2021

Medicare Plus Blue℠ PPO
Essential, Vitality, Signature & Assure

2021 Plus Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on February 1, 2021. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit **www.bcbsm.com/medicare**.

When visiting your doctor(s), please bring your personal drug list, this 2021 Blue Cross Drug List (formulary) and your 2021 Rx Savings Guide with you.

Updated: 02/01/2021
Formulary 21362, Version 8

www.bcbsm.com/medicare

Medicare Advantage Plans

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 Blue Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means **Medicare Plus Blue PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of February 1, 2021. 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 Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue PPO** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Medicare Plus Blue PPO** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue PPO** 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:

- **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 31-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 **Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus** Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 February 1, 2021. To get updated information about the drugs covered by **Medicare Plus Blue PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

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 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 Index 1. 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?

Medicare Plus Blue PPO 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: Medicare Plus Blue PPO** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue PPO** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue PPO** limits the amount of the drug that **Medicare Plus Blue PPO** will cover. For example, **Medicare Plus Blue PPO** provides thirty-one tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue PPO** 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, **Medicare Plus Blue PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue PPO** 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 a document that explains 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 **Medicare Plus Blue PPO** 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 **Medicare Plus Blue PPO** formulary?" on page iii 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 Customer Service and ask if your drug is covered.

If you learn that **Medicare Plus Blue PPO** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue PPO**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Medicare Plus Blue PPO**.
- You can ask **Medicare Plus Blue PPO** 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 Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary?

You can ask **Medicare Plus Blue PPO** 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.
- For **Medicare Plus Blue PPO**: You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not 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, **Medicare Plus Blue PPO** 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, **Medicare Plus Blue PPO** 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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 move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility or a skilled nursing facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your Evidence of Coverage or visit our website at **www.bcbsm.com/medicare/help/forms-documents.html**.

For more information

For more detailed information about your **Medicare Plus Blue PPO** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue PPO**, 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 **www.medicare.gov**.

Medicare Plus Blue PPO Essential, Vitality, Signature & Assure Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

The information in the Requirements/Limits column tells you if **Medicare Plus Blue PPO** has any special requirements for coverage of your drug.

Tier Descriptions

<table>
<tr><th colspan="8">Medicare Plus Blue PPO
Drug Tier Costs</th></tr>
<tr><th rowspan="2">Tier</th><th rowspan="2">Drug Description</th><th colspan="4">Up to a 31-day supply</th><th colspan="2">Up to a 90-day supply*</th></tr>
<tr><th>Standard retail and standard mail-order cost sharing (in-network)</th><th>Preferred retail and preferred mail-order cost sharing (in-network)</th><th>Long-term care (LTC) cost sharing</th><th>Out-of network cost sharing</th><th>Standard retail and standard mail-order cost sharing (in-network)</th><th>Preferred retail and preferred mail-order cost sharing (in-network)</th></tr>
<tr><td>Tier 1</td><td>Preferred Generic</td><td colspan="6" rowspan="4">See your Evidence of Coverage Chart for member cost-share details</td></tr>
<tr><td>Tier 2</td><td>Generic</td></tr>
<tr><td>Tier 3</td><td>Preferred Brand</td></tr>
<tr><td>Tier 4</td><td>Non-Preferred Drug</td></tr>
<tr><td>Tier 5</td><td>Specialty Tier</td><td colspan="4">See your Evidence of Coverage Chart for member cost-share details</td><td colspan="2">90-day supply is not available</td></tr>
<tr><td>Tier 6</td><td>Select Care Drugs</td><td colspan="6">See your Evidence of Coverage Chart for member cost-share details</td></tr>
</table>

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*Most pharmacies will fill a 90-day supply of medication. Check with your pharmacist.

Drug Notes Code Definitions	
Symbol	**Definition**
HRM	High Risk Medication. Medicine that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found on the formulary. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any extra help to pay for this drug.
LA	Limited Availability. This prescription drug may be available only at certain pharmacies. For more information, call **Medicare Plus Blue PPO** Customer Service at 1-877-241-2583, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week. TTY users should call 711.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
NEDS	Non-Extended Day Supply. These drugs are not offered at a 90-day supply. They are offered up to a 31-day supply.

Drug Name	Drug Tier	Requirements /Limits
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
celecoxib oral capsule 100 mg	2	QL (270 per 90 days)
celecoxib oral capsule 200 mg, 400 mg	2	QL (180 per 90 days)
celecoxib oral capsule 50 mg	2	QL (540 per 90 days)
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	4	PA; HRM
diclofenac potassium oral tablet	2	HRM
diclofenac sodium oral tablet extended release 24 hr	2	HRM
diclofenac sodium oral tablet,delayed release (dr/ec)	2	HRM
diclofenac sodium topical gel 1 %	2	HRM; QL (1000 per 31 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic	2	
diflunisal oral tablet	2	HRM
ec-naproxen oral tablet,delayed release (dr/ec)	2	HRM
etodolac oral capsule	2	HRM
etodolac oral tablet	2	HRM
etodolac oral tablet extended release 24 hr	2	HRM
fenoprofen oral tablet	2	HRM
FLECTOR TRANSDERMAL PATCH 12 HOUR	4	PA; HRM
flurbiprofen oral tablet 100 mg	2	
ibu oral tablet 400 mg	2	HRM
ibu oral tablet 600 mg, 800 mg	1	HRM
ibuprofen oral suspension	2	HRM
ibuprofen oral tablet 400 mg	2	HRM
ibuprofen oral tablet 600 mg, 800 mg	1	HRM
ketoprofen oral capsule	2	HRM
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	2	HRM; QL (90 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
meclofenamate oral capsule	4	HRM
mefenamic acid oral capsule	3	HRM
meloxicam oral tablet	1	HRM
nabumetone oral tablet	2	HRM
naproxen oral suspension	2	HRM
naproxen oral tablet	2	HRM
naproxen oral tablet,delayed release (dr/ec)	2	HRM
naproxen sodium oral tablet 275 mg, 550 mg	2	HRM
oxaprozin oral tablet	2	HRM
piroxicam oral capsule	2	HRM
salsalate oral tablet 750 mg	2	
sulindac oral tablet	2	HRM
tolmetin oral capsule	2	HRM
tolmetin oral tablet 600 mg	2	HRM
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine transdermal patch weekly	4	QL (12 per 84 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	QL (45 per 90 days)
levorphanol tartrate oral tablet 2 mg	2	
methadone oral solution	2	
methadone oral tablet	2	
morphine intravenous syringe 2 mg/ml	4	
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	4	QL (180 per 90 days)
morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg	4	QL (270 per 90 days)
morphine oral tablet extended release 200 mg	4	QL (90 per 90 days)
oxymorphone oral tablet extended release 12 hr	4	QL (180 per 90 days)
tramadol oral tablet extended release 24 hr	2	QL (90 per 90 days)
tramadol oral tablet, er multiphase 24 hr	2	QL (90 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	2	QL (5167 per 31 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	QL (1080 per 90 days)
acetaminophen-codeine oral tablet 300-60 mg	2	QL (540 per 90 days)
butorphanol nasal spray,non-aerosol	2	QL (15 per 90 days)
codeine sulfate oral tablet	2	QL (540 per 90 days)
duramorph (pf) injection solution 0.5 mg/ml	4	QL (4133 per 31 days)
duramorph (pf) injection solution 1 mg/ml	4	QL (6000 per 90 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (1080 per 90 days)
fentanyl citrate buccal lozenge on a handle	5	PA; NEDS
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	2	QL (5735 per 31 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	2	QL (1080 per 90 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	QL (450 per 90 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	4	
hydromorphone injection solution 1 mg/ml	4	
hydromorphone injection solution 2 mg/ml	2	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	4	
hydromorphone oral liquid	2	
hydromorphone oral tablet	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
ibuprofen-oxycodone oral tablet	2	QL (360 per 90 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	
morphine concentrate oral solution	2	
morphine intravenous solution 4 mg/ml	4	
morphine oral solution	2	
morphine oral tablet	2	
nalbuphine injection solution 10 mg/ml	2	QL (600 per 90 days)
nalbuphine injection solution 20 mg/ml	2	QL (300 per 90 days)
NUCYNTA ORAL TABLET 100 MG	4	QL (543 per 90 days)
NUCYNTA ORAL TABLET 50 MG	4	QL (1086 per 90 days)
NUCYNTA ORAL TABLET 75 MG	4	QL (726 per 90 days)
oxycodone oral capsule	2	
oxycodone oral solution	4	
oxycodone oral tablet	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (1080 per 90 days)
oxycodone-acetaminophen oral tablet 2.5-300 mg	2	
oxycodone-aspirin oral tablet	2	QL (1080 per 90 days)
oxymorphone oral tablet	4	
tramadol oral tablet 50 mg	2	QL (720 per 90 days)
tramadol-acetaminophen oral tablet	2	QL (1080 per 90 days)
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine topical adhesive patch,medicated 5 %	3	PA; QL (270 per 90 days)
lidocaine-prilocaine topical cream	4	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate oral tablet,delayed release (dr/ec)	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
disulfiram oral tablet	2	
OPIOID DEPENDENCE		
buprenorphine hcl sublingual tablet	1	
buprenorphine-naloxone sublingual film	1	
buprenorphine-naloxone sublingual tablet	1	
naltrexone oral tablet	1	
OPIOID REVERSAL AGENTS		
naloxone injection solution	1	
naloxone injection syringe 0.4 mg/ml	2	
naloxone injection syringe 1 mg/ml	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	
SMOKING CESSATION AGENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	
NICOTROL INHALATION CARTRIDGE	4	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	4	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin injection solution 500 mg/2 ml	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; NEDS
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
gentamicin injection solution 40 mg/ml	4	
gentamicin sulfate (ped) (pf) injection solution	4	
gentamicin topical cream	2	
gentamicin topical ointment	2	
neomycin oral tablet	2	
paromomycin oral capsule	2	
tobramycin sulfate injection recon soln	4	
tobramycin sulfate injection solution	4	
ANTIBACTERIALS, OTHER		
acetic acid otic (ear) solution	2	
aztreonam injection recon soln 1 gram	4	
clindamycin hcl oral capsule	2	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	4	
clindamycin in 5 % dextrose intravenous piggyback	4	
clindamycin pediatric oral recon soln	4	
clindamycin phosphate injection solution	4	
clindamycin phosphate intravenous solution 600 mg/4 ml	4	
colistin (colistimethate na) injection recon soln	4	
daptomycin intravenous recon soln 500 mg	5	NEDS
FIRVANQ ORAL RECON SOLN	4	
fosfomycin tromethamine oral packet	4	
linezolid in dextrose 5% intravenous piggyback	5	NEDS
linezolid oral suspension for reconstitution	2	QL (1680 per 28 days)
linezolid oral tablet	4	QL (56 per 28 days)
linezolid-0.9% sodium chloride intravenous parenteral solution	5	NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

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Drug Name	Drug Tier	Requirements /Limits
methenamine hippurate oral tablet	2	
metro i.v. intravenous piggyback	4	
metronidazole in nacl (iso-os) intravenous piggyback	4	
metronidazole oral capsule	2	
metronidazole oral tablet	2	
metronidazole topical cream	2	
metronidazole topical gel	2	
metronidazole topical gel with pump	2	
metronidazole topical lotion	2	
metronidazole vaginal gel	2	
MONUROL ORAL PACKET	4	
neomycin-polymyxin b gu irrigation solution	4	
nitrofurantoin macrocrystal oral capsule	2	HRM
nitrofurantoin monohyd/m-cryst oral capsule	2	HRM
nitrofurantoin oral suspension	2	HRM
polymyxin b sulfate injection recon soln	4	
tinidazole oral tablet	2	
trimethoprim oral tablet	2	
VANCOMYCIN INJECTION RECON SOLN	4	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	4	
vancomycin oral capsule 125 mg	4	QL (360 per 90 days)
vancomycin oral capsule 250 mg	4	QL (720 per 90 days)
vancomycin oral recon soln	4	
vandazole vaginal gel	2	
XENLETA ORAL TABLET	5	NEDS
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (270 per 90 days); NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
BETA-LACTAM, CEPHALOSPORINS		
cefaclor oral capsule	2	
cefaclor oral tablet extended release 12 hr	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	2	
cefadroxil oral tablet	2	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	4	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg	4	
cefazolin intravenous recon soln	4	
cefdinir oral capsule	2	
cefdinir oral suspension for reconstitution	2	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml	4	
cefepime injection recon soln 1 gram	4	
cefixime oral capsule	2	
cefixime oral suspension for reconstitution	2	
cefoxitin in dextrose, iso-osm intravenous piggyback	4	
cefoxitin intravenous recon soln	4	
cefpodoxime oral suspension for reconstitution	2	
cefpodoxime oral tablet	2	
cefprozil oral suspension for reconstitution	2	
cefprozil oral tablet	2	
ceftazidime injection recon soln 6 gram	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ceftriaxone in dextrose,iso-os intravenous piggyback	4	
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	4	
ceftriaxone intravenous recon soln	4	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection recon soln 750 mg	4	
cefuroxime sodium intravenous recon soln	4	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	1	
FETROJA INTRAVENOUS RECON SOLN	5	NEDS
TEFLARO INTRAVENOUS RECON SOLN	4	

Drug Name	Drug Tier	Requirements /Limits
BETA-LACTAM, PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet extended release 12 hr	2	
amoxicillin-pot clavulanate oral tablet,chewable	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection recon soln 1 gram, 125 mg, 250 mg, 500 mg	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ampicillin sodium intravenous recon soln	4	
ampicillin-sulbactam injection recon soln	4	
ampicillin-sulbactam intravenous recon soln	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	
dicloxacillin oral capsule	2	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml	4	
nafcillin injection recon soln 1 gram, 10 gram	4	
nafcillin intravenous recon soln 1 gram	4	
oxacillin in dextrose(iso-osm) intravenous piggyback	4	
oxacillin injection recon soln	4	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	4	
penicillin g sodium injection recon soln	4	
penicillin v potassium oral recon soln	1	
penicillin v potassium oral tablet	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	4	
CARBAPENEMS		
ertapenem injection recon soln	4	
imipenem-cilastatin intravenous recon soln	4	
meropenem intravenous recon soln	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	4	
MACROLIDES		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
azithromycin intravenous recon soln	4	
azithromycin oral packet	2	
azithromycin oral suspension for reconstitution	2	
azithromycin oral tablet	2	
clarithromycin oral suspension for reconstitution	2	
clarithromycin oral tablet	2	
clarithromycin oral tablet extended release 24 hr	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTIO N	5	QL (136 per 10 days); NEDS
DIFICID ORAL TABLET	5	QL (20 per 10 days); NEDS
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	4	
erythrocin (as stearate) oral tablet 250 mg	2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	2	
erythromycin ethylsuccinate oral tablet	2	
erythromycin oral capsule,delayed release(dr/ec)	2	
erythromycin oral tablet	2	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	
QUINOLONES		
ciprofloxacin hcl oral tablet 100 mg, 750 mg	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	4	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
levofloxacin intravenous solution	4	
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
moxifloxacin oral tablet	2	
ofloxacin oral tablet 300 mg, 400 mg	2	
SULFONAMIDES		
sulfacetamide sodium (acne) topical suspension	2	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TETRACYCLINES		
demeclocycline oral tablet	4	
doxy-100 intravenous recon soln	4	
doxycycline hyclate intravenous recon soln	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral suspension for reconstitution	2	
minocycline oral capsule	2	
minocycline oral tablet	2	
morgidox oral capsule 100 mg	2	
tetracycline oral capsule	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT ORAL SOLUTION	5	PA; QL (620 per 31 days); NEDS
BRIVIACT ORAL TABLET	5	PA; QL (62 per 31 days); NEDS
DIACOMIT ORAL CAPSULE	5	PA; NEDS
DIACOMIT ORAL POWDER IN PACKET	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
divalproex oral capsule, delayed rel sprinkle	2	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	2	
EPIDIOLEX ORAL SOLUTION	5	PA; NEDS
felbamate oral suspension	4	
felbamate oral tablet	4	
FINTEPLA ORAL SOLUTION	5	PA; NEDS
FYCOMPA ORAL SUSPENSION	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NEDS
FYCOMPA ORAL TABLET 2 MG	4	
lamotrigine oral tablet	2	
lamotrigine oral tablet extended release 24hr	4	
lamotrigine oral tablet, chewable dispersible	2	
lamotrigine oral tablet,disintegrating	4	
lamotrigine oral tablets,dose pack	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
levetiracetam oral tablet extended release 24 hr	2	
roweepra oral tablet	2	
SPRITAM ORAL TABLET FOR SUSPENSION	4	
subvenite oral tablet	2	
subvenite starter (blue) kit oral tablets,dose pack	2	
subvenite starter (green) kit oral tablets,dose pack	2	
subvenite starter (orange) kit oral tablets,dose pack	2	
topiramate oral capsule, sprinkle	2	
topiramate oral tablet	2	
valproic acid (as sodium salt) oral solution	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
valproic acid oral capsule	2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (168 per 84 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	5	PA; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA; QL (31 per 31 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (62 per 31 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA; QL (84 per 84 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA; QL (28 per 28 days); NEDS
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN ORAL CAPSULE 300 MG	3	
ethosuximide oral capsule	2	
ethosuximide oral solution	2	
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam oral suspension	4	PA; QL (1440 per 90 days)
clobazam oral tablet 10 mg	4	PA; QL (180 per 90 days)
clobazam oral tablet 20 mg	3	PA; QL (62 per 31 days)
DIASTAT ACUDIAL RECTAL KIT	4	HRM
DIASTAT RECTAL KIT	4	HRM
diazepam rectal kit	4	HRM
gabapentin oral capsule	2	QL (810 per 90 days)
gabapentin oral solution	2	QL (6480 per 90 days)
gabapentin oral tablet 600 mg	2	QL (540 per 90 days)
gabapentin oral tablet 800 mg	2	QL (360 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
NAYZILAM NASAL SPRAY,NON-AEROSOL	4	
phenobarbital oral elixir	2	HRM
phenobarbital oral tablet	2	HRM
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 50 mg	4	QL (270 per 90 days)
pregabalin oral capsule 225 mg, 300 mg	4	QL (180 per 90 days)
pregabalin oral capsule 25 mg, 75 mg	4	QL (360 per 90 days)
pregabalin oral solution	4	QL (2700 per 90 days)
primidone oral tablet	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; NEDS
SYMPAZAN ORAL FILM 5 MG	4	PA
tiagabine oral tablet	4	
VALTOCO NASAL SPRAY,NON-AEROSOL	4	HRM
vigabatrin oral powder in packet	5	PA; LA; QL (186 per 31 days); NEDS
vigabatrin oral tablet	5	PA; QL (186 per 31 days); NEDS
vigadrone oral powder in packet	5	PA; QL (186 per 31 days); NEDS
SODIUM CHANNEL AGENTS		
APTIOM ORAL TABLET	5	QL (62 per 31 days); NEDS
BANZEL ORAL SUSPENSION	5	NEDS
BANZEL ORAL TABLET	5	NEDS
carbamazepine oral capsule, er multiphase 12 hr	2	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	2	
carbamazepine oral tablet	2	
carbamazepine oral tablet extended release 12 hr	2	
carbamazepine oral tablet,chewable	2	
DILANTIN 30 MG ORAL CAPSULE	3	
epitol oral tablet	2	
fosphenytoin injection solution 500 mg pe/10 ml	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
oxcarbazepine oral suspension	2	
oxcarbazepine oral tablet	2	
phenytoin oral suspension	2	
phenytoin oral tablet,chewable	2	
phenytoin sodium extended oral capsule	2	
rufinamide oral suspension	5	NEDS
VIMPAT ORAL SOLUTION	4	QL (3600 per 90 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (180 per 90 days)
VIMPAT ORAL TABLET 50 MG	4	QL (360 per 90 days)
zonisamide oral capsule	2	
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
ergoloid oral tablet	2	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	
CHOLINESTERASE INHIBITORS		
donepezil oral tablet 10 mg, 5 mg	2	QL (90 per 90 days)
donepezil oral tablet 23 mg	4	QL (90 per 90 days)
donepezil oral tablet,disintegrating	4	QL (90 per 90 days)
galantamine oral capsule,ext rel. pellets 24 hr	2	QL (90 per 90 days)
galantamine oral solution	2	
galantamine oral tablet	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	2	QL (270 per 90 days)
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	2	QL (180 per 90 days)
rivastigmine transdermal patch 24 hour	4	QL (90 per 90 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine oral capsule,sprinkle,er 24hr	4	QL (90 per 90 days)
memantine oral solution	2	QL (1080 per 90 days)
memantine oral tablet	2	QL (180 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
MEMANTINE ORAL TABLETS,DOSE PACK	3	QL (147 per 84 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	QL (147 per 84 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	QL (84 per 84 days)
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
bupropion hcl oral tablet	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	2	
bupropion hcl oral tablet sustained-release 12 hr	2	
maprotiline oral tablet	2	
mirtazapine oral tablet	2	
mirtazapine oral tablet,disintegrating	2	
olanzapine-fluoxetine oral capsule	4	

Drug Name	Drug Tier	Requirements /Limits
MONOAMINE OXIDASE INHIBITORS		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	QL (31 per 31 days); NEDS
MARPLAN ORAL TABLET	4	
phenelzine oral tablet	2	
tranylcypromine oral tablet	4	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS		
citalopram oral solution	2	
citalopram oral tablet	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg	3	QL (360 per 90 days)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg	3	QL (90 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	4	
duloxetine oral capsule,delayed release(dr/ec)	2	QL (180 per 90 days)
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	4	ST; QL (90 per 90 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG, 40 MG	4	ST; QL (180 per 90 days)
fluoxetine oral capsule	2	
fluoxetine oral capsule,delayed release(dr/ec)	2	
fluoxetine oral solution	4	
fluoxetine oral tablet	4	
fluvoxamine oral capsule,extended release 24hr	2	
fluvoxamine oral tablet	2	
nefazodone oral tablet	2	
paroxetine hcl oral tablet	2	HRM
paroxetine hcl oral tablet extended release 24 hr	2	HRM
paroxetine mesylate(menop.sym) oral capsule	2	HRM
PAXIL ORAL SUSPENSION	4	ST; HRM
sertraline oral concentrate	2	
sertraline oral tablet	1	
trazodone oral tablet	1	
TRINTELLIX ORAL TABLET 10 MG	4	ST; QL (180 per 90 days)
TRINTELLIX ORAL TABLET 20 MG	4	ST; QL (90 per 90 days)
TRINTELLIX ORAL TABLET 5 MG	4	ST; QL (360 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
venlafaxine oral capsule,extended release 24hr	2	
venlafaxine oral tablet	2	
VIIBRYD ORAL TABLET	4	ST; QL (90 per 90 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	ST
TRICYCLICS		
amitriptyline oral tablet	2	PA; HRM
amoxapine oral tablet	2	HRM
clomipramine oral capsule	4	PA; HRM
desipramine oral tablet	4	HRM
doxepin oral capsule	3	PA; HRM
doxepin oral concentrate	3	PA; HRM
imipramine hcl oral tablet	2	PA; HRM
imipramine pamoate oral capsule	2	PA; HRM
nortriptyline oral capsule	2	HRM
nortriptyline oral solution	2	HRM
protriptyline oral tablet	2	HRM
trimipramine oral capsule	2	PA; HRM
ANTIEMETICS		
ANTIEMETICS, OTHER		
compro rectal suppository	2	
droperidol injection solution	2	
meclizine oral tablet 12.5 mg, 25 mg	2	HRM
phenadoz rectal suppository 25 mg	2	
prochlorperazine maleate oral tablet	2	
prochlorperazine rectal suppository	2	
promethazine oral syrup	2	
promethazine oral tablet	2	
promethazine rectal suppository 12.5 mg, 25 mg	2	
promethegan rectal suppository 25 mg, 50 mg	2	
scopolamine base transdermal patch 3 day	4	HRM

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Drug Name	Drug Tier	Requirements /Limits
EMETOGENIC THERAPY ADJUNCTS		
aprepitant oral capsule	4	B/D PA
aprepitant oral capsule,dose pack	4	B/D PA
dronabinol oral capsule	4	B/D PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
granisetron hcl oral tablet	2	B/D PA
ondansetron hcl oral solution	4	B/D PA
ondansetron hcl oral tablet	2	B/D PA
ondansetron oral tablet,disintegrating	2	B/D PA
ANTIFUNGALS		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION	5	B/D PA; NEDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; NEDS
amphotericin b injection recon soln	4	B/D PA
caspofungin intravenous recon soln	4	B/D PA
ciclopirox topical cream	2	
ciclopirox topical suspension	2	
clotrimazole mucous membrane troche	2	
clotrimazole topical cream	2	
clotrimazole topical solution	2	
econazole topical cream	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	5	NEDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	4	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	4	
fluconazole oral suspension for reconstitution	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
fluconazole oral tablet	2	
flucytosine oral capsule	2	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize oral tablet	2	
itraconazole oral capsule	4	
itraconazole oral solution	3	
ketoconazole oral tablet	2	
ketoconazole topical cream	2	QL (270 per 90 days)
ketoconazole topical foam	2	
ketoconazole topical shampoo	2	
ketodan topical foam	2	
MENTAX TOPICAL CREAM	4	
miconazole-3 vaginal suppository	2	
naftifine topical cream	2	

Drug Name	Drug Tier	Requirements /Limits
NOXAFIL ORAL SUSPENSION	5	QL (651 per 31 days); NEDS
nyamyc topical powder	2	
nystatin oral suspension	2	
nystatin oral tablet	2	
nystatin topical cream	2	
nystatin topical ointment	2	
nystatin topical powder	2	
nystop topical powder	2	
oxiconazole topical cream	2	
posaconazole oral tablet,delayed release (dr/ec)	5	QL (93 per 31 days); NEDS
terconazole vaginal cream	2	
terconazole vaginal suppository	2	
voriconazole intravenous recon soln	4	
voriconazole oral suspension for reconstitution	5	NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
voriconazole oral tablet	3	
ANTIGOUT AGENTS		
ANTIGOUT AGENTS		
allopurinol oral tablet	1	
colchicine oral tablet	4	QL (360 per 90 days)
febuxostat oral tablet	3	ST; QL (90 per 90 days)
probenecid oral tablet	2	
probenecid-colchicine oral tablet	2	
ANTIMIGRAINE AGENTS		
ERGOT ALKALOIDS		
dihydroergotamine nasal spray,non-aerosol	5	QL (24 per 90 days); NEDS
migergot rectal suppository	2	
PROPHYLACTIC		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	4	PA; QL (3 per 90 days)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4	PA; QL (6 per 90 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA
SEROTONIN (5-HT) RECEPTOR AGONISTS		
almotriptan malate oral tablet	4	QL (36 per 90 days)
eletriptan oral tablet	4	QL (18 per 90 days)
frovatriptan oral tablet	4	QL (36 per 90 days)
naratriptan oral tablet	2	QL (54 per 90 days)
rizatriptan oral tablet	2	QL (36 per 90 days)
rizatriptan oral tablet,disintegrating	2	QL (36 per 90 days)
sumatriptan nasal spray,non-aerosol	4	QL (36 per 90 days)
sumatriptan succinate oral tablet	2	QL (36 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	4	QL (27 per 90 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	4	QL (18 per 90 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	4	QL (27 per 90 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	4	QL (18 per 90 days)
sumatriptan succinate subcutaneous solution	4	QL (18 per 90 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	4	QL (18 per 90 days)
zolmitriptan oral tablet	2	QL (18 per 90 days)
zolmitriptan oral tablet,disintegrating	2	QL (18 per 90 days)
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
guanidine oral tablet	2	
pyridostigmine bromide oral syrup	2	
pyridostigmine bromide oral tablet 60 mg	2	
pyridostigmine bromide oral tablet extended release	2	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone oral tablet	2	
rifabutin oral capsule	4	
ANTITUBERCULARS		
ethambutol oral tablet	2	
isoniazid oral solution	2	
isoniazid oral tablet	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
PRETOMANID ORAL TABLET	4	
PRIFTIN ORAL TABLET	4	
pyrazinamide oral tablet	2	
rifampin intravenous recon soln	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
rifampin oral capsule	2	
SIRTURO ORAL TABLET	5	PA; NEDS
TRECATOR ORAL TABLET	4	
ANTINEOPLASTICS, OTHER		
ANTINEOPLASTICS, OTHER		
LIBTAYO INTRAVENOUS SOLUTION	5	PA; NEDS
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide oral capsule	3	B/D PA
LEUKERAN ORAL TABLET	4	
MATULANE ORAL CAPSULE	5	LA; NEDS
melphalan oral tablet	4	B/D PA
VALCHLOR TOPICAL GEL	5	PA; NEDS
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA; NEDS
ANTIANDROGENS		
abiraterone oral tablet 250 mg	5	PA; QL (124 per 31 days); NEDS
abiraterone oral tablet 500 mg	5	PA; QL (62 per 31 days); NEDS
bicalutamide oral tablet	2	
ERLEADA ORAL TABLET	5	PA; LA; NEDS
flutamide oral capsule	2	
nilutamide oral tablet	5	NEDS
NUBEQA ORAL TABLET	5	PA; NEDS
toremifene oral tablet	5	NEDS
XTANDI ORAL CAPSULE	5	PA; LA; QL (124 per 31 days); NEDS
ANTIANGIOGENIC AGENTS		
POMALYST ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
REVLIMID ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; LA; QL (31 per 31 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; LA; QL (62 per 31 days); NEDS
ANTIESTROGENS/MODIFIERS		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
EMCYT ORAL CAPSULE	5	NEDS
SOLTAMOX ORAL SOLUTION	5	NEDS
tamoxifen oral tablet	2	
ANTIMETABOLITES		
DROXIA ORAL CAPSULE	4	
hydroxyurea oral capsule	2	
mercaptopurine oral tablet	2	
ONUREG ORAL TABLET	5	PA; QL (14 per 28 days); NEDS
PURIXAN ORAL SUSPENSION	5	LA; NEDS
TABLOID ORAL TABLET	3	PA
ANTINEOPLASTICS, OTHER		
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	3	B/D PA
dexrazoxane hcl intravenous recon soln 500 mg	2	
ENHERTU INTRAVENOUS RECON SOLN	5	PA; NEDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	5	NEDS
IDHIFA ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
INQOVI ORAL TABLET	5	PA; QL (5 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; NEDS
leucovorin calcium injection recon soln 50 mg, 500 mg	4	
leucovorin calcium oral tablet	2	
LONSURF ORAL TABLET	5	PA; LA; NEDS
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; NEDS
NINLARO ORAL CAPSULE	5	PA; NEDS
PADCEV INTRAVENOUS RECON SOLN	5	PA; NEDS
POLIVY INTRAVENOUS RECON SOLN	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
SYNRIBO SUBCUTANEOUS RECON SOLN	5	PA; NEDS
valrubicin intravesical solution	3	
VELCADE INJECTION RECON SOLN	4	
vincasar pfs intravenous solution 2 mg/2 ml	2	B/D PA
XPOVIO ORAL TABLET	5	PA; NEDS
ZOLINZA ORAL CAPSULE	5	PA; NEDS
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole oral tablet	2	
exemestane oral tablet	2	
letrozole oral tablet	2	
MOLECULAR TARGET INHIBITORS		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	5	PA; NEDS
AFINITOR ORAL TABLET 10 MG	5	PA; QL (31 per 31 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
ALECENSA ORAL CAPSULE	5	PA; LA; NEDS
ALUNBRIG ORAL TABLET	5	PA; LA; NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; LA; NEDS
AYVAKIT ORAL TABLET	5	PA; NEDS
BALVERSA ORAL TABLET	5	PA; NEDS
BOSULIF ORAL TABLET	5	PA; LA; NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NEDS
BRUKINSA ORAL CAPSULE	5	PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; LA; QL (31 per 31 days); NEDS
CABOMETYX ORAL TABLET 40 MG	5	PA; LA; QL (62 per 31 days); NEDS
CALQUENCE ORAL CAPSULE	5	PA; LA; NEDS
CAPRELSA ORAL TABLET	5	PA; LA; NEDS
COMETRIQ ORAL CAPSULE	5	PA; LA; NEDS
COPIKTRA ORAL CAPSULE	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
COTELLIC ORAL TABLET	5	PA; LA; NEDS
DAURISMO ORAL TABLET	5	PA; NEDS
ERIVEDGE ORAL CAPSULE	5	PA; LA; NEDS
erlotinib oral tablet 100 mg, 150 mg	5	PA; QL (31 per 31 days); NEDS
erlotinib oral tablet 25 mg	5	PA; QL (93 per 31 days); NEDS
everolimus (antineoplastic) oral tablet	5	PA; QL (31 per 31 days); NEDS
FARYDAK ORAL CAPSULE	5	PA; LA; QL (6 per 21 days); NEDS
GAVRETO ORAL CAPSULE	5	PA; LA; QL (124 per 31 days); NEDS
GILOTRIF ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
IBRANCE ORAL CAPSULE	5	PA; LA; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET	5	PA; LA; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA; LA; NEDS
imatinib oral tablet 100 mg	5	PA; QL (186 per 31 days); NEDS
imatinib oral tablet 400 mg	5	PA; QL (62 per 31 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; LA; QL (124 per 31 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; LA; QL (31 per 31 days); NEDS
IMBRUVICA ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (186 per 31 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (124 per 31 days); NEDS
INREBIC ORAL CAPSULE	5	PA; NEDS
IRESSA ORAL TABLET	5	PA; LA; NEDS
JAKAFI ORAL TABLET	5	PA; LA; QL (62 per 31 days); NEDS
KISQALI ORAL TABLET	5	PA; NEDS
KOSELUGO ORAL CAPSULE	5	PA; NEDS
lapatinib oral tablet	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE	5	PA; NEDS
LORBRENA ORAL TABLET	5	PA; NEDS
LYNPARZA ORAL TABLET	5	PA; LA; QL (124 per 31 days); NEDS
MEKINIST ORAL TABLET	5	PA; NEDS
MEKTOVI ORAL TABLET	5	PA; NEDS
NERLYNX ORAL TABLET	5	PA; LA; NEDS
NEXAVAR ORAL TABLET	5	PA; LA; NEDS
ODOMZO ORAL CAPSULE	5	PA; LA; NEDS
PEMAZYRE ORAL TABLET	5	PA; NEDS
PIQRAY ORAL TABLET	5	PA; NEDS
QINLOCK ORAL TABLET	5	PA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (186 per 31 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (124 per 31 days); NEDS
ROZLYTREK ORAL CAPSULE	5	PA; NEDS
RUBRACA ORAL TABLET	5	PA; LA; NEDS
RYDAPT ORAL CAPSULE	5	PA; NEDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 70 MG	5	PA; QL (31 per 31 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 50 MG	5	PA; QL (93 per 31 days); NEDS
SPRYCEL ORAL TABLET 80 MG	5	PA; QL (62 per 31 days); NEDS
STIVARGA ORAL TABLET	5	PA; LA; NEDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG	5	PA; LA; QL (31 per 31 days); NEDS
SUTENT ORAL CAPSULE 37.5 MG	5	PA; LA; QL (62 per 31 days); NEDS
TABRECTA ORAL TABLET	5	PA; QL (112 per 28 days); NEDS
TAFINLAR ORAL CAPSULE	5	PA; NEDS
TAGRISSO ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
TALZENNA ORAL CAPSULE	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
TASIGNA ORAL CAPSULE 150 MG	5	PA; QL (155 per 31 days); NEDS
TASIGNA ORAL CAPSULE 200 MG	5	PA; QL (124 per 31 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (434 per 31 days); NEDS
TAZVERIK ORAL TABLET	5	PA; LA; NEDS
TIBSOVO ORAL TABLET	5	PA; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE	5	PA; NEDS
TYKERB ORAL TABLET	5	PA; NEDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; NEDS
VERZENIO ORAL TABLET	5	PA; LA; NEDS
VITRAKVI ORAL CAPSULE	5	PA; NEDS
VITRAKVI ORAL SOLUTION	5	PA; NEDS
VIZIMPRO ORAL TABLET	5	PA; NEDS
VOTRIENT ORAL TABLET	5	PA; NEDS
XALKORI ORAL CAPSULE	5	PA; LA; QL (62 per 31 days); NEDS
XOSPATA ORAL TABLET	5	PA; NEDS
ZEJULA ORAL CAPSULE	5	PA; LA; NEDS
ZELBORAF ORAL TABLET	5	PA; LA; QL (248 per 31 days); NEDS
ZYDELIG ORAL TABLET	5	PA; LA; QL (62 per 31 days); NEDS
ZYKADIA ORAL TABLET	5	PA; NEDS
MONOCLONAL ANTIBODIES/ANTIBODY-DRUG CONJUGATE		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
BLENREP INTRAVENOUS RECON SOLN	5	PA; NEDS
MONJUVI INTRAVENOUS RECON SOLN	5	PA; NEDS
SARCLISA INTRAVENOUS SOLUTION	5	PA; NEDS
TRODELVY INTRAVENOUS RECON SOLN	5	PA; NEDS
RETINOIDS		
bexarotene oral capsule	5	PA; NEDS
PANRETIN TOPICAL GEL	3	
TARGRETIN TOPICAL GEL	5	PA; NEDS
tretinoin (antineoplastic) oral capsule	5	NEDS
TREATMENT ADJUNCTS		
MESNEX ORAL TABLET	4	
ANTIPARASITICS		
ANTHELMINTHICS		
albendazole oral tablet	5	NEDS
ivermectin oral tablet	2	
praziquantel oral tablet	2	
ANTIPROTOZOALS		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	
ALINIA ORAL TABLET	5	NEDS
atovaquone oral suspension	5	NEDS
atovaquone-proguanil oral tablet	2	
BENZNIDAZOLE ORAL TABLET	4	
chloroquine phosphate oral tablet	2	
COARTEM ORAL TABLET	3	
hydroxychloroquine oral tablet	1	
mefloquine oral tablet	2	
NEBUPENT INHALATION RECON SOLN	4	B/D PA
nitazoxanide oral tablet	5	NEDS
pentamidine injection recon soln	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
PRIMAQUINE ORAL TABLET	3	
pyrimethamine oral tablet	5	NEDS
quinine sulfate oral capsule	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine injection solution	4	HRM
benztropine oral tablet	2	HRM
trihexyphenidyl oral elixir	2	HRM
trihexyphenidyl oral tablet	2	HRM
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl oral capsule	2	
amantadine hcl oral solution	2	
amantadine hcl oral tablet	2	
carbidopa-levodopa-entacapone oral tablet	2	
entacapone oral tablet	2	
tolcapone oral tablet	5	NEDS
DOPAMINE AGONISTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; LA; QL (93 per 31 days); NEDS
bromocriptine oral capsule	2	
bromocriptine oral tablet	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
pramipexole oral tablet	2	
pramipexole oral tablet extended release 24 hr	4	
ropinirole oral tablet	2	
ropinirole oral tablet extended release 24 hr	2	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa oral tablet	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet extended release	2	
carbidopa-levodopa oral tablet,disintegrating	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline oral tablet	2	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	5	HRM; NEDS
chlorpromazine oral tablet	4	HRM
fluphenazine decanoate injection solution	4	HRM
fluphenazine hcl injection solution	4	HRM
fluphenazine hcl oral concentrate	2	HRM
fluphenazine hcl oral elixir	2	HRM
fluphenazine hcl oral tablet	2	HRM
haloperidol decanoate intramuscular solution	4	HRM
haloperidol lactate injection solution	4	HRM
haloperidol lactate oral concentrate	2	HRM
haloperidol oral tablet	2	HRM
loxapine succinate oral capsule	2	HRM
molindone oral tablet	2	HRM
perphenazine oral tablet	2	HRM
pimozide oral tablet	2	HRM
thioridazine oral tablet	2	PA; HRM
thiothixene oral capsule	2	HRM
trifluoperazine oral tablet	2	HRM
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	ST; HRM; QL (1 per 28 days); NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	ST; HRM; QL (1 per 28 days); NEDS
aripiprazole oral solution	4	HRM; QL (2700 per 90 days)
aripiprazole oral tablet	3	HRM; QL (90 per 90 days)
aripiprazole oral tablet,disintegrating 10 mg	5	HRM; QL (270 per 90 days); NEDS
aripiprazole oral tablet,disintegrating 15 mg	5	HRM; QL (180 per 90 days); NEDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	ST; HRM; NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	ST; HRM; NEDS
asenapine maleate sublingual tablet	3	HRM; QL (180 per 90 days)
CAPLYTA ORAL CAPSULE	5	ST; NEDS
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; HRM; QL (180 per 90 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; HRM; QL (180 per 90 days); NEDS
FANAPT ORAL TABLETS,DOSE PACK	4	ST; HRM
GEODON INTRAMUSCULAR RECON SOLN	4	ST; HRM
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	ST; HRM; QL (0.75 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	ST; HRM; QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	ST; HRM; QL (1.5 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	ST; HRM; QL (0.25 per 28 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	ST; HRM; QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	ST; HRM; QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	ST; HRM; QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	ST; HRM; QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	ST; HRM; QL (2.63 per 90 days); NEDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	ST; HRM; QL (31 per 31 days); NEDS
LATUDA ORAL TABLET 80 MG	5	ST; HRM; QL (62 per 31 days); NEDS
NUPLAZID ORAL CAPSULE	5	PA; HRM; QL (31 per 31 days); NEDS
NUPLAZID ORAL TABLET 10 MG	5	PA; HRM; QL (31 per 31 days); NEDS
olanzapine intramuscular recon soln	4	HRM
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	2	HRM; QL (180 per 90 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	2	HRM; QL (90 per 90 days)
olanzapine oral tablet,disintegrating 10 mg	2	HRM; QL (180 per 90 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	2	HRM; QL (90 per 90 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	2	HRM; QL (90 per 90 days)
paliperidone oral tablet extended release 24hr 6 mg	2	HRM; QL (180 per 90 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT	5	ST; HRM; NEDS
quetiapine oral tablet	2	HRM
quetiapine oral tablet extended release 24 hr	2	HRM

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	ST; HRM; QL (62 per 31 days); NEDS
REXULTI ORAL TABLET 3 MG, 4 MG	5	ST; HRM; QL (31 per 31 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	ST; HRM
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	ST; HRM; NEDS
risperidone oral solution	2	HRM
risperidone oral tablet	2	HRM
risperidone oral tablet,disintegrating	2	HRM
SAPHRIS SUBLINGUAL TABLET	3	ST; HRM; QL (180 per 90 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST; QL (31 per 31 days); NEDS
VRAYLAR ORAL CAPSULE 1.5 MG	5	ST; HRM; QL (62 per 31 days); NEDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	5	ST; HRM; QL (31 per 31 days); NEDS
VRAYLAR ORAL CAPSULE,DOSE PACK	4	ST; HRM
ziprasidone hcl oral capsule	2	HRM; QL (180 per 90 days)
ziprasidone mesylate intramuscular recon soln	4	HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST; HRM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	ST; HRM; NEDS
TREATMENT-RESISTANT		
clozapine oral tablet	2	HRM

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	2	HRM
clozapine oral tablet,disintegrating 150 mg	4	HRM
clozapine oral tablet,disintegrating 200 mg	5	HRM; NEDS
VERSACLOZ ORAL SUSPENSION	5	HRM; NEDS
ANTISPASTICITY AGENTS		
ANTISPASTICITY AGENTS		
baclofen intrathecal solution	2	
baclofen oral tablet 10 mg, 20 mg	2	
dantrolene oral capsule	2	
tizanidine oral capsule	2	
tizanidine oral tablet	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
ganciclovir sodium intravenous solution	4	B/D PA
PREVYMIS ORAL TABLET	5	NEDS
valganciclovir oral recon soln	5	NEDS
valganciclovir oral tablet	3	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir oral tablet	5	NEDS
entecavir oral tablet	3	
lamivudine oral tablet 100 mg	2	
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (62 per 31 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (31 per 31 days); NEDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; QL (31 per 31 days); NEDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; QL (62 per 31 days); NEDS
HARVONI ORAL TABLET	5	PA; QL (31 per 31 days); NEDS
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; QL (31 per 31 days); NEDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; QL (62 per 31 days); NEDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (62 per 31 days); NEDS
SOVALDI ORAL TABLET 400 MG	5	PA; QL (31 per 31 days); NEDS
VOSEVI ORAL TABLET	5	PA; QL (31 per 31 days); NEDS
ANTI-HEPATITIS C (HCV) DIRECT ACTING AGENTS		
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	QL (1 per 999 days)
ANTIHERPETIC AGENTS		
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5 ml	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	4	B/D PA
famciclovir oral tablet	2	
trifluridine ophthalmic (eye) drops	2	
valacyclovir oral tablet	2	
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY ORAL TABLET	5	QL (31 per 31 days); NEDS
DOVATO ORAL TABLET	5	NEDS
GENVOYA ORAL TABLET	5	QL (31 per 31 days); NEDS
ISENTRESS HD ORAL TABLET	5	NEDS
ISENTRESS ORAL POWDER IN PACKET	5	QL (62 per 31 days); NEDS
ISENTRESS ORAL TABLET	5	QL (62 per 31 days); NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	QL (186 per 31 days); NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	QL (186 per 31 days)
JULUCA ORAL TABLET	5	QL (31 per 31 days); NEDS
STRIBILD ORAL TABLET	5	NEDS
TIVICAY ORAL TABLET 10 MG	4	QL (31 per 31 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 25 MG	5	QL (31 per 31 days); NEDS
TIVICAY ORAL TABLET 50 MG	5	QL (62 per 31 days); NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	QL (372 per 31 days)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA ORAL TABLET	5	NEDS
COMPLERA ORAL TABLET	5	NEDS
DELSTRIGO ORAL TABLET	5	NEDS
EDURANT ORAL TABLET	5	NEDS
efavirenz oral capsule 200 mg	4	
efavirenz oral capsule 50 mg	2	
efavirenz oral tablet	5	NEDS
efavirenz-emtricitabin-tenofov oral tablet	5	NEDS
efavirenz-lamivu-tenofov disop oral tablet	5	NEDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NEDS
INTELENCE ORAL TABLET 25 MG	3	
nevirapine oral suspension	4	
nevirapine oral tablet	2	
nevirapine oral tablet extended release 24 hr	2	
PIFELTRO ORAL TABLET	5	NEDS
SYMFI LO ORAL TABLET	5	NEDS
SYMFI ORAL TABLET	5	NEDS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir oral solution	2	
abacavir oral tablet	4	
abacavir-lamivudine oral tablet	3	
abacavir-lamivudine-zidovudine oral tablet	5	NEDS

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Drug Name	Drug Tier	Requirements /Limits
CIMDUO ORAL TABLET	5	NEDS
DESCOVY ORAL TABLET	5	NEDS
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	4	
emtricitabine oral capsule	3	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	5	QL (31 per 31 days); NEDS
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
lamivudine oral solution	2	
lamivudine oral tablet 150 mg, 300 mg	2	
lamivudine-zidovudine oral tablet	2	
ODEFSEY ORAL TABLET	5	NEDS
stavudine oral capsule	2	
TEMIXYS ORAL TABLET	5	NEDS
tenofovir disoproxil fumarate oral tablet	3	
TRIUMEQ ORAL TABLET	5	QL (31 per 31 days); NEDS
TRUVADA ORAL TABLET	5	QL (31 per 31 days); NEDS
VIREAD ORAL POWDER	5	NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NEDS
zidovudine oral capsule	2	
zidovudine oral syrup	2	
zidovudine oral tablet	2	
ANTI-HIV AGENTS, OTHER		
FUZEON SUBCUTANEOUS RECON SOLN	5	NEDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	QL (62 per 31 days); NEDS
SELZENTRY ORAL SOLUTION	5	NEDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 25 MG	3	
TROGARZO INTRAVENOUS SOLUTION	5	NEDS
TYBOST ORAL TABLET	3	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (WITH VITAMIN E) ORAL SOLUTION	5	NEDS
APTIVUS ORAL CAPSULE	5	NEDS
atazanavir oral capsule	4	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
EVOTAZ ORAL TABLET	5	NEDS
fosamprenavir oral tablet	5	NEDS
INVIRASE ORAL TABLET	5	NEDS
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NEDS
LEXIVA ORAL SUSPENSION	4	
lopinavir-ritonavir oral solution	5	NEDS
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
PREZCOBIX ORAL TABLET	5	QL (31 per 31 days); NEDS
PREZISTA ORAL SUSPENSION	5	QL (414 per 31 days); NEDS
PREZISTA ORAL TABLET 150 MG	4	QL (720 per 90 days)
PREZISTA ORAL TABLET 600 MG	5	QL (62 per 31 days); NEDS
PREZISTA ORAL TABLET 75 MG	4	QL (1440 per 90 days)
PREZISTA ORAL TABLET 800 MG	5	QL (31 per 31 days); NEDS
REYATAZ ORAL POWDER IN PACKET	5	NEDS
ritonavir oral tablet	2	
SYMTUZA ORAL TABLET	5	NEDS
VIRACEPT ORAL TABLET	5	NEDS
ANTI-INFLUENZA AGENTS		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
oseltamivir oral capsule 30 mg	2	QL (168 per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	2	QL (84 per 180 days)
oseltamivir oral suspension for reconstitution	2	QL (1050 per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	QL (180 per 90 days)
rimantadine oral tablet	2	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
buspirone oral tablet	2	
meprobamate oral tablet	4	HRM
BENZODIAZEPINES		
alprazolam intensol oral concentrate	2	HRM
alprazolam oral tablet	2	HRM; QL (450 per 90 days)
clonazepam oral tablet 0.5 mg, 1 mg	2	HRM; QL (360 per 90 days)
clonazepam oral tablet 2 mg	2	HRM; QL (900 per 90 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	2	HRM; QL (360 per 90 days)
clonazepam oral tablet,disintegrating 2 mg	2	HRM; QL (900 per 90 days)
clorazepate dipotassium oral tablet 15 mg	2	HRM; QL (540 per 90 days)
clorazepate dipotassium oral tablet 3.75 mg	2	HRM; QL (2160 per 90 days)
clorazepate dipotassium oral tablet 7.5 mg	2	HRM; QL (1080 per 90 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	HRM
diazepam oral tablet	2	HRM; QL (360 per 90 days)
lorazepam intensol oral concentrate	2	HRM; QL (450 per 90 days)
lorazepam oral concentrate	2	HRM; QL (450 per 90 days)
lorazepam oral tablet	2	HRM; QL (450 per 90 days)
BIPOLAR AGENTS		
MOOD STABILIZERS		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
lithium carbonate oral capsule	2	
lithium carbonate oral tablet	2	
lithium carbonate oral tablet extended release	2	
lithium citrate oral solution 8 meq/5 ml	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose oral tablet	6	
alcohol pads topical pads, medicated	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	QL (10.2 per 84 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	3	QL (12 per 84 days)
CYCLOSET ORAL TABLET	4	QL (540 per 90 days)
FARXIGA ORAL TABLET	3	QL (90 per 90 days)
GAUZE PADS 2 X 2	2	
glimepiride oral tablet	6	HRM
glipizide oral tablet	6	
glipizide oral tablet extended release 24hr 10 mg	6	QL (180 per 90 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	6	QL (270 per 90 days)
glipizide-metformin oral tablet	6	
glyburide micronized oral tablet	6	HRM
glyburide oral tablet	6	HRM
glyburide-metformin oral tablet	6	
INSULIN PEN NEEDLE	1	
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QL (180 per 90 days)
INVOKAMET ORAL TABLET 50-500 MG	3	QL (360 per 90 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	QL (180 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	3	QL (360 per 90 days)
INVOKANA ORAL TABLET 100 MG	3	QL (180 per 90 days)
INVOKANA ORAL TABLET 300 MG	3	QL (90 per 90 days)
JANUMET ORAL TABLET	3	QL (180 per 90 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (90 per 90 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (180 per 90 days)
JANUVIA ORAL TABLET	3	QL (90 per 90 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	QL (180 per 90 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	QL (90 per 90 days)
metformin oral tablet	6	
metformin oral tablet extended release 24 hr 500 mg	6	QL (360 per 90 days)
metformin oral tablet extended release 24 hr 750 mg	6	QL (180 per 90 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	6	QL (180 per 90 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	6	QL (450 per 90 days)
miglitol oral tablet	6	
nateglinide oral tablet	6	
NEEDLES, INSULIN DISP.,SAFETY	1	
NOVOFINE 32 NEEDLE	1	
NOVOFINE PLUS NEEDLE	1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	1	
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	1	
ONGLYZA ORAL TABLET	3	QL (90 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
pioglitazone oral tablet	6	QL (90 per 90 days)
pioglitazone-glimepiride oral tablet	1	QL (90 per 90 days)
pioglitazone-metformin oral tablet	6	QL (270 per 90 days)
repaglinide oral tablet	6	
RYBELSUS ORAL TABLET 14 MG	3	QL (90 per 90 days)
RYBELSUS ORAL TABLET 3 MG	3	QL (420 per 90 days)
RYBELSUS ORAL TABLET 7 MG	3	QL (180 per 90 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
V-GO 20 DEVICE	1	
V-GO 30 DEVICE	1	
V-GO 40 DEVICE	1	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (27 per 90 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	QL (27 per 90 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (90 per 90 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (180 per 90 days)
GLYCEMIC AGENTS		
BAQSIMI NASAL SPRAY,NON-AEROSOL	3	
diazoxide oral suspension	4	
GLUCAGEN HYPOKIT INJECTION RECON SOLN	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	
KORLYM ORAL TABLET	5	PA; LA; NEDS
INSULINS		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	4	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	4	ST
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	4	ST
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	4	ST
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	4	ST
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	4	ST

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	4	ST
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	4	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	4	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	4	ST
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	4	ST
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	4	ST
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	4	ST
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	4	ST
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	4	ST
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	5	NEDS
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	5	NEDS
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	4	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	4	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	4	ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION	4	ST
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (180 per 90 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (194 per 90 days)
enoxaparin subcutaneous syringe	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NEDS
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
heparin (porcine) injection solution	2	
jantoven oral tablet	1	
PRADAXA ORAL CAPSULE	4	QL (180 per 90 days)
warfarin oral tablet	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	QL (51 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (90 per 90 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (180 per 90 days)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
anagrelide oral capsule	2	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML	5	PA; NEDS
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	5	PA; NEDS
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	5	QL (1.2 per 28 days); NEDS
NEULASTA SUBCUTANEOUS SYRINGE	5	QL (1.2 per 28 days); NEDS
NIVESTYM INJECTION SOLUTION	5	NEDS
NIVESTYM SUBCUTANEOUS SYRINGE	5	NEDS
OXBRYTA ORAL TABLET	5	PA; LA; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; NEDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (31 per 31 days); NEDS
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (62 per 31 days); NEDS
ZARXIO INJECTION SYRINGE	5	NEDS
HEMOSTASIS AGENTS		
tranexamic acid oral tablet	2	QL (90 per 63 days)
PLATELET MODIFYING AGENTS		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
aspirin-dipyridamole oral capsule, er multiphase 12 hr	4	
BRILINTA ORAL TABLET 60 MG	3	QL (180 per 90 days)
BRILINTA ORAL TABLET 90 MG	3	QL (182 per 90 days)
CABLIVI INJECTION KIT	5	PA; NEDS
cilostazol oral tablet	2	
clopidogrel oral tablet 75 mg	1	QL (90 per 90 days)
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; NEDS
prasugrel oral tablet	3	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
clonidine hcl oral tablet	2	HRM
clonidine transdermal patch weekly	1	HRM; QL (12 per 84 days)
midodrine oral tablet	2	
NORTHERA ORAL CAPSULE 100 MG	5	LA; QL (93 per 31 days); NEDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	5	LA; QL (186 per 31 days); NEDS
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin oral tablet	2	HRM
prazosin oral capsule	2	HRM
terazosin oral capsule	2	HRM
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan oral tablet	6	
EDARBI ORAL TABLET	4	
irbesartan oral tablet	6	
losartan oral tablet 100 mg, 50 mg	6	QL (180 per 90 days)
losartan oral tablet 25 mg	6	QL (270 per 90 days)
olmesartan oral tablet	6	
telmisartan oral tablet	6	
valsartan oral tablet	6	

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Drug Name	Drug Tier	Requirements /Limits
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril oral tablet	6	
captopril oral tablet	6	
enalapril maleate oral tablet	6	
fosinopril oral tablet	6	
lisinopril oral tablet	6	
moexipril oral tablet	6	
perindopril erbumine oral tablet	6	
quinapril oral tablet	6	
ramipril oral capsule	6	
trandolapril oral tablet	6	
ANTIARRHYTHMICS		
amiodarone oral tablet	2	HRM
dofetilide oral capsule	2	
flecainide oral tablet	2	
mexiletine oral capsule	2	
MULTAQ ORAL TABLET	3	HRM; QL (180 per 90 days)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	4	HRM
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	HRM
propafenone oral capsule,extended release 12 hr	2	
propafenone oral tablet	2	
quinidine gluconate oral tablet extended release	2	
quinidine sulfate oral tablet	2	
sorine oral tablet	2	
sotalol af oral tablet	2	
sotalol oral tablet	2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol oral capsule	2	
atenolol oral tablet	1	
betaxolol oral tablet	1	
bisoprolol fumarate oral tablet	1	
BYSTOLIC ORAL TABLET 10 MG	4	ST; QL (360 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
BYSTOLIC ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (90 per 90 days)
BYSTOLIC ORAL TABLET 20 MG	4	ST; QL (180 per 90 days)
carvedilol oral tablet	1	
carvedilol phosphate oral capsule, er multiphase 24 hr	2	QL (90 per 90 days)
labetalol oral tablet	1	
metoprolol succinate oral tablet extended release 24 hr	1	QL (180 per 90 days)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral tablet	1	
pindolol oral tablet	1	
propranolol oral capsule,extended release 24 hr	1	
propranolol oral solution	2	
propranolol oral tablet	1	
timolol maleate oral tablet	1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine oral tablet	1	
felodipine oral tablet extended release 24 hr	1	QL (90 per 90 days)
isradipine oral capsule	2	
nicardipine oral capsule	1	
nifedipine oral tablet extended release	1	QL (90 per 90 days)
nifedipine oral tablet extended release 24hr	1	QL (90 per 90 days)
nimodipine oral capsule	4	
nisoldipine oral tablet extended release 24 hr	4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYROPYRIDINES		
cartia xt oral capsule,extended release 24hr	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	1	
diltiazem hcl oral capsule,extended release 24 hr	1	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr	1	
dilt-xr oral capsule,ext.rel 24h degradable	1	
matzim la oral tablet extended release 24 hr	1	
taztia xt oral capsule,extended release 24 hr	1	
tiadylt er oral capsule,extended release 24 hr	1	
verapamil oral capsule, 24 hr er pellet ct	1	
verapamil oral capsule,ext rel. pellets 24 hr	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide oral tablet	2	
aliskiren oral tablet	3	QL (90 per 90 days)
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine-atorvastatin oral tablet	6	
amlodipine-benazepril oral capsule	6	
amlodipine-olmesartan oral tablet	6	
amlodipine-valsartan oral tablet	6	
amlodipine-valsartan-hcthiazid oral tablet	6	
atenolol-chlorthalidone oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	6	
bisoprolol-hydrochlorothiazide oral tablet	1	
candesartan-hydrochlorothiazid oral tablet	6	

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Drug Name	Drug Tier	Requirements /Limits
captopril-hydrochlorothiazide oral tablet	6	
CORLANOR ORAL SOLUTION	4	QL (1350 per 90 days)
CORLANOR ORAL TABLET	4	QL (180 per 90 days)
DEMSER ORAL CAPSULE	5	NEDS
digitek oral tablet 125 mcg (0.125 mg)	2	HRM; QL (90 per 90 days)
digitek oral tablet 250 mcg (0.25 mg)	2	HRM
digox oral tablet 125 mcg (0.125 mg)	2	HRM; QL (90 per 90 days)
digox oral tablet 250 mcg (0.25 mg)	2	HRM
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	2	HRM
digoxin oral tablet 125 mcg (0.125 mg)	2	HRM; QL (90 per 90 days)
digoxin oral tablet 250 mcg (0.25 mg)	2	HRM
EDARBYCLOR ORAL TABLET	4	
enalapril-hydrochlorothiazide oral tablet	6	
ENTRESTO ORAL TABLET	3	QL (180 per 90 days)
fosinopril-hydrochlorothiazide oral tablet	6	
irbesartan-hydrochlorothiazide oral tablet	6	
isoproterenol hcl injection solution	4	
lisinopril-hydrochlorothiazide oral tablet	6	
losartan-hydrochlorothiazide oral tablet	6	
methyldopa-hydrochlorothiazide oral tablet	2	
metoprolol ta-hydrochlorothiaz oral tablet	1	
metyrosine oral capsule	5	NEDS
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet	6	
olmesartan-hydrochlorothiazide oral tablet	6	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
pentoxifylline oral tablet extended release	2	
propranolol-hydrochlorothiazid oral tablet	1	
quinapril-hydrochlorothiazide oral tablet	6	
ranolazine oral tablet extended release 12 hr	4	
spironolacton-hydrochlorothiaz oral tablet	1	
TEKTURNA HCT ORAL TABLET	3	QL (90 per 90 days)
telmisartan-amlodipine oral tablet	6	
telmisartan-hydrochlorothiazid oral tablet	6	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	6	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet	1	
valsartan-hydrochlorothiazide oral tablet	6	
DIURETICS, LOOP		
bumetanide injection solution	4	
bumetanide oral tablet	1	
furosemide injection solution	4	
furosemide injection syringe	4	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet	1	
torsemide oral tablet	2	
DIURETICS, POTASSIUM-SPARING		
amiloride oral tablet	2	
eplerenone oral tablet	2	
spironolactone oral tablet	1	
DIURETICS, THIAZIDE		
chlorthalidone oral tablet 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
metolazone oral tablet	2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule	2	QL (90 per 90 days)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	2	
fenofibrate oral tablet 160 mg, 54 mg	2	QL (90 per 90 days)
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg	2	QL (90 per 90 days)
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 45 mg	2	QL (270 per 90 days)
fenofibric acid oral tablet	2	
gemfibrozil oral tablet	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin oral tablet 10 mg, 20 mg	6	QL (360 per 90 days)
atorvastatin oral tablet 40 mg	6	QL (180 per 90 days)
atorvastatin oral tablet 80 mg	6	QL (90 per 90 days)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	4	QL (90 per 90 days)
fluvastatin oral capsule 20 mg	6	QL (360 per 90 days)
fluvastatin oral capsule 40 mg	6	QL (180 per 90 days)
fluvastatin oral tablet extended release 24 hr	1	QL (90 per 90 days)
LIVALO ORAL TABLET 1 MG	4	QL (360 per 90 days)
LIVALO ORAL TABLET 2 MG	4	QL (180 per 90 days)
LIVALO ORAL TABLET 4 MG	4	QL (90 per 90 days)
lovastatin oral tablet 10 mg, 20 mg	6	QL (360 per 90 days)
lovastatin oral tablet 40 mg	6	QL (180 per 90 days)
pravastatin oral tablet 10 mg, 20 mg	6	QL (360 per 90 days)
pravastatin oral tablet 40 mg	6	QL (180 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
pravastatin oral tablet 80 mg	6	QL (90 per 90 days)
rosuvastatin oral tablet 10 mg, 5 mg	6	QL (360 per 90 days)
rosuvastatin oral tablet 20 mg	6	QL (180 per 90 days)
rosuvastatin oral tablet 40 mg	6	QL (90 per 90 days)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	6	QL (360 per 90 days)
simvastatin oral tablet 40 mg	6	QL (180 per 90 days)
simvastatin oral tablet 80 mg	6	QL (90 per 90 days)
DYSLIPIDEMICS, OTHER		
cholestyramine (with sugar) oral powder	2	
cholestyramine (with sugar) oral powder in packet	2	
cholestyramine light oral powder	2	
cholestyramine light oral powder in packet	2	
colesevelam oral powder in packet	3	
colesevelam oral tablet	3	
colestipol oral granules	2	
colestipol oral packet	2	
colestipol oral tablet	2	
ezetimibe oral tablet	2	QL (90 per 90 days)
ezetimibe-simvastatin oral tablet	2	QL (90 per 90 days)
icosapent ethyl oral capsule	4	
niacin oral tablet 500 mg	2	
niacin oral tablet extended release 24 hr	2	
omega-3 acid ethyl esters oral capsule	2	
prevalite oral powder	2	
prevalite oral powder in packet	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
VASCEPA ORAL CAPSULE 1 GRAM	4	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate oral tablet	2	
isosorbide mononitrate oral tablet	2	
isosorbide mononitrate oral tablet extended release 24 hr	2	
nitro-bid transdermal ointment	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual tablet	2	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual spray,non-aerosol	4	
RECTIV RECTAL OINTMENT	4	
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine oral tablet	2	
minoxidil oral tablet	2	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
dextroamphetamine oral tablet	2	QL (540 per 90 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	QL (270 per 90 days)
dextroamphetamine-amphetamine oral tablet 30 mg	2	QL (180 per 90 days)
zenzedi oral tablet 10 mg, 5 mg	2	QL (540 per 90 days)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg, 60 mg	4	QL (180 per 90 days)
atomoxetine oral capsule 100 mg, 80 mg	4	QL (90 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
clonidine hcl oral tablet extended release 12 hr	2	HRM; QL (360 per 90 days)
methylphenidate hcl oral capsule, er biphasic 30-70 20 mg	2	
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg	2	QL (90 per 90 days)
methylphenidate hcl oral solution	2	
methylphenidate hcl oral tablet	2	QL (270 per 90 days)
CENTRAL NERVOUS SYSTEM, OTHER		
FIRDAPSE ORAL TABLET	5	PA; NEDS
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 3 MG/3 ML (1 MG/ML)	3	
NUEDEXTA ORAL CAPSULE	4	PA; QL (180 per 90 days)
riluzole oral tablet	2	
RUZURGI ORAL TABLET	5	PA; NEDS
tetrabenazine oral tablet 12.5 mg	5	PA; QL (248 per 31 days); NEDS
tetrabenazine oral tablet 25 mg	5	PA; QL (124 per 31 days); NEDS
FIBROMYALGIA AGENTS		
SAVELLA ORAL TABLET	3	PA; QL (180 per 90 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	PA; QL (165 per 84 days)
MULTIPLE SCLEROSIS AGENTS		
BETASERON SUBCUTANEOUS KIT	5	PA; QL (14 per 28 days); NEDS
dalfampridine oral tablet extended release 12 hr	5	PA; QL (62 per 31 days); NEDS
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (31 per 31 days); NEDS
glatiramer subcutaneous syringe 20 mg/ml	5	PA; QL (31 per 31 days); NEDS
glatiramer subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days); NEDS
glatopa subcutaneous syringe 20 mg/ml	5	PA; QL (31 per 31 days); NEDS
glatopa subcutaneous syringe 40 mg/ml	5	PA; QL (12 per 28 days); NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; NEDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; NEDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; LA; QL (62 per 31 days); NEDS
DENTAL AND ORAL AGENTS		
DENTAL AND ORAL AGENTS		
cevimeline oral capsule	2	
chlorhexidine gluconate mucous membrane mouthwash	2	
oralone dental paste	2	
paroex oral rinse mucous membrane mouthwash	2	
periogard mucous membrane mouthwash	2	
pilocarpine hcl oral tablet	2	
triamcinolone acetonide dental paste	2	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
acitretin oral capsule 10 mg, 25 mg	4	
acitretin oral capsule 17.5 mg	5	NEDS
adapalene topical cream	2	
adapalene topical gel	2	
adapalene topical gel with pump	2	
amnesteem oral capsule	4	PA
avita topical cream	2	
azelaic acid topical gel	4	
claravis oral capsule	4	PA
clindamycin-benzoyl peroxide topical gel	2	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	2	
erythromycin-benzoyl peroxide topical gel	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
isotretinoin oral capsule	4	PA
myorisan oral capsule	4	PA
neuac topical gel	2	
tazarotene topical cream	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
tretinoin topical cream	2	
tretinoin topical gel	2	
zenatane oral capsule	4	PA
DERMATITIS AND PRURITUS AGENTS		
alclometasone topical cream	2	
alclometasone topical ointment	2	
amcinonide topical cream	4	
amcinonide topical lotion	4	
amcinonide topical ointment	4	
ammonium lactate topical cream	2	
ammonium lactate topical lotion	2	
apexicon e topical cream	4	
betamethasone dipropionate topical cream	2	
betamethasone dipropionate topical lotion	2	
betamethasone valerate topical cream	2	
betamethasone valerate topical lotion	2	
betamethasone valerate topical ointment	2	
betamethasone, augmented topical gel	2	
betamethasone, augmented topical lotion	2	
betamethasone, augmented topical ointment	2	
clobetasol scalp solution	3	
clobetasol topical cream	3	
clobetasol topical foam	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
clobetasol topical gel	4	
clobetasol topical lotion	4	
clobetasol topical ointment	3	
clobetasol topical shampoo	4	
clobetasol topical spray,non-aerosol	4	
clobetasol-emollient topical cream	4	
clobetasol-emollient topical foam	4	
clodan topical shampoo	4	
desonide topical cream	4	
desonide topical lotion	4	
desonide topical ointment	4	
desoximetasone topical cream	4	
desoximetasone topical gel	2	
desoximetasone topical ointment	4	
diflorasone topical cream	4	
diflorasone topical ointment	4	
fluocinolone and shower cap scalp oil	2	
fluocinolone topical cream	2	
fluocinolone topical ointment	2	
fluocinolone topical solution	2	
fluocinonide topical cream 0.1 %	3	
fluocinonide topical gel	4	
fluocinonide topical ointment	4	
fluocinonide topical solution	3	
fluocinonide-e topical cream	4	
fluocinonide-emollient topical cream	4	
fluticasone propionate topical cream	2	
fluticasone propionate topical ointment	2	
halobetasol propionate topical cream	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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Drug Name	Drug Tier	Requirements /Limits
halobetasol propionate topical ointment	2	
hydrocortisone butyrate topical cream	2	
hydrocortisone butyrate topical ointment	2	
hydrocortisone butyrate topical solution	2	
hydrocortisone topical cream 2.5 %	2	
hydrocortisone topical cream with perineal applicator 2.5 %	2	
hydrocortisone topical lotion 2.5 %	2	
hydrocortisone topical ointment 2.5 %	2	
hydrocortisone valerate topical cream	2	
hydrocortisone valerate topical ointment	2	
mometasone topical cream	2	
mometasone topical ointment	2	
mometasone topical solution	2	
nolix topical cream	4	
prednicarbate topical ointment	2	
procto-med hc topical cream with perineal applicator	2	
proctosol hc topical cream with perineal applicator	2	
proctozone-hc topical cream with perineal applicator	2	
selenium sulfide topical lotion	2	
tacrolimus topical ointment	4	
tovet emollient topical foam	4	
triamcinolone acetonide topical cream	2	
triamcinolone acetonide topical lotion	2	
triamcinolone acetonide topical ointment	2	
triderm topical cream	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
DERMATOLOGICAL AGENTS, OTHER		
calcipotriene scalp solution	2	PA; QL (180 per 90 days)
calcipotriene topical cream	2	PA; QL (360 per 90 days)
calcipotriene topical ointment	2	PA; QL (360 per 90 days)
calcitriol topical ointment	4	
clotrimazole-betamethasone topical cream	2	
clotrimazole-betamethasone topical lotion	2	
DUOBRII TOPICAL LOTION	5	NEDS
fluorouracil topical cream 5 %	2	
fluorouracil topical solution	2	
hydrocortisone-pramoxine rectal cream 1-1 %	4	
imiquimod topical cream in packet	2	
methoxsalen oral capsule,liqd-filled,rapid rel	5	NEDS
nystatin-triamcinolone topical cream	2	
nystatin-triamcinolone topical ointment	2	
PICATO TOPICAL GEL 0.015 %	5	QL (3 per 31 days); NEDS
PICATO TOPICAL GEL 0.05 %	5	QL (2 per 31 days); NEDS
podofilox topical solution	2	
SANTYL TOPICAL OINTMENT	3	
silver sulfadiazine topical cream	2	
ssd topical cream	2	
PEDICULICIDES/SCABICIDES		
crotan topical lotion	4	
ivermectin topical lotion	4	
lindane topical shampoo	2	
malathion topical lotion	4	
permethrin topical cream	2	
SKLICE TOPICAL LOTION	4	
TOPICAL ANTI-INFECTIVES		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
acyclovir topical ointment	4	
ciclodan topical solution	2	
ciclopirox topical gel	2	
ciclopirox topical shampoo	2	
ciclopirox topical solution	2	
clindacin etz topical swab	2	
clindacin p topical swab	2	
clindamycin phosphate topical gel	2	
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	2	
clindamycin phosphate topical swab	2	
clindamycin phosphate vaginal cream	2	
ery pads topical swab	2	
erygel topical gel	2	
erythromycin with ethanol topical gel	2	
erythromycin with ethanol topical solution	2	
mupirocin calcium topical cream	2	
mupirocin topical ointment	2	
ELECTROLYTES/MINERALS/ METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
calcium chloride intravenous solution	4	
calcium chloride intravenous syringe	4	
calcium gluconate intravenous solution	4	
d10 %-0.45 % sodium chloride intravenous parenteral solution	4	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	4	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
d5 %-0.45 % sodium chloride intravenous parenteral solution	4	
denta 5000 plus dental cream	2	
dextrose 10 % in water (d10w) intravenous parenteral solution	4	B/D PA
dextrose 30 % in water (d30w) intravenous parenteral solution	4	B/D PA
dextrose 40 % in water (d40w) intravenous parenteral solution	4	B/D PA
dextrose 5 % in water (d5w) intravenous parenteral solution	4	
dextrose 5 % in water (d5w) intravenous piggyback	4	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	4	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	4	
dextrose 50 % in water (d50w) intravenous parenteral solution	2	B/D PA
dextrose 70 % in water (d70w) intravenous parenteral solution	4	B/D PA
fluoride (sodium) dental paste	2	
fluoride (sodium) oral tablet	2	
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	
freamine iii 10 % intravenous parenteral solution	2	B/D PA
intralipid intravenous emulsion 20 %	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
klor-con 10 oral tablet extended release	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
klor-con 8 oral tablet extended release	2	
klor-con m10 oral tablet,er particles/crystals	2	
klor-con m15 oral tablet,er particles/crystals	2	
klor-con m20 oral tablet,er particles/crystals	2	
k-tab oral tablet extended release 8 meq	2	
levocarnitine (with sugar) oral solution	2	
levocarnitine oral solution 100 mg/ml	2	
levocarnitine oral tablet	2	
ludent fluoride oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	2	
magnesium sulfate injection syringe	4	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
potassium acetate intravenous solution 2 meq/ml	4	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
potassium chloride in water intravenous piggyback	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
potassium chloride oral capsule, extended release	2	
potassium chloride oral liquid	2	
potassium chloride oral tablet extended release	2	
potassium chloride oral tablet,er particles/crystals	2	
potassium chloride-0.45 % nacl intravenous parenteral solution	4	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	4	
potassium chloride-d5-0.9%nacl intravenous parenteral solution	4	
potassium citrate oral tablet extended release	2	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	4	
premasol 10 % intravenous parenteral solution	4	B/D PA
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE	4	
sf 5000 plus dental cream	2	
sodium acetate intravenous solution	4	
sodium chloride 0.45 % intravenous parenteral solution	4	
sodium chloride 0.9 % intravenous parenteral solution	4	
sodium chloride 0.9 % intravenous piggyback	4	
sodium chloride 3 % intravenous parenteral solution	4	
sodium chloride 5 % intravenous parenteral solution	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
sodium chloride intravenous parenteral solution	4	
sodium chloride irrigation solution	4	
sodium fluoride-pot nitrate dental paste	2	
sodium phosphate intravenous solution	4	
travasol 10 % intravenous parenteral solution	4	B/D PA
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET ORAL CAPSULE	3	
deferasirox oral tablet	5	PA; NEDS
deferasirox oral tablet, dispersible	5	NEDS
JYNARQUE ORAL TABLET	5	PA; NEDS
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; NEDS
SAMSCA ORAL TABLET	5	PA; NEDS
sps (with sorbitol) rectal enema	2	
TOLVAPTAN ORAL TABLET 15 MG	5	PA; NEDS
tolvaptan oral tablet 30 mg	5	PA; NEDS
trientine oral capsule	5	PA; NEDS
PHOSPHATE BINDERS		
AURYXIA ORAL TABLET	5	PA; NEDS
calcium acetate(phosphat bind) oral capsule	2	
calcium acetate(phosphat bind) oral tablet	2	
lanthanum oral tablet,chewable	4	
sevelamer carbonate oral powder in packet	2	
sevelamer carbonate oral tablet	2	QL (1620 per 90 days)
POTASSIUM BINDERS		
kionex (with sorbitol) oral suspension	2	
sodium polystyrene sulfonate oral powder	2	
sps (with sorbitol) oral suspension	2	
VELTASSA ORAL POWDER IN PACKET	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
constulose oral solution	2	
enulose oral solution	2	
generlac oral solution	2	
lactulose oral packet	2	
lactulose oral solution	2	
LINZESS ORAL CAPSULE	3	QL (90 per 90 days)
MOVANTIK ORAL TABLET	4	PA
RELISTOR ORAL TABLET	5	PA; NEDS
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; QL (16.8 per 28 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (16.8 per 28 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (11.2 per 28 days); NEDS
TRULANCE ORAL TABLET	3	QL (90 per 90 days)
ANTI-DIARRHEAL AGENTS		
alosetron oral tablet	5	PA; QL (62 per 31 days); NEDS
diphenoxylate-atropine oral liquid	2	HRM
diphenoxylate-atropine oral tablet	2	HRM
loperamide oral capsule	2	
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine oral capsule	2	HRM
dicyclomine oral solution	2	HRM
dicyclomine oral tablet	2	HRM
glycopyrrolate oral tablet	2	
methscopolamine oral tablet	2	
GASTROINTESTINAL AGENTS, OTHER		
atropine injection solution 0.4 mg/ml	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; LA; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
gavilyte-c oral recon soln	2	
gavilyte-g oral recon soln	2	
gavilyte-n oral recon soln	2	
metoclopramide hcl oral solution	2	HRM
metoclopramide hcl oral tablet	2	HRM
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
OSMOPREP ORAL TABLET	4	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	2	
peg-electrolyte oral recon soln	2	
polyethylene glycol 3350 oral powder	2	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	4	
trilyte with flavor packets oral recon soln	2	
ursodiol oral capsule	2	
ursodiol oral tablet	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
famotidine oral suspension	1	
famotidine oral tablet 20 mg, 40 mg	1	
nizatidine oral capsule	2	
nizatidine oral solution	2	
PROTECTANTS		
misoprostol oral tablet	2	
sucralfate oral tablet	2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium oral capsule,delayed release(dr/ec)	3	
lansoprazole oral capsule,delayed release(dr/ec)	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg	2	QL (180 per 90 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	QL (180 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
pantoprazole oral tablet,delayed release (dr/ec)	2	QL (180 per 90 days)
rabeprazole oral tablet,delayed release (dr/ec)	2	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME: REPLACEMENT, MODIFIERS, TREATMENT		
nitisinone oral capsule	5	NEDS
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
CERDELGA ORAL CAPSULE	5	LA; NEDS
CHOLBAM ORAL CAPSULE	5	PA; NEDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
cromolyn oral concentrate	2	
CYSTADANE ORAL POWDER	5	NEDS
CYSTAGON ORAL CAPSULE	4	LA
CYSTARAN OPHTHALMIC (EYE) DROPS	5	LA; NEDS
DOJOLVI ORAL LIQUID	5	PA; NEDS
ENDARI ORAL POWDER IN PACKET	5	LA; NEDS
EVRYSDI ORAL RECON SOLN	5	PA; LA; NEDS
GALAFOLD ORAL CAPSULE	5	PA; NEDS
KUVAN ORAL POWDER IN PACKET	5	PA; LA; NEDS
KUVAN ORAL TABLET,SOLUBLE	5	PA; LA; NEDS
miglustat oral capsule	5	PA; LA; NEDS
NITYR ORAL TABLET	5	PA; NEDS
ORFADIN ORAL CAPSULE 20 MG	5	LA; NEDS
ORFADIN ORAL SUSPENSION	5	LA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	4	ST
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	4	
plenamine intravenous parenteral solution	4	B/D PA
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; NEDS
RAVICTI ORAL LIQUID	5	PA; LA; NEDS
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; NEDS
sapropterin oral powder in packet	5	PA; NEDS
sapropterin oral tablet,soluble	5	PA; NEDS
sodium phenylbutyrate oral powder	5	NEDS
sodium phenylbutyrate oral tablet	5	NEDS
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; NEDS
VYNDAMAX ORAL CAPSULE	5	PA; QL (31 per 31 days); NEDS
VYNDAQEL ORAL CAPSULE	5	PA; QL (124 per 31 days); NEDS
ZEMAIRA INTRAVENOUS RECON SOLN	5	PA; LA; NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 5,000-17,000-24,000 UNIT	4	ST
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40,000-126,000-168,000 UNIT	5	ST; NEDS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
flavoxate oral tablet	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	QL (90 per 90 days)
oxybutynin chloride oral syrup	2	
oxybutynin chloride oral tablet	2	
oxybutynin chloride oral tablet extended release 24hr	2	QL (180 per 90 days)
solifenacin oral tablet	3	
tolterodine oral capsule,extended release 24hr	2	QL (90 per 90 days)
tolterodine oral tablet	2	QL (180 per 90 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	
trospium oral capsule,extended release 24hr	2	QL (90 per 90 days)
trospium oral tablet	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin oral tablet extended release 24 hr	2	QL (90 per 90 days)
dutasteride oral capsule	2	QL (90 per 90 days)
finasteride oral tablet 5 mg	2	
tamsulosin oral capsule	2	QL (180 per 90 days)
GENITOURINARY AGENTS, OTHER		

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
bethanechol chloride oral tablet	2	
DEPEN TITRATABS ORAL TABLET	4	
ELMIRON ORAL CAPSULE	3	
penicillamine oral tablet	4	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (ADRENAL)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MOD IFYING (ADRENAL)		
betamethasone dipropionate topical ointment	2	
betamethasone, augmented topical cream	2	
cortisone oral tablet	2	
decadron oral tablet	1	
dexamethasone intensol oral drops	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone oral tablet	2	
fluocinolone topical oil	2	
fluocinonide topical cream 0.05 %	3	
HEMADY ORAL TABLET	3	PA
hydrocortisone butyr-emollient topical cream	2	
methylprednisolone oral tablet	1	
methylprednisolone oral tablets,dose pack	1	
prednisolone oral solution 15 mg/5 ml	2	
prednisolone sodium phosphate oral solution 10 mg/5 ml	4	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	
prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
prednisone oral tablets,dose pack	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (PITUITARY)		
desmopressin injection solution	2	HRM
desmopressin nasal spray with pump	4	HRM
desmopressin nasal spray,non-aerosol	4	HRM
desmopressin oral tablet	2	HRM
EGRIFTA SV SUBCUTANEOUS RECON SOLN	5	NEDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT)	5	PA; HRM; NEDS
HUMATROPE INJECTION RECON SOLN	5	PA; HRM; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR	5	PA; HRM; NEDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	5	PA; LA; HRM; NEDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; HRM; NEDS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 ORAL TABLET	5	PA; NEDS
oxandrolone oral tablet	2	PA
ANDROGENS		
danazol oral capsule	2	
METHITEST ORAL TABLET	4	HRM

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
methyltestosterone oral capsule	5	HRM; NEDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	3	HRM
testosterone enanthate intramuscular oil	3	HRM
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	3	PA; HRM; QL (450 per 90 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	2	PA; HRM; QL (900 per 90 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	3	PA; HRM; QL (225 per 90 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	3	PA; HRM; QL (450 per 90 days)
ESTROGENS		
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	2	
estradiol oral tablet	2	
estradiol vaginal cream	2	
estradiol vaginal tablet	2	
estradiol valerate intramuscular oil 20 mg/ml	4	
ESTRING VAGINAL RING	3	QL (1 per 90 days)
FEMRING VAGINAL RING	3	QL (1 per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	
MENEST ORAL TABLET 1.25 MG, 2.5 MG	4	HRM
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	2	
PREMARIN VAGINAL CREAM	3	HRM
yuvafem vaginal tablet	2	

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Drug Name	Drug Tier	Requirements /Limits
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
amethia oral tablets,dose pack,3 month	4	QL (91 per 91 days)
apri oral tablet	2	
ashlyna oral tablets,dose pack,3 month	4	QL (91 per 91 days)
aurovela 1/20 (21) oral tablet	2	
camrese lo oral tablets,dose pack,3 month	2	QL (91 per 91 days)
cyred eq oral tablet	2	
cyred oral tablet	2	
eluryng vaginal ring	4	QL (3 per 84 days)
emoquette oral tablet	2	
enskyce oral tablet	2	
estarylla oral tablet	2	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	2	
etonogestrel-ethinyl estradiol vaginal ring	4	QL (3 per 84 days)
femynor oral tablet	2	
fyavolv oral tablet 0.5-2.5 mg-mcg	2	
isibloom oral tablet	2	
jasmiel (28) oral tablet	2	
juleber oral tablet	2	
junel 1/20 (21) oral tablet	2	
kelnor 1-50 (28) oral tablet	2	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	2	QL (91 per 91 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	4	QL (91 per 91 days)
microgestin 1/20 (21) oral tablet	2	
mili oral tablet	2	
mono-linyah oral tablet	2	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-20 mg-mcg	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	2	
nymyo oral tablet	2	
previfem oral tablet	2	
reclipsen (28) oral tablet	2	
sprintec (28) oral tablet	2	
tri femynor oral tablet	2	
tri-estarylla oral tablet	2	
tri-linyah oral tablet	2	
tri-mili oral tablet	2	
tri-previfem (28) oral tablet	2	
tri-sprintec (28) oral tablet	2	
tri-vylibra oral tablet	2	
vylibra oral tablet	2	
xulane transdermal patch weekly	2	
PROGESTINS		
camila oral tablet	2	
deblitane oral tablet	2	
errin oral tablet	2	
heather oral tablet	2	
incassia oral tablet	2	
jencycla oral tablet	2	
lyza oral tablet	2	
medroxyprogesterone intramuscular suspension	3	
medroxyprogesterone intramuscular syringe	3	
medroxyprogesterone oral tablet	2	
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	4	PA; HRM
megestrol oral tablet	2	PA; HRM
nora-be oral tablet	2	
norethindrone (contraceptive) oral tablet	2	
norethindrone acetate oral tablet	2	
norlyda oral tablet	2	
progesterone micronized oral capsule	2	
sharobel oral tablet	2	
tulana oral tablet	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
clomiphene citrate oral tablet	2	PA
DUAVEE ORAL TABLET	3	
raloxifene oral tablet	1	QL (90 per 90 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/ MODIFYING (THYROID)		
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MOD IFYING (THYROID)		
euthyrox oral tablet	1	
levo-t oral tablet	1	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet	2	
SYNTHROID ORAL TABLET	4	
unithroid oral tablet	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET	3	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline oral tablet	2	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	
leuprolide subcutaneous kit	5	NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	NEDS
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	5	PA; NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
SYNAREL NASAL SPRAY,NON-AEROSOL	5	NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	NEDS

Drug Name	Drug Tier	Requirements /Limits
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	2	
propylthiouracil oral tablet	2	
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
icatibant subcutaneous syringe	5	PA; QL (279 per 31 days); NEDS
IMMUNOGLOBULINS		
GAMMAGARD LIQUID INJECTION SOLUTION	5	B/D PA; NEDS
GAMMAPLEX INTRAVENOUS SOLUTION	5	B/D PA; NEDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 40 GRAM/400 ML (10 %)	5	B/D PA; NEDS
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
HYPERHEP B S/D INTRAMUSCULAR SYRINGE	4	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE	4	
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %)	5	B/D PA; NEDS
NABI-HB INTRAMUSCULAR SOLUTION	4	
OCTAGAM INTRAVENOUS SOLUTION	5	B/D PA; NEDS
PRIVIGEN INTRAVENOUS SOLUTION	5	B/D PA; NEDS
VARIZIG INTRAMUSCULAR SOLUTION	3	
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; LA; NEDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; LA; NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; LA; NEDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
COSENTYX SUBCUTANEOUS SYRINGE	5	PA; NEDS
ENSPRYNG SUBCUTANEOUS SYRINGE	5	PA; QL (3 per 28 days); NEDS
RIDAURA ORAL CAPSULE	5	NEDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	NEDS
XELJANZ ORAL TABLET 10 MG	5	PA; QL (62 per 31 days); NEDS
XELJANZ ORAL TABLET 5 MG	5	PA; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; QL (30 per 30 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; LA; NEDS
XOLAIR SUBCUTANEOUS SYRINGE	5	PA; NEDS
IMMUNOSTIMULANTS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	LA; NEDS
INTRON A INJECTION RECON SOLN	5	LA; NEDS
INTRON A INJECTION SOLUTION	5	LA; NEDS
PEGASYS SUBCUTANEOUS SYRINGE	5	QL (4 per 28 days); NEDS

Drug Name	Drug Tier	Requirements /Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	4	B/D PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	5	B/D PA; NEDS
azathioprine oral tablet	2	B/D PA
cyclosporine modified oral capsule	2	B/D PA
cyclosporine modified oral solution	2	B/D PA
cyclosporine oral capsule	2	B/D PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; QL (16 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; QL (16 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; QL (8 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; QL (8 per 28 days); NEDS
everolimus (immunosuppressive) oral tablet 0.25 mg	4	B/D PA
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg	5	B/D PA; NEDS
gengraf oral capsule 100 mg, 25 mg	2	B/D PA
gengraf oral solution	2	B/D PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS INJECTOR KIT	5	PA; QL (6 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; LA; QL (4 per 28 days); NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; LA; QL (2 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS INJECTOR KIT	5	PA; QL (2 per 28 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days); NEDS
leflunomide oral tablet	2	QL (90 per 90 days)
methotrexate sodium (pf) injection solution	3	
methotrexate sodium injection solution	3	
methotrexate sodium oral tablet	1	B/D PA
mycophenolate mofetil oral capsule	2	B/D PA
mycophenolate mofetil oral suspension for reconstitution	5	B/D PA; NEDS
mycophenolate mofetil oral tablet	2	B/D PA
mycophenolate sodium oral tablet,delayed release (dr/ec)	4	B/D PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	4	
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	4	
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	5	B/D PA; NEDS
sirolimus oral solution	5	B/D PA; NEDS
sirolimus oral tablet 0.5 mg, 1 mg	4	B/D PA

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sirolimus oral tablet 2 mg	5	B/D PA; NEDS
tacrolimus oral capsule	2	B/D PA
XATMEP ORAL SOLUTION	4	B/D PA
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; NEDS
VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	B/D PA

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	QL (2 per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	
TRUMENBA INTRAMUSCULAR SYRINGE	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
balsalazide oral capsule	2	
mesalamine oral capsule (with del rel tablets)	3	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	4	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	3	
mesalamine rectal enema	4	QL (5400 per 90 days)
mesalamine rectal suppository	3	
mesalamine with cleansing wipe rectal enema kit	4	QL (5400 per 90 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE	4	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet,delayed release (dr/ec)	2	
GLUCOCORTICOIDS		
budesonide oral capsule,delayed,extend.release	3	
budesonide oral tablet,delayed and ext.release	5	NEDS
hydrocortisone oral tablet	1	
hydrocortisone rectal enema	2	
METABOLIC BONE DISEASE AGENTS		
METABOLIC BONE DISEASE AGENTS		
alendronate oral solution	2	
alendronate oral tablet 10 mg, 5 mg	1	QL (90 per 90 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (12 per 84 days)
calcitonin (salmon) nasal spray,non-aerosol	2	
calcitriol oral capsule	2	
calcitriol oral solution	2	
cinacalcet oral tablet 30 mg	3	QL (360 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
cinacalcet oral tablet 60 mg	5	QL (62 per 31 days); NEDS
cinacalcet oral tablet 90 mg	5	QL (124 per 31 days); NEDS
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; QL (3 per 28 days); NEDS
FOSAMAX PLUS D ORAL TABLET	4	QL (12 per 84 days)
ibandronate oral tablet	2	QL (3 per 84 days)
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; NEDS
paricalcitol oral capsule	2	
PROLIA SUBCUTANEOUS SYRINGE	4	PA; QL (1 per 180 days)
risedronate oral tablet 150 mg	2	QL (3 per 84 days)
risedronate oral tablet 30 mg, 5 mg	2	QL (90 per 90 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	2	QL (12 per 84 days)
risedronate oral tablet,delayed release (dr/ec)	2	QL (12 per 84 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION	5	PA; NEDS
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	4	
methylergonovine oral tablet	4	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac ophthalmic (eye) ointment	2	
atropine ophthalmic (eye) drops	2	
bacitracin-polymyxin b ophthalmic (eye) ointment	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
COMBIGAN OPHTHALMIC (EYE) DROPS	3	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	4	
dorzolamide-timolol ophthalmic (eye) drops	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment	2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension	2	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; NEDS
polycin ophthalmic (eye) ointment	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops	2	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	QL (16.5 per 90 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	QL (180 per 90 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
sulfacetamide-prednisolone ophthalmic (eye) drops	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
azelastine ophthalmic (eye) drops	2	
cromolyn ophthalmic (eye) drops	2	
epinastine ophthalmic (eye) drops	2	
olopatadine ophthalmic (eye) drops 0.1 %	2	
PAZEO OPHTHALMIC (EYE) DROPS	3	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE OPHTHALMIC (EYE) DROPS	4	
bacitracin ophthalmic (eye) ointment	2	
ciprofloxacin hcl ophthalmic (eye) drops	2	
erythromycin ophthalmic (eye) ointment	2	
gatifloxacin ophthalmic (eye) drops	2	
gentak ophthalmic (eye) ointment	2	
gentamicin ophthalmic (eye) drops	2	
levofloxacin ophthalmic (eye) drops	2	
moxifloxacin ophthalmic (eye) drops	2	
moxifloxacin ophthalmic (eye) drops, viscous	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
ofloxacin ophthalmic (eye) drops	2	
sulfacetamide sodium ophthalmic (eye) drops	2	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
sulfacetamide sodium ophthalmic (eye) ointment	2	
tobramycin ophthalmic (eye) drops	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
OPHTHALMIC ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate ophthalmic (eye) drops	2	
DUREZOL OPHTHALMIC (EYE) DROPS	3	
fluorometholone ophthalmic (eye) drops,suspension	2	
flurbiprofen sodium ophthalmic (eye) drops	2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT	4	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
ketorolac ophthalmic (eye) drops	2	HRM
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
prednisolone acetate ophthalmic (eye) drops,suspension	2	
prednisolone sodium phosphate ophthalmic (eye) drops	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol ophthalmic (eye) drops	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
carteolol ophthalmic (eye) drops	2	
levobunolol ophthalmic (eye) drops 0.5 %	2	
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) gel forming solution	1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide oral capsule, extended release	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
apraclonidine ophthalmic (eye) drops	2	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
brimonidine ophthalmic (eye) drops	2	
dorzolamide ophthalmic (eye) drops	2	
methazolamide oral tablet	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost ophthalmic (eye) drops	4	
latanoprost ophthalmic (eye) drops	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
travoprost ophthalmic (eye) drops	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
OTIC AGENTS		
OTIC AGENTS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	4	

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
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Drug Name	Drug Tier	Requirements /Limits
CIPRODEX OTIC (EAR) DROPS,SUSPENSION	3	
ciprofloxacin hcl otic (ear) dropperette	2	
ciprofloxacin-dexamethasone otic (ear) drops,suspension	3	
flac oil otic (ear) drops	2	
fluocinolone acetonide oil otic (ear) drops	2	
hydrocortisone-acetic acid otic (ear) drops	2	
neomycin-polymyxin-hc otic (ear) drops,suspension	2	
neomycin-polymyxin-hc otic (ear) solution	2	
ofloxacin otic (ear) drops	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTIHISTAMINES		
azelastine nasal aerosol,spray	2	
azelastine nasal spray,non-aerosol	2	
cetirizine oral solution 1 mg/ml	2	
cyproheptadine oral syrup	2	HRM
cyproheptadine oral tablet	2	HRM
desloratadine oral tablet	2	QL (90 per 90 days)
desloratadine oral tablet,disintegrating	2	QL (90 per 90 days)
dexchlorpheniramine maleate oral solution	2	HRM
diphenhydramine hcl injection syringe	4	
hydroxyzine hcl oral solution 10 mg/5 ml	2	HRM
hydroxyzine hcl oral tablet	2	HRM
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	HRM
levocetirizine oral solution	2	
levocetirizine oral tablet	2	QL (90 per 90 days)
olopatadine nasal spray,non-aerosol	2	

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Drug Name	Drug Tier	Requirements /Limits
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
BECONASE AQ NASAL SPRAY,NON-AEROSOL	4	
budesonide inhalation suspension for nebulization	4	B/D PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (360 per 90 days)
FLOVENT HFA AEROSOL INHALER	3	QL (72 per 90 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	
fluticasone propionate nasal spray,suspension	2	QL (48 per 90 days)
mometasone nasal spray,non-aerosol	2	
OMNARIS NASAL SPRAY,NON-AEROSOL	4	ST
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (6 per 90 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	3	QL (64 per 90 days)
ANTILEUKOTRIENES		
montelukast oral granules in packet	4	QL (90 per 90 days)
montelukast oral tablet	2	QL (90 per 90 days)
montelukast oral tablet,chewable	2	QL (90 per 90 days)
zafirlukast oral tablet	4	QL (180 per 90 days)
zileuton oral tablet, er multiphase 12 hr	4	QL (360 per 90 days)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA AEROSOL INHALER	3	QL (77.4 per 90 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	
ipratropium bromide inhalation solution	1	B/D PA
ipratropium bromide nasal spray,non-aerosol	1	

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Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT INHALATION MIST	3	QL (12 per 90 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	QL (90 per 90 days)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	3	QL (102 per 90 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	3	QL (81 per 90 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	QL (216 per 90 days)
albuterol sulfate inhalation solution for nebulization	1	B/D PA
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
albuterol sulfate oral tablet extended release 12 hr	1	
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; QL (360 per 90 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	3	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	4	
EPIPEN INJECTION AUTO-INJECTOR	4	
levalbuterol hcl inhalation solution for nebulization	2	B/D PA
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	4	QL (90 per 90 days)
metaproterenol oral syrup	2	

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Drug Name	Drug Tier	Requirements /Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	QL (12 per 90 days)
PROVENTIL HFA AEROSOL INHALER	3	QL (81 per 90 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
SYMJEPI INJECTION SYRINGE	3	
terbutaline oral tablet	2	
VENTOLIN HFA AEROSOL INHALER	3	QL (216 per 90 days)
CYSTIC FIBROSIS AGENTS		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; LA; QL (84 per 28 days); NEDS
KALYDECO ORAL GRANULES IN PACKET 25 MG	5	PA; NEDS
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; LA; NEDS
KALYDECO ORAL TABLET	5	PA; LA; NEDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; NEDS
ORKAMBI ORAL TABLET	5	PA; LA; NEDS
PULMOZYME INHALATION SOLUTION	5	B/D PA; NEDS
tobramycin in 0.225 % nacl inhalation solution for nebulization	5	B/D PA; NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; NEDS
MAST CELL STABILIZERS		
cromolyn inhalation solution for nebulization	2	B/D PA
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
aminophylline intravenous solution 500 mg/20 ml	4	
DALIRESP ORAL TABLET	4	PA
theophylline oral tablet extended release 12 hr 300 mg	2	

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Drug Name	Drug Tier	Requirements /Limits
theophylline oral tablet extended release 24 hr	2	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS ORAL TABLET	5	PA; LA; QL (93 per 31 days); NEDS
alyq oral tablet	5	PA; QL (62 per 31 days); NEDS
ambrisentan oral tablet	5	PA; NEDS
bosentan oral tablet	5	PA; NEDS
OPSUMIT ORAL TABLET	5	PA; LA; QL (31 per 31 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; LA; NEDS
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	5	PA; QL (180 per 30 days); NEDS
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	2	PA; QL (270 per 90 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	5	PA; QL (62 per 31 days); NEDS
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; LA; NEDS
treprostinil sodium injection solution	4	B/D PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; NEDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; NEDS
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; LA; NEDS
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG	5	PA; LA; QL (279 per 31 days); NEDS
ESBRIET ORAL TABLET 801 MG	5	PA; LA; QL (93 per 31 days); NEDS

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Drug Name	Drug Tier	Requirements /Limits
OFEV ORAL CAPSULE	5	PA; LA; QL (62 per 31 days); NEDS
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine intravenous solution	2	
acetylcysteine solution	2	B/D PA
ADVAIR HFA AEROSOL INHALER	3	QL (36 per 90 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (180 per 90 days)
COMBIVENT RESPIMAT INHALATION MIST	4	QL (24 per 90 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	5	QL (1 per 31 days); NEDS
DULERA INHALATION HFA AEROSOL INHALER	3	QL (39 per 90 days)
fluticasone propion-salmeterol inhalation blister with device	2	QL (180 per 90 days)
ipratropium-albuterol inhalation solution for nebulization	2	B/D PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; NEDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; NEDS
NUCALA SUBCUTANEOUS SYRINGE	5	PA; NEDS
STIOLTO RESPIMAT INHALATION MIST	3	QL (12 per 90 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	QL (30.6 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	QL (60 per 30 days)
wixela inhub inhalation blister with device	2	QL (180 per 90 days)

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
Brand-name drugs are CAPITALIZED. **Generic** drugs are *lower-case italics*.

This drug list was last updated on 02/01/2021.

Drug Name	Drug Tier	Requirements /Limits
SKELETAL MUSCLE RELAXANTS		
SKELETAL MUSCLE RELAXANTS		
cyclobenzaprine oral tablet	2	HRM
methocarbamol oral tablet	2	HRM
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
HETLIOZ ORAL CAPSULE	5	PA; LA; QL (31 per 31 days); NEDS
ramelteon oral tablet	3	QL (90 per 90 days)
triazolam oral tablet	3	HRM
zaleplon oral capsule	2	HRM; QL (90 per 90 days)
zolpidem oral tablet	3	HRM; QL (90 per 90 days)
zolpidem oral tablet,ext release multiphase	3	HRM; QL (90 per 90 days)
WAKEFULLNESS PROMOTING AGENTS		
armodafinil oral tablet	3	PA; QL (90 per 90 days)
modafinil oral tablet	4	PA; QL (180 per 90 days)
XYREM ORAL SOLUTION	5	PA; LA; QL (558 per 31 days); NEDS

Drug Tier: 1-PreferredGeneric 2-Generic 3-PreferredBrand 4-Non-Preferred Drug 5-Specialty Tier 6-Select Care Drugs
Requirements/Limits: B/D- Prior Authorization, Part D vs. Part B only HRM- High Risk Medication LA – Limited Availability NEDS - Non-extended Day Supply PA – Prior Authorization QL – Quantity Limit ST - Step Therapy
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