

**Standard Control Choice with Advanced
Control Specialty Formulary® for BlueCross
BlueShield of Tennessee
*Effective 04/01/2025***

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PREFACE

The following list includes medications that are covered by BlueCross BlueShield of Tennessee plans with the Standard Control Choice with Advanced Control Specialty Formulary, which is available through CVS Caremark®, an unaffiliated company that administers your pharmacy benefits on behalf of BlueCross BlueShield of Tennessee.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.¹ You must have a valid prescription from a licensed health provider, and in some instances, prior authorization from BlueCross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as step therapy or quantity limitations, or be considered specialty medications.

Special note for opioid containing products: The quantity of opioid product prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30 day supply. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

DRUG TIERS

Drug tiers determine your cost share (or copay) for a drug. Drugs on lower tiers have lower cost shares, and drugs on higher tiers have higher cost shares.

- Tier 1: Generic drugs.
- Tier 2: Preferred brand-name drugs.
- Tier 3: Non-preferred brand-name drugs.
- Tier 4: Preferred specialty drugs.
- Tier 5: Non-preferred specialty drugs.

LEGEND

Symbol	Name
NDC	National Drug Code - Drug products are identified by unique numerical product identifiers which identify the manufacturer, strength, dosage form, formulation and package size.
OTC	Over the counter - Product may be covered with a prescription from your doctor.
PA	Prior Authorization - Prior authorization is a review that is required for some medications. Your doctor will need to provide information on why they are prescribing the medication for you.
PA*	If Quantity Limit is exceeded, Prior Authorization may apply.
PA**	If Step Therapy requirements are not met, Prior Authorization may apply.
QL	Quantity Limit - A quantity limit is the highest amount of medication covered by your plan for a period of time (for example, 30 tablets per month).
ST	Step Therapy - Step therapy is a defined set of conditions that must be met prior to a drug being covered.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		

amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg	1	PA
amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 5 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 7.5 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 10 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 12.5 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 15 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 20 mg	1	PA
amphetamine-dextroamphetamine mixed salts tab 30 mg	1	PA
DEXEDRINE CP24 5MG, 10MG, 15MG	3	PA
dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg	1	PA
lisdexamfetamine caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	1	PA

OTC - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	1	PA
clonidine hcl (adhd) tb12 .1mg	1	
guanfacine ext-rel tb24 1mg, 2mg, 3mg, 4mg	1	
QELBREE CP24 100MG, 150MG, 200MG	2	PA
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	3	PA
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75MG, 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TABS 4.45MG, 17.8MG	4	PA, QL
STIMULANTS - MISC.		
armodafinil tabs 50mg, 150mg, 200mg, 250mg	1	PA, QL
AZSTARYS CAP 26.1-5.2	2	PA
AZSTARYS CAP 39.2-7.8	2	PA
AZSTARYS CAP 52.3-10.	2	PA
dexmethylphenidate ext-rel cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	PA
dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg	1	PA
FOCALIN TABS 2.5MG, 5MG, 10MG	3	PA
METHYLIN SOLN 5MG/5ML, 10MG/5ML	3	PA
methylphenidate chew 2.5mg, 5mg, 10mg; ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg	1	PA
methylphenidate ext-rel cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg	1	PA
modafinil tabs 100mg, 200mg	1	PA, QL
RITALIN TABS 5MG, 10MG, 20MG	3	PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUBL 2800BAU	2	PA
ORALAIR SUB 300 IR	4	PA
RAGWITEK SUBL 12AMBA1-U	2	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUSP 590MG/8.4ML	5	PA
neomycin sulfate tabs 500mg	1	

OTC - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin inhalation solution nebu</i> <i>300mg/4ml, 300mg/5ml</i>	1	PA, QL
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA AJKT 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; PSKT 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PS/UV	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML, 80MG/0.8ML	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ SOLN 1MG/ML; TB24 15MG, 30MG, 45MG	4	PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Non- Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis

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Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior
Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	4	PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TB24 11MG, 22MG	4	PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	4	PA, QL
INTERLEUKIN-1BETA BLOCKERS		
ILARIS SOLN 150MG/ML	5	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL; Preferred for Rheumatoid Arthritis
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>diclofenac sodium-misoprostol delayed release 50-0.2 mg</i>	1	
<i>diclofenac sodium-misoprostol delayed release 75-0.2 mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>ibuprofen soln 10mg/ml; susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 275mg, 375mg, 500mg, 550mg</i>	1	
<i>oxaprozin tabs 600mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TABS 20MG, 30MG	4	PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20	4	PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL; Preferred for Psoriasis, Psoriatic Arthritis

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Drug Name	Drug Tier	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tabs 10mg, 20mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICKJECT SOAJ 125MG/ML	4	PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA SUBCUTANEOUS SOSY 50MG/0.4ML, 87.5MG/0.7ML, 125MG/ML	4	PA, QL; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL SOAJ 50MG/ML; SOCT 50MG/ML; SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	4	PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
<i>acetaminophen soln 1000mg/100ml</i>	1	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT SOLN 100MCG/ML, 500MCG/20ML, 500MCG/5ML	5	
SALICYLATES		
<i>diflunisal tabs 500mg</i>	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	1	PA, QL
<i>fentanyl transdermal pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>fentanyl transmucosal lozenge lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL
<i>hydrocodone ext-rel cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>hydromorphone liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	1	QL; PA*
<i>hydromorphone soln 1mg/ml, 2mg/ml, 10mg/ml</i>	1	
<i>hydromorphone ext-rel tb24 8mg, 12mg, 16mg, 32mg</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>methadone conc 10mg/ml; tbso 40mg</i>	1	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone soln 5mg/5ml, 10mg/5ml, 10mg/ml</i>	1	QL; PA*
<i>methadone tabs 5mg, 10mg</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>morphine soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	1	QL; PA*
<i>morphine soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml, 50mg/ml</i>	1	
<i>morphine ext-rel cp24 10mg, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>oxycodone caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 30mg</i>	1	QL; PA*
OXYCODONE TABA 15MG	1	QL; PA*
<i>oxycodone ext-rel t12a 10mg, 20mg, 40mg, 80mg</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>tramadol soln 5mg/ml; tabs 50mg</i>	1	QL; PA*
<i>tramadol ext-rel tb24 100mg, 200mg, 300mg</i>	1	QL; PA*; Initial PA may apply to higher strengths

OPIOID COMBINATIONS

<i>codeine-acetaminophen soln 120-12 mg/5ml</i>	1	QL
<i>codeine-acetaminophen tab 300-15 mg</i>	1	QL
<i>codeine-acetaminophen tab 300-30 mg</i>	1	QL
<i>codeine-acetaminophen tab 300-60 mg</i>	1	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	1	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL
<i>oxycodone-acetaminophen tab 5-325 mg</i>	1	QL

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	QL; PA*; Initial PA may apply to higher strengths
<i>buprenorphine transdermal ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	1	QL; PA*; Initial PA may apply to higher strengths
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	1	QL
ZUBSOLV SUB 0.7-0.18	2	QL
ZUBSOLV SUB 1.4-0.36	2	QL
ZUBSOLV SUB 2.9-0.71	2	QL
ZUBSOLV SUB 5.7-1.4	2	QL
ZUBSOLV SUB 8.6-2.1	2	QL
ZUBSOLV SUB 11.4-2.9	2	QL

ANDROGENS-ANABOLIC

ANDROGENS

AVEED SOLN 750MG/3ML	5	PA
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
NATESTO GEL 5.5MG/ACT	2	PA
<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA; Except authorized generics for TESTIM and VOGELXO
<i>testosterone soln 30mg/act</i>	1	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate soln 200mg/ml</i>	1	PA
XYOSTED SOAJ 50MG/0.5ML, 75MG/0.5ML, 100MG/0.5ML	2	PA

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

CORTIFOAM FOAM 10%	2	
<i>hydrocortisone enem 100mg/60ml</i>	1	

RECTAL COMBINATIONS

PROCTOFOAM-HC AER 1%	2	
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RECTAL STEROIDS

<i>hydrocortisone crea 1%, 2.5%</i>	1	
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ANTHELMINTICS

ANTHELMINTICS

EMVERM CHEW 100MG	2	
<i>ivermectin tabs 3mg</i>	1	
STROMECTOL TABS 3MG	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
FLAGYL TABS 500MG	3	
metronidazole caps 375mg; soln 500mg/100ml; tabs 250mg, 500mg	1	
tinidazole tabs 250mg, 500mg	1	
trimethoprim tabs 100mg	1	
XIFAXAN TABS 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
CHLORAMPHENICOLS		
chloramphenicol sodium succinate solr 1gm	1	
GLYCOPEPTIDES		
vancomycin caps 125mg, 250mg	1	QL
LEPROSTATICS		
dapsone tabs 25mg, 100mg	1	
LINCOSAMIDES		
clindamycin caps 75mg, 150mg, 300mg; soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml; solr 75mg/5ml	1	
clindamycin inj 300 mg/50ml	1	
clindamycin inj 600 mg/50ml	1	
clindamycin inj 900 mg/50ml	1	
OXAZOLIDINONES		
linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg	1	
URINARY ANTI-INFECTIVES		
nitrofurantoin caps 25mg, 50mg, 100mg	1	
nitrofurantoin susp 25mg/5ml	1	Except NDC 16571074024
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine ext-rel tb12 500mg, 1000mg	1	
NITRATES		
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	1	

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Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg	1	
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4MG/SPRAY	3	
NITROSTAT SUBL .3MG, .4MG, .6MG	3	

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg	1	

BENZODIAZEPINES

alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg	1	QL
diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg	1	QL
diazepam soln 5mg/ml	1	
lorazepam conc 2mg/ml; tabs .5mg, 1mg, 2mg	1	QL
lorazepam soln 2mg/ml, 4mg/ml	1	
oxazepam caps 10mg, 15mg, 30mg	1	QL

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide caps 100mg, 150mg	1	
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ANTIARRHYTHMICS TYPE I-C

flecainide acetate tabs 50mg, 100mg, 150mg	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	

ANTIARRHYTHMICS TYPE III

amiodarone soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg	1	
MULTAQ TABS 400MG	2	
TIKOSYN CAPS 125MCG, 250MCG, 500MCG	5	PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

cromolyn sodium nebu 20mg/2ml	1	QL
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	4	PA, QL; Except lyophilized powder
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BRONCHODILATORS - ANTICHOLINERGICS

ipratropium inhalation soln .02%	1	QL
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Drug Name	Drug Tier	Requirements/Limits
SPIRIVA AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL
SPIRIVA CAPS 18MCG	1	QL
YUPELRI SOLN 175MCG/3ML	2	QL
LEUKOTRIENE MODULATORS		
montelukast chew 4mg, 5mg; pack 4mg; tabs 10mg	1	
zafirlukast tabs 10mg, 20mg	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tabs 250mcg, 500mcg	1	
STEROID INHALANTS		
ASMANEX HFA AERO 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL
budesonide inhalation susp .25mg/2ml, .5mg/2ml, 1mg/2ml	1	QL
PULMICORT SUSP .25MG/2ML, .5MG/2ML, 1MG/2ML	3	QL
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	2	QL
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL
albuterol inhalation solution nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	QL
albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg	1	
albuterol sulfate cfc-free aers 108mcg/act	1	QL; Except NDCs 00093317431, 66993001968
ANORO ELLIPT AER 62.5-25	2	QL
BREO ELLIPTA INH 50-25MCG	2	QL
BREO ELLIPTA INH 100-25	2	QL; Except certain NDCs
BREO ELLIPTA INH 200-25	2	QL; Except certain NDCs
breyna aer 80-4.5 mcg/act	1	QL
breyna aer 160-4.5 mcg/act	1	QL
BREZTRI AERO AER SPHERE	2	QL
budesonide-formoterol aer 80-4.5 mcg/act	1	QL
budesonide-formoterol aer 160-4.5 mcg/act	1	QL
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL; Except certain NDCs
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL; Except certain NDCs
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL; Except certain NDCs
formoterol inhalation solution nebu 20mcg/2ml	1	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	1	QL
<i>levalbuterol tartrate cfc-free aero 45mcg/act</i>	1	QL
SEREVENT AEPB 50MCG/DOSE	2	QL
STIOLTO AER 2.5-2.5	2	QL
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	1	
TRELEGY AER 100MCG	2	QL
TRELEGY AER 200MCG	2	QL
<i>wixela inhub aer 100/50</i>	1	QL
<i>wixela inhub aer 250/50</i>	1	QL
<i>wixela inhub aer 500/50</i>	1	QL

XANTHINES

<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	1
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ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

<i>warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG, 5MG; TBPK 5MG	2
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	2
XARELTO STAR TAB 15/20MG	2

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1
<i>fondaparinux soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	1

THROMBIN INHIBITORS

<i>dabigatran caps 75mg, 110mg, 150mg</i>	1
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ANTICONSULSANTS

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2
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ANTICONSULSANTS - BENZODIAZEPINES

<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	1	
<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	1	QL
<i>diazepam rectal gel 2.5mg, 10mg, 20mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NAYZILAM SOLN 5MG/0.1ML	2	
VALTOCO LIQD 5MG/0.1ML, 10MG/0.1ML; LQPK 7.5MG/0.1ML, 10MG/0.1ML	2	
ANTICONVULSANTS - MISC.		
APTIOM TABS 200MG, 400MG, 600MG, 800MG	2	
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	2	
carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg	1	
carbamazepine ext-rel cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100MG, 200MG, 300MG	3	
EPIDIOLEX SOLN 100MG/ML	5	PA, QL
gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg	1	QL; PA*
lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg	1	
lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tbdp 25mg, 50mg, 100mg, 200mg	1	
lamotrigine ext-rel tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg	1	
levetiracetam ext-rel tb24 500mg, 750mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
MYSOLINE TABS 50MG, 250MG	3	

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	3	QL; PA*
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	
<i>oxcarbazepine ext-rel tb24 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150MG, 300MG, 600MG	2	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	QL
<i>primidone tabs 50mg, 250mg</i>	1	
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	1	
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	3	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	3	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>topiramate ext-rel cp24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	
CARBAMATES		
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	2	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
GABA MODULATORS		
<i>tiagabine tabs 2mg, 4mg, 12mg, 16mg</i>	1	
<i>vigabatrin pack 500mg; tabs 500mg</i>	1	PA, QL
HYDANTOINS		
<i>phenytoin chew 50mg; soln 50mg/ml; susp 100mg/4ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
SUCCINIMIDES		
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	3	
VALPROIC ACID		
<i>divalproex sodium csdr 125mg; tbec 125mg, 250mg, 500mg</i>	1	
<i>divalproex sodium ext-rel tb24 250mg, 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
valproate sodium soln 100mg/ml	1	
valproic acid caps 250mg; soln 250mg/5ml	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg	1	
REMERON TABS 15MG, 30MG	3	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	3	
ANTIDEPRESSANTS - MISC.		
bupropion tabs 75mg, 100mg	1	
bupropion ext-rel tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg	1	
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAPS 20MG, 25MG, 30MG	4	PA, QL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tabs 15mg	1	
tranylcypromine sulfate tabs 10mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TABS 10MG, 20MG, 40MG	3	
citalopram soln 10mg/5ml; tabs 10mg, 20mg, 40mg	1	
escitalopram soln 5mg/5ml; tabs 5mg, 10mg, 20mg	1	
fluoxetine caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg	1	Except generics for SARAFEM
fluoxetine hcl cpdr 90mg	1	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	1	
paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg	1	
paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg	1	Except NDC 60505367503
sertraline conc 20mg/ml; tabs 25mg, 50mg, 100mg	1	
SEROTONIN MODULATORS		
trazodone tabs 50mg, 100mg, 150mg, 300mg	1	
TRINTELLIX TABS 5MG, 10MG, 20MG	2	
vilazodone tabs 10mg, 20mg, 40mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ext-rel tb24 25mg, 50mg, 100mg	1	
duloxetine cpep 20mg, 30mg, 40mg, 60mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	1	
<i>venlafaxine ext-rel cp24 37.5mg, 75mg, 150mg</i>	1	
<i>venlafaxine hcl tb24 225mg</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	1	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	1	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	1	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	1	
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML	2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
<i>glipizide-metformin tab 2.5-250 mg</i>	1	
<i>glipizide-metformin tab 2.5-500 mg</i>	1	
<i>glipizide-metformin tab 5-500 mg</i>	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone-glimepiride tab 30-4 mg</i>	1	
<i>pioglitazone-metformin tab 15-500 mg</i>	1	
<i>pioglitazone-metformin tab 15-850 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 2.5-1000 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-500 mg</i>	1	
<i>saxagliptin-metformin ext-rel tb24 5-1000 mg</i>	1	
SOLQUA INJ 100/33	2	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	
ZITUVIMET TAB 50-500MG	2	
ZITUVIMET TAB 50-1000	2	
ZITUVIMET XR TAB 50-500MG	2	
ZITUVIMET XR TAB 50-1000	2	
ZITUVIMET XR TAB 100-1000	2	
BIGUANIDES		
<i>metformin soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	1	
<i>metformin ext-rel tb24 500mg, 750mg</i>	1	Except generics for FORTAMET and GLUMETZA
DIABETIC OTHER		
BAQSIMI POWD 3MG/DOSE	2	
<i>glucagon, human recombinant kit 1mg</i>	1	
GVOKE SOAJ .5MG/0.1ML, 1MG/0.2ML; SOLN 1MG/0.2ML; SOSY .5MG/0.1ML, 1MG/0.2ML	2	
<i>mifepristone tabs 300mg</i>	1	PA, QL
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin tabs 2.5mg, 5mg</i>	1	
ZITUVIO TABS 25MG, 50MG, 100MG	2	
INCRETIN MIMETIC AGENTS		
<i>liraglutide sopn 18mg/3ml</i>	1	PA, QL
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	PA, QL
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL
INSULIN		
BASAGLAR SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	
FIASP PENFILL SOCT 100UNIT/ML	2	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N SUPN 100UNIT/ML; SUSP 100UNIT/ML	2	OTC
NOVOLIN R SOLN 100UNIT/ML; SOPN 100UNIT/ML	2	OTC
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO SOPN 300UNIT/ML	2	
TRESIBA SOLN 100UNIT/ML; SOPN 100UNIT/ML, 200UNIT/ML	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone tabs 15mg, 30mg, 45mg</i>	1	
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG, 10MG	2	
JARDIANCE TABS 10MG, 25MG	2	
SULFONYLUREAS		
AMARYL TABS 1MG, 2MG, 4MG	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg</i>	1	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide caps 2mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg	1	PA
deferiprone tabs 500mg, 1000mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferoxamine solr 2gm, 500mg	1	PA
VISTOGARD PACK 10GM	4	QL
OPIOID ANTAGONISTS		
naloxone liqd 4mg/0.1ml	1	QL
naloxone soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy .4mg/ml, 2mg/2ml	1	
naltrexone hcl tabs 50mg	1	
VIVITROL SUSR 380MG	5	PA, QL
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron soln 1mg/ml, 4mg/4ml; tabs 1mg	1	
ondansetron soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg; tbdp 4mg, 8mg	1	
SANCUSO PTCH 3.1MG/24HR	2	
ANTIEMETICS - ANTICHOLINERGIC		
meclizine tabs 12.5mg, 25mg, 50mg	1	
scopolamine transdermal pt72 1mg/3days	1	
trimethobenzamide caps 300mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine delayed-rel tab 10-10 mg	1	
dronabinol caps 2.5mg, 5mg, 10mg	1	
MARINOL CAPS 2.5MG, 5MG, 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant caps 40mg, 80mg, 125mg	1	
aprepitant capsule therapy pack 80 & 125 mg	1	
ANTIFUNGALS		
ANTIFUNGALS		
griseofulvin ultramicrosize tabs 125mg, 250mg	1	
nystatin tabs 500000unit	1	
terbinafine tabs 250mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUSR 10MG/ML, 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole inj 200 mg/100ml</i>	1	
<i>fluconazole inj 400 mg/200ml</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	1	
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	1	

ANTI-HISTAMINES

ANTI-HISTAMINES - ETHANOLAMINES

<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	1	

ANTI-HISTAMINES - NON-SEDATING

<i>cetirizine hcl soln 1mg/ml</i>	1	
<i>levocetirizine soln 2.5mg/5ml; tabs 5mg</i>	1	

ANTI-HISTAMINES - PHENOTHIAZINES

<i>promethazine soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>promethazine hcl supp 50mg</i>	1	

ANTI-HISTAMINES - PIPERIDINES

<i>cycloheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
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ANTI-HYPERLIPIDEMICS

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

<i>NEXLETOL TABS 180MG</i>	2	
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ANTI-HYPERLIPIDEMICS - COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	
<i>NEXLIZET TAB 180/10MG</i>	2	
<i>VYTORIN TAB 10-10MG</i>	3	
<i>VYTORIN TAB 10-20MG</i>	3	
<i>VYTORIN TAB 10-40MG</i>	3	
<i>VYTORIN TAB 10-80MG</i>	3	

ANTI-HYPERLIPIDEMICS - MISC.

<i>icosapent ethyl caps .5gm, 1gm</i>	1	
<i>omega-3 acid ethyl esters cap 1 gm</i>	1	

BILE ACID SEQUESTRANTS

<i>cholestyramine pack 4gm; powd 4gm/dose</i>	1	
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam pack 3.75gm; tabs 625mg</i>	1	
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	3	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	1	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	3	
QUESTRAN LIGHT POWD 4GM/DOSE	3	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate caps 43mg, 67mg, 134mg, 150mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibric acid delayed-rel tabs 35mg, 105mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
LOPID TABS 600MG	3	
TRILIPIX CPDR 45MG, 135MG	3	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>fluvastatin caps 20mg, 40mg</i>	1	
<i>fluvastatin sodium tb24 80mg</i>	1	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	
<i>pitavastatin tabs 1mg, 2mg, 4mg</i>	1	
<i>pravastatin tabs 10mg, 20mg, 40mg, 80mg</i>	1	
<i>rosuvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tabs 10mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA SOAJ 140MG/ML; SOCT 420MG/3.5ML; SOSY 140MG/ML	4	QL
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	3	
ALTACE CAPS 1.25MG, 2.5MG, 5MG, 10MG	3	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>enalaprilat soln 1.25mg/ml</i>	1	
<i>fosinopril tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
LOTENSIN TABS 10MG, 20MG, 40MG	3	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAPS 250MG	5	PA, QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan tabs 4mg, 8mg, 16mg, 32mg</i>	1	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	1	
<i>losartan tabs 25mg, 50mg, 100mg</i>	1	
<i>olmesartan tabs 5mg, 20mg, 40mg</i>	1	
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	1	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TABS 1MG, 2MG, 4MG, 8MG	3	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr; tb24 .17mg</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>doxazosin tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>terazosin caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine-olmesartan tab 5-20 mg</i>	1	
<i>amlodipine-olmesartan tab 5-40 mg</i>	1	
<i>amlodipine-olmesartan tab 10-20 mg</i>	1	
<i>amlodipine-olmesartan tab 10-40 mg</i>	1	
<i>amlodipine-telmisartan tab 40-5 mg</i>	1	
<i>amlodipine-telmisartan tab 40-10 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-telmisartan tab 80-5 mg</i>	1	
<i>amlodipine-telmisartan tab 80-10 mg</i>	1	
<i>amlodipine-valsartan tab 5-160 mg</i>	1	
<i>amlodipine-valsartan tab 5-320 mg</i>	1	
<i>amlodipine-valsartan tab 10-160 mg</i>	1	
<i>amlodipine-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	

OTC - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-25 mg</i>	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
<i>methyldopa & hydrochlorothiazide tab 250-15 mg</i>	1	
<i>methyldopa & hydrochlorothiazide tab 250-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
VASERETIC TAB 10-25MG	3	
DIRECT RENIN INHIBITORS		
<i>aliskiren tabs 150mg, 300mg</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tabs 25mg, 50mg</i>	1	
VASODILATORS		
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
ANTIMALARIALS		
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TABS 10MG	5	PA, QL
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg; tbc 180mg</i>	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>busulfan soln 6mg/ml</i>	1	
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
GLEOSTINE CAPS 10MG, 40MG, 100MG	5	
<i>melphalan hcl solr 50mg</i>	1	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	1	PA
TEPADINA SOLR 15MG, 100MG	5	
ANTIMETABOLITES		
<i>capecitabine tabs 150mg, 500mg</i>	1	PA
<i>mercaptopurine tabs 50mg</i>	1	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg</i>	1	
ONUREG TABS 200MG, 300MG	5	PA, QL
PURIXAN SUSP 2000MG/100ML	5	PA
XELODA TABS 150MG, 500MG	5	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TABS 1MG, 5MG	4	PA, QL
LENVIMA CPPK 4MG, 10MG	4	PA, QL
LENVIMA CAP 14 MG	4	PA, QL
LENVIMA CAP 18 MG	4	PA, QL
LENVIMA CAP 24 MG	4	PA, QL
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TABS 50MG, 150MG	5	PA, QL
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA CONC 100MG/5ML, 1000MG/50ML	5	PA
UNITUXIN SOLN 17.5MG/5ML	5	
ZEVALIN Y-90 KIT 3.2MG/2ML	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TABS 10MG, 50MG, 100MG	5	PA, QL
VENCLEXTA TAB START PK	5	PA, QL
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib tabs 25mg, 100mg, 150mg</i>	1	PA, QL
<i>gefitinib tabs 250mg</i>	1	PA, QL
GILOTRIF TABS 20MG, 30MG, 40MG	5	PA, QL
TAGRISSO TABS 40MG, 80MG	4	PA, QL
TARCEVA TABS 100MG, 150MG	5	PA, QL
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	4	PA, QL
ODOMZO CAPS 200MG	4	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone tabs 250mg, 500mg</i>	1	PA, QL
<i>anastrozole tabs 1mg</i>	1	
<i>bicalutamide tabs 50mg</i>	1	
CASODEX TABS 50MG	3	
ERLEADA TABS 60MG, 240MG	4	PA, QL
<i>exemestane tabs 25mg</i>	1	
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	1	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	1	PA
LYSODREN TABS 500MG	5	
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 40mg</i>	1	
NUBEQA TABS 300MG	4	PA, QL
ORGOVYX TABS 120MG	5	PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	
XTANDI CAPS 40MG; TABS 40MG, 80MG	4	PA, QL
YONSA TABS 125MG	4	PA, QL
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	5	PA, QL
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO TBPK 40MG, 50MG, 60MG	5	PA, QL
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA, QL
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
VALSTAR SOLN 40MG/ML	5	
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	5	PA, QL
KISQALI FEMARA CO-PACK 200 MG DOSE	4	PA, QL
KISQALI FEMARA CO-PACK 400 MG DOSE	4	PA, QL
KISQALI FEMARA CO-PACK 600 MG DOSE	4	PA, QL
LONSURF TAB 15-6.14	4	PA, QL
LONSURF TAB 20-8.19	4	PA, QL
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL
ALUNBRIG TABS 30MG, 90MG, 180MG	4	PA, QL
ALUNBRIG PAK	4	PA, QL
AUGTYRO CAPS 40MG	4	PA, QL
BALVERSA TABS 3MG, 4MG, 5MG	5	PA, QL
BOSULIF CAPS 50MG, 100MG; TABS 100MG, 400MG, 500MG	4	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPS 75MG	4	PA, QL
BRUKINSA CAPS 80MG	4	PA, QL
CABOMETYX TABS 20MG, 40MG, 60MG	4	PA, QL
CALQUENCE CAPS 100MG; TABS 100MG	4	PA, QL
CAPRELSA TABS 100MG, 300MG	5	PA, QL
COMETRIQ KIT 20MG	5	PA, QL
COMETRIQ KIT 100MG	5	PA, QL
COMETRIQ KIT 140MG	5	PA, QL
COPIKTRA CAPS 15MG, 25MG	4	PA, QL
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	1	PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	1	PA, QL
GAVRETO CAPS 100MG	4	PA, QL
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	4	PA, QL
IDHIFA TABS 50MG, 100MG	5	PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	1	PA, QL
ITOVEBI TABS 3MG, 9MG	5	PA, QL
KISQALI TBPK 200MG	4	PA, QL
KOSELUGO CAPS 10MG, 25MG	4	PA, QL
KRAZATI TABS 200MG	4	PA, QL
<i>lapatinib tabs 250mg</i>	1	PA, QL
LORBRENA TABS 25MG, 100MG	5	PA, QL
LUMAKRAS TABS 120MG, 320MG	4	PA, QL
LYNPARZA TABS 100MG, 150MG	4	PA, QL
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	4	PA, QL
MEKTOVI TABS 15MG	4	PA, QL
NERLYNX TABS 40MG	5	PA, QL
NINLARO CAPS 2.3MG, 3MG, 4MG	4	PA, QL
<i>pazopanib tabs 200mg</i>	1	PA, QL
PIQRAY TBPK 150MG, 200MG	4	PA, QL
RETEVMO CAPS 40MG, 80MG; TABS 40MG, 80MG, 120MG, 160MG	4	PA, QL
ROZLYTREK CAPS 100MG, 200MG; PACK 50MG	4	PA, QL
RYDAPT CAPS 25MG	4	PA, QL
SCEMBLIX TABS 20MG, 40MG, 100MG	4	PA, QL
<i>sorafenib tosylate tabs 200mg</i>	1	PA, QL
STIVARGA TABS 40MG	4	PA, QL
<i>sunitinib caps 12.5mg, 25mg, 37.5mg, 50mg</i>	1	PA, QL
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	4	PA, QL
TIBSOVO TABS 250MG	5	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	4	PA, QL
TYKERB TABS 250MG	5	PA, QL
VANFLYTA TABS 17.7MG, 26.5MG	5	PA, QL
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	4	PA, QL
VONJO CAPS 100MG	5	PA, QL
VORANIGO TABS 10MG, 40MG	5	PA, QL
XALKORI CPSP 20MG, 50MG, 150MG	5	PA, QL
XOSPATA TABS 40MG	4	PA, QL
ZEJULA CAPS 100MG; TABS 100MG, 200MG, 300MG	4	PA, QL
ZOLINZA CAPS 100MG	5	PA, QL
ZYDELIG TABS 100MG, 150MG	4	PA, QL
ZYKADIA TABS 150MG	4	PA, QL
ANTINEOPLASTICS MISC.		
ACTIMMUNE SOLN 100MCG/0.5ML	5	PA
ALFERON N SOLN 5000000UNIT/ML	5	
BESREMI SOSY 500MCG/ML	4	PA, QL
<i>bexarotene caps 75mg</i>	1	PA
<i>hydroxyurea caps 500mg</i>	1	
MATULANE CAPS 50MG	5	
SYNRIBO SOLR 3.5MG	5	PA
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TABS 192MG	5	PA, QL
VORAXAZE SOLR 1000UNIT	5	
MITOTIC INHIBITORS		
<i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	5	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON DOPAMINERGICS		
amantadine caps 100mg; soln 50mg/5ml; tabs 100mg	1	
apomorphine hydrochloride soct 30mg/3ml	1	PA, QL
bromocriptine mesylate caps 5mg; tabs 2.5mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa-levodopa ext-rel tab er 25-100 mg	1	
carbidopa-levodopa ext-rel tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
DUOPA SUS 4.63-20	5	PA
INBRIJA CAPS 42MG	4	PA, QL
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
PARLODEL CAPS 5MG; TABS 2.5MG	3	
pramipexole tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
pramipexole ext-rel tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
ropinirole tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
ropinirole ext-rel tb24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	2	

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Drug Name	Drug Tier	Requirements/Limits
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline tabs .5mg, 1mg</i>	1	
<i>selegiline caps 5mg; tabs 5mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	1	
NUPLAZID CAPS 34MG; TABS 10MG	5	PA, QL
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	2	
VRAYLAR CAP 1.5-3MG	2	
<i>ziprasidone caps 20mg, 40mg, 60mg, 80mg; solr 20mg</i>	1	
BENZISOXAZOLES		
PERSERIS PRSY 90MG, 120MG	2	
RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG, 3MG, 4MG	3	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
BUTYROPHENONES		
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	
DIBENZAPINES		
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
CLOZARIL TABS 25MG, 50MG, 100MG, 200MG	3	
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	
<i>quetiapine tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
quetiapine ext-rel tb24 50mg, 150mg, 200mg, 300mg, 400mg	1	
SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	3	
ZYPREXA TABS 2.5MG, 5MG, 7.5MG, 10MG, 15MG, 20MG	3	
ZYPREXA ZYDIS TBDP 5MG, 10MG, 15MG, 20MG	3	

PHENOTHIAZINES

chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln 25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg	1	
fluphenazine decanoate soln 25mg/ml	1	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg	1	
perphenazine tabs 2mg, 4mg, 8mg, 16mg	1	
prochlorperazine soln 10mg/2ml, 50mg/10ml; supp 25mg; tabs 5mg, 10mg	1	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	1	

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	
aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; tbdp 10mg, 15mg	1	

THIOXANTHENES

thiothixene caps 1mg, 2mg, 5mg, 10mg	1	
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ANTIVIRALS

ANTIRETROVIRALS

abacavir soln 20mg/ml; tabs 300mg	1	QL
abacavir-lamivudine tab 600-300 mg	1	QL
APRETUDE SUER 600MG/3ML	4	QL
atazanavir caps 150mg, 200mg, 300mg	1	QL
BIKTARVY TAB	4	QL
CABENUVA SUS 400-600	4	PA, QL
CABENUVA SUS 600-900	4	PA, QL
CIMDUO TAB 300-300	4	QL
COMBIVIR TAB 150-300	5	QL
darunavir tabs 600mg, 800mg	1	QL
DESCOVY TAB 120-15MG	4	QL
DESCOVY TAB 200/25MG	4	QL
DOVATO TAB 50-300MG	4	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	1	QL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL
<i>emtricitabine caps 200mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL
EMTRIVA CAPS 200MG; SOLN 10MG/ML	5	QL
EPIVIR SOLN 10MG/ML; TABS 150MG, 300MG	5	QL
EPZICOM TAB 600-300	5	QL
<i>etravirine tabs 100mg, 200mg</i>	1	QL
EVOTAZ TAB 300-150	5	QL
FUZEON SOLR 90MG	5	PA, QL
GENVOYA TAB	4	QL
ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG, 600MG	4	QL
JULUCA TAB 50-25MG	5	QL
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	1	QL
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL
<i>maraviroc tabs 150mg, 300mg</i>	1	QL
<i>nevirapine susp 50mg/5ml; tabs 200mg</i>	1	QL
<i>nevirapine ext-rel tb24 100mg, 400mg</i>	1	QL
ODEFSEY TAB	4	QL
PREZCOBIX TAB 800-150	5	QL
RETROVIR CAPS 100MG; SYRP 50MG/5ML	5	QL
RETROVIR IV INFUSION SOLN 10MG/ML	5	
<i>ritonavir tabs 100mg</i>	1	QL
RUKOBIA TB12 600MG	5	QL
SUSTIVA CAPS 50MG, 200MG	5	QL
SYMFI LO TAB	5	QL

OTC - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SYMFI TAB	5	QL
SYMTUZA TAB	4	QL
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL
TIVICAY TABS 10MG, 25MG, 50MG; TBSO 5MG	4	QL
TRIUMEQ PD TAB	4	QL
TRIUMEQ TAB	4	QL
TRIZIVIR TAB	5	QL
TYBOST TABS 150MG	5	QL
VIREAD POWD 40MG/GM; TABS 150MG, 200MG, 250MG, 300MG	5	QL
ZIAGEN SOLN 20MG/ML; TABS 300MG	5	QL
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	1	QL
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	2	QL
PAXLOVID TAB 300-100	2	QL
CMV AGENTS		
LIVTENCITY TABS 200MG	5	QL
<i>valganciclovir solr 50mg/ml; tabs 450mg</i>	1	QL
HEPATITIS AGENTS		
BARACLUDE SOLN .05MG/ML	5	QL
<i>entecavir tabs .5mg, 1mg</i>	1	QL
EPCLUSA PAK 150-37.5	4	PA, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL; Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL; Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL; Genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG	4	PA, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG	4	PA, QL; Genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG	4	PA, QL; Genotypes 1, 4, 5, 6
<i>lamivudine tabs 100mg</i>	1	
<i>ribavirin caps 200mg; tabs 200mg</i>	1	PA
SOVALDI PACK 150MG, 200MG; TABS 200MG, 400MG	5	PA, QL
VEMLIDY TABS 25MG	4	QL

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI TAB	4	PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir caps 200mg; tabs 400mg, 800mg	1	
famciclovir tabs 125mg, 250mg, 500mg	1	
valacyclovir tabs 1gm, 500mg	1	
INFLUENZA AGENTS		
oseltamivir caps 30mg, 45mg, 75mg; susr 6mg/ml	1	QL
RELENZA AEPB 5MG/BLISTER	2	QL
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate ext-rel cp24 10mg, 20mg, 40mg, 80mg	1	
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	3	
labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol caps 200mg, 400mg	1	
atenolol tabs 25mg, 50mg, 100mg	1	
betaxolol hcl tabs 10mg, 20mg	1	
bisoprolol fumarate tabs 5mg, 10mg	1	
metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nebivolol tabs 2.5mg, 5mg, 10mg, 20mg	1	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TABS 20MG, 40MG, 80MG	3	
nadolol tabs 20mg, 40mg, 80mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	

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Drug Name	Drug Tier	Requirements/Limits
propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg	1	
sotalol tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) tabs 80mg, 120mg, 160mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine tabs 2.5mg, 5mg, 10mg	1	
diltiazem ext-rel cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	Except generics for CARDIZEM LA
felodipine tb24 2.5mg, 5mg, 10mg	1	
nifedipine ext-rel tb24 30mg, 60mg, 90mg	1	
PROCARDIA XL TB24 30MG, 60MG, 90MG	3	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	3	
verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg	1	
verapamil hcl soln 2.5mg/ml; tabs 40mg, 80mg, 120mg	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	
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CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAPS 2.5MG, 5MG, 10MG, 15MG	5	PA, QL
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine-atorvastatin tab 2.5-10 mg	1	
amlodipine-atorvastatin tab 2.5-20 mg	1	
amlodipine-atorvastatin tab 2.5-40 mg	1	
amlodipine-atorvastatin tab 5-10 mg	1	
amlodipine-atorvastatin tab 5-20 mg	1	
amlodipine-atorvastatin tab 5-40 mg	1	
amlodipine-atorvastatin tab 5-80 mg	1	
amlodipine-atorvastatin tab 10-10 mg	1	
amlodipine-atorvastatin tab 10-20 mg	1	
amlodipine-atorvastatin tab 10-40 mg	1	
amlodipine-atorvastatin tab 10-80 mg	1	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	1	
OPSYNVI TAB 10-20MG	4	PA, QL
OPSYNVI TAB 10-40MG	4	PA, QL
PROSTAGLANDIN VASODILATORS		
FLOLAN SOLR .5MG, 1.5MG	5	PA
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	1	PA
TYVASO SOLN .6MG/ML	4	PA, QL
TYVASO DPI POWD 16MCG, 32MCG, 48MCG, 64MCG	4	PA, QL
VELETRI SOLR .5MG, 1.5MG	5	PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	5	PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tabs 5mg, 10mg</i>	1	PA, QL
<i>bosentan tabs 62.5mg, 125mg</i>	1	PA, QL
OPSUMIT TABS 10MG	4	PA, QL
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil soln 10mg/12.5ml</i>	1	PA
<i>sildenafil susr 10mg/ml; tabs 20mg</i>	1	PA, QL
<i>tadalafil tabs 20mg</i>	1	PA, QL
TADLIQ SUSP 20MG/5ML	4	PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL
UPTRAVI PACK TAB 200/800	4	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	4	PA, QL
SINUS NODE INHIBITORS		
ivabradine tabs 5mg, 7.5mg	1	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAPS 61MG	5	PA, QL
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TABS 2.5MG, 5MG, 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
cefuroxime axetil tabs 250mg, 500mg	1	
cefuroxime sodium solr 1.5gm, 750mg	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	1	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	
ethinyl estradiol-drospirenone tab 3-0.02 mg	1	
ethinyl estradiol-drospirenone tab 3-0.03 mg	1	
ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg	1	
ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg	1	
ethinyl estradiol-levonorgestrel 91-day tab 0.1-0.02mg(84) & 0.01mg(7)	1	
ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.02/0.025/0.03 mg & 0.01 mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
LO LOESTRIN TAB 1-10-10	2	
NATAZIA TAB	2	

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Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr	1	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	
ethinyl estradiol-etonogestrel va ring 0.12-0.015 mg/24hr	1	
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	5	
PROGESTIN CONTRACEPTIVES - INJECTABLE		
medroxyprogesterone susp 150mg/ml; susy 150mg/ml	1	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	4	
MIRENA IUD 20MCG/DAY	4	
SKYLA IUD 13.5MG	4	
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone (contraceptive) tabs .35mg	1	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed-rel cpep 3mg	1	
CORTEF TABS 5MG, 10MG, 20MG	3	
dexamethasone elix .5mg/5ml; soln .5mg/5ml, 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	1	
hydrocortisone tabs 5mg, 10mg, 20mg	1	
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	3	
MEDROL DOSEPAK TBPK 4MG	3	
methylprednisolone solr 40mg, 125mg, 500mg, 1000mg; susp 40mg/ml, 80mg/ml; tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg	1	
prednisolone tabs 5mg	1	
prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg	1	
prednisolone solution soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml	1	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	1	
UCERIS TB24 9MG	1	
MINERALOCORTICIDS		
fludrocortisone tabs .1mg	1	

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Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate caps 100mg, 150mg, 200mg</i>	1	Except NDCs 69336012615, 69499032915
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>adapalene crea .1%; gel .1%, .3%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
<i>AKLIEF CREA .005%</i>	2	
<i>BENZAC AC WASH LIQD 5%</i>	3	
<i>BENZAMYCIN GEL 5-3%</i>	3	
<i>benzoyl peroxide foam 9.8%; gel 8%</i>	1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	1	
<i>clindamycin gel 1%</i>	1	Except NDC 68682046275
<i>clindamycin lotn 1%; soln 1%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>dapsone gel 5%, 7.5%</i>	1	
<i>EPIDUO FORTE GEL 0.3-2.5%</i>	2	
<i>EPIDUO GEL 0.1-2.5%</i>	2	
<i>erythromycin gel 2%; soln 2%</i>	1	
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	1	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	1	
<i>KLARON LOTN 10%</i>	3	
<i>RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sod-sulfur wash 9-4.5% & skin cleanser kit	1	
tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .04%, .05%, .1%	1	PA
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CREA 1%	2	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel 1%	1	
diclofenac sodium soln 1.5%	1	PA, QL
ANTIBIOTICS - TOPICAL		
gentamicin crea .1%; oint .1%	1	
mupirocin oint 2%	1	
ANTIFUNGALS - TOPICAL		
ciclopirox crea .77%; gel .77%; sham 1%; soln 8%; susp .77%	1	
ciclopirox solution kit 8%	1	
clotrimazole crea 1%; soln 1%	1	
econazole crea 1%	1	
ketoconazole crea 2%; sham 2%	1	
naftifine hcl crea 1%, 2%; gel 1%, 2%	1	
NAFTIN GEL 1%, 2%	2	
nystatin crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene (topical) gel 1%	1	PA
fluorouracil crea 5%; soln 2%, 5%	1	
VALCHLOR GEL .016%	5	PA, QL
ANTIPSORIATICS		
acitretin caps 10mg, 17.5mg, 25mg	1	
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	4	PA, QL; Preferred for Psoriasis
calcipotriene oint .005%; soln .005%	1	
COSENTYX SUBCUTANEOUS SOAJ 150MG/ML, 300MG/2ML; SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis
methoxsalen caps 10mg	1	
SKYRIZI SUBCUTANEOUS SOAJ 150MG/ML; SOSY 150MG/ML	4	PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

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Drug Name	Drug Tier	Requirements/Limits
SOTYKTU TABS 6MG	4	PA, QL; Preferred for Psoriasis
STELARA SUBCUTANEOUS SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	4	PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	1	PA
TREMFYA SUBCUTANEOUS SOAJ 100MG/ML, 200MG/2ML; SOSY 100MG/ML, 200MG/2ML	4	PA, QL; Preferred For Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
VTAMA CREA 1%	2	ST, QL; PA**
ZORYVE CREA .3%	2	ST, QL; PA**
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotn 2.5%</i>	1	
<i>sulfacetamide sodium liqd 10%</i>	1	
ZORYVE FOAM .3%	2	ST, QL; PA**
BURN PRODUCTS		
<i>silver sulfadiazine crea 1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	1	
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	1	
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	1	
BRYHALI LOTN .01%	2	
<i>clobetasol crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%; sham .05%</i>	1	Except clobetasol emollient foam
<i>clobetasol propionate soln .05%</i>	1	
<i>desonide crea .05%; lotn .05%; oint .05%</i>	1	
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	1	
ENSTILAR AER	2	
<i>fluocinolone acetonide crea .01%, .025%; oint .025%; soln .01%</i>	1	
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	1	
<i>fluticasone propionate crea .05%; lotn .05%; oint .005%</i>	1	
<i>halobetasol crea .05%; oint .05%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	1	
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	1	
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	
<i>mometasone crea .1%; oint .1%; soln .1%</i>	1	
<i>prednicarbate crea .1%; oint .1%</i>	1	
<i>triamcinolone crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .1%, .5%</i>	1	
ECZEMA AGENTS		
ADBRY SOAJ 300MG/2ML; SOSY 150MG/ML	4	PA, QL
CIBINQO TABS 50MG, 100MG, 200MG	4	PA, QL
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	4	PA, QL
OPZELURA CREA 1.5%	2	PA, QL
HAIR GROWTH AGENTS		
LITFULO CAPS 50MG	4	PA, QL
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 3.75%, 5%</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus crea 1%</i>	1	
<i>tacrolimus oint .03%, .1%</i>	1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
<i>podofilox gel .5%; soln .5%</i>	1	
<i>salicylic acid foam 6%; gel 6%; liqd 27.5%; sham 6%; soln 26%, 28.5%</i>	1	
<i>salicylic acid w/ cleanser kit 6%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>lidocaine ptch 5%</i>	1	QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL; PA*
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
QUTENZA KIT 8% 1-PCH	5	
QUTENZA KIT 8% 2-PCH	5	
QUTENZA KIT 8% 4-PCH	5	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT 2%	2	
ZORYVE CREA .15%	2	ST, QL
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine gel .33%</i>	1	
FINACEA FOAM FOAM 15%	2	

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Drug Name	Drug Tier	Requirements/Limits
METROCREAM CREA .75%	3	
METROGEL GEL 1%	3	
METROLOTION LOTN .75%	3	
metronidazole crea .75%; gel .75%, 1%; lotn .75%	1	
ORACEA CPDR 40MG	1	
SOOLANTRA CREA 1%	1	
SCABICIDES & PEDICULICIDES		
malathion lotn .5%	1	
permethrin crea 5%	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
dipyridamole (diagnostic) soln 5mg/ml	1	
DIAGNOSTIC TESTS		
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	2	QL, OTC
ACCU-CHEK GUIDE STRIPS AND KITS	2	QL, OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	2	QL, OTC
ONETOUCH ULTRA STRIPS AND KITS	2	QL, OTC
ONETOUCH VERIO STRIPS AND KITS	2	QL, OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNIT	2	
CREON CAP 24000UNIT	2	
CREON CAP 36000UNIT	2	
SUCRAID SOLN 8500UNIT/ML	5	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNIT	2	
ZENPEP CAP 15000UNIT	2	
ZENPEP CAP 20000UNIT	2	
ZENPEP CAP 25000UNIT	2	
ZENPEP CAP 40000UNIT	2	
ZENPEP CAP 60000UNIT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
acetazolamide sodium solr 500mg	1	

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Drug Name	Drug Tier	Requirements/Limits
KEVEYIS TABS 50MG	5	PA, QL
<i>methazolamide tabs 25mg, 50mg</i>	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	1	
LOOP DIURETICS		
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	1	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	1	
LASIX TABS 20MG, 40MG, 80MG	3	
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride tabs 5mg</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide sodium solr 500mg</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TABS 35MG, 150MG	3	
<i>alendronate soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
ATELVIA TBEC 35MG	3	
<i>calcitonin-salmon soln 200unit/act, 200unit/ml</i>	1	
FORTEO SOPN 600MCG/2.4ML	5	PA, QL
FOSAMAX TABS 70MG	3	
<i>ibandronate soln 3mg/3ml; tabs 150mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate tabs 5mg, 30mg, 35mg, 150mg</i>	1	
<i>risedronate sodium tbec 35mg</i>	1	
<i>teriparatide sopn 600mcg/2.4ml</i>	1	PA, QL
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL
GNRH/LHRH ANTAGONISTS		
ORILISSA TABS 150MG, 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV SOLR 2MG	5	PA, QL
GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA
NORDITROPIN SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
SEROSTIM SOLR 4MG, 5MG, 6MG	5	PA
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	4	PA, QL
ZORBTIVE SOLR 8.8MG	5	PA
HORMONE RECEPTOR MODULATORS		
EVISTA TABS 60MG	3	
<i>raloxifene tabs 60mg</i>	1	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX SOLN 40MG/4ML	5	PA
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	1	PA
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>carglumic acid tbso 200mg</i>	1	PA
<i>cinacalcet tabs 30mg, 60mg, 90mg</i>	1	PA, QL
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	1	
GALAFOLD CAPS 123MG	4	PA, QL
<i>levocarnitine soln 1gm/10ml; tabs 330mg</i>	1	
MYALEPT SOLR 11.3MG	5	PA, QL
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	1	PA
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	4	PA
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1	
PHEBURANE PLLT 483MG/GM	4	PA, QL
<i>sapropterin pack 100mg, 500mg; tabs 100mg</i>	1	PA
SENSIPAR TABS 30MG, 60MG, 90MG	5	PA, QL
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	1	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SOLN 18MG/0.45ML, 28MG/0.7ML, 40MG/ML, 80MG/0.8ML	5	PA
XURIDEN PACK 2GM	5	QL
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	2	
NATRIURETIC PEPTIDES		
VOXZOGO SOLR .4MG, .56MG, 1.2MG	5	PA, QL
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	1	
SOMATOSTATIC AGENTS		
SANDOSTATIN SOLN 50MCG/ML, 100MCG/ML, 500MCG/ML	5	PA, QL
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TABS 15MG, 30MG	5	PA, QL
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	1	
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	1	
<i>estradiol-norethindrone tab 1-0.5 mg</i>	1	
MYFEMBREE TAB	2	PA
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
ESTRACE TABS .5MG, 1MG, 2MG	3	

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Drug Name	Drug Tier	Requirements/Limits
estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg	1	
estradiol valerate oil 10mg/ml, 20mg/ml, 40mg/ml	1	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	3	
ciprofloxacin susr 5gm/100ml, 500mg/5ml; tabs 100mg, 250mg, 500mg, 750mg	1	
ciprofloxacin inj 200 mg/100ml	1	
ciprofloxacin inj 400 mg/200ml	1	
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
levofloxacin inj 250 mg/50ml	1	
levofloxacin inj 500 mg/100ml	1	
moxifloxacin tabs 400mg	1	
moxifloxacin inj 400 mg/250ml	1	
ofloxacin tabs 300mg, 400mg	1	

GASTROINTESTINAL AGENTS - MISC.

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAPS 50MG, 250MG	5	PA
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FARNESOID X RECEPTOR (FXR) AGONISTS

OCALIVA TABS 5MG, 10MG	5	PA, QL
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GALLSTONE SOLUBILIZING AGENTS

CHENODAL TABS 250MG	5	PA
ursodiol caps 300mg; tabs 250mg, 500mg	1	

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

lubiprostone caps 8mcg, 24mcg	1	
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GASTROINTESTINAL STIMULANTS

metoclopramide soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
REGLAN TABS 5MG, 10MG	3	

ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS

LIVMARLI SOLN 9.5MG/ML, 19MG/ML	5	PA, QL
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INFLAMMATORY BOWEL AGENTS

AZULFIDINE TABS 500MG	3	
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Drug Name	Drug Tier	Requirements/Limits
AZULFIDINE EN-TABS TBEC 500MG	3	
<i>balsalazide caps 750mg</i>	1	
CIMZIA PREFILLED SYRINGE PSKT 200MG/ML	4	PA, QL; Preferred for Non-Radiographic Axial Spondyloarthritis
<i>mesalamine enem 4gm; supp 1000mg</i>	1	
<i>mesalamine delayed-rel cpdr 400mg; tbec 1.2gm, 800mg</i>	1	
<i>mesalamine ext-rel cp24 .375gm; cpcr 500mg</i>	1	
<i>mesalamine w/ cleanser kit 4gm</i>	1	
ROWASA KIT 4GM	3	
SKYRIZI SUBCUTANEOUS SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine delayed-rel tbec 500mg</i>	1	
VELSIPITY TABS 2MG	4	PA, QL; Preferred for Ulcerative Colitis
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron tabs .5mg, 1mg</i>	1	
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
VIBERZI TABS 75MG, 100MG	2	PA
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TABS 12.5MG, 25MG	2	
SYMPROIC TABS .2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210MG	2	
<i>calcium acetate caps 667mg; tabs 667mg</i>	1	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	1	
<i>sevelamer hcl tabs 400mg, 800mg</i>	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TABS 250MG	5	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg	1	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	4	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin ext-rel tb24 10mg	1	
AVODART CAPS .5MG	3	
dutasteride caps .5mg	1	
dutasteride-tamsulosin cap 0.5-0.4 mg	1	
finasteride tabs 5mg	1	
FLOMAX CAPS .4MG	3	
PROSCAR TABS 5MG	3	
silodosin caps 4mg, 8mg	1	
tamsulosin caps .4mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tabs 100mg, 200mg	1	
URINARY STONE AGENTS		
tiopronin tabs 100mg	1	PA
tiopronin delayed-rel tbec 100mg, 300mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol solr 500mg; tabs 100mg, 200mg, 300mg	1	
colchicine tabs .6mg	1	
MITIGARE CAPS .6MG	1	
URICOSURICS		
probenecid tabs 500mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	4	PA
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	5	PA
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA
ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
COAGADEX SOLR 250UNIT, 500UNIT	5	PA
CORIFACT KIT 1000-1600UNIT	5	PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	4	PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA
FIBRYGA INJ 1GM	5	PA
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	PA
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	5	PA
HUMATE-P SOL 250-600	5	PA
HUMATE-P SOL 500-1200	5	PA
HUMATE-P SOL 2400UNIT	5	PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	5	PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	5	PA
KOATE-DVI SOLR 500UNIT, 1000UNIT	5	PA
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	4	PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	4	PA
OBIZUR SOLR 500UNIT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	5	PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	5	PA
RIASTAP SOL 1GM	5	PA
SEVENFACT SOLR 1MG, 5MG	4	PA
TRETTEN SOLR 2500UNIT	5	PA
WILATE INJ	5	PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant sosy 30mg/3ml</i>	1	PA, QL
COMPLEMENT INHIBITORS		
EMPAVELI SOLN 1080MG/20ML	4	PA, QL
FABHALTA CAPS 200MG	5	PA, QL
HAEGARDA SOLR 2000UNIT, 3000UNIT	5	PA, QL
RUCONEST SOLR 2100UNIT	4	PA, QL
TAVNEOS CAPS 10MG	5	PA, QL
HUMAN PROTEIN C		
CEPROTIN SOLR 500UNIT, 1000UNIT	5	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAPS 110MG, 150MG	4	PA, QL
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	4	PA, QL
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps .5mg, 1mg</i>	1	
BRILINTA TABS 60MG, 90MG	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>clopidogrel tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	1	
<i>prasugrel tabs 5mg, 10mg</i>	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAPS 84MG	4	PA, QL
ZAVESCA CAPS 100MG	5	PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ENDARI PACK 5GM	4	PA, QL
<i>glutamine (sickle cell) pack 5gm</i>	1	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 100MG, 1000MG	2	
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
hydroxocobalamin acetate soln 1000mcg/ml	1	
FOLIC ACID/FOLATES		
folic acid soln 5mg/ml; tabs 1mg	1	
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	4	PA, QL
DOPTLET TABS 20MG	4	PA, QL
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
HEMATOPOIETIC MIXTURES		
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-1 mg	1	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	1	
IRON		
sodium ferric gluconate complex in sucrose soln 12.5mg/ml	1	
STEM CELL MOBILIZERS		
MOZOBIL SOLN 24MG/1.2ML	5	PA
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elix 20mg/5ml; soln 65mg/ml, 130mg/ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tabs 3mg, 6mg	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN TABS 5MG, 10MG	3	QL; PA*
AMBIEN CR TBCR 6.25MG, 12.5MG	3	QL; PA*
eszopiclone tabs 1mg, 2mg, 3mg	1	QL; PA*
midazolam hcl soln 2mg/2ml, 5mg/5ml, 5mg/ml, 10mg/10ml, 10mg/2ml, 25mg/5ml, 50mg/10ml; syrp 2mg/ml	1	
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	3	QL; PA*
temazepam caps 7.5mg, 15mg, 22.5mg, 30mg	1	QL; PA*
zolpidem tabs 5mg, 10mg	1	QL; PA*
zolpidem ext-rel tbc 6.25mg, 12.5mg	1	QL; PA*

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Drug Name	Drug Tier	Requirements/Limits
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA, QL
DAYVIGO TABS 5MG, 10MG	2	PA, QL
QUVIVIQ TABS 25MG, 50MG	2	PA, QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAPS 20MG	5	PA, QL
HETLIOZ LQ SUSP 4MG/ML	5	PA, QL
ramelteon tabs 8mg	1	QL; PA*
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	
peg 3350-electrolytes	1	Except generics for MOVIPREP
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
LAXATIVES - MISCELLANEOUS		
lactulose soln 10gm/15ml	1	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl soln 2%, 3%	1	
tetracaine hcl soln 1%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg	1	
CLARITHROMYCIN		
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
clarithromycin ext-rel tb24 500mg	1	
ERYTHROMYCINS		
erythromycins cpep 250mg; susr 200mg/5ml, 400mg/5ml; tabs 250mg, 400mg, 500mg; tbec 250mg, 333mg, 500mg	1	
FIDAXOMICIN		
DIFICID SUSR 40MG/ML; TABS 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	2	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	2	OTC
ACCU-CHEK LIQ GUIDE	3	OTC
ACCU-CHEK LIQ SMART	3	OTC

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Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SMARTVIEW STRIPS AND KITS	2	OTC
ACCU-CHEK SOL	3	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM RECEIVER, TRANSMITTER	2	
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM SENSOR	2	QL
OMNIPOD 5 INSULIN INFUSION PUMP	2	
OMNIPOD DASH INSULIN INFUSION PUMP	2	
OMNIPOD INSULIN INFUSION PUMP	2	
ONETOUCH LANCETS / LANCING DEVICES	2	OTC
ONETOUCH LIQ ULT CONT	3	OTC
ONETOUCH LIQ VERIO	3	OTC
ONETOUCH ULTRA STRIPS AND KITS	2	OTC
ONETOUCH VERIO STRIPS AND KITS	2	OTC

PARENTERAL THERAPY SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES	2	OTC
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MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	2	ST, QL; PA**
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	2	ST, QL; PA**
NURTEC ODT TBDP 75MG	2	ST, QL; PA**
QULIPTA TABS 10MG, 30MG, 60MG	2	ST, QL; PA**
UBRELVY TABS 50MG, 100MG	2	ST, QL; PA**

MIGRAINE PRODUCTS

D.H.E. 45 SOLN 1MG/ML	2	
<i>dihydroergotamine mesylate soln 1mg/ml</i>	1	

SEROTONIN AGONISTS

<i>eletriptan tabs 20mg, 40mg</i>	1	QL
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	3	QL
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	3	QL
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	3	QL
<i>naratriptan tabs 1mg, 2.5mg</i>	1	QL
ONZETRA XSAIL EXHP 11MG/NOSEPC	2	QL
RELPAK TABS 20MG, 40MG	3	QL
<i>rizatriptan tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	1	QL

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 5mg/act, 6mg/0.5ml, 20mg/act; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg	1	QL
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	2	QL
zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg	1	QL

MINERALS & ELECTROLYTES

ELECTROLYTE MIXTURES

dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.33%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1
dextrose 10% w/ sodium chloride 0.45%	1
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1
kcl 40 meq/l (0.298%) in nacl 0.9% inj	1

FLUORIDE

sodium fluoride chew .25mg, .5mg, 1mg; soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg	1
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POTASSIUM

POTASSIUM ACETATE SOLN 2MEQ/ML	1
potassium chloride cpcr 8meq, 10meq; tbcr 8meq, 10meq, 20meq	1
potassium chloride liquid soln 10%, 20%	1
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	1

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRATABS TABS 250MG	5	
<i>penicillamine caps 250mg; tabs 250mg</i>	1	
<i>trientine caps 250mg</i>	1	
FECAL INCONTINENCE BULKING AGENTS		
SOLESTA INJ 50-15ML	5	
IMMUNOMODULATORS		
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	1	PA, QL
REVLIMID CAPS 2.5MG, 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL
THALOMID CAPS 50MG, 100MG, 150MG, 200MG	4	PA, QL
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CP24 .5MG, 1MG, 5MG	5	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
CELLCEPT CAPS 250MG; SUSR 200MG/ML; TABS 500MG	5	
CELLCEPT INTRAVENOUS SOLR 500MG	5	
<i>cyclosporine caps 25mg, 100mg; soln 50mg/ml</i>	1	
<i>cyclosporine modified caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	
ENSPRYNG SOSY 120MG/ML	4	PA, QL
ENVARUSUS XR TB24 .75MG, 1MG, 4MG	5	
<i>everolimus tabs .25mg, .5mg, .75mg, 1mg</i>	1	
<i>mycophenolate mofetil caps 250mg; solr 500mg; susr 200mg/ml; tabs 500mg</i>	1	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	1	
MYFORTIC TBEC 180MG, 360MG	5	
NEORAL CAPS 25MG, 100MG; SOLN 100MG/ML	5	
NULOJIX SOLR 250MG	5	
PROGRAF CAPS .5MG, 1MG, 5MG; PACK .2MG, 1MG	5	
RAPAMUNE SOLN 1MG/ML; TABS .5MG, 1MG, 2MG	5	
SANDIMMUNE CAPS 25MG, 100MG; SOLN 50MG/ML, 100MG/ML	5	
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	1	
ZORTRESS TABS .25MG, .5MG, .75MG, 1MG	5	

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Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	1	
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAPS 50MG, 75MG	5	PA, QL
PROSTAGLANDINS		
<i>alprostadil soln 500mcg/ml</i>	1	
SCLEROSING AGENTS		
VARITHENA FOAM 180MG/18ML	5	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA SOAJ 200MG/ML; SOSY 200MG/ML	5	PA, QL
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troc 10mg</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl caps 30mg</i>	1	
EPISIL LIQ	2	
MUGARD LIQ	4	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
MULTIVITAMINS		
PED MV W/ FLUORIDE		
<i>multivitamins</i>	1	Except for Activite, Dexifol, HylaVite, MultiPro, TronVite, Vitasure
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
PRENATAL VITAMINS		
<i>prenatal vitamins</i>	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 20000mcg/20ml; tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	QL

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Drug Name	Drug Tier	Requirements/Limits
chlorzoxazone tabs 500mg	1	Except NDC 73007001303
cyclobenzaprine tabs 5mg, 10mg	1	
LYVISPAH PACK 5MG, 10MG, 20MG	2	
metaxalone tabs 800mg	1	
methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg	1	Except NDCs 69036091010, 69036093090, 70868090190
tizanidine hcl tabs 2mg, 4mg	1	
ZANAFLEX TABS 4MG	3	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine-fluticasone nasal spray 137-50 mcg/act	1	
NASAL ANTIALLERGY		
azelastine soln .1%, .15%	1	
olopatadine soln .6%	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide (nasal) soln .03%, .06%	1	
NASAL STEROIDS		
flunisolide soln .025%	1	
fluticasone susp 50mcg/act	1	
mometasone susp 50mcg/act	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUSP 105MG/5ML	4	PA, QL
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAPS 50MG	5	PA, QL
RETT SYNDROME AGENTS		
DAYBUE SOLN 200MG/ML	5	PA, QL
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLR .75MG/ML	5	PA, QL
NUTRIENTS		
CARBOHYDRATES		
dextrose soln 5%, 10%, 50%, 70%, 250mg/ml	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPTHALMIC		
betaxolol hcl (ophth) soln .5%	1	

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Drug Name	Drug Tier	Requirements/Limits
BETOPTIC S SUSP .25%	2	
<i>brimonidine-timolol soln 0.2-0.5%</i>	1	
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
<i>timolol maleate solg .25%, .5%; soln .25%, .5%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>cyclopentolate hcl soln .5%, 1%, 2%</i>	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	2	
<i>brimonidine soln .1%, .15%, .2%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
<i>ciprofloxacin soln .3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gentamicin soln .3%</i>	1	
<i>levofloxacin soln .5%, 1.5%</i>	1	
<i>moxifloxacin soln .5%</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin soln .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
POLYTRIM SOL OP	3	
<i>sulfacetamide oint 10%; soln 10%</i>	1	
<i>tobramycin soln .3%</i>	1	
TOBREX OINT .3%; SOLN .3%	3	
<i>trifluridine soln 1%</i>	1	
VIGAMOX SOLN .5%	3	
XDEMVY SOLN .25%	2	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA SOLN 5%	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>tetracaine hcl (ophth) soln .5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOLN .002%	5	PA, QL
OPHTHALMIC STEROIDS		
dexamethasone soln .1%	1	
difluprednate emul .05%	1	
fluorometholone (ophth) susp .1%	1	
loteprednol gel .5%; susp .2%, .5%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%	1	
neomycin-polymyxin b-dexamethasone oint 0.1%	1	
neomycin-polymyxin b-dexamethasone susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
prednisolone acetate susp 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OINTMENT	2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
azelastine soln .05%	1	
bepotastine soln 1.5%	1	
brinzolamide susp 1%	1	
bromfenac soln .07%, .075%, .09%	1	
cromolyn sodium soln 4%	1	
CYSTARAN SOLN .44%	5	PA, QL
diclofenac soln .1%	1	
dorzolamide soln 2%	1	
ILEVRO SUSP .3%	2	
ketorolac soln .4%, .5%	1	
olopatadine soln .2%	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost soln .03%	1	
latanoprost soln .005%	1	
tafluprost soln .015mg/ml	1	
travoprost soln .004%	1	

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Drug Name	Drug Tier	Requirements/Limits
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid soln 2%	1	
OTIC ANTI-INFECTIVES		
ofloxacin otic soln .3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
neomycin-polymyxin b-hydrocortisone otic soln 1%	1	
neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate soln .2mg/ml; tabs .2mg	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA
CYTOGAM SOLN 50MG/ML	5	
GAMASTAN INJ	5	PA
GAMMAGARD LIQUID SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML	5	PA
GAMMAKED SOLN 1GM/10ML, 5GM/50ML, 10GM/100ML, 20GM/200ML	5	PA
GAMUNEX-C SOLN 1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML	5	PA
HEPAGAM B SOLN 312UNIT/ML	5	
HIZENTRA SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML; SOSY 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	PA
HYPERHEP B SOLN 220UNIT/ML; SOSY 110UNIT/0.5ML	5	
HYPERRHO S/D SOSY 1500UNIT	5	
HYPERRHO S/D MINI-DOSE SOSY 250UNIT	5	
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	5	
NABI-HB SOLN 312UNIT/ML	5	

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Drug Name	Drug Tier	Requirements/Limits
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	5	
RHOPHYLAC SOSY 1500UNIT/2ML	5	
VARIZIG SOLN 125UNIT/1.2ML	5	
WINRHO SDF SOLN 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML, 15000UNIT/13ML	5	
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	5	PA

PENICILLINS

AMINOPENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	

NATURAL PENICILLINS

<i>penicillin vk solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
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PENICILLIN COMBINATIONS

<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin-clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>	1	
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 875-125 mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin caps 250mg, 500mg</i>	1	
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PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate oil 250mg/ml</i>	1	QL
MAKENA OIL 250MG/ML; SOAJ 275MG/1.1ML	5	QL

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>megestrol acetate susp 625mg/5ml</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone, micronized caps 100mg, 200mg</i>	1	
PROVERA TABS 2.5MG, 5MG, 10MG	3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	

ANTI-CATAPLECTIC AGENTS

LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	4	PA, QL
XYWAV SOL 0.5GM/ML	4	PA, QL

ANTIDEMENTIA AGENTS

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

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TABS 6MG, 9MG, 12MG	4	PA, QL
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	4	PA, QL
AUSTEDO XR TAB TITR KIT	4	PA, QL
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	4	PA, QL
INGREZZA CAP 40-80MG	4	PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	1	PA, QL

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Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10MG	5	PA, QL
AVONEX AJKT 30MCG/0.5ML; PSKT 30MCG/0.5ML	4	PA, QL
BAFIERTAM CPDR 95MG	4	PA, QL
BETASERON KIT .3MG	4	PA, QL
COPAXONE SOSY 40MG/ML	4	PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	1	PA, QL
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	1	PA, QL
<i>fingolimod caps .5mg</i>	1	PA, QL
<i>glatiramer sosy 20mg/ml, 40mg/ml</i>	1	PA, QL
KESIMPTA SOAJ 20MG/0.4ML	4	PA, QL
MAVENCLAD TBPK 10MG	5	PA, QL
MAYZENT TABS .25MG, 1MG, 2MG; TBPK .25MG	4	PA, QL
PLEGRIDY SOAJ 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL
PLEGRIDY INJ STARTER	5	PA, QL
PLEGRIDY PEN INJ STARTER	5	PA, QL
PONVORY TABS 20MG	5	PA, QL
PONVORY TAB STARTER	5	PA, QL
REBIF SOAJ 22MCG/0.5ML, 44MCG/0.5ML; SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL
REBIF REBIDO INJ TITRATN	4	PA, QL
<i>teriflunomide tabs 7mg, 14mg</i>	1	PA, QL
VUMERITY CPDR 231MG	4	PA, QL
ZEPOSIA CAPS .92MG	4	PA, QL; Preferred for Ulcerative Colitis
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL; Preferred for Ulcerative Colitis
ZEPOSIA CAP STR KIT	4	PA, QL; Preferred for Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin tabs 300mg, 600mg</i>	1	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	2	
<i>pregabalin ext-rel tb24 82.5mg, 165mg, 330mg</i>	1	QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	1	
<i>varenicline tartrate tabs .5mg, 1mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI SOSY 284MG/1.5ML	4	PA, QL
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG; TABS 150MG	5	PA, QL
ORKAMBI GRA 75-94MG	5	PA, QL
ORKAMBI GRA 100-125	5	PA, QL
ORKAMBI GRA 150-188	5	PA, QL
ORKAMBI TAB 100-125	5	PA, QL
ORKAMBI TAB 200-125	5	PA, QL
PULMOZYME SOLN 2.5MG/2.5ML	5	PA, QL
SYMDEKO TAB 50-75MG	5	PA, QL
SYMDEKO TAB 100-150	5	PA, QL
TRIKAFTA PAK 59.5MG	5	PA, QL
TRIKAFTA PAK 75MG	5	PA, QL
TRIKAFTA TAB	5	PA, QL
PULMONARY FIBROSIS AGENTS		
OFEV CAPS 100MG, 150MG	4	PA, QL
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	1	PA, QL
TETRACYCLINES		
TETRACYCLINES		
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg</i>	1	
<i>minocycline caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	1	
<i>tetracycline caps 250mg, 500mg</i>	1	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
THYROID HORMONES		
<i>levothyroxine tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>liothyronine soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
dicyclomine caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg	1	
H-2 ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl soln 300mg/5ml	1	
famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine inj 20mg/50ml	1	
PEPCID TABS 20MG, 40MG	3	
MISC. ANTI-ULCER		
sucralfate tabs 1gm	1	
PROTON PUMP INHIBITORS		
esomeprazole delayed-rel cpdr 20mg, 40mg; pack 10mg, 20mg, 40mg	1	
lansoprazole delayed-rel cpdr 15mg, 30mg	1	
omeprazole delayed-rel cpdr 10mg, 20mg, 40mg	1	
pantoprazole delayed-rel tbec 20mg, 40mg	1	
pantoprazole sodium solr 40mg	1	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tabs 100mcg, 200mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	1	
bismuth-metronidazole-tetracycline cap 140-125-125 mg	1	
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin ext-rel tb24 7.5mg, 15mg	1	
DETROL TABS 1MG, 2MG	3	
fesoterodine ext-rel tb24 4mg, 8mg	1	
oxybutynin soln 5mg/5ml; tabs 5mg	1	
oxybutynin ext-rel tb24 5mg, 10mg, 15mg	1	
solifenacin tabs 5mg, 10mg	1	
tolterodine tabs 1mg, 2mg	1	
tolterodine ext-rel cp24 2mg, 4mg	1	
trospium tabs 20mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>trospium ext-rel cp24 60mg</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
<i>GEMTESA TABS 75MG</i>	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal crea 2%</i>	1	
<i>metronidazole vaginal gel .75%</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	
VAGINAL ESTROGENS		
<i>estradiol vaginal crea .1mg/gm</i>	1	
<i>IMVEXXY INST 4MCG, 10MCG</i>	2	
<i>VAGIFEM TABS 10MCG</i>	1	
VAGINAL PROGESTINS		
<i>CRINONE GEL 4%, 8%</i>	2	
<i>ENDOMETRIN INST 100MG</i>	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
<i>AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML</i>	2	QL; PA*
<i>epinephrine soaj .15mg/0.15ml, .3mg/0.3ml</i>	1	QL; PA*; Except NDCs 00093-XXXX-XX, 49502-XXXX-XX
<i>epinephrine soln 1mg/ml, 30mg/30ml</i>	1	Except NDCs 00093-XXXX-XX, 49502-XXXX-XX
VASOPRESSORS		
<i>midodrine tabs 2.5mg, 5mg, 10mg</i>	1	
VITAMINS		
WATER SOLUBLE VITAMINS		
<i>pyridoxine hcl soln 100mg/ml</i>	1	

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<i>silver sulfadiazine</i>	55	<i>sulfamethoxazole-trimethoprim susp 200-</i> <i>40 mg/5ml</i>	21
SIMBRINZA SUS 1-0.2%	73	<i>sulfamethoxazole-trimethoprim tab 400-80</i> <i>mg</i>	21
<i>simvastatin</i>	33	<i>sulfamethoxazole-trimethoprim tab 800-</i> <i>160 mg</i>	21
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BlueCross:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: (1) qualified sign language interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language assistance services to people whose primary language is not English, such as: (1) qualified interpreters and (2) information written in other languages.

If you need these reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Grievance; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

You can contact BlueCross's Nondiscrimination Coordinator at 423-535-1010 (TTY: 1-800-848-0298 or 711); Nondiscrimination_CoordinatorGM@bcbst.com (email); or Corporate Compliance, 1 Cameron Hill Circle, 1.4, Chattanooga, TN 37402.

This notice is available at BlueCross's website: bcbst.com.

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ATTENTION: If you speak English, free language assistance services and appropriate auxiliary aids and services are available to you. Please call the Member Service number on the back of your Member ID card or 1-800-565-9140 (TTY: 1-800-848-0298).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma, así como ayudas y servicios auxiliares adecuados. Llame al número de Servicio de atención a miembros que figura en el reverso de su tarjeta de identificación de miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

اتباه: إذا كنت تتحدث العربية، فستوفر لك خدمات المساعدة اللغوية المجانية والخدمات والأدوات المساعدة المناسبة. يرجى الاتصال برقم خدمة الأعضاء الموجود على ظهر بطاقة هوية العضو الخاص بك أو بالرقم 1-800-565-9140 (الهاتف النصي: 1-800-848-0298)

注意: 如果您說中文, 我們提供免費的語言協助服務, 以及適當的輔助協助和服務。請撥打會員ID卡背面的會員服務部號碼或 1-800-565-9140 (聽障專線 (TTY): 1-800-848-0298)。

LUU Y: Nếu quý vị nói tiếng Việt, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các dịch vụ và công cụ hỗ trợ phù hợp. Vui lòng gọi đến số của bộ phận Dịch vụ Hội viên ở mặt sau Thẻ ID Thành viên của quý vị hoặc số 1-800-565-9140 (TTY: 1-800-848-0298).

주의: [한국어]를 사용하시는 경우, 무료 언어 지원 서비스 및 적절한 보조 기구와 서비스가 제공됩니다. 가입자 ID 카드 뒷면의 가입자 서비스 전화번호 또는 1-800-565-9140(TTY: 1-800-848-0298)번으로 전화하시기 바랍니다.

ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés sont à votre disposition. Veuillez appeler le numéro du Service adhérents indiqué au dos de votre carte d'assuré adhérent ou le 1-800-565-9140 (TTY/ATS : 1-800-848-0298).

ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ຫາເບື້ອງຜ່ານບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ማለት: ຖ້າທ່ານເວົ້າພາສາ ພາສາລາວ, ມີການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ ເໝາະສົມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ຫາເບື້ອງຜ່ານບໍລິການສະມາຊິກ ທີ່ມີຢູ່ດ້ານຫຼັງບັດ ID ສະມາຊິກຂອງທ່ານ ຫຼື 1-800-565-9140 (TTY: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und geeignete Hilfsmittel und Dienstleistungen zur Verfügung. Bitte rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mitglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

ध्यान आधो: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે નિ:શુલ્ક ભાષા સહાયતા સેવાઓ અને યોગ્ય સહાયક સાધનો અને સેવાઓ ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય ID કાર્ડની પાછળના સભ્ય સર્વિસ નંબર ઉપર અથવા 1-800-565-9140 (TTY: 1-800-848-0298) પર કૉલ કરો.

お知らせ: 日本語をお話しになる場合は、無料の支援サービスと適切な補助器具・サービスがご利用いただけます。会員IDカードの裏面に記載の会員サービス番号あるいは1-800-565-9140 (TTY: 1-800-848-0298)まで、お電話にてご連絡ください。

PANSININ: Kung kayo ay nagsasalita ng Tagalog, magagamit para sa inyo ang libreng mga serbisyonang tulong sa wika at kaukulang mga karagdagang tulong at mga serbisyo. Mangyaring tawagan ang numero ng Serbisyo sa Miyembro na nasa likod ng inyong Kard ng ID ng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएँ और उपयुक्त सहायक साधन और सेवाएँ उपलब्ध हैं। कृपया अपने सदस्य ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर या 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ! Если Вы говорите по-русски, Вам будут предоставлены услуги языковой поддержки и соответствующие вспомогательные средства и сервисы на бесплатной основе. Позвоните в отдел обслуживания участников по номеру, указанному на обратной стороне Вашей идентификационной карты участника, или по номеру 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی رایگان و مساعدت ها و خدمات کمکی مناسب در دسترس شما هستند. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت عضویت خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, genyen sèvis asistans gratis pou lang ansanm ak èd pou sèvis oksilyè apwopriye k ap disponib pou ou. Tanpri rele nimewo Sèvis Manm ki sou do kat ID Manm ou an oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej oraz rozwiązań i usług pomocniczych. Prosimy zadzwonić pod numer działu obsługi ubezpieczonych podany na odwrocie karty identyfikacyjnej członka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se você fala Português, serviços gratuitos de assistência linguística e recursos e serviços auxiliares apropriados estão disponíveis para você. Ligue para o número de telefone do serviço de Atendimento ao Membro informado no verso de seu cartão de identificação de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: se parla italiano, sono disponibili per Lei servizi gratuiti di assistenza linguistica nonché aiuti e servizi ausiliari adeguati. Chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

BAA'áKOHWIINIDZIN: Diné bizaad bee yánłít'í go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anida'awo'í dóó t'áadoole'é binahjí' bee adahodoonłígíí diné bich'í' anídahazt'í'í bee bika'aanida'awo'í ná dahóló. T'áá shóódí Bít Ha'dít'éhí Bika'aná'awo' Bít Ha'dít'éhí ID naaltsoos nitł'izí bine'déé' binámboo bee hodíłínih doodago 1-800-565-9140 (TTY: 1-800-848-0298).

WICHDIICH: Wann du Deutsch schwetzschst un brauchschst Hilf fer communicat-e kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne differnti Sadde Schprooch-Hilf beigriege aa fer nix. Ruf der Member Service Nummer uff die hinnerscht Seit vun dei Member ID Card uff odder 1-800-565-9140 (TTY: 1-800-848-0298).

FAASILASILAGA: Afai e te tautala i le faa-Samoa, o loo avanoa mo oe auanaga fesoasoani mo gagana e aunoa ma se tofogi faapea ma fesoasoani fa'aopo'opo ma auanaga talafeagai. Faamolemole vala'au le numera o le Member Service (Auaunaga mo Tagata Auai) o lo'o i tua o lau pepa ID o le Member (Tagata Auai) po o le 1-800-565-9140 (TTY: 1-800-848-0298).

GAKIULA: Gare iga go kapetal Faluwasch, ye toore paliuwal yamem bwe tepangug rel gamatefal lane kapetal Faluwasch. Fale peshem kol yegili nampal Member Service ila yelog liugul tagurul Member ID kard la yam gare 1-800-565-9140 (TTY: 1-800-848-0298).

ATENSION: Guaha setbisio siha para hagu yanggen ffinno' CHamoru hao, dibátde na setbision inayudon fumino' CHamoru yan propriu na inasisten trastes yan setbisio siha. Put fabot ágang i numiron Setbision Membro gi santatten i kattá-mu Member ID pat 1-800-565-9140 (TTY: 1-800-848-0298).

¹ Consistent with the scope of sex discrimination described at 45 CFR 92.101(a)(2))