>amlodipine-telmisartan tab 80-10 mg</i>	1	
<i>amlodipine-valsartan tab 5-160 mg</i>	1	
<i>amlodipine-valsartan tab 5-320 mg</i>	1	
<i>amlodipine-valsartan tab 10-160 mg</i>	1	
<i>amlodipine-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone soln 50mg/ml, 900mg/18ml</i>	MB	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	1	
<i>disopyramide caps 100mg, 150mg</i>	1	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	1	SGM
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	1	
MULTAQ TABS 400MG	2	PA
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	1	
<i>sotalol tabs 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) tabs 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL TABS 180MG	2	PA
NEXLIZET TAB 180/10MG	2	PA
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	
<i>colesevelam pack 3.75gm; tabs 625mg</i>	1	
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	
QUESTRAN LIGHT POWD 4GM/DOSE	3	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe tabs 10mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate caps 43mg, 67mg, 134mg, 150mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibric acid delayed-rel tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LOPID TABS 600MG	3	
TRILIPIX CPDR 45MG, 135MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin tabs 10mg, 20mg</i>	1	AGE
<i>atorvastatin tabs 40mg, 80mg</i>	1	
<i>fluvastatin caps 20mg, 40mg</i>	1	AGE
<i>fluvastatin sodium tb24 80mg</i>	1	AGE
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	AGE
<i>pitavastatin tabs 1mg, 2mg, 4mg</i>	1	AGE
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	1	AGE
<i>rosuvastatin tabs 5mg, 10mg</i>	1	AGE
<i>rosuvastatin tabs 20mg, 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	AGE
<i>simvastatin tabs 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	
<i>omega-3 acid ethyl esters cap 1 gm</i>	1	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	2	PA, QL
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	

AGE - Prior Authorization applies for members age 35 and older MB - Medical Benefit OTC - Over the counter PA - Prior Authorization PA* - Prior Authorization may apply QL - Quantity Limits SGM - Specialty Guideline Management ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg</i>	1	
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	
CORGARD TABS 20MG, 40MG, 80MG	3	
<i>labetalol hcl soln 5mg/ml</i>	MB	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate soln 5mg/5ml</i>	MB	
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	
<i>nebivolol tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>pindolol tabs 5mg, 10mg</i>	1	
<i>propranolol soln 1mg/ml</i>	MB	
<i>propranolol soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-80 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-40 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin tab 10-80 mg</i>	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine tabs 2.5mg, 5mg, 10mg</i>	1	
<i>diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	Except generics for CARDIZEM LA
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	1	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	1	
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin soln .05mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	1	
<i>digoxin soln .25mg/ml</i>	MB	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren tabs 150mg, 300mg</i>	1	
DIURETICS		
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	1	
<i>acetazolamide sodium solr 500mg</i>	MB	
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride tabs 5mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>bumetanide soln .25mg/ml</i>	MB	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml</i>	MB	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
<i>methazolamide tabs 25mg, 50mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	1	
HEART FAILURE		
CORLANOR TABS 5MG, 7.5MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	1	
VERQUVO TABS 2.5MG, 5MG, 10MG	2	PA
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>epinephrine sosy 1mg/10ml</i>	MB	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>hydralazine hcl soln 20mg/ml</i>	MB	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>midodrine tabs 2.5mg, 5mg, 10mg</i>	1	
<i>ranolazine ext-rel tb12 500mg, 1000mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
NITROLINGUAL SOLN .4MG/SPRAY	3	
NITROSTAT SUBL .3MG, .4MG, .6MG	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	2	SGM, QL
<i>ambisentan tabs 5mg, 10mg</i>	1	SGM, QL
<i>bosentan tabs 62.5mg, 125mg</i>	1	SGM, QL
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	MB	
OPSUMIT TABS 10MG	2	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
OPSYNVI TAB 10-20MG	2	SGM, QL
OPSYNVI TAB 10-40MG	2	SGM, QL
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	2	SGM
ORENITRAM TAB MONTH 1	2	SGM
ORENITRAM TAB MONTH 2	2	SGM
ORENITRAM TAB MONTH 3	2	SGM
REVATIO SUSR 10MG/ML; TABS 20MG	3	SGM, QL
<i>sildenafil soln 10mg/12.5ml</i>	MB	
<i>sildenafil susr 10mg/ml; tabs 20mg</i>	1	SGM, QL
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	1	SGM, QL
TADLIQ SUSP 20MG/5ML	2	SGM, QL
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	MB	
TYVASO SOLN .6MG/ML	2	SGM, QL
TYVASO DPI POWD 16MCG, 32MCG, 48MCG, 64MCG	2	SGM, QL
UPTRAVI SOLR 1800MCG	MB	
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	2	SGM, QL
UPTRAVI PACK TAB 200/800	2	SGM, QL

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML	2	SGM, QL
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ANTIDEMENTIA

ARICEPT TABS 5MG, 10MG, 23MG	3	
<i>donepezil tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR	3	
<i>galantamine soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>galantamine ext-rel cp24 8mg, 16mg, 24mg</i>	1	
<i>memantine soln 2mg/ml; tabs 5mg, 10mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg</i>	1	
<i>memantine titration pak 5-10mg</i>	1	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
<i>rivastigmine caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	
<i>rivastigmine transdermal pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
<i>benztropine mesylate soln 1mg/ml</i>	MB	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	1	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	1	
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tabs 200mg</i>	1	
INBRIJA CAPS 42MG	2	SGM, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	
<i>pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>rasagiline tabs .5mg, 1mg</i>	1	
<i>ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline caps 5mg; tabs 5mg</i>	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTISEIZURE AGENTS		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	2	
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	
<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg</i>	1	
<i>carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	QL
<i>diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg</i>	1	QL
<i>diazepam soln 5mg/ml</i>	MB	
<i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>	1	
<i>divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>divalproex sodium ext-rel tb24 250mg, 500mg</i>	1	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1	
<i>lacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>lacosamide soln 200mg/20ml</i>	MB	
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	1	
<i>lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	1	
<i>levetiracetam soln 500mg/5ml</i>	MB	
<i>levetiracetam ext-rel tb24 500mg, 750mg</i>	1	
MYSOLINE TABS 50MG, 250MG	3	
NAYZILAM SOLN 5MG/0.1ML	2	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenobarbital soln 65mg/ml, 130mg/ml</i>	MB	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	1	
<i>phenytoin soln 50mg/ml</i>	MB	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	ST, PA, QL
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	1	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>valproic acid caps 250mg; soln 250mg/5ml</i>	1	
VALTOCO LIQD 5MG/0.1ML, 10MG/0.1ML; LQPK 7.5MG/0.1ML, 10MG/0.1ML	2	
<i>vigabatrin pack 500mg; tabs 500mg</i>	1	SGM, QL
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
BOTULINUM TOXINS		
DAXXIFY SOLR 100UNIT	MB	
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	MB	
MIGRAINE - ERGOTAMINE DERIVATIVES		
D.H.E. 45 SOLN 1MG/ML	2	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	
MIGRAINE - MISCELLANEOUS		
NURTEC ODT TBDP 75MG	2	ST, PA, QL
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, PA, QL
UBRELVY TABS 50MG, 100MG	2	ST, PA, QL
MIGRAINE - MONOCLONAL ANTIBODIES		
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, PA, QL
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	ST, PA, QL
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>eletriptan tabs 20mg, 40mg</i>	1	QL
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	QL
<i>naratriptan tabs 1mg, 2.5mg</i>	1	QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	ST, PA, QL
RELPAK TABS 20MG, 40MG	3	QL
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL
<i>sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	1	QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	ST, PA, QL
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg</i>	1	QL
MISCELLANEOUS		
ENSPRYNG SOSY 120MG/ML	2	SGM, QL
VYVGART SOLN 400MG/20ML	MB	
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG, 9MG, 12MG	2	SGM, QL
AUSTEDO XR TB24 6MG, 12MG, 24MG, 30MG, 36MG, 42MG, 48MG	2	SGM, QL
AUSTEDO XR TAB TITR KIT	2	SGM, QL
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 60MG	2	SGM, QL
INGREZZA CAP 40-80MG	2	SGM, QL
INGREZZA CAP 40MG	2	SGM, QL
INGREZZA CAP 80MG	2	SGM, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	1	SGM, QL
MULTIPLE SCLEROSIS AGENTS		
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	2	SGM, QL
BAFIERTAM CPDR 95MG	2	SGM, QL

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
BETASERON KIT .3MG	2	SGM, QL
COPAXONE SOSY 40MG/ML	2	SGM, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	1	SGM, QL
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	1	SGM, QL
<i> fingolimod caps .5mg</i>	1	SGM, QL
<i> glatiramer sosal 20mg/ml, 40mg/ml</i>	1	SGM, QL
KESIMPTA SOAJ 20MG/0.4ML	2	SGM, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	2	SGM, QL
OCREVUS SOLN 300MG/10ML	MB	
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	2	SGM, QL
REBIF REBIDO INJ TITRATN	2	SGM, QL
REBIF TITRTN INJ PACK	2	SGM, QL
<i>teriflunomide tabs 7mg, 14mg</i>	1	SGM, QL
TYSABRI CONC 300MG/15ML	MB	
ZEPOSIA CAPS .92MG	2	SGM, QL
ZEPOSIA 7DAY CAP STR PACK	2	SGM, QL
ZEPOSIA CAP STR KIT	2	SGM, QL

MUSCULOSKELETAL THERAPY AGENTS

<i> baclofen soln 5mg/5ml, 10mg/5ml</i>	1	PA
<i> baclofen soln 40mg/20ml, 500mcg/ml, 20000mcg/20ml</i>	MB	
<i> baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i> carisoprodol tabs 350mg</i>	1	
<i> chlorzoxazone tabs 500mg</i>	1	Except NDC 73007001303
<i> cyclobenzaprine tabs 5mg, 10mg</i>	1	
<i> dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
<i> dantrolene sodium solr 20mg</i>	MB	
LYVISPAH PACK 5MG, 10MG, 20MG	2	PA
<i> metaxalone tabs 800mg</i>	1	
<i> methocarbamol soln 1000mg/10ml</i>	MB	Except NDCs 69036091010, 69036093090, 70868090190
<i> methocarbamol tabs 500mg, 750mg</i>	1	Except NDCs 69036091010, 69036093090, 70868090190
<i> tizanidine hcl tabs 2mg, 4mg</i>	1	
ZANAFLEX TABS 4MG	3	

MYASTHENIA GRAVIS

<i> pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
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POSTHERPETIC NEURALGIA (PHN)

<i> gabapentin tabs 300mg, 600mg</i>	1	ST, PA, QL
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Drug Name	Drug Tier	Requirements/Limits
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	2	ST, PA
<i>pregabalin ext-rel tb24 82.5mg, 165mg, 330mg</i>	1	ST, PA, QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
ENDOCRINE AND METABOLIC		
ACROMEGALY		
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	2	SGM, QL
ANDROGENS		
NATESTO GEL 5.5MG/ACT	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA; Except authorized generics for TESTIM and VOGELXO
<i>testosterone soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	2	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	2	
ANTIDIABETICS, BIGUANIDE		
<i>metformin soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	1	
<i>metformin ext-rel tb24 500mg, 750mg</i>	1	Except generics for FORTAMET and GLUMETZA
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin tab 2.5-250 mg</i>	1	
<i>glipizide-metformin tab 2.5-500 mg</i>	1	
<i>glipizide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	1	
TRIJARDY XR TAB	2	
ZITUVIMET TAB 50-500MG, 50-1000MG	2	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZITUVIMET XR TAB 50-500MG, 50-1000MG, 100-1000MG	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin tabs 2.5mg, 5mg</i>	1	
ZITUVIO TABS 25MG, 50MG, 100MG	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1	PA, QL
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	PA, QL
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	
XULTOPHY INJ 100/3.6	2	
ANTIDIABETICS, INSULIN		
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	2	
INSULIN GLARGINE-YFGN SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
LANTUS SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	2	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	OTC
NOVOLOG SOCT 100UNIT/ML; SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOPN 300UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
<i>pioglitazone-metformin tab 15-500 mg</i>	1	
<i>pioglitazone-metformin tab 15-850 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG, 10MG	2	
JARDIANCE TABS 10MG, 25MG	2	
ANTIDIABETICS, SULFONYLUREA		
AMARYL TABS 1MG, 2MG, 4MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg</i>	1	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	1	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	1	SGM, QL
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL TABS 35MG, 150MG	3	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
AELVIA TBEC 35MG	3	
FOSAMAX TABS 70MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate soln 3mg/3ml</i>	MB	
<i>ibandronate tabs 150mg</i>	1	
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	1	
<i>risedronate sodium tbec 35mg</i>	1	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	1	
PROLIA SOSY 60MG/ML	MB	
CALCIUM REGULATORS, PARATHYROID HORMONES		
<i>teriparatide sopn 600mcg/2.4ml</i>	1	SGM, QL
TYMLOS SOPN 3120MCG/1.56ML	2	SGM, QL
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	1	
CENTRAL PRECOCIOUS PUBERTY		
FENSOLVI KIT 45MG	MB	
LUPRON DEPOT-PED KIT 7.5MG, 11.25MG, 15MG, 30MG	MB	
LUPRON DEPOT-PED (6-MONTH KIT 45MG	MB	
SUPPRELIN LA KIT 50MG	MB	
TRIPTODUR SRER 22.5MG	MB	
CHELATING AGENTS		
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	1	SGM
<i>deferiprone tabs 500mg, 1000mg</i>	1	PA
<i>deferoxamine solr 2gm, 500mg</i>	MB	
<i>penicillamine caps 250mg; tabs 250mg</i>	1	SGM, QL
<i>trientine caps 250mg</i>	1	SGM
CONTRACEPTIVES		
ANNOVERA MIS	2	QL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>ethinyl estradiol-etonogestrel va ring 0.12-0.015 mg/24hr</i>	1	QL
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	1	
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	QL
KYLEENA IUD 19.5MG	MB	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>medroxyprogesterone susp 150mg/ml; susy 150mg/ml</i>	1	QL
MIRENA IUD 20MCG/DAY	MB	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone (contraceptive) tabs .35mg</i>	1	
SKYLA IUD 13.5MG	MB	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	2	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	2	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	2	OTC
BD ULTRAFINE INSULIN SYRINGES AND NEEDLES	2	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SENSOR	2	PA, QL
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	2	PA
OMNIPOD 5 INSULIN INFUSION PUMP	2	PA, QL
OMNIPOD DASH INSULIN INFUSION PUMP	2	QL
ONETOUCH LANCETS / LANCING DEVICE	2	OTC
ONETOUCH ULTRA STRIPS AND KITS	2	OTC
ONETOUCH VERIO STRIPS AND KITS	2	OTC
ENDOMETRIOSIS		
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
ORILISSA TABS 150MG, 200MG	2	PA
FERTILITY REGULATORS		
<i>cetrorelix acetate kit .25mg</i>	1	SGM, QL
<i>clomiphene citrate tabs 50mg</i>	1	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	2	SGM, QL
GANIRELIX ACETATE SOSY 250MCG/0.5ML	1	SGM, QL
MENOPUR SOLR 75UNIT	2	SGM, QL
PREGNYL SOLR 10000UNIT	2	SGM, QL
GLUCOCORTICOIDS		
CORTEF TABS 5MG, 10MG, 20MG	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	1	
<i>dexamethasone soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	MB	
<i>fludrocortisone tabs .1mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	3	
MEDROL DOSEPAK TBPK 4MG	3	
<i>methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml</i>	MB	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>prednisolone tabs 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisolone solution soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI POWD 3MG/DOSE	2	
<i>glucagon, human recombinant kit 1mg</i>	1	
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	2	
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	1	SGM
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	2	SGM
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	2	SGM
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	2	SGM
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	2	SGM
LYSOSOMAL STORAGE DISORDERS		
NEXVIAZYME SOLR 100MG	MB	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE		
ELFABRIO SOLN 20MG/10ML	MB	
FABRAZYME SOLR 5MG, 35MG	MB	
GALAFOLD CAPS 123MG	2	SGM
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA CAPS 84MG	2	SGM, QL
CEREZYME SOLR 400UNIT	MB	
MENOPAUSAL SYMPTOM AGENTS		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
ESTRACE TABS .5MG, 1MG, 2MG	3	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	1	
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	1	
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	1	
<i>estradiol-norethindrone tab 1-0.5 mg</i>	1	
IMVEXXY INST 4MCG, 10MCG	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10MCG	2	
MISCELLANEOUS		
<i>betaine powder for oral solution</i>	1	PA
<i>cabergoline tabs .5mg</i>	1	
EVISTA TABS 60MG	3	
<i>raloxifene tabs 60mg</i>	1	
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	1	SGM
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	2	
<i>calcium acetate caps 667mg; tabs 667mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
POLYNEUROPATHY		
TEGSEDI SOSY 284MG/1.5ML	2	SGM, QL
POTASSIUM-REMOVING AGENTS		
VELTASSA PACK 8.4GM, 16.8GM, 25.2GM	2	
PROGESTINS		
CRINONE GEL 4%, 8%	2	PA
ENDOMETRIN INST 100MG	2	PA
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	MB	
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate susp 400mg/10ml, 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone, micronized caps 100mg, 200mg</i>	1	
PROVERA TABS 2.5MG, 5MG, 10MG	3	
THYROID AGENTS		
<i>levothyroxine tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine soln 10mcg/ml</i>	MB	
<i>liothyronine tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	
UREA CYCLE DISORDER		
PHEBURANE PLLT 483MG/GM	2	SGM, QL
sodium phenylbutyrate powd 3gm/tsp; tabs 500mg	1	SGM, QL
UTERINE FIBROIDS		
MYFEMBREE TAB	2	PA
ORIAHNN CAP	2	PA
VASOPRESSINS		
desmopressin acetate tabs .1mg, .2mg	1	
desmopressin acetate spray soln .01%	1	
desmopressin acetate spray refrigerated soln .01%	1	
VITAMIN D ANALOGS		
calcitriol caps .25mcg, .5mcg; soln 1mcg/ml	1	
calcitriol soln 1mcg/ml	MB	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg	1	
doxercalciferol soln 4mcg/2ml	MB	
paricalcitol caps 1mcg, 2mcg, 4mcg	1	
paricalcitol soln 2mcg/ml, 5mcg/ml	MB	
GASTROINTESTINAL		
ANTICHOLINERGICS		
dicyclomine caps 10mg; soln 10mg/5ml; tabs 20mg	1	
dicyclomine soln 10mg/ml	MB	
ANTIDIARRHEALS		
diphenoxylate-atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine tab 2.5-0.025 mg	1	
loperamide caps 2mg	1	
ANTIEMETICS		
aprepitant caps 40mg, 80mg, 125mg	1	QL
aprepitant capsule therapy pack 80 & 125 mg	1	QL
doxylamine-pyridoxine delayed-rel tab 10-10 mg	1	
dronabinol caps 2.5mg, 5mg, 10mg	1	PA, QL
granisetron soln 1mg/ml, 4mg/4ml	MB	
granisetron tabs 1mg	1	QL
MARINOL CAPS 2.5MG, 5MG, 10MG	3	PA, QL
meclizine tabs 12.5mg, 25mg, 50mg	1	
metoclopramide soln 5mg/ml	MB	
metoclopramide soln 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
ondansetron soln 4mg/2ml, 40mg/20ml; sosy 4mg/2ml	MB	

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron soln 4mg/5ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg</i>	1	QL
<i>prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg</i>	1	
<i>promethazine soln 6.25mg/5ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine soln 25mg/ml, 50mg/ml</i>	MB	
<i>promethazine hcl supp 50mg</i>	1	
REGLAN TABS 5MG, 10MG	3	
SANCUSO PTCH 3.1MG/24HR	2	PA, QL
<i>scopolamine transdermal pt72 1mg/3days</i>	1	
<i>trimethobenzamide caps 300mg</i>	1	
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	MB	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	1	
<i>famotidine inj 20mg/50ml</i>	MB	
PEPCID TABS 20MG, 40MG	3	
INFLAMMATORY BOWEL DISEASE		
AZULFIDINE TABS 500MG	3	
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide caps 750mg</i>	1	
<i>budesonide tb24 9mg</i>	1	
<i>budesonide delayed-rel cpep 3mg</i>	1	
CORTIFOAM FOAM 10%	2	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>mesalamine enem 4gm; supp 1000mg</i>	1	
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
ROWASA KIT 4GM	3	
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine delayed-rel tbec 500mg</i>	1	
UCERIS TB24 9MG	2	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron tabs .5mg, 1mg</i>	1	
VIBERZI TABS 75MG, 100MG	2	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOL	2	AGE
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
<i>peg 3350-electrolytes</i>	1	Except generics for MOVIPREP
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5MG, 25MG	2	PA
<i>sucralfate tabs 1gm</i>	1	
SYMPROIC TABS .2MG	2	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNIT	2	
ZENPEP CAP 15000UNIT	2	
ZENPEP CAP 20000UNIT	2	
ZENPEP CAP 25000UNIT	2	
ZENPEP CAP 40000UNIT	2	
ZENPEP CAP 60000UNIT	2	
PROTON PUMP INHIBITORS		
<i>esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg</i>	1	
<i>esomeprazole sodium solr 40mg</i>	MB	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	1	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole delayed-rel tbec 20mg, 40mg</i>	1	QL
<i>pantoprazole sodium solr 40mg</i>	MB	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone crea 1%, 2.5%</i>	1	
PROCTOFOAM-HC AER 1%	2	

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Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin ext-rel tb24 10mg</i>	1	
AVODART CAPS .5MG	3	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tamsulosin caps .4mg</i>	1	
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	1	
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	1	
<i>tiopronin tabs 100mg</i>	1	PA
<i>tiopronin delayed-rel tbec 100mg, 300mg</i>	1	PA
URINARY ANTISPASMODICS		
<i>darifenacin ext-rel tb24 7.5mg, 15mg</i>	1	
DETROL TABS 1MG, 2MG	3	
<i>fesoterodine ext-rel tb24 4mg, 8mg</i>	1	
GEMTESA TABS 75MG	2	ST, PA
<i>oxybutynin soln 5mg/5ml; tabs 5mg</i>	1	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin tabs 5mg, 10mg</i>	1	
<i>tolterodine tabs 1mg, 2mg</i>	1	
<i>tolterodine ext-rel cp24 2mg, 4mg</i>	1	
<i>tropium tabs 20mg</i>	1	
<i>tropium ext-rel cp24 60mg</i>	1	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS TABS 2.5MG, 5MG; TBP 5MG	2	
<i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1	
<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2	
XARELTO STAR TAB 15/20MG	2	
BLEEDING DISORDERS AGENTS		
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	MB	
SEVENFACT SOLR 1MG, 5MG	MB	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	MB	
FYLNETHA SOSY 6MG/0.6ML	2	SGM, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	2	SGM
NYVEPRIA SOSY 6MG/0.6ML	2	SGM, QL
<i>plerixafor soln 24mg/1.2ml</i>	1	SGM
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	MB	
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	MB	
HEMOPHILIA A AGENTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	MB	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	MB	
ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	MB	

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Drug Name	Drug Tier	Requirements/Limits
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	MB	
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	MB	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	MB	
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
HEMOPHILIA B AGENTS		
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	MB	
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	MB	
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
<i>cilostazol tabs 50mg, 100mg</i>	1	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SOLN 1080MG/20ML	2	SGM, QL
PLATELET AGGREGATION INHIBITORS		
BRILINTA TABS 60MG, 90MG	2	
<i>clopidogrel tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	1	
<i>prasugrel tabs 5mg, 10mg</i>	1	
SICKLE CELL DISEASE		
ENDARI PACK 5GM	2	SGM, QL
THROMBOCYTOPENIA AGENTS		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	2	SGM, QL
DOPTELET TABS 20MG	2	SGM, QL

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
ALLERGENIC EXTRACTS		
GRASTEK SUBL 2800BAU	2	PA
ORALAIR SUB 300 IR	2	PA
RAGWITEK SUBL 12AMBA1-U	2	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA SOLR 100MG	MB	
ILUMYA SOSY 100MG/ML	MB	
REMICADE SOLR 100MG	MB	
SIMPONI ARIA SOLN 50MG/4ML	MB	
SKYRIZI INTRAVENOUS SOLN 600MG/10ML	MB	
STELARA INTRAVENOUS SOLN 130MG/26ML	MB	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	2	SGM, QL
COSENTYX SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	2	SGM, QL
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	2	SGM, QL
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	2	SGM, QL
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	2	SGM, QL
ORENCIA CLICKJECT SOAJ 125MG/ML	2	SGM, QL
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	2	SGM, QL
OTEZLA TABS 30MG	2	SGM, QL
OTEZLA TAB 10/20/30	2	SGM, QL
RINVOQ SOLN 1MG/ML; TB24 15MG, 30MG, 45MG	2	SGM, QL
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	2	SGM, QL
SOTYKTU TABS 6MG	2	SGM, QL
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	2	SGM, QL
TREMFYA SOAJ 100MG/ML; SOSY 100MG/ML	2	SGM, QL
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	2	SGM, QL
XELJANZ XR TB24 11MG, 22MG	2	SGM, QL
ZEPOSIA CAPS .92MG	2	SGM, QL
ZEPOSIA 7DAY CAP STR PACK	2	SGM, QL
ZEPOSIA CAP STR KIT	2	SGM, QL
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tabs 200mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	2	SGM, QL
HEREDITARY ANGIOEDEMA		
<i>icatibant soty 30mg/3ml</i>	1	SGM, QL
ORLADEYO CAPS 110MG, 150MG	2	SGM, QL
RUCONEST SOLR 2100UNIT	MB	
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	2	SGM, QL
IMMUNOGLOBULIN		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	2	SGM
IMMUNOSUPPRESSANTS		
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	1	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	
<i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>	1	
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	1	
<i>mycophenolate mofetil hcl solr 500mg</i>	MB	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	
MEDICAL DEVICES		
THYROID AGENTS		
<i>dipyridamole (diagnostic) soln 5mg/ml</i>	MB	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride liquid soln 10%, 20%</i>	1	
<i>potassium chloride microencapsulated crystals er tbc 10meq, 15meq, 20meq</i>	1	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .125mg/drop, .5mg/ml; tabs .5mg</i>	1	AGE
PRENATAL VITAMINS		
<i>prenatal vitamins</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>folic acid soln 5mg/ml</i>	MB	
<i>folic acid tabs 1mg</i>	1	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	1	
<i>multivitamins</i>	1	Except for Activite, Dexifol, HylaVite, MultiPro, TronVite, Vitasure
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
<i>neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%</i>	1	
<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	1	
<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin soln .3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gentamicin soln .3%</i>	1	QL
<i>levofloxacin soln .5%, 1.5%</i>	1	
<i>moxifloxacin soln .5%</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
<i>sulfacetamide oint 10%; soln 10%</i>	1	
<i>tobramycin soln .3%</i>	1	
TOBEX OINT .3%; SOLN .3%	3	
<i>trifluridine soln 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
<i>bromfenac soln .07%, .075%, .09%</i>	1	
<i>dexamethasone soln .1%</i>	1	
<i>diclofenac soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	
<i>fluorometholone (ophth) susp .1%</i>	1	
ILEVRO SUSP .3%	2	
<i>ketorolac soln .4%, .5%</i>	1	
<i>loteprednol gel .5%; susp .5%</i>	1	
<i>prednisolone acetate susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine soln .05%</i>	1	
<i>bepotastine soln 1.5%</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>loteprednol susp .2%</i>	1	
<i>olopatadine soln .1%, .2%</i>	1	
ANTIGLAUCOMA BETA-BLOCKERS		
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETOPTIC S SUSP .25%	2	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine-timolol soln 0.2-0.5%</i>	1	
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	1	
SIMBRINZA SUS 1-0.2%	2	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide susp 1%</i>	1	
<i>dorzolamide soln 2%</i>	1	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	
RESTASIS EMUL .05%	2	Multidose
XIIDRA SOLN 5%	2	
MISCELLANEOUS		
<i>cyclopentolate hcl soln .5%, 2%</i>	1	
PROSTAGLANDINS		
<i>bimatoprost soln .03%</i>	1	
<i>latanoprost soln .005%</i>	1	

AGE - Prior Authorization applies for members age 35 and older MB - Medical Benefit OTC - Over the counter PA - Prior Authorization PA* - Prior Authorization may apply QL - Quantity Limits SGM - Specialty Guideline Management ST - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost soln .015mg/ml</i>	1	
<i>travoprost soln .004%</i>	1	
RETINAL DISORDERS		
BYOOVIZ SOLN .5MG/0.05ML	MB	
CIMERLI SOLN .3MG/0.05ML, .5MG/0.05ML	MB	
SYMPATHOMIMETICS		
ALPHAGAN P SOLN .1%, .15%	2	
<i>brimonidine soln .1%, .15%, .2%</i>	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	MB	
ZEMAIRA SOLR 1000MG, 4000MG, 5000MG	MB	
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	2	
<i>epinephrine soaj .15mg/0.15ml, .3mg/0.3ml; soln 1mg/ml, 30mg/30ml</i>	1	Except NDCs 00093-XXXX-XX, 49502-XXXX-XX
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	1	QL
STIOLTO AER 2.5-2.5	2	QL
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AERO AER SPHERE	2	QL
TRELEGY AER 100MCG	2	QL
TRELEGY AER 200MCG	2	QL
ANTICHOLINERGICS		
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	
<i>ipratropium inhalation soln .02%</i>	1	QL
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL
SPIRIVA CAPS 18MCG	1	QL
ANTIHISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal spray 137-50 mcg/act</i>	1	QL
ANTIHISTAMINES		
<i>azelastine soln .1%, .15%</i>	1	QL
<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>cyproheptadine hcl syrup 2mg/5ml; tabs 4mg</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	MB	
<i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	1	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine soln .6%</i>	1	QL
BETA AGONISTS		
<i>albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	QL
<i>albuterol sulfate syrup 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1	
<i>albuterol sulfate cfc-free aers 108mcg/act</i>	1	QL; Except NDCs 00093317431, 66993001968
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	1	QL
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	1	QL
SEREVENT AEPB 50MCG/DOSE	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
COLD/COUGH		
<i>benzonatate caps 100mg, 200mg</i>	1	Except NDCs 69336012615, 69499032915
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
CYSTIC FIBROSIS		
<i>tobramycin inhalation solution nebu 300mg/4ml, 300mg/5ml</i>	1	SGM, QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg, 20mg</i>	1	
MAST CELL STABILIZERS		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL
MISCELLANEOUS		
<i>roflumilast tabs 250mcg, 500mcg</i>	1	
NASAL STEROIDS		
<i>flunisolide soln .025%</i>	1	QL
<i>fluticasone susp 50mcg/act</i>	1	QL
<i>mometasone susp 50mcg/act</i>	1	QL
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	2	SGM, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	1	SGM, QL

Drug Name	Drug Tier	Requirements/Limits
SEVERE ASTHMA AGENTS		
DUPIXENT SOSY 100MG/0.67ML	2	SGM, QL
FASENRA SOAJ 30MG/ML; SOSY 10MG/0.5ML, 30MG/ML	2	SGM, QL
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	2	SGM, QL; Except lyophilized powder
TEZSPIRE SOAJ 210MG/1.91ML	2	SGM, QL
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	2	SGM, QL
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL
<i>budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	1	QL
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	1	QL
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	QL
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	QL
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AER 90-80MCG	2	QL
BREO ELLIPTA INH 50-25MCG	2	QL
BREO ELLIPTA INH 100-25	2	QL; Except certain NDCs
BREO ELLIPTA INH 200-25	2	QL; Except certain NDCs
<i>breyndis aer 80-4.5 mcg/act</i>	1	QL
<i>breyndis aer 160-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL; Except certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL; Except certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL; Except certain NDCs
<i>wixela inhub aer 100/50</i>	1	QL
<i>wixela inhub aer 250/50</i>	1	QL
<i>wixela inhub aer 500/50</i>	1	QL
XANTHINES		
<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>adapalene crea .1%; gel .1%, .3%</i>	1	PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CREA .005%	2	
BENZAC AC WASH LIQD 5%	3	
BENZAMYCIN GEL 5-3%	3	QL
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	1	
<i>clindamycin gel 1%</i>	1	QL; Except NDC 68682046275
<i>clindamycin lotn 1%</i>	1	
<i>clindamycin soln 1%</i>	1	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	QL
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	1	QL
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	1	QL
<i>dapsone gel 5%, 7.5%</i>	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
<i>erythromycin gel 2%</i>	1	QL
<i>erythromycin soln 2%</i>	1	
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	1	QL
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	PA
KLARON LOTN 10%	3	
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%</i>	1	
TWYNEO CRE 0.1-3%	2	
WINLEVI CREA 1%	2	PA
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil crea 5%; soln 2%, 5%</i>	1	
<i>imiquimod crea 3.75%, 5%</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin crea .1%; oint .1%</i>	1	QL
<i>mupirocin oint 2%</i>	1	QL
<i>silver sulfadiazine crea 1%</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox crea .77%; gel .77%; sham 1%; soln 8%</i>	1	
<i>ciclopirox susp .77%</i>	1	QL
<i>ciclopirox solution kit 8%</i>	1	QL
<i>clotrimazole crea 1%; soln 1%</i>	1	

AGE - Prior Authorization applies for members age 35 and older **MB** - Medical Benefit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - Prior Authorization may apply **QL** - Quantity Limits **SGM** - Specialty Guideline Management **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>econazole crea 1%</i>	1	QL
<i>ketoconazole crea 2%</i>	1	QL
<i>naftifine hcl crea 1%, 2%; gel 1%, 2%</i>	1	
NAFTIN GEL 1%, 2%	2	PA
<i>nystatin crea 100000unit/gm; oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	QL
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	1	PA
<i>calcipotriene oint .005%; soln .005%</i>	1	QL
ENSTILAR AER	2	PA, QL
<i>methoxsalen caps 10mg</i>	1	
TACLONEX SUS	3	PA, QL
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA
VTAMA CREA 1%	2	PA, QL
ZORYVE CREA .3%	2	PA, QL
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
ZORYVE FOAM .3%	2	PA, QL
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	2	SGM, QL
CIBINQO TABS 50MG, 100MG, 200MG	2	SGM, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	2	SGM, QL
EUCRISA OINT 2%	2	ST, PA, QL
OPZELURA CREA 1.5%	2	PA
<i>pimecrolimus crea 1%</i>	1	PA
RINVOQ TB24 15MG, 30MG, 45MG	2	SGM, QL
<i>tacrolimus oint .03%, .1%</i>	1	PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	QL
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	QL
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	QL
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	1	QL
BRYHALI LOTN .01%	2	PA
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	1	QL; Except clobetasol emollient foam
<i>clobetasol propionate soln .05%</i>	1	QL
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	QL
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	QL

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide crea .01%, .025%; oint .025%; soln .01%</i>	1	QL
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	QL
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	QL
<i>halobetasol crea .05%; oint .05%</i>	1	QL
<i>hydrocortisone crea 1%, 2.5%; oint 1%, 2.5%</i>	1	QL
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	QL
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL
<i>mometasone crea .1%; oint .1%; soln .1%</i>	1	QL
<i>prednicarbate crea .1%; oint .1%</i>	1	QL
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%</i>	1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	1	PA
<i>lidocaine hcl gel 2%</i>	1	QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) gel 1%</i>	1	SGM
<i>diclofenac sodium gel 1%</i>	1	QL
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<i>podofilox gel .5%; soln .5%</i>	1	
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	PA
<i>brimonidine gel .33%</i>	1	PA
<i>doxycycline (rosacea) cpdr 40mg</i>	1	
FINACEA FOAM 15%	2	PA
<i>ivermectin (rosacea) crea 1%</i>	1	PA
METROCREAM CREA .75%	3	QL
METROGEL GEL 1%	3	QL
METROLOTION LOTN .75%	3	QL
<i>metronidazole crea .75%; gel .75%, 1%; lotn .75%</i>	1	QL
ORACEA CPDR 40MG	2	
SOOLANTRA CREA 1%	2	PA
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>ivermectin (pediculicide) lotn .5%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1	
<i>clotrimazole troc 10mg</i>	1	QL
<i>lidocaine hcl (mouth-throat) soln 2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
<i>sodium fluoride (dental) soln .2%</i>	1	
<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	

OTIC

<i>acetic acid soln 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln .3%</i>	1	

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