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Test Title

Test Header

Drug Name	Drug Tier	Limits & Restrictions
ANALGESICS (CONTINUED)		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	1-Covered	QL (60 per 30 days)
<i>diclofenac 1.5% topical soln</i>	1-Covered	PA
<i>diclofenac pot 50 mg tablet</i>	1-Covered	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	1-Covered	
<i>diclofenac sodium 1% gel</i>	1-Covered	QL (1000 per 30 days)
<i>diclofenac sodium er</i>	1-Covered	
<i>diflunisal</i>	1-Covered	
<i>ec-naproxen</i>	1-Covered	
<i>etodolac</i>	1-Covered	
<i>flurbiprofen 100 mg tablet</i>	1-Covered	
<i>ibu</i>	1-Covered	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1-Covered	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1-Covered	
<i>indomethacin er</i>	1-Covered	
<i>ketorolac 10 mg tablet</i>	1-Covered	QL (20 per 30 days)
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	1-Covered	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1-Covered	
<i>nabumetone</i>	1-Covered	
<i>naproxen (250 mg tablet, 375 mg tablet, dr 375 mg tablet, 500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	1-Covered	

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Drug Name	Drug Tier	Limits & Restrictions
<i>naproxen sodium</i>	1-Covered	
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	1-Covered	
<i>piroxicam</i>	1-Covered	
<i>sulindac</i>	1-Covered	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	1-Covered	QL (4 per 28 days)
<i>fentanyl (25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	1-Covered	
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)</i>	1-Covered	
<i>methadone intensol</i>	1-Covered	
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1-Covered	
XTAMPZA ER	1-Covered	
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)</i>	1-Covered	
<i>codeine sulfate 60 mg tablet</i>	1-Covered	
<i>endocet</i>	1-Covered	
<i>fentanyl citrate (200 mcg, 400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	1-Covered	PA
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamn 7.5-325/15)</i>	1-Covered	
<i>hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml carpuct, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>morphine sulfate (4 mg/ml carpject, 4 mg/ml syringe, 4 mg/ml vial, 10 mg/ml carpject, 10 mg/ml syringe, ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)</i>	1-Covered	
<i>oxycodone hcl ((ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	1-Covered	
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophn 2.5-325, oxycodone-acetaminophn 7.5-325)</i>	1-Covered	
<i>tramadol hcl 50 mg tablet</i>	1-Covered	
<i>tramadol hcl-acetaminophen</i>	1-Covered	

ANESTHETICS (CONTINUED)

Local Anesthetics

<i>glydo</i>	1-Covered	PA, QL (30 per 30 days)
<i>lidocaine 5% ointment</i>	1-Covered	PA, QL (150 per 30 days)
<i>lidocaine 5% patch</i>	1-Covered	PA
<i>lidocaine hcl (jel urojet ac, jelly uro-jet)</i>	1-Covered	PA, QL (30 per 30 days)
<i>lidocaine-prilocaine</i>	1-Covered	PA, QL (30 per 30 days)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (CONTINUED)

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium</i>	1-Covered	
<i>disulfiram</i>	1-Covered	
<i>naltrexone hcl</i>	1-Covered	
VIVITROL	1-Covered	

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet sl, 8 mg tablet sl)</i>	1-Covered	
<i>buprenorphine-nalox 2-0.5mg tb</i>	1-Covered	QL (360 per 30 days)
<i>buprenorphine-naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)</i>	1-Covered	QL (90 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>buprenorphine-naloxone (4-1mg film, 12-3mg flm)</i>	1-Covered	QL (60 per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	1-Covered	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	1-Covered	QL (60 per 30 days)
NICOTROL NS	1-Covered	QL (360 per 365 days)
<i>varenicline tartrate</i>	1-Covered	QL (504 per 365 days)
ANTIBACTERIALS (CONTINUED)		
Aminoglycosides		
<i>amikacin sulfite</i>	1-Covered	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1-Covered	
<i>neomycin sulfate</i>	1-Covered	
<i>paromomycin sulfate</i>	1-Covered	
<i>streptomycin sulfate</i>	1-Covered	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1-Covered	
Antibacterials, Other		
<i>aztreonam</i>	1-Covered	
<i>clindacin etz</i>	1-Covered	
<i>clindacin p</i>	1-Covered	
<i>clindamycin (pediatric)</i>	1-Covered	
<i>clindamycin hcl</i>	1-Covered	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, 600 mg/4 ml addvan, ph 600 mg/4 ml vl, 900 mg/6 ml addvan, ph 900 mg/6 ml vl, phos 1% pledget)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>colistimethate</i>	1-Covered	
<i>daptomycin</i>	1-Covered	
<i>daptomycin-0.9% nacl (700 mg/100ml-ns bag, 1,000 mg/100 ml-ns)</i>	1-Covered	
IMPAVIDO	1-Covered	
KIMYRSA	1-Covered	
<i>linezolid 100 mg/5 ml susp</i>	1-Covered	QL (1800 per 28 days)
<i>linezolid 600 mg tablet</i>	1-Covered	QL (56 per 28 days)
<i>linezolid-d5w</i>	1-Covered	
<i>methenamine hippurate</i>	1-Covered	
METRO IV	1-Covered	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	1-Covered	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	1-Covered	
<i>nitrofurantoin mono-macro</i>	1-Covered	
<i>tinidazole</i>	1-Covered	
<i>trimethoprim</i>	1-Covered	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	1-Covered	
<i>vancomycin hcl 125 mg capsule</i>	1-Covered	QL (120 per 30 days)
<i>vancomycin hcl 250 mg capsule</i>	1-Covered	QL (240 per 30 days)
VOQUEZNA DUAL PAK	1-Covered	PA
VOQUEZNA TRIPLE PAK	1-Covered	PA
XENLETA 600 MG TABLET	1-Covered	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1-Covered	
<i>cefadroxil (250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1-Covered	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1-Covered	
<i>cefepime 2 gm injection</i>	1-Covered	
<i>cefepime hcl</i>	1-Covered	
<i>cefepime-dextrose 2 gm/50 ml</i>	1-Covered	
<i>cefixime 400 mg capsule</i>	1-Covered	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	1-Covered	
<i>cefoxitin</i>	1-Covered	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1-Covered	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1-Covered	
<i>ceftazidime (1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	1-Covered	
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 250 mg vial, 500 mg vial)</i>	1-Covered	
<i>cefuroxime</i>	1-Covered	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	1-Covered	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule)</i>	1-Covered	
FETROJA	1-Covered	
<i>tazicef</i>	1-Covered	
TEFLARO	1-Covered	
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1-Covered	
<i>amoxicillin-clavulanate pot er</i>	1-Covered	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ampicillin 500 mg capsule</i>	1-Covered	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial)</i>	1-Covered	
<i>ampicillin-sulbactam</i>	1-Covered	
AUGMENTIN 125-31.25 MG/5 ML	1-Covered	
BICILLIN L-A	1-Covered	
<i>dicloxacillin sodium</i>	1-Covered	
<i>nafcillin sodium</i>	1-Covered	
<i>penicillin g sodium</i>	1-Covered	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1-Covered	
<i>piperacillin-tazobactam</i>	1-Covered	
Carbapenems		
<i>ertapenem</i>	1-Covered	
<i>imipenem-cilastatin sodium</i>	1-Covered	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1-Covered	
Macrolides		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	1-Covered	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1-Covered	
<i>clarithromycin er</i>	1-Covered	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	1-Covered	
<i>erythromycin (dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet)</i>	1-Covered	
<i>erythromycin 200 mg/5 ml susp</i>	1-Covered	
Quinolones		
BAXDELA 450 MG TABLET	1-Covered	
CIPRO (5% SUSPENSION, 10% SUSPENSION)	1-Covered	
<i>ciprofloxacin</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1-Covered	
<i>ciprofloxacin-d5w</i>	1-Covered	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1-Covered	
<i>levofloxacin-d5w</i>	1-Covered	
<i>moxifloxacin 400 mg/250 ml bag</i>	1-Covered	
<i>moxifloxacin hcl</i>	1-Covered	
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	1-Covered	
Sulfonamides		
<i>sulfadiazine</i>	1-Covered	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	1-Covered	
Tetracyclines		
<i>demeclocycline hcl</i>	1-Covered	
<i>doxy 100</i>	1-Covered	
<i>doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	1-Covered	
<i>doxycycline monohydrate (25 mg/5 ml susp, mono 50 mg cap, mono 50 mg tablet, mono 100 mg cap, mono 100 mg tablet)</i>	1-Covered	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	1-Covered	
<i>mondoxyne nl 100 mg capsule</i>	1-Covered	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1-Covered	
ANTICONVULSANTS (CONTINUED)		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	1-Covered	PA
EPIDIOLEX	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
EPRONTIA	1-Covered	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	1-Covered	
FINTEPLA	1-Covered	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1-Covered	
<i>lamotrigine</i>	1-Covered	
<i>lamotrigine (blue)</i>	1-Covered	
<i>lamotrigine (green)</i>	1-Covered	
<i>lamotrigine (orange)</i>	1-Covered	
<i>lamotrigine odt (blue)</i>	1-Covered	
<i>lamotrigine odt (green)</i>	1-Covered	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1-Covered	
<i>levetiracetam er</i>	1-Covered	
NAYZILAM	1-Covered	QL (10 per 30 days)
<i>roweepira 500 mg tablet</i>	1-Covered	
SPRITAM	1-Covered	
<i>subvenite</i>	1-Covered	
<i>subvenite (blue)</i>	1-Covered	
<i>subvenite (green)</i>	1-Covered	
<i>subvenite (orange)</i>	1-Covered	
<i>topiramate</i>	1-Covered	
XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	1-Covered	PA
Calcium Channel Modifying Agents		
CELONTIN	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1-Covered	
<i>methsuximide</i>	1-Covered	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (2.5 mg/ml suspension, 10 mg tablet, 20 mg tablet)</i>	1-Covered	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 0.5 mg tablet, 1 mg dis tablet, 1 mg odt, 1 mg tablet)</i>	1-Covered	QL (90 per 30 days)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1-Covered	QL (300 per 30 days)
DIACOMIT	1-Covered	PA
<i>diazepam (2.5 mg rectal gel sys, 10 mg rectal gel syst, 20 mg rectal gel syst)</i>	1-Covered	
<i>divalproex sodium</i>	1-Covered	
<i>divalproex sodium er</i>	1-Covered	
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	1-Covered	QL (360 per 30 days)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	1-Covered	QL (2160 per 30 days)
<i>gabapentin 400 mg capsule</i>	1-Covered	QL (270 per 30 days)
<i>gabapentin 600 mg tablet</i>	1-Covered	QL (180 per 30 days)
<i>gabapentin 800 mg tablet</i>	1-Covered	QL (150 per 30 days)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1-Covered	
<i>primidone</i>	1-Covered	
SYMPAZAN	1-Covered	
<i>tiagabine hcl</i>	1-Covered	
VALTOCO	1-Covered	QL (10 per 30 days)
<i>vigabatrin</i>	1-Covered	PA
<i>vigadrone</i>	1-Covered	PA
Sodium Channel Agents		
APTIOM	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	1-Covered	
<i>carbamazepine er</i>	1-Covered	
DILANTIN 30 MG CAPSULE	1-Covered	
<i>epitol</i>	1-Covered	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	1-Covered	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1-Covered	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	1-Covered	
<i>phenytoin sodium extended</i>	1-Covered	
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	1-Covered	
ZONISADE	1-Covered	ST
<i>zonisamide</i>	1-Covered	

ANTIDEMENTIA AGENTS (CONTINUED)

Antidementia Agents, Other

<i>ergoloid mesylates</i>	1-Covered	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	1-Covered	ST, QL (30 per 30 days)
NAMZARIC TITRATION PACK	1-Covered	ST, QL (56 per 365 days)

Cholinesterase Inhibitors

<i>donepezil hcl</i>	1-Covered	
<i>donepezil hcl odt</i>	1-Covered	
<i>galantamine er</i>	1-Covered	
<i>galantamine hbr</i>	1-Covered	
<i>galantamine hydrobromide</i>	1-Covered	
<i>rivastigmine</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1-Covered	
<i>memantine hcl er</i>	1-Covered	QL (30 per 30 days)
ANTIDEPRESSANTS (CONTINUED)		
Antidepressants, Other		
AUVELITY	1-Covered	ST, QL (60 per 30 days)
<i>bupropion hcl</i>	1-Covered	
<i>bupropion hcl sr 100 mg tablet</i>	1-Covered	QL (90 per 30 days)
<i>bupropion hcl sr 150mg tablet</i>	1-Covered	QL (60 per 30 days)
<i>bupropion hcl sr 200 mg tablet</i>	1-Covered	QL (60 per 30 days)
<i>bupropion hcl xl 150 mg tablet</i>	1-Covered	QL (90 per 30 days)
<i>bupropion hcl xl 300 mg tablet</i>	1-Covered	QL (30 per 30 days)
<i>mirtazapine</i>	1-Covered	
SPRAVATO (56 MG PACK, 84 MG PACK)	1-Covered	PA
Monoamine Oxidase Inhibitors		
EMSAM	1-Covered	ST, QL (30 per 30 days)
MARPLAN	1-Covered	
<i>phenelzine sulfate</i>	1-Covered	
<i>tranylcypromine sulfate</i>	1-Covered	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hbr (10 mg tablet, 10 mg/5 ml soln, 20 mg tablet, 20 mg/10 ml cup, 40 mg tablet)</i>	1-Covered	
<i>desvenlafaxine succinate er (er 25 mg, er 50 mg)</i>	1-Covered	QL (30 per 30 days)
<i>desvenlafaxine succnt er 100mg</i>	1-Covered	QL (120 per 30 days)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	1-Covered	QL (60 per 30 days)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	1-Covered	QL (90 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1-Covered	QL (60 per 30 days)
<i>duloxetine hcl dr 30 mg cap</i>	1-Covered	QL (90 per 30 days)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	1-Covered	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	1-Covered	ST, QL (30 per 30 days)
FETZIMA 20-40 MG TITRATION PAK	1-Covered	ST, QL (56 per 365 days)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 20 mg/5 ml soln cup, 20 mg/5 ml solution, 40 mg capsule)</i>	1-Covered	
<i>fluvoxamine maleate</i>	1-Covered	
<i>nefazodone hcl</i>	1-Covered	
<i>paroxetine hcl (10 mg tablet, 10 mg/5 ml susp, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1-Covered	
<i>sertraline hcl (20 mg/ml oral conc, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1-Covered	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1-Covered	
TRINTELLIX	1-Covered	QL (30 per 30 days)
<i>venlafaxine besylate er</i>	1-Covered	ST
<i>venlafaxine hcl</i>	1-Covered	
<i>venlafaxine hcl er (37.5 mg cap, 75 mg cap, 150 mg cap)</i>	1-Covered	
VIIBRYD 10-20 MG STARTER PACK	1-Covered	QL (60 per 365 days)
<i>vilazodone hcl</i>	1-Covered	QL (30 per 30 days)
Tricyclics		
<i>amitriptyline hcl</i>	1-Covered	
<i>amoxapine</i>	1-Covered	
<i>clomipramine hcl</i>	1-Covered	
<i>desipramine hcl</i>	1-Covered	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>imipramine hcl</i>	1-Covered	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1-Covered	
<i>protriptyline hcl</i>	1-Covered	
<i>trimipramine maleate</i>	1-Covered	
ANTIEMETICS (CONTINUED)		
Antiemetics, Other		
<i>compro</i>	1-Covered	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1-Covered	
<i>prochlorperazine</i>	1-Covered	
<i>prochlorperazine 10 mg/2 ml vl</i>	1-Covered	
<i>prochlorperazine maleate</i>	1-Covered	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1-Covered	
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	1-Covered	
<i>scopolamine</i>	1-Covered	
Emetogenic Therapy Adjuncts		
AKYNZEO 235-0.25 MG/20 ML VIAL	1-Covered	
AKYNZEO 300-0.5 MG CAPSULE	1-Covered	PA, QL (2 per 30 days)
<i>aprepitant 125 mg capsule</i>	1-Covered	PA, QL (2 per 30 days)
<i>aprepitant 125-80-80 mg pack</i>	1-Covered	PA, QL (6 per 30 days)
<i>aprepitant 40 mg capsule</i>	1-Covered	PA, QL (1 per 30 days)
<i>aprepitant 80 mg capsule</i>	1-Covered	PA, QL (8 per 30 days)
<i>dronabinol</i>	1-Covered	PA, QL (60 per 30 days)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	1-Covered	PA
<i>ondansetron hcl (4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial)</i>	1-Covered	
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	1-Covered	PA, QL (450 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	1-Covered	PA
ANTIFUNGALS (CONTINUED)		
ABELCET	1-Covered	PA
AMBISOME	1-Covered	PA
<i>amphotericin b</i>	1-Covered	PA
<i>amphotericin b liposome</i>	1-Covered	PA
<i>caspofungin acetate</i>	1-Covered	
<i>clotrimazole (1% topical cream, 10 mg lozenge, 10 mg troche)</i>	1-Covered	
<i>econazole nitrate</i>	1-Covered	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1-Covered	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1-Covered	
<i>flucytosine</i>	1-Covered	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1-Covered	
<i>griseofulvin ultramicronsize</i>	1-Covered	
<i>itraconazole 100 mg capsule</i>	1-Covered	PA
JUBLIA	1-Covered	
<i>ketoconazole (2% shampoo, 200 mg tablet)</i>	1-Covered	
<i>ketoconazole 2% cream</i>	1-Covered	QL (90 per 30 days)
<i>naftifine hcl (1% gel, 2% gel)</i>	1-Covered	
NOXAFIL 40 MG/ML SUSPENSION	1-Covered	PA
<i>nyamyc</i>	1-Covered	QL (120 per 30 days)
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	1-Covered	
<i>nystatin 100,000 unit/gm powd</i>	1-Covered	QL (120 per 30 days)
<i>nystop</i>	1-Covered	QL (120 per 30 days)
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
<i>terbinafine hcl</i>	1-Covered	QL (84 per 180 days)
<i>terconazole (0.4% cream, 0.8% cream)</i>	1-Covered	
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet)</i>	1-Covered	
<i>voriconazole 200 mg vial</i>	1-Covered	PA
ANTIGOUT AGENTS (CONTINUED)		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1-Covered	
<i>colchicine 0.6 mg tablet</i>	1-Covered	
<i>febuxostat</i>	1-Covered	
<i>probenecid</i>	1-Covered	
<i>probenecid-colchicine</i>	1-Covered	
ANTIMIGRAINE AGENTS (CONTINUED)		
Ergot Alkaloids		
<i>dihydroergotamine 4 mg/ml spty</i>	1-Covered	PA, QL (8 per 30 days)
<i>ergotamine-caffeine</i>	1-Covered	QL (24 per 28 days)
Prophylactic		
AIMOVIG 140 MG/ML AUTOINJECTOR	1-Covered	PA, QL (1 per 28 days)
AIMOVIG 70 MG/ML AUTOINJECTOR	1-Covered	PA, QL (2 per 28 days)
EMGALITY 120 MG/ML SYRINGE	1-Covered	PA, QL (2 per 28 days)
EMGALITY PEN	1-Covered	PA, QL (2 per 28 days)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1-Covered	PA, QL (3 per 28 days)
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1-Covered	
UBRELVY	1-Covered	PA, QL (16 per 30 days)
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	1-Covered	QL (9 per 30 days)
<i>rizatriptan</i>	1-Covered	QL (18 per 30 days)
<i>sumatriptan</i>	1-Covered	QL (12 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1-Covered	QL (9 per 30 days)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	1-Covered	QL (5 per 30 days)
<i>zolmitriptan (2.5 mg nasal spry, 2.5mg nasal spray)</i>	1-Covered	QL (18 per 30 days)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	1-Covered	QL (12 per 30 days)
ANTIMYASTHENIC AGENTS (CONTINUED)		
Parasympathomimetics		
<i>pyridostigmine br 60 mg tablet</i>	1-Covered	
ANTIMYCOBACTERIALS (CONTINUED)		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1-Covered	
<i>rifabutin</i>	1-Covered	
Antituberculars		
<i>cycloserine</i>	1-Covered	
<i>ethambutol hcl</i>	1-Covered	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 100 mg/ml vial, 300 mg tablet)</i>	1-Covered	
PASER	1-Covered	
PRIFTIN	1-Covered	
<i>pyrazinamide</i>	1-Covered	
<i>rifampin</i>	1-Covered	
SIRTURO	1-Covered	
TRECTOR	1-Covered	
ANTINEOPLASTICS (CONTINUED)		
Alkylating Agents		
<i>cyclophosphamide (1 gm/2 ml vl, 2 gm/4 ml vl, 500 mg/ml vl)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1-Covered	PA
GLEOSTINE	1-Covered	
<i>ifosfamide 3 gm vial</i>	1-Covered	
LEUKERAN	1-Covered	
MATULANE	1-Covered	
<i>thiotepa 100 mg vial</i>	1-Covered	
VALCHLOR	1-Covered	PA
Antiandrogens		
<i>abiraterone acetate</i>	1-Covered	PA
<i>bicalutamide</i>	1-Covered	
ERLEADA	1-Covered	PA
<i>nilutamide</i>	1-Covered	
NUBEQA	1-Covered	PA
XTANDI	1-Covered	PA
Antiangiogenic Agents		
FOTIVDA	1-Covered	PA
<i>lenalidomide</i>	1-Covered	PA
POMALYST	1-Covered	PA
QINLOCK	1-Covered	PA
REVLIMID	1-Covered	PA
TABRECTA	1-Covered	PA, QL (120 per 30 days)
THALOMID	1-Covered	PA
Antiestrogens/Modifiers		
EMCYT	1-Covered	
SOLTAMOX	1-Covered	
<i>tamoxifen citrate</i>	1-Covered	
<i>toremifene citrate</i>	1-Covered	
Antimetabolites		
DROXIA	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>hydroxyurea</i>	1-Covered	
<i>mercaptopurine</i>	1-Covered	
<i>nelarabine</i>	1-Covered	
PURIXAN	1-Covered	
TABLOID	1-Covered	
Antineoplastics		
ORSERDU	1-Covered	PA
Antineoplastics, Other		
BESREMI	1-Covered	PA
COLUMVI	1-Covered	PA
EPKINLY	1-Covered	PA
GAVRETO	1-Covered	PA
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	1-Covered	PA
IDHIFA	1-Covered	PA, QL (30 per 30 days)
INREBIC	1-Covered	PA
KIMMTRAK	1-Covered	PA
KISQALI FEMARA CO-PACK	1-Covered	PA
KRAZATI	1-Covered	PA
LONSURF	1-Covered	PA
LUMAKRAS	1-Covered	PA
LYTGOBI	1-Covered	PA
NINLARO	1-Covered	PA
ONUREG	1-Covered	PA
OPDUALAG	1-Covered	PA
PEMAZYRE	1-Covered	PA, QL (30 per 30 days)
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	1-Covered	PA
SCEMBLIX 20 MG TABLET	1-Covered	PA, QL (60 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
SCEMBLIX 40 MG TABLET	1-Covered	PA
SYNRIBO	1-Covered	PA
TAZVERIK	1-Covered	PA
TRUSELTIQ	1-Covered	PA
TUKYSA	1-Covered	PA
VONJO	1-Covered	PA
XPOVIO	1-Covered	PA
ZOLINZA	1-Covered	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1-Covered	
<i>exemestane</i>	1-Covered	
<i>letrozole</i>	1-Covered	
Molecular Target Inhibitors		
AFINITOR DISPERZ	1-Covered	PA
ALECENSA	1-Covered	PA
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	1-Covered	PA, QL (30 per 30 days)
ALUNBRIG 30 MG TABLET	1-Covered	PA, QL (120 per 30 days)
ALUNBRIG 90 MG-180 MG TAB PACK	1-Covered	PA, QL (60 per 365 days)
AYVAKIT	1-Covered	PA, QL (30 per 30 days)
BALVERSA	1-Covered	PA
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	1-Covered	PA
BRAFTOVI 75 MG CAPSULE	1-Covered	PA
BRUKINSA	1-Covered	PA
CABOMETYX	1-Covered	PA
CALQUENCE	1-Covered	PA
CAPRELSA 100 MG TABLET	1-Covered	PA, QL (60 per 30 days)
CAPRELSA 300 MG TABLET	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
COMETRIQ	1-Covered	PA
COPIKTRA	1-Covered	PA
COTELLIC	1-Covered	PA
DAURISMO	1-Covered	PA
ERIVEDGE	1-Covered	PA
<i>erlotinib hcl</i>	1-Covered	PA
<i>everolimus (2 mg tab susp, 3 mg tab susp, 5 mg tab susp)</i>	1-Covered	PA
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1-Covered	PA, QL (30 per 30 days)
EXKIVITY	1-Covered	PA
FYARRO	1-Covered	PA
<i>gefitinib</i>	1-Covered	PA
GILOTRIF	1-Covered	PA, QL (30 per 30 days)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	1-Covered	PA
ICLUSIG (10 MG TABLET, 15 MG TABLET)	1-Covered	PA, QL (30 per 30 days)
ICLUSIG (30 MG TABLET, 45 MG TABLET)	1-Covered	PA
<i>imatinib mesylate</i>	1-Covered	PA
IMBRUVICA (70 MG CAPSULE, 70 MG/ML SUSPENSION, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	1-Covered	PA
INLYTA	1-Covered	PA
INQOVI	1-Covered	PA
IRESSA	1-Covered	PA
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	1-Covered	PA
JAKAFI 10 MG TABLET	1-Covered	PA, QL (60 per 30 days)
JAYPIRCA 100 MG TABLET	1-Covered	PA
JAYPIRCA 50 MG TABLET	1-Covered	PA, QL (30 per 30 days)
KISQALI	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
KOSELUGO	1-Covered	PA
<i>lapatinib</i>	1-Covered	PA
LENVIMA	1-Covered	PA
LORBRENA	1-Covered	PA
LYNPARZA	1-Covered	PA
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	1-Covered	PA
MEKTOVI	1-Covered	PA
NERLYNX	1-Covered	PA, QL (180 per 30 days)
ODOMZO	1-Covered	PA
OJJAARA	1-Covered	PA
PIQRAY	1-Covered	PA
REZLIDHIA	1-Covered	PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	1-Covered	PA
RUBRACA	1-Covered	PA
RYDAPT	1-Covered	PA
<i>sorafenib</i>	1-Covered	PA
SPRYCEL	1-Covered	PA
STIVARGA	1-Covered	PA
<i>sunitinib malate</i>	1-Covered	PA
TAFINLAR	1-Covered	PA
TAGRISSO 40 MG TABLET	1-Covered	PA, QL (30 per 30 days)
TAGRISSO 80 MG TABLET	1-Covered	PA
TALZENNA	1-Covered	PA
TASIGNA	1-Covered	PA
TEPMETKO	1-Covered	PA
TIBSOVO	1-Covered	PA
TURALIO	1-Covered	PA
VANFLYTA	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
VENCLEXTA	1-Covered	PA
VENCLEXTA STARTING PACK	1-Covered	PA
VERZENIO	1-Covered	PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	1-Covered	PA
VIZIMPRO	1-Covered	PA
VOTRIENT	1-Covered	PA
WELIREG	1-Covered	PA
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	1-Covered	PA
XOSPATA	1-Covered	PA
ZEJULA (100 MG CAPSULE, 200 MG TABLET, 300 MG TABLET)	1-Covered	PA
ZEJULA 100 MG TABLET	1-Covered	PA, QL (30 per 30 days)
ZELBORAF	1-Covered	PA
ZYDELIG	1-Covered	PA
ZYKADIA 150 MG TABLET	1-Covered	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
CYCLOPHOSPHAMIDE (1 GM/5 ML VL, 2 GM/10 ML VL, 500 MG/2.5 ML)	1-Covered	
DANYELZA	1-Covered	PA
DARZALEX FASPRO	1-Covered	PA
FARYDAK	1-Covered	PA
<i>flutamide</i>	1-Covered	
INFLIXIMAB	1-Covered	PA
JEMPERLI	1-Covered	PA
KANJINTI	1-Covered	PA
MONJUVI	1-Covered	PA
MVASI	1-Covered	PA
PHESGO	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
POLIVY	1-Covered	PA
REMICADE	1-Covered	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	1-Covered	PA
RUXIENCE	1-Covered	PA
RYBREVANT	1-Covered	PA
RYLAZE	1-Covered	
SARCLISA	1-Covered	PA
TIVDAK	1-Covered	PA
TRAZIMERA	1-Covered	PA
TRODELVY	1-Covered	PA
ZEPZELCA	1-Covered	PA
ZIRABEV	1-Covered	PA
ZYNLONTA	1-Covered	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	1-Covered	PA
PANRETIN	1-Covered	
<i>tretinoin 10 mg capsule</i>	1-Covered	
Treatment Adjuncts		
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 500 mg vial)</i>	1-Covered	
MESNEX 400 MG TABLET	1-Covered	
ANTIPARASITICS (CONTINUED)		
Anthelmintics		
<i>albendazole</i>	1-Covered	
<i>ivermectin 3 mg tablet</i>	1-Covered	PA
<i>praziquantel</i>	1-Covered	
Antiprotozoals		
<i>atovaquone</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>atovaquone-proguanil hcl</i>	1-Covered	
<i>benznidazole</i>	1-Covered	
<i>chloroquine phosphate</i>	1-Covered	
COARTEM	1-Covered	
<i>hydroxychloroquine sulfate (100 mg tab, 200 mg tab)</i>	1-Covered	
<i>mefloquine hcl</i>	1-Covered	
<i>nitazoxanide</i>	1-Covered	
<i>pentamidine 300 mg inhal powdr</i>	1-Covered	PA
<i>pentamidine 300 mg inject vial</i>	1-Covered	
<i>primaquine</i>	1-Covered	
<i>pyrimethamine</i>	1-Covered	PA
<i>quinine sulfate</i>	1-Covered	PA

ANTIPARKINSON AGENTS (CONTINUED)

Anticholinergics

<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1-Covered	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	1-Covered	

Antiparkinson Agents, Other

<i>entacapone</i>	1-Covered	
OSMOLEX ER (129 MG TABLET, 193 MG TABLET, 322 MG DAILY DOSE)	1-Covered	PA

Dopamine Agonists

<i>bromocriptine mesylate</i>	1-Covered	
KYNMOBI (10 MG SL FILM, 15 MG SL FILM, 20 MG SL FILM, 25 MG SL FILM, 30 MG SL FILM)	1-Covered	PA, QL (150 per 30 days)
KYNMOBI TITRATION KIT	1-Covered	PA, QL (20 per 365 days)
NEUPRO	1-Covered	
<i>pramipexole dihydrochloride</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ropinirole hcl</i>	1-Covered	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1-Covered	
<i>carbidopa-levodopa</i>	1-Covered	
<i>carbidopa-levodopa er</i>	1-Covered	
INBRIJA	1-Covered	PA
RYTARY	1-Covered	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	1-Covered	
<i>selegiline hcl</i>	1-Covered	
ANTIPSYCHOTICS (CONTINUED)		
1st Generation/Typical		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1-Covered	
<i>fluphenazine decanoate</i>	1-Covered	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	1-Covered	
<i>haloperidol</i>	1-Covered	
<i>haloperidol decanoate</i>	1-Covered	
<i>haloperidol decanoate 100</i>	1-Covered	
<i>haloperidol lactate</i>	1-Covered	
<i>loxapine</i>	1-Covered	
<i>molindone hcl</i>	1-Covered	
<i>perphenazine</i>	1-Covered	
<i>pimozide</i>	1-Covered	
<i>thioridazine hcl</i>	1-Covered	
<i>thiothixene</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>trifluoperazine hcl</i>	1-Covered	
2nd Generation/Atypical		
ABILIFY MAINTENA	1-Covered	
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1-Covered	QL (30 per 30 days)
<i>aripiprazole 1 mg/ml solution</i>	1-Covered	QL (750 per 30 days)
<i>aripiprazole odt</i>	1-Covered	QL (60 per 30 days)
ARISTADA	1-Covered	
ARISTADA INITIO	1-Covered	
<i>asenapine maleate</i>	1-Covered	QL (60 per 30 days)
CAPLYTA	1-Covered	PA, QL (30 per 30 days)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1-Covered	ST, QL (60 per 30 days)
FANAPT TITRATION PACK	1-Covered	ST, QL (8 per 180 days)
INVEGA HAFYERA	1-Covered	ST
INVEGA SUSTENNA	1-Covered	
INVEGA TRINZA	1-Covered	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	1-Covered	QL (30 per 30 days)
LATUDA 80 MG TABLET	1-Covered	QL (60 per 30 days)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1-Covered	QL (30 per 30 days)
<i>lurasidone hcl 80 mg tablet</i>	1-Covered	QL (60 per 30 days)
LYBALVI	1-Covered	ST, QL (30 per 30 days)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1-Covered	PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	1-Covered	QL (30 per 30 days)
<i>olanzapine 10 mg vial</i>	1-Covered	
<i>olanzapine odt</i>	1-Covered	QL (30 per 30 days)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	1-Covered	QL (30 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>paliperidone er 6 mg tablet</i>	1-Covered	QL (60 per 30 days)
PERSERIS	1-Covered	
<i>quetiapine er 200 mg tablet</i>	1-Covered	QL (90 per 30 days)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tablet, 200 mg tab)</i>	1-Covered	QL (90 per 30 days)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1-Covered	QL (60 per 30 days)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	1-Covered	QL (60 per 30 days)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	1-Covered	QL (30 per 30 days)
RISPERDAL CONSTA	1-Covered	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	1-Covered	QL (60 per 30 days)
<i>risperidone 1 mg/ml solution</i>	1-Covered	QL (240 per 30 days)
<i>risperidone odt</i>	1-Covered	QL (60 per 30 days)
SECUADO	1-Covered	ST, QL (30 per 30 days)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	1-Covered	ST, QL (30 per 30 days)
VRAYLAR 1.5 MG-3 MG PACK	1-Covered	ST, QL (14 per 365 days)
<i>ziprasidone hcl</i>	1-Covered	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1-Covered	QL (60 per 30 days)
ZYPREXA RELPREVV	1-Covered	
Treatment-Resistant		
<i>clozapine (25 mg tablet, 100 mg tablet)</i>	1-Covered	QL (270 per 30 days)
<i>clozapine 200 mg tablet</i>	1-Covered	QL (120 per 30 days)
<i>clozapine 50 mg tablet</i>	1-Covered	QL (180 per 30 days)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	1-Covered	QL (270 per 30 days)
<i>clozapine odt 12.5 mg tablet</i>	1-Covered	QL (90 per 30 days)
<i>clozapine odt 150 mg tablet</i>	1-Covered	QL (180 per 30 days)
<i>clozapine odt 200 mg tablet</i>	1-Covered	QL (120 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
VERSACLOZ	1-Covered	QL (540 per 30 days)
ANTISPASTICITY AGENTS (CONTINUED)		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1-Covered	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1-Covered	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1-Covered	
ANTIVIRALS (CONTINUED)		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	1-Covered	
BIKTARVY	1-Covered	QL (30 per 30 days)
CABENUVA	1-Covered	
DOVATO	1-Covered	QL (30 per 30 days)
GENVOYA	1-Covered	QL (30 per 30 days)
ISENTRESS	1-Covered	
ISENTRESS HD	1-Covered	
JULUCA	1-Covered	QL (30 per 30 days)
STRIBILD	1-Covered	QL (30 per 30 days)
TIVICAY	1-Covered	
TIVICAY PD	1-Covered	
VOCABRIA	1-Covered	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	1-Covered	QL (30 per 30 days)
DELSTRIGO	1-Covered	QL (30 per 30 days)
EDURANT	1-Covered	
<i>efavirenz</i>	1-Covered	
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	1-Covered	QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1-Covered	QL (30 per 30 days)
<i>etravirine</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
INTELENCE 25 MG TABLET	1-Covered	
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	1-Covered	
<i>nevirapine er</i>	1-Covered	
PIFELTRO	1-Covered	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	1-Covered	
<i>abacavir-lamivudine</i>	1-Covered	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	1-Covered	QL (60 per 30 days)
CIMDUO	1-Covered	QL (30 per 30 days)
DESCOVY	1-Covered	QL (30 per 30 days)
<i>emtricitabine</i>	1-Covered	
<i>emtricitabine-tenofovir disop</i>	1-Covered	QL (30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION	1-Covered	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	1-Covered	
<i>lamivudine-zidovudine</i>	1-Covered	QL (60 per 30 days)
ODEFSEY	1-Covered	QL (30 per 30 days)
RETROVIR 200 MG/20 ML VIAL	1-Covered	
TEMIXYS	1-Covered	QL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	1-Covered	
TRIUMEQ	1-Covered	QL (30 per 30 days)
TRIUMEQ PD	1-Covered	QL (180 per 30 days)
TRIZIVIR	1-Covered	QL (60 per 30 days)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	1-Covered	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	1-Covered	
Anti-HIV Agents, Other		
FUZEON	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>maraviroc</i>	1-Covered	
RUKOBIA	1-Covered	
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET, 75 MG TABLET)	1-Covered	
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET, 463.5 MG/1.5 ML VIAL)	1-Covered	
TROGARZO	1-Covered	
TYBOST	1-Covered	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS 250 MG CAPSULE	1-Covered	
<i>atazanavir sulfate</i>	1-Covered	
<i>darunavir</i>	1-Covered	
EVOTAZ	1-Covered	QL (30 per 30 days)
<i>fosamprenavir calcium</i>	1-Covered	
INVIRASE	1-Covered	
LEXIVA 50 MG/ML SUSPENSION	1-Covered	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	1-Covered	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	1-Covered	
PREZCOBIX	1-Covered	QL (30 per 30 days)
PREZISTA (75 MG TABLET, 100 MG/ML SUSPENSION, 150 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1-Covered	
REYATAZ 50 MG POWDER PACKET	1-Covered	
<i>ritonavir</i>	1-Covered	
SYM TUZA	1-Covered	QL (30 per 30 days)
VIRACEPT	1-Covered	
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	1-Covered	PA
LIVTENCITY	1-Covered	
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	1-Covered	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	1-Covered	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1-Covered	
BARACLUDE 0.05 MG/ML SOLUTION	1-Covered	QL (600 per 30 days)
<i>entecavir</i>	1-Covered	QL (30 per 30 days)
EPIVIR HBV 25 MG/5 ML SOLN	1-Covered	
<i>lamivudine 100 mg tablet</i>	1-Covered	
<i>lamivudine hbv</i>	1-Covered	
VEMLIDY	1-Covered	
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	1-Covered	PA, QL (336 per 365 days)
MAVYRET 50-20 MG PELLET PACKET	1-Covered	PA, QL (560 per 365 days)
<i>ribavirin 200 mg tablet</i>	1-Covered	
<i>sofosbuvir-velpatasvir</i>	1-Covered	PA, QL (84 per 365 days)
VOSEVI	1-Covered	PA, QL (84 per 365 days)
Anti-influenza Agents		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	1-Covered	
<i>oseltamivir 6 mg/ml suspension</i>	1-Covered	QL (1080 per 365 days)
<i>oseltamivir phos 30 mg capsule</i>	1-Covered	QL (168 per 365 days)
<i>oseltamivir phos 45 mg capsule</i>	1-Covered	QL (84 per 365 days)
<i>oseltamivir phos 75 mg capsule</i>	1-Covered	QL (110 per 365 days)
<i>rimantadine hcl</i>	1-Covered	
TAMIFLU 30 MG CAPSULE	1-Covered	QL (168 per 365 days)

Drug Name	Drug Tier	Limits & Restrictions
TAMIFLU 45 MG CAPSULE	1-Covered	QL (84 per 365 days)
TAMIFLU 6 MG/ML SUSPENSION	1-Covered	QL (1080 per 365 days)
TAMIFLU 75 MG CAPSULE	1-Covered	QL (110 per 365 days)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	1-Covered	QL (4 per 365 days)
XOFLUZA 80 MG TABLET	1-Covered	QL (2 per 365 days)
Antiherpetic Agents		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1-Covered	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1-Covered	PA
<i>famciclovir</i>	1-Covered	
<i>valacyclovir</i>	1-Covered	QL (120 per 30 days)
ANXIOLYTICS (CONTINUED)		
Anxiolytics, Other		
<i>bupirone hcl</i>	1-Covered	
<i>hydroxyzine pamoate</i>	1-Covered	
Benzodiazepines		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1-Covered	QL (120 per 30 days)
<i>alprazolam 2 mg tablet</i>	1-Covered	QL (150 per 30 days)
<i>chlordiazepoxide 10 mg capsule</i>	1-Covered	QL (900 per 30 days)
<i>chlordiazepoxide 25 mg capsule</i>	1-Covered	QL (360 per 30 days)
<i>chlordiazepoxide 5 mg capsule</i>	1-Covered	QL (120 per 30 days)
<i>clorazepate 15 mg tablet</i>	1-Covered	QL (180 per 30 days)
<i>clorazepate 3.75 mg tablet</i>	1-Covered	QL (720 per 30 days)
<i>clorazepate 7.5 mg tablet</i>	1-Covered	QL (360 per 30 days)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml carpject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 50 mg/10 ml vial)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>diazepam 10 mg tablet</i>	1-Covered	QL (120 per 30 days)
<i>diazepam 2 mg tablet</i>	1-Covered	QL (300 per 30 days)
<i>diazepam 5 mg tablet</i>	1-Covered	QL (240 per 30 days)
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1-Covered	QL (90 per 30 days)
<i>lorazepam 2 mg tablet</i>	1-Covered	QL (150 per 30 days)
<i>lorazepam 2 mg/ml oral concent</i>	1-Covered	
<i>lorazepam intensol</i>	1-Covered	

BIPOLAR AGENTS (CONTINUED)

Mood Stabilizers

<i>lithium carbonate</i>	1-Covered	
<i>lithium carbonate er</i>	1-Covered	
<i>lithium citrate</i>	1-Covered	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1-Covered	

BLOOD GLUCOSE REGULATORS (CONTINUED)

Antidiabetic Agents

<i>acarbose</i>	1-Covered	
CYCLOSET	1-Covered	
FARXIGA	1-Covered	
<i>glimepiride (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1-Covered	
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	1-Covered	
<i>glipizide er</i>	1-Covered	
<i>glipizide xl</i>	1-Covered	
<i>glipizide-metformin</i>	1-Covered	
<i>glyburide</i>	1-Covered	
<i>glyburide-metformin hcl</i>	1-Covered	
GLYXAMBI	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
JANUMET	1-Covered	
JANUMET XR	1-Covered	
JANUVIA	1-Covered	QL (30 per 30 days)
JARDIANCE	1-Covered	
JENTADUETO	1-Covered	
JENTADUETO XR	1-Covered	
<i>metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)</i>	1-Covered	
<i>metformin hcl er</i>	1-Covered	
MOUNJARO	1-Covered	ST, QL (2 per 28 days)
<i>nateglinide</i>	1-Covered	
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	1-Covered	ST, QL (3 per 28 days)
<i>pioglitazone hcl</i>	1-Covered	
<i>pioglitazone-metformin</i>	1-Covered	
<i>repaglinide</i>	1-Covered	
RYBELSUS (7 MG TABLET, 14 MG TABLET)	1-Covered	ST, QL (30 per 30 days)
RYBELSUS 3 MG TABLET	1-Covered	ST, QL (60 per 365 days)
SOLIQUA 100-33	1-Covered	ST
SYMLINPEN 120	1-Covered	PA
SYMLINPEN 60	1-Covered	PA
SYNJARDY	1-Covered	
SYNJARDY XR	1-Covered	
TRADJENTA	1-Covered	QL (30 per 30 days)
TRIJARDY XR	1-Covered	
TRULICITY	1-Covered	ST, QL (2 per 28 days)
VICTOZA 2-PAK	1-Covered	ST, QL (9 per 30 days)
VICTOZA 3-PAK	1-Covered	ST, QL (9 per 30 days)
XIGDUO XR	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
Glycemic Agents		
BAQSIMI	1-Covered	
<i>diazoxide</i>	1-Covered	
GLUCAGEN	1-Covered	ST
<i>glucagon emergency kit (1 mg emergency kit, 1 mg vial)</i>	1-Covered	
GVOKE	1-Covered	
GVOKE HYPOPEN 1-PACK	1-Covered	
GVOKE HYPOPEN 2-PACK	1-Covered	
GVOKE PFS 1-PACK SYRINGE	1-Covered	
GVOKE PFS 2-PACK SYRINGE	1-Covered	
Insulins		
HUMALOG	1-Covered	
HUMALOG JUNIOR KWIKPEN	1-Covered	
HUMALOG KWIKPEN U-100	1-Covered	
HUMALOG KWIKPEN U-200	1-Covered	
HUMALOG MIX 50-50	1-Covered	
HUMALOG MIX 50-50 KWIKPEN	1-Covered	
HUMALOG MIX 75-25	1-Covered	
HUMALOG MIX 75-25 KWIKPEN	1-Covered	
HUMALOG TEMPO PEN U-100	1-Covered	
HUMULIN R U-500	1-Covered	
HUMULIN R U-500 KWIKPEN	1-Covered	
LANTUS	1-Covered	
LANTUS SOLOSTAR	1-Covered	
LEVEMIR	1-Covered	
LEVEMIR FLEXPEN	1-Covered	
LEVEMIR FLEXTOUCH	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
LYUMJEV	1-Covered	
LYUMJEV KWIKPEN U-100	1-Covered	
LYUMJEV KWIKPEN U-200	1-Covered	
TOUJEO MAX SOLOSTAR	1-Covered	
TOUJEO SOLOSTAR	1-Covered	
TRESIBA	1-Covered	
TRESIBA FLEXTOUCH U-100	1-Covered	
TRESIBA FLEXTOUCH U-200	1-Covered	

BLOOD PRODUCTS AND MODIFIERS (CONTINUED)

Anticoagulants

ELIQUIS 2.5 MG TABLET	1-Covered	QL (60 per 30 days)
ELIQUIS 5 MG TABLET	1-Covered	QL (90 per 30 days)
ELIQUIS DVT-PE TREAT START 5MG	1-Covered	QL (148 per 365 days)
<i>enoxaparin 300 mg/3 ml vial</i>	1-Covered	QL (105 per 90 days)
<i>enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe)</i>	1-Covered	
<i>fondaparinux sodium</i>	1-Covered	
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR, 7,500 UNIT/0.3 ML SYR, 10,000 UNIT/ML SYRINGE, 12,500 UNIT/0.5 ML SYR, 15,000 UNIT/0.6 ML SYR, 18,000 UNIT/0.72 ML, 95,000 UNIT/3.8 ML VL)	1-Covered	
<i>heparin sodium (5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	1-Covered	
<i>jantoven</i>	1-Covered	
<i>warfarin sodium</i>	1-Covered	
XARELTO (10 MG TABLET, 20 MG TABLET)	1-Covered	QL (30 per 30 days)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	1-Covered	QL (60 per 30 days)
XARELTO DVT-PE TREAT START 30D	1-Covered	QL (102 per 365 days)

Drug Name	Drug Tier	Limits & Restrictions
Blood Products and Modifiers, Other		
<i>anagrelide hcl</i>	1-Covered	
NEULASTA	1-Covered	PA
NEULASTA ONPRO	1-Covered	PA
OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP)	1-Covered	PA, QL (240 per 30 days)
PROCRIT	1-Covered	PA
PROMACTA	1-Covered	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	1-Covered	PA, QL (30 per 30 days)
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK)	1-Covered	PA, QL (60 per 30 days)
PYRUKYND (50 MG TABLET, 50 MG TAPER PACK)	1-Covered	PA, QL (120 per 30 days)
RETACRIT	1-Covered	PA
ROLVEDON	1-Covered	PA
UDENYCA	1-Covered	PA
UDENYCA AUTOINJECTOR	1-Covered	PA
ZARXIO	1-Covered	
Hemostasis Agents		
<i>tranexamic acid 650 mg tablet</i>	1-Covered	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	1-Covered	
BRILINTA	1-Covered	
CABLIVI	1-Covered	PA, QL (30 per 30 days)
<i>cilostazol</i>	1-Covered	
<i>clopidogrel</i>	1-Covered	
<i>prasugrel hcl</i>	1-Covered	
TAVALISSE	1-Covered	PA
CARDIOVASCULAR AGENTS (CONTINUED)		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1-Covered	
<i>droxidopa</i>	1-Covered	PA
<i>guanfacine hcl</i>	1-Covered	
<i>methyldopa</i>	1-Covered	
<i>midodrine hcl</i>	1-Covered	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl</i>	1-Covered	
<i>terazosin hcl</i>	1-Covered	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1-Covered	
<i>irbesartan</i>	1-Covered	
<i>losartan potassium</i>	1-Covered	
<i>olmesartan medoxomil</i>	1-Covered	
<i>telmisartan</i>	1-Covered	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	1-Covered	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1-Covered	
<i>captopril</i>	1-Covered	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1-Covered	
<i>fosinopril sodium</i>	1-Covered	
<i>lisinopril</i>	1-Covered	
<i>moexipril hcl</i>	1-Covered	
<i>perindopril erbumine</i>	1-Covered	
<i>quinapril hcl</i>	1-Covered	
<i>ramipril</i>	1-Covered	
<i>trandolapril</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1-Covered	
<i>digitek</i>	1-Covered	
<i>digox</i>	1-Covered	
<i>digoxin (0.05 mg/ml solution, 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1-Covered	
<i>disopyramide phosphate</i>	1-Covered	
<i>dofetilide</i>	1-Covered	
<i>flecainide acetate</i>	1-Covered	
<i>mexiletine hcl</i>	1-Covered	
PACERONE (100 MG TABLET, 200 MG TABLET, 400 MG TABLET)	1-Covered	
<i>propafenone hcl</i>	1-Covered	
<i>propafenone hcl er</i>	1-Covered	
<i>quinidine sulfate</i>	1-Covered	
<i>sorine</i>	1-Covered	
<i>sotalol</i>	1-Covered	
<i>sotalol af</i>	1-Covered	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1-Covered	
<i>atenolol</i>	1-Covered	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1-Covered	
<i>bisoprolol fumarate</i>	1-Covered	
<i>carvedilol</i>	1-Covered	
<i>carvedilol er</i>	1-Covered	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1-Covered	
<i>metoprolol succinate</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1-Covered	
<i>nadolol</i>	1-Covered	
<i>nebivolol hcl</i>	1-Covered	
<i>pindolol</i>	1-Covered	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet)</i>	1-Covered	
<i>propranolol hcl er</i>	1-Covered	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1-Covered	
<i>felodipine er</i>	1-Covered	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	1-Covered	
<i>nifedipine er</i>	1-Covered	
<i>nimodipine 30 mg capsule</i>	1-Covered	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1-Covered	
<i>dilt-xr</i>	1-Covered	
<i>diltiazem 12hr er</i>	1-Covered	
<i>diltiazem 24hr er</i>	1-Covered	
<i>diltiazem 24hr er (cd)</i>	1-Covered	
<i>diltiazem 24hr er (la)</i>	1-Covered	
<i>diltiazem 24hr er (xr)</i>	1-Covered	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1-Covered	
<i>matzim la</i>	1-Covered	
<i>taztia xt</i>	1-Covered	
<i>tiadylt er</i>	1-Covered	
<i>verapamil er</i>	1-Covered	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>verapamil sr</i>	1-Covered	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1-Covered	
<i>aliskiren</i>	1-Covered	
<i>amiloride-hydrochlorothiazide</i>	1-Covered	
<i>amlodipine besylate-benazepril</i>	1-Covered	
<i>amlodipine-valsartan</i>	1-Covered	
<i>atenolol-chlorthalidone</i>	1-Covered	
<i>benazepril-hydrochlorothiazide</i>	1-Covered	
<i>bisoprolol-hydrochlorothiazide</i>	1-Covered	
CAMZYOS	1-Covered	PA, QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	1-Covered	
<i>captopril-hydrochlorothiazide</i>	1-Covered	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	1-Covered	PA, QL (60 per 30 days)
CORLANOR 5 MG/5 ML ORAL SOLN	1-Covered	PA, QL (450 per 30 days)
<i>enalapril-hydrochlorothiazide</i>	1-Covered	
ENTRESTO	1-Covered	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide</i>	1-Covered	
<i>irbesartan-hydrochlorothiazide</i>	1-Covered	
KERENDIA	1-Covered	PA, QL (30 per 30 days)
<i>lisinopril-hydrochlorothiazide</i>	1-Covered	
<i>losartan-hydrochlorothiazide</i>	1-Covered	
<i>metyrosine</i>	1-Covered	PA
<i>olmesartan-hydrochlorothiazide</i>	1-Covered	
<i>pentoxifylline</i>	1-Covered	
<i>quinapril-hydrochlorothiazide</i>	1-Covered	
<i>ranolazine er</i>	1-Covered	
<i>spironolactone-hctz</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>telmisartan-hydrochlorothiazid</i>	1-Covered	
<i>trandolapril-verapamil er</i>	1-Covered	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1-Covered	
<i>valsartan-hydrochlorothiazide</i>	1-Covered	
VYNDAMAX	1-Covered	PA, QL (30 per 30 days)
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1-Covered	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	1-Covered	
<i>toremide</i>	1-Covered	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	1-Covered	
<i>eplerenone</i>	1-Covered	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1-Covered	
Diuretics, Thiazide		
<i>chlorthalidone</i>	1-Covered	
<i>hydrochlorothiazide</i>	1-Covered	
<i>indapamide</i>	1-Covered	
<i>metolazone</i>	1-Covered	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1-Covered	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	1-Covered	
<i>gemfibrozil</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1-Covered	
<i>fluvastatin er</i>	1-Covered	
<i>fluvastatin sodium</i>	1-Covered	
LIVALO	1-Covered	ST
<i>lovastatin</i>	1-Covered	
<i>pravastatin sodium</i>	1-Covered	
<i>rosuvastatin calcium</i>	1-Covered	
<i>simvastatin</i>	1-Covered	
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	1-Covered	
<i>cholestyramine light (packet, powder)</i>	1-Covered	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	1-Covered	
<i>ezetimibe</i>	1-Covered	
<i>ezetimibe-simvastatin</i>	1-Covered	
<i>icosapent ethyl</i>	1-Covered	
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	1-Covered	PA, QL (60 per 30 days)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	1-Covered	PA, QL (30 per 30 days)
<i>niacin er</i>	1-Covered	
<i>omega-3 acid ethyl esters</i>	1-Covered	
PRALUENT PEN	1-Covered	PA, QL (2 per 28 days)
<i>prevalite (packet, powder)</i>	1-Covered	
REPATHA PUSHTRONEX	1-Covered	PA, QL (7 per 28 days)
REPATHA SURECLICK	1-Covered	PA, QL (3 per 28 days)
REPATHA SYRINGE	1-Covered	PA, QL (3 per 28 days)
<i>triklo</i>	1-Covered	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>minoxidil</i>	1-Covered	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1-Covered	
<i>isosorbide mononitrate</i>	1-Covered	
<i>isosorbide mononitrate er</i>	1-Covered	
NITRO-BID	1-Covered	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.6 mg tablet sl)</i>	1-Covered	
<i>nitroglycerin patch</i>	1-Covered	
VERQUVO	1-Covered	PA, QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS (CONTINUED)		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL (10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 30 MG TABLET)	1-Covered	QL (90 per 30 days)
<i>dextroamphetamine 10 mg tab</i>	1-Covered	QL (180 per 30 days)
<i>dextroamphetamine 5 mg tab</i>	1-Covered	QL (90 per 30 days)
<i>dextroamphetamine er 10 mg cap</i>	1-Covered	QL (180 per 30 days)
<i>dextroamphetamine er 15 mg cap</i>	1-Covered	QL (120 per 30 days)
<i>dextroamphetamine er 5 mg cap</i>	1-Covered	QL (60 per 30 days)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1-Covered	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1-Covered	QL (90 per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1-Covered	QL (30 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>atomoxetine hcl 10 mg capsule</i>	1-Covered	QL (60 per 30 days)
<i>guanfacine hcl er</i>	1-Covered	
<i>methylphenidate 5 mg/5 ml soln</i>	1-Covered	
<i>methylphenidate er (18 mg tab, 27 mg tab, 54 mg tab, 72 mg tab)</i>	1-Covered	QL (30 per 30 days)
<i>methylphenidate er 36 mg tab</i>	1-Covered	QL (60 per 30 days)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1-Covered	QL (90 per 30 days)
Central Nervous System, Other		
AUSTEDO	1-Covered	PA, QL (120 per 30 days)
<i>butalb-acetamin-caff 50-325-40</i>	1-Covered	
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	1-Covered	PA, QL (30 per 30 days)
INGREZZA 40 MG CAPSULE	1-Covered	PA, QL (60 per 30 days)
NUEDEXTA	1-Covered	PA
RADICAVA ORS	1-Covered	PA
RELYVRIO	1-Covered	PA, QL (60 per 30 days)
<i>riluzole</i>	1-Covered	PA
<i>tetrabenazine</i>	1-Covered	PA
ZTALMY	1-Covered	PA
Fibromyalgia Agents		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)</i>	1-Covered	QL (90 per 30 days)
<i>pregabalin 20 mg/ml solution</i>	1-Covered	QL (900 per 30 days)
<i>pregabalin 300 mg capsule</i>	1-Covered	QL (60 per 30 days)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	1-Covered	QL (60 per 30 days)
SAVELLA TITRATION PACK	1-Covered	QL (110 per 365 days)
Multiple Sclerosis Agents		
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	1-Covered	PA, QL (4 per 28 days)

Drug Name	Drug Tier	Limits & Restrictions
AVONEX PEN	1-Covered	PA, QL (4 per 28 days)
BAFIERTAM	1-Covered	PA, QL (120 per 30 days)
BETASERON	1-Covered	PA, QL (15 per 30 days)
<i>dalfampridine er</i>	1-Covered	PA, QL (60 per 30 days)
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1-Covered	PA, QL (60 per 30 days)
<i>dimethyl fumarate 30d start pk</i>	1-Covered	PA, QL (120 per 365 days)
<i>fingolimod</i>	1-Covered	PA, QL (30 per 30 days)
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	1-Covered	PA, QL (30 per 30 days)
<i>glatiramer 20 mg/ml syringe</i>	1-Covered	PA, QL (30 per 30 days)
<i>glatiramer 40 mg/ml syringe</i>	1-Covered	PA, QL (12 per 28 days)
KESIMPTA PEN	1-Covered	PA, QL (0.4 per 28 days)
MAYZENT (1 MG TABLET, 2 MG TABLET)	1-Covered	PA, QL (30 per 30 days)
MAYZENT 0.25 MG TABLET	1-Covered	PA, QL (120 per 30 days)
MAYZENT 0.25MG START-1MG MAINT	1-Covered	PA, QL (14 per 365 days)
MAYZENT 0.25MG START-2MG MAINT	1-Covered	PA, QL (24 per 365 days)
OCREVUS	1-Covered	PA
PLEGRIDY 125 MCG/0.5 ML PEN	1-Covered	PA, QL (1 per 28 days)
PLEGRIDY 125 MCG/0.5 ML SYRING	1-Covered	PA, QL (1 per 28 days)
PLEGRIDY PEN INJ STARTER PACK	1-Covered	PA, QL (2 per 365 days)
PLEGRIDY SYRINGE STARTER PACK	1-Covered	PA, QL (4 per 365 days)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	1-Covered	PA, QL (6 per 28 days)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	1-Covered	PA, QL (6 per 28 days)
REBIF REBIDOSE TITRATION PACK	1-Covered	PA, QL (8.4 per 365 days)
REBIF TITRATION PACK	1-Covered	PA, QL (8.4 per 365 days)
TYSABRI	1-Covered	PA
VUMERITY	1-Covered	PA, QL (120 per 30 days)
ZEPOSIA 0.92 MG CAPSULE	1-Covered	PA, QL (30 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
ZEPOSIA STARTER KIT (28-DAY)	1-Covered	PA, QL (56 per 365 days)
ZEPOSIA STARTER KIT (37-DAY)	1-Covered	PA, QL (74 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	1-Covered	PA, QL (14 per 365 days)

DENTAL AND ORAL AGENTS (CONTINUED)

<i>chlorhexidine gluconate</i>	1-Covered	
<i>doxycycline hyclate 20 mg tab</i>	1-Covered	
KEPIVANCE 5.16 MG VIAL	1-Covered	
<i>lidocaine hcl viscous</i>	1-Covered	
<i>oralone</i>	1-Covered	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1-Covered	
<i>triamcinolone 0.1% paste</i>	1-Covered	

DERMATOLOGICAL AGENTS (CONTINUED)

Acne and Rosacea Agents

<i>acitretin</i>	1-Covered	
<i>amnesteam</i>	1-Covered	
<i>azelaic acid</i>	1-Covered	
<i>claravis</i>	1-Covered	
<i>clind ph-benzoyl perox 1.2-5%</i>	1-Covered	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1-Covered	
<i>erythromycin-benzoyl peroxide</i>	1-Covered	
FINACEA 15% FOAM	1-Covered	QL (50 per 30 days)
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	1-Covered	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1-Covered	
<i>myorisan</i>	1-Covered	
<i>rosadan</i>	1-Covered	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>tretinoin (0.025% cream, 0.05% cream)</i>	1-Covered	PA
<i>zenatane</i>	1-Covered	
Dermatitis and Pruitus Agents		
<i>ala-cort 2.5% cream</i>	1-Covered	
<i>alclometasone dipropionate</i>	1-Covered	
<i>amcinonide 0.1% lotion</i>	1-Covered	
<i>ammonium lactate</i>	1-Covered	
<i>betamethasone diprop augmented (crm, gel, oin)</i>	1-Covered	
<i>betamethasone dipropionate (crm, lot, oint)</i>	1-Covered	
<i>betamethasone valerate (va cream, va lotion, valer ointm)</i>	1-Covered	
CIBINQO	1-Covered	PA, QL (30 per 30 days)
<i>clobetasol emollient 0.05% crm</i>	1-Covered	
<i>clobetasol propionate (cream, gel, ointment, solution)</i>	1-Covered	
<i>desonide 0.05% cream</i>	1-Covered	
<i>desonide 0.05% ointment</i>	1-Covered	QL (120 per 30 days)
<i>desoximetasone 0.25% cream</i>	1-Covered	QL (100 per 30 days)
<i>desoximetasone 0.25% ointment</i>	1-Covered	
EUCRISA	1-Covered	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1-Covered	
<i>fluocinonide (cream, gel, ointment, solution)</i>	1-Covered	
<i>fluocinonide 0.1% cream</i>	1-Covered	QL (120 per 30 days)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1-Covered	
<i>halobetasol propionate (cream, ointmnt)</i>	1-Covered	
<i>hydrocortisone (cream, lotion, ointment)</i>	1-Covered	
<i>hydrocortisone val 0.2% cream</i>	1-Covered	QL (60 per 30 days)
<i>mometasone furoate (cream, oint, soln)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
OPZELURA	1-Covered	PA, QL (240 per 30 days)
<i>selenium sulfide 2.5% lotion</i>	1-Covered	
<i>tacrolimus (0.03% ointment, 0.1% ointment)</i>	1-Covered	
<i>triamcinolone acetonide (0.025% cream, 0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	1-Covered	
<i>triderm</i>	1-Covered	
Dermatological Agents, Other		
<i>calcipotriene (cream, ointment)</i>	1-Covered	QL (120 per 30 days)
<i>calcipotriene 0.005% solution</i>	1-Covered	QL (60 per 30 days)
<i>clotrimazole-betamethasone crm</i>	1-Covered	
<i>diclofenac sodium 3% gel</i>	1-Covered	ST, QL (300 per 30 days)
<i>fluorouracil (2% soln, 5% soln)</i>	1-Covered	
<i>fluorouracil 5% cream</i>	1-Covered	QL (40 per 30 days)
<i>imiquimod 5% cream packet</i>	1-Covered	
KLISYRI	1-Covered	ST
<i>nystatin-triamcinolone</i>	1-Covered	
OTEZLA 30 MG TABLET	1-Covered	PA, QL (60 per 30 days)
<i>podofilox 0.5% topical soln</i>	1-Covered	
SANTYL	1-Covered	
<i>silver sulfadiazine</i>	1-Covered	
SSD	1-Covered	
Pediculicides/Scabicides		
<i>malathion</i>	1-Covered	
<i>permethrin</i>	1-Covered	
Topical Anti-infectives		
<i>acyclovir 5% ointment</i>	1-Covered	
<i>ciclodan 8% solution</i>	1-Covered	PA
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ciclopirox 8% solution</i>	1-Covered	PA
<i>clindamycin ph 1% solution</i>	1-Covered	QL (60 per 30 days)
<i>ery</i>	1-Covered	
<i>erythromycin (gel, solution)</i>	1-Covered	
<i>mupirocin 2% ointment</i>	1-Covered	QL (110 per 30 days)
ELECTROLYTES/MINERALS/METALS/VITAMINS (CONTINUED)		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	1-Covered	
<i>dextrose 5%-0.45% nacl</i>	1-Covered	
<i>dextrose 5%-0.9% nacl</i>	1-Covered	
<i>dextrose in water (50 ml, 100 ml, iv soln)</i>	1-Covered	
<i>glucose in water (50 ml, 100 ml)</i>	1-Covered	
<i>klor-con</i>	1-Covered	
KLOR-CON 10	1-Covered	
KLOR-CON 8	1-Covered	
<i>klor-con m10</i>	1-Covered	
KLOR-CON M15	1-Covered	
<i>klor-con m20</i>	1-Covered	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	1-Covered	
PLENAMINE	1-Covered	PA
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml), cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1-Covered	
<i>potassium citrate er</i>	1-Covered	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>sodium chloride-water</i>	1-Covered	
XENPOZYME	1-Covered	PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1-Covered	
<i>deferasirox</i>	1-Covered	PA
<i>deferiprone</i>	1-Covered	PA
<i>deferiprone (3 times a day)</i>	1-Covered	PA
<i>sodium polystyrene sulf powder</i>	1-Covered	
<i>trientine hcl 250 mg capsule</i>	1-Covered	PA
Phosphate Binders		
AURYXIA	1-Covered	PA
<i>calcium acetate</i>	1-Covered	
<i>lanthanum carbonate</i>	1-Covered	
<i>sevelamer carbonate</i>	1-Covered	
VELPHORO	1-Covered	
Potassium Binders		
SPS	1-Covered	
VELTASSA	1-Covered	
Vitamins		
PRENATAL VITAMINS	1-Covered	
GASTROINTESTINAL AGENTS (CONTINUED)		
Anti-Constipation Agents		
<i>constulose</i>	1-Covered	
<i>enulose</i>	1-Covered	
<i>generlac</i>	1-Covered	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
LINZESS	1-Covered	QL (30 per 30 days)
<i>lubiprostone</i>	1-Covered	QL (60 per 30 days)
MOTEGRITY	1-Covered	QL (30 per 30 days)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	1-Covered	ST, QL (18 per 30 days)
RELISTOR 150 MG TABLET	1-Covered	ST, QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML SYRINGE	1-Covered	ST, QL (12 per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	1-Covered	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	1-Covered	
<i>loperamide</i>	1-Covered	
XERMELO	1-Covered	PA, QL (90 per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	1-Covered	
<i>glycopyrrolate (1 mg tablet, 1 mg/5 ml soln, 2 mg tablet)</i>	1-Covered	PA
Gastrointestinal Agents, Other		
CLENPIQ	1-Covered	
GATTEX	1-Covered	PA
<i>gavilyte-c</i>	1-Covered	
<i>gavilyte-g</i>	1-Covered	
<i>gavilyte-n</i>	1-Covered	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i>	1-Covered	
<i>peg 3350-electrolyte solution</i>	1-Covered	
<i>peg-3350 and electrolytes</i>	1-Covered	
RECTIV	1-Covered	
<i>sod sulf-potass sulf-mag sulf</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
SUPREP	1-Covered	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	1-Covered	
XIFAXAN	1-Covered	PA
ZORBTIVE	1-Covered	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine (20 mg tablet, 40 mg tablet, 40 mg/5 ml susp)</i>	1-Covered	
<i>nizatidine 15 mg/ml solution</i>	1-Covered	
Protectants		
<i>misoprostol</i>	1-Covered	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1-Covered	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	1-Covered	QL (60 per 30 days)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	1-Covered	QL (60 per 30 days)
<i>omeprazole</i>	1-Covered	QL (60 per 30 days)
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1-Covered	QL (60 per 30 days)
<i>rabeprazole sod dr 20 mg tab</i>	1-Covered	QL (60 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (CONTINUED)		
ALDURAZYME	1-Covered	PA
<i>betaine anhydrous</i>	1-Covered	
CERDELGA	1-Covered	PA
CHOLBAM	1-Covered	PA
CREON	1-Covered	
<i>cromolyn 100 mg/5 ml oral conc</i>	1-Covered	
CYSTAGON	1-Covered	
ELAPRASE	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
EVRYSDI	1-Covered	PA, QL (240 per 30 days)
FABRAZYME	1-Covered	PA
KANUMA	1-Covered	PA
LUMIZYME	1-Covered	PA
<i>miglustat</i>	1-Covered	PA
NAGLAZYME	1-Covered	PA
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	1-Covered	
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	1-Covered	
PROLASTIN C	1-Covered	PA
REVCOVI	1-Covered	PA
<i>sapropterin dihydrochloride</i>	1-Covered	PA
<i>sodium phenylbutyrate powder</i>	1-Covered	
STRENSIQ	1-Covered	PA
SUCRAID	1-Covered	
TEGSEDI	1-Covered	PA
VIMIZIM	1-Covered	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE)	1-Covered	
ZOKINVY	1-Covered	PA, QL (120 per 30 days)

GENITOURINARY AGENTS (CONTINUED)

Antispasmodics, Urinary

<i>flavoxate hcl</i>	1-Covered	
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	1-Covered	
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1-Covered	
<i>oxybutynin chloride er</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>solifenacin succinate</i>	1-Covered	
<i>tolterodine tartrate</i>	1-Covered	
<i>tolterodine tartrate er</i>	1-Covered	
<i>tropium chloride</i>	1-Covered	
<i>tropium chloride er</i>	1-Covered	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1-Covered	
<i>doxazosin mesylate</i>	1-Covered	
<i>dutasteride</i>	1-Covered	
<i>finasteride 5 mg tablet</i>	1-Covered	
<i>silodosin</i>	1-Covered	
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1-Covered	PA, QL (30 per 30 days)
<i>tamsulosin hcl</i>	1-Covered	
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrig soln</i>	1-Covered	
<i>bethanechol chloride</i>	1-Covered	
ELMIRON	1-Covered	
<i>penicillamine 250 mg tablet</i>	1-Covered	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (CONTINUED)		
<i>cortisone acetate</i>	1-Covered	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1-Covered	
<i>fludrocortisone acetate</i>	1-Covered	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1-Covered	
<i>methylprednisolone</i>	1-Covered	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1-Covered	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1-Covered	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (CONTINUED)

<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	1-Covered	
GENOTROPIN	1-Covered	PA
INCRELEX	1-Covered	PA
LUPRON DEPOT-PED 45 MG 6MO KIT	1-Covered	PA, QL (1 per 168 days)
SKYTROFA	1-Covered	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (CONTINUED)

KORLYM	1-Covered	PA, QL (120 per 30 days)
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (CONTINUED)

Anabolic Steroids

<i>oxandrolone 10 mg tablet</i>	1-Covered	PA, QL (60 per 30 days)
<i>oxandrolone 2.5 mg tablet</i>	1-Covered	PA, QL (240 per 30 days)

Androgens

ANDRODERM	1-Covered	PA
<i>danazol</i>	1-Covered	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1-Covered	PA
<i>testosterone cypionate</i>	1-Covered	PA
<i>testosterone enanthate</i>	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
Estrogens		
<i>afirmelle</i>	1-Covered	
<i>altavera</i>	1-Covered	
<i>alyacen</i>	1-Covered	
<i>amabelz</i>	1-Covered	
<i>amethia</i>	1-Covered	QL (91 per 91 days)
<i>amethyst</i>	1-Covered	
<i>ashlyna</i>	1-Covered	QL (91 per 91 days)
<i>aubra</i>	1-Covered	
<i>aubra eq</i>	1-Covered	
<i>aurovela</i>	1-Covered	
<i>aurovela fe</i>	1-Covered	
<i>aviane</i>	1-Covered	
<i>ayuna</i>	1-Covered	
<i>azurette</i>	1-Covered	
<i>balziva</i>	1-Covered	
<i>blisovi fe</i>	1-Covered	
<i>briellyn</i>	1-Covered	
<i>camrese</i>	1-Covered	QL (91 per 91 days)
<i>camrese lo</i>	1-Covered	QL (91 per 91 days)
<i>chateal</i>	1-Covered	
<i>chateal eq</i>	1-Covered	
CLIMARA PRO	1-Covered	
<i>cryselle</i>	1-Covered	
<i>dasetta</i>	1-Covered	
<i>daysee</i>	1-Covered	QL (91 per 91 days)
<i>desogestr-eth estrad eth estra</i>	1-Covered	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>dolishale</i>	1-Covered	
<i>dotti</i>	1-Covered	
<i>elinest</i>	1-Covered	
<i>enpresse</i>	1-Covered	
<i>estarylla</i>	1-Covered	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1-Covered	
<i>estradiol (once weekly)</i>	1-Covered	
<i>estradiol (twice weekly)</i>	1-Covered	
<i>estradiol-norethindrone acetat</i>	1-Covered	
ESTRING	1-Covered	QL (1 per 90 days)
<i>ethynodiol-ethinyl estradiol</i>	1-Covered	
<i>falmina</i>	1-Covered	
<i>femynor</i>	1-Covered	
<i>fyavolv</i>	1-Covered	
<i>hailey</i>	1-Covered	
<i>hailey fe</i>	1-Covered	
<i>iclevia</i>	1-Covered	QL (91 per 91 days)
<i>introvale</i>	1-Covered	QL (91 per 91 days)
<i>jaimiess</i>	1-Covered	QL (91 per 91 days)
<i>jinteli</i>	1-Covered	
<i>jolessa</i>	1-Covered	QL (91 per 91 days)
<i>junel</i>	1-Covered	
<i>junel fe</i>	1-Covered	
<i>kariva</i>	1-Covered	
<i>kelnor 1-35</i>	1-Covered	
<i>kelnor 1-50</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>kurvelo</i>	1-Covered	
<i>larin</i>	1-Covered	
<i>larin fe</i>	1-Covered	
<i>larissia</i>	1-Covered	
<i>lessina</i>	1-Covered	
<i>levonest</i>	1-Covered	
<i>levonor-eth estrad 0.15-0.03</i>	1-Covered	QL (91 per 91 days)
<i>levonorg-eth estrad eth estrad</i>	1-Covered	QL (91 per 91 days)
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad triphasic)</i>	1-Covered	
<i>levora-28</i>	1-Covered	
<i>lillow</i>	1-Covered	
<i>lojaimiess</i>	1-Covered	QL (91 per 91 days)
<i>low-ogestrel</i>	1-Covered	
<i>lutra</i>	1-Covered	
<i>lyllana</i>	1-Covered	
<i>marlissa</i>	1-Covered	
MENEST	1-Covered	
<i>microgestin</i>	1-Covered	
<i>microgestin fe</i>	1-Covered	
<i>mili</i>	1-Covered	
<i>mimvey</i>	1-Covered	
<i>mono-linyah</i>	1-Covered	
<i>necon</i>	1-Covered	
<i>norethindron-ethinyl estradiol</i>	1-Covered	
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1.5-0.03mg(21)-75)</i>	1-Covered	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>nortrel</i>	1-Covered	
<i>nylia</i>	1-Covered	
<i>nymyo</i>	1-Covered	
<i>orsythia</i>	1-Covered	
<i>philith</i>	1-Covered	
<i>pimtrea</i>	1-Covered	
<i>pirmella</i>	1-Covered	
<i>portia</i>	1-Covered	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	1-Covered	
PREMPHASE	1-Covered	
PREMPRO	1-Covered	
<i>rivelsa</i>	1-Covered	QL (91 per 91 days)
<i>setlakin</i>	1-Covered	QL (91 per 91 days)
<i>simliya</i>	1-Covered	
<i>simpesse</i>	1-Covered	QL (91 per 91 days)
<i>sprintec</i>	1-Covered	
<i>sronyx</i>	1-Covered	
<i>tarina fe</i>	1-Covered	
<i>tarina fe 1-20 eq</i>	1-Covered	
<i>tri femynor</i>	1-Covered	
<i>tri-estarylla</i>	1-Covered	
<i>tri-linyah</i>	1-Covered	
<i>tri-mili</i>	1-Covered	
<i>tri-nymyo</i>	1-Covered	
<i>tri-sprintec</i>	1-Covered	
<i>tri-vylibra</i>	1-Covered	
<i>trivora-28</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>vienva</i>	1-Covered	
<i>viorele</i>	1-Covered	
<i>volnea</i>	1-Covered	
<i>vyfemla</i>	1-Covered	
<i>vylibra</i>	1-Covered	
<i>wera</i>	1-Covered	
<i>yuvafem</i>	1-Covered	
<i>zovia 1-35</i>	1-Covered	
Progestins		
<i>camila</i>	1-Covered	
<i>deblitane</i>	1-Covered	
DEPO-SUBQ PROVERA 104	1-Covered	QL (0.65 per 90 days)
<i>errin</i>	1-Covered	
<i>heather</i>	1-Covered	
<i>incassia</i>	1-Covered	
<i>jencycla</i>	1-Covered	
<i>lyleq</i>	1-Covered	
<i>lyza</i>	1-Covered	
MAKENA 275 MG/1.1 ML AUTOINJCT	1-Covered	PA
<i>medroxyprogesterone 150 mg/ml</i>	1-Covered	QL (1 per 90 days)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1-Covered	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml, 625 mg/5 ml susp)</i>	1-Covered	PA
<i>nora-be</i>	1-Covered	
<i>norethindrone</i>	1-Covered	
<i>norethindrone ac (lupaneta)</i>	1-Covered	
<i>norethindrone acetate</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>norlyda</i>	1-Covered	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1-Covered	
<i>sharobel</i>	1-Covered	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	1-Covered	PA, QL (30 per 30 days)
<i>raloxifene hcl</i>	1-Covered	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (CONTINUED)		
EUTHYROX	1-Covered	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1-Covered	
LEVOXYL	1-Covered	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1-Covered	
UNITHROID	1-Covered	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL) (CONTINUED)		
LYSODREN	1-Covered	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (CONTINUED)		
<i>cabergoline</i>	1-Covered	
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	1-Covered	PA, QL (4 per 365 days)
FIRMAGON 80 MG KIT	1-Covered	PA, QL (1 per 28 days)
<i>lanreotide 120 mg/0.5 ml syrng</i>	1-Covered	PA
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1-Covered	PA
LUPRON DEPO 11.25MG (LUPANETA)	1-Covered	PA, QL (1 per 84 days)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	1-Covered	PA, QL (1 per 84 days)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	1-Covered	PA, QL (1 per 28 days)

Drug Name	Drug Tier	Limits & Restrictions
LUPRON DEPOT 3.75MG (LUPANETA)	1-Covered	PA, QL (1 per 28 days)
LUPRON DEPOT 45 MG 6MO KIT	1-Covered	PA, QL (1 per 168 days)
LUPRON DEPOT-4 MONTH KIT	1-Covered	PA, QL (1 per 112 days)
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	1-Covered	PA, QL (1 per 84 days)
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	1-Covered	PA, QL (1 per 28 days)
MYFEMBREE	1-Covered	PA, QL (30 per 30 days)
<i>octreotide acetate (acet 0.05 mg/ml vial, acet 50 mcg/ml amp, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml vial, acet 200 mcg/ml vial, acet 500 mcg/ml amp, acet 500 mcg/ml vial, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1-Covered	PA
ORGOVYX	1-Covered	PA
ORLISSA 150 MG TABLET	1-Covered	PA, QL (30 per 30 days)
ORLISSA 200 MG TABLET	1-Covered	PA, QL (60 per 30 days)
SIGNIFOR	1-Covered	PA, QL (60 per 30 days)
SIGNIFOR LAR	1-Covered	PA, QL (1 per 28 days)
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML, 120 MG/0.5 ML)	1-Covered	PA
SOMAVERT	1-Covered	PA
SUPPRELIN LA	1-Covered	PA, QL (1 per 365 days)
SYNAREL	1-Covered	
TRELSTAR 11.25 MG VIAL	1-Covered	PA, QL (1 per 84 days)
TRELSTAR 22.5 MG VIAL	1-Covered	PA, QL (1 per 168 days)
TRIPTODUR	1-Covered	PA, QL (1 per 168 days)
ZOLADEX 3.6 MG IMPLANT SYRN	1-Covered	PA, QL (1 per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID) (CONTINUED)		
Antithyroid Agents		
<i>methimazole</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>propylthiouracil</i>	1-Covered	
IMMUNOLOGICAL AGENTS (CONTINUED)		
Angioedema Agents		
CINRYZE	1-Covered	PA
<i>icatibant</i>	1-Covered	PA
<i>sajazir</i>	1-Covered	PA
Immunoglobulins		
ASCENIV	1-Covered	PA
BIVIGAM	1-Covered	PA
CUTAQUIG	1-Covered	PA
CUVITRU	1-Covered	PA
GAMASTAN	1-Covered	PA
GAMASTAN S-D	1-Covered	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	1-Covered	PA
GAMUNEX-C	1-Covered	PA
HEPAGAM B	1-Covered	PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	1-Covered	PA
HYPERHEP B	1-Covered	PA
HYQVIA (5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	1-Covered	PA
METHADOSE	1-Covered	
NABI-HB	1-Covered	PA
OCTAGAM	1-Covered	PA
PANZYGA	1-Covered	PA
PRIVIGEN	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
SYNAGIS	1-Covered	
VARIZIG	1-Covered	PA
XEMBIFY	1-Covered	PA
Immunological Agents, Other		
ADBRY	1-Covered	PA, QL (4 per 28 days)
ARCALYST	1-Covered	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	1-Covered	PA
COSENTYX (2 SYRINGES)	1-Covered	PA
COSENTYX SENSOREADY (2 PENS)	1-Covered	PA
COSENTYX SENSOREADY PEN	1-Covered	PA
COSENTYX SYRINGE	1-Covered	PA
COSENTYX UNOREADY PEN	1-Covered	PA
DUPIXENT 100 MG/0.67 ML SYRING	1-Covered	PA, QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14 ML PEN	1-Covered	PA, QL (4.56 per 28 days)
DUPIXENT 200 MG/1.14 ML SYRING	1-Covered	PA, QL (4.56 per 28 days)
DUPIXENT 300 MG/2 ML PEN	1-Covered	PA, QL (8 per 28 days)
DUPIXENT 300 MG/2 ML SYRINGE	1-Covered	PA, QL (8 per 28 days)
EMPAVELI	1-Covered	PA
ENJAYMO	1-Covered	PA
ENTYVIO	1-Covered	PA
ILUMYA	1-Covered	PA
LEMTRADA	1-Covered	PA
OTEZLA 10-20-30MG START 28 DAY	1-Covered	PA, QL (110 per 365 days)
RINVOQ	1-Covered	PA, QL (30 per 30 days)
SAPHNELO	1-Covered	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	1-Covered	PA
SKYRIZI (2 SYRINGES) KIT	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
SKYRIZI ON-BODY	1-Covered	PA
SKYRIZI PEN	1-Covered	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	1-Covered	PA, QL (3 per 84 days)
STELARA 130 MG/26 ML VIAL	1-Covered	PA
VYVGART	1-Covered	PA
VYVGART HYTRULO	1-Covered	PA
XELJANZ (5 MG TABLET, 10 MG TABLET)	1-Covered	PA, QL (60 per 30 days)
XELJANZ 1 MG/ML SOLUTION	1-Covered	PA, QL (300 per 30 days)
XELJANZ XR	1-Covered	PA, QL (30 per 30 days)
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	1-Covered	PA
Immunostimulants		
ACTIMMUNE	1-Covered	PA
PEGASYS	1-Covered	PA
Immunosuppressants		
<i>azathioprine</i>	1-Covered	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	1-Covered	PA
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	1-Covered	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1-Covered	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1-Covered	PA
CYLTEZO(CF) (10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML)	1-Covered	PA
CYLTEZO(CF) PEN 40 MG/0.8 ML	1-Covered	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	1-Covered	PA
CYLTEZO(CF) PEN PSORIASIS-UV	1-Covered	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
ENBREL MINI	1-Covered	PA
ENBREL SURECLICK	1-Covered	PA
ENVARUSUS XR	1-Covered	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	1-Covered	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1-Covered	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1-Covered	PA
HUMIRA PEN	1-Covered	PA
HUMIRA PEN CROHN'S-UC-HS	1-Covered	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	1-Covered	PA
HUMIRA(CF)	1-Covered	PA
HUMIRA(CF) PEDIATRIC CROHN'S	1-Covered	PA
HUMIRA(CF) PEN	1-Covered	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	1-Covered	PA
HUMIRA(CF) PEN PEDIATRIC UC	1-Covered	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1-Covered	PA
INFLECTRA	1-Covered	PA
<i>leflunomide</i>	1-Covered	
<i>methotrexate (2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1-Covered	
<i>methotrexate sodium</i>	1-Covered	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	1-Covered	PA
<i>mycophenolic acid</i>	1-Covered	PA
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	1-Covered	PA
RENFLEXIS	1-Covered	PA
REZUROCK	1-Covered	PA, QL (60 per 30 days)
SANDIMMUNE 100 MG/ML SOLN	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1-Covered	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1-Covered	PA
XATMEP	1-Covered	
YUFLYMA(CF) 40 MG/0.4 ML SYRNG	1-Covered	PA
YUFLYMA(CF) 40MG/0.4ML AUTOINJ	1-Covered	PA
YUFLYMA(CF) AUTOINJECT (2 PCK)	1-Covered	PA
Vaccines		
ABRYSVO	1-Covered	
ACTHIB	1-Covered	
ADACEL TDAP	1-Covered	
AREXVY	1-Covered	
BCG VACCINE (TICE STRAIN)	1-Covered	
BEXSERO	1-Covered	
BOOSTRIX TDAP	1-Covered	
DAPTACEL DTAP	1-Covered	
DENGVAXIA	1-Covered	
DIPHTHERIA-TETANUS TOXOIDS-PED	1-Covered	
ENGERIX-B ADULT	1-Covered	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	1-Covered	PA
GARDASIL 9	1-Covered	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	1-Covered	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1-Covered	PA
HIBERIX	1-Covered	
IMOVAX RABIES VACCINE	1-Covered	PA
INFANRIX DTAP	1-Covered	
IPOL	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
IXIARO	1-Covered	
JYNNEOS	1-Covered	
JYNNEOS (NATIONAL STOCKPILE)	1-Covered	
KINRIX	1-Covered	
M-M-R II VACCINE	1-Covered	
MENACTRA	1-Covered	
MENQUADFI	1-Covered	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1-Covered	
PEDIARIX	1-Covered	
PEDVAXHIB	1-Covered	
PENTACEL	1-Covered	
PREHEVBRIO	1-Covered	PA
PRIORIX	1-Covered	
PROQUAD	1-Covered	
QUADRACEL DTAP-IPV	1-Covered	
RABAVERT	1-Covered	PA
RECOMBIVAX HB	1-Covered	PA
ROTARIX	1-Covered	
ROTATEQ	1-Covered	
SHINGRIX	1-Covered	
STAMARIL	1-Covered	
TDVAX	1-Covered	
TENIVAC	1-Covered	
TICOVAC	1-Covered	
TRUMENBA	1-Covered	
TWINRIX	1-Covered	
TYPHIM VI	1-Covered	
VAQTA	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
VARIVAX VACCINE	1-Covered	
VAXELIS	1-Covered	
YF-VAX	1-Covered	
INFLAMMATORY BOWEL DISEASE AGENTS (CONTINUED)		
Aminosalicylates		
<i>balsalazide disodium</i>	1-Covered	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	1-Covered	
<i>mesalamine er 0.375 gram cap</i>	1-Covered	
SFROWASA	1-Covered	
<i>sulfasalazine</i>	1-Covered	
<i>sulfasalazine dr</i>	1-Covered	
Glucocorticoids		
<i>budesonide dr</i>	1-Covered	
<i>budesonide ec</i>	1-Covered	
<i>budesonide er</i>	1-Covered	
CORTIFOAM	1-Covered	
<i>hydrocortisone 100 mg/60 ml</i>	1-Covered	
<i>procto-med hc</i>	1-Covered	
<i>proctosol-hc</i>	1-Covered	
<i>proctozone-hc</i>	1-Covered	
TARPEYO	1-Covered	PA, QL (120 per 30 days)
METABOLIC BONE DISEASE AGENTS (CONTINUED)		
<i>alendronate sodium (10 mg tab, 35 mg tab, sod 70 mg/75 ml)</i>	1-Covered	
<i>alendronate sodium 70 mg tab</i>	1-Covered	QL (4 per 28 days)
<i>calcitonin-salmon 200 unit spr</i>	1-Covered	QL (3.7 per 30 days)
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>cinacalcet hcl</i>	1-Covered	
<i>doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)</i>	1-Covered	
FORTEO	1-Covered	PA
<i>ibandronate sodium 150 mg tab</i>	1-Covered	QL (1 per 28 days)
NATPARA	1-Covered	PA, QL (2 per 28 days)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1-Covered	
PROLIA	1-Covered	QL (2 per 365 days)
RAYALDEE	1-Covered	
<i>risedronate sodium 35 mg tab</i>	1-Covered	QL (4 per 28 days)
<i>risedronate sodium dr</i>	1-Covered	QL (4 per 28 days)
TERIPARATIDE 620 MCG/2.48 ML	1-Covered	PA
TYMLOS	1-Covered	PA
XGEVA	1-Covered	PA

MISCELLANEOUS THERAPEUTIC AGENTS (CONTINUED)

<i>aqua care sodium chloride</i>	1-Covered	
ELLA	1-Covered	
IGALMI	1-Covered	PA
INSULIN PEN NEEDLE	1-Covered	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1-Covered	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML	1-Covered	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	1-Covered	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 1/2 ML	1-Covered	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 1ML	1-Covered	QL (200 per 30 days)
LAGEVRIO (EUA)	1-Covered	QL (80 per 365 days)
LIVMARLI 9.5 MG/ML ORAL SOLN	1-Covered	PA, QL (90 per 30 days)
NUTRILIPID	1-Covered	PA
<i>omnipod 5 dextg7g6 intro(gen 5)</i>	1-Covered	QL (1 per 365 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	1-Covered	QL (30 per 30 days)
<i>omnipod classic pdm kit(gen 3)</i>	1-Covered	QL (1 per 365 days)
<i>omnipod classic pods (gen 3)</i>	1-Covered	QL (30 per 30 days)
<i>omnipod dash intro kit (gen 4)</i>	1-Covered	QL (1 per 365 days)
<i>omnipod dash pdm kit (gen 4)</i>	1-Covered	QL (1 per 365 days)
<i>omnipod dash pods (gen 4)</i>	1-Covered	QL (30 per 30 days)
<i>omnipod go pods</i>	1-Covered	QL (10 per 30 days)
OXLUMO	1-Covered	PA
PAXLOVID 150-100 MG DOSE PACK	1-Covered	QL (20 per 5 days)
PAXLOVID 150-100 MG PACK (EUA)	1-Covered	QL (20 per 5 days)
PAXLOVID 300-100 MG DOSE PACK	1-Covered	QL (60 per 365 days)
PAXLOVID 300-100 MG PACK (EUA)	1-Covered	QL (60 per 365 days)
SKYCLARYS	1-Covered	PA, QL (90 per 30 days)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	1-Covered	
TAVNEOS	1-Covered	PA, QL (180 per 30 days)
<i>v-go 20</i>	1-Covered	
<i>v-go 30</i>	1-Covered	
<i>v-go 40</i>	1-Covered	
<i>vgo 20</i>	1-Covered	
<i>vgo 30</i>	1-Covered	
<i>vgo 40</i>	1-Covered	
VIJOICE (50 MG TABLET, 125 MG TABLET)	1-Covered	PA, QL (28 per 28 days)
VIJOICE 250 MG DAILY DOSE PACK	1-Covered	PA, QL (56 per 28 days)
VISTOGARD	1-Covered	
VOXZOGO	1-Covered	PA, QL (30 per 30 days)
VYJUVEK	1-Covered	PA
OPHTHALMIC AGENTS (CONTINUED)		
Ophthalmic Agents, Other		
<i>ak-poly-bac</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>atropine 1% eye drops</i>	1-Covered	
<i>bacitracin-polymyxin</i>	1-Covered	
<i>brimonidine tartrate-timolol</i>	1-Covered	
COMBIGAN	1-Covered	
<i>cyclosporine 0.05% eye emuls</i>	1-Covered	
CYSTARAN	1-Covered	QL (60 per 28 days)
<i>dorzolamide-timolol eye drops</i>	1-Covered	
<i>neo-polycin</i>	1-Covered	
<i>neo-polycin hc</i>	1-Covered	
<i>neomycin-bacitracin-poly-hc</i>	1-Covered	
<i>neomycin-bacitracin-polymyxin</i>	1-Covered	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1-Covered	
<i>neomycin-polymyxin-gramicidin</i>	1-Covered	
<i>polycin</i>	1-Covered	
<i>polymyxin b sul-trimethoprim</i>	1-Covered	
RESTASIS	1-Covered	
RESTASIS MULTIDOSE	1-Covered	
ROCKLATAN	1-Covered	QL (2.5 per 25 days)
SIMBRINZA	1-Covered	
<i>sulfacetamide-prednisolone</i>	1-Covered	
TOBRADEX EYE OINTMENT	1-Covered	
TOBRADEX ST	1-Covered	
<i>tobramycin-dexamethasone</i>	1-Covered	
VABYSMO 6 MG/0.05 ML VIAL	1-Covered	PA
XIIDRA	1-Covered	QL (60 per 30 days)
ZYLET	1-Covered	
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
BESIVANCE	1-Covered	
<i>ciprofloxacin 0.3% eye drop</i>	1-Covered	
<i>erythromycin 0.5% eye ointment</i>	1-Covered	
<i>gatifloxacin</i>	1-Covered	
<i>gentak</i>	1-Covered	
<i>gentamicin 0.3% eye drop</i>	1-Covered	
<i>levofloxacin 0.5% eye drops</i>	1-Covered	
<i>moxifloxacin (drops, drp-visc)</i>	1-Covered	
NATACYN	1-Covered	
<i>ofloxacin 0.3% eye drops</i>	1-Covered	
<i>sulfacetamide sodium (drops, ointment)</i>	1-Covered	
<i>tobramycin 0.3% eye drop</i>	1-Covered	
<i>trifluridine</i>	1-Covered	
ZIRGAN	1-Covered	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	1-Covered	
<i>bepotastine besilate</i>	1-Covered	
<i>cromolyn 4% eye drops</i>	1-Covered	
<i>epinastine hcl</i>	1-Covered	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1-Covered	
Ophthalmic Anti-inflammatories		
<i>dexamethasone 0.1% eye drop</i>	1-Covered	
<i>diclofenac 0.1% eye drops</i>	1-Covered	
FLAREX	1-Covered	
<i>fluorometholone</i>	1-Covered	
<i>flurbiprofen sodium</i>	1-Covered	
FML FORTE	1-Covered	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
LOTEMAX SM	1-Covered	QL (20 per 365 days)
<i>loteprednol 0.5% ophthalmc gel</i>	1-Covered	QL (20 per 365 days)
<i>loteprednol etabonate 0.5% drp</i>	1-Covered	
<i>prednisolone acetate</i>	1-Covered	
PROLENSA	1-Covered	QL (12 per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	1-Covered	
<i>carteolol hcl</i>	1-Covered	
<i>levobunolol hcl</i>	1-Covered	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1-Covered	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	1-Covered	
ALPHAGAN P 0.1% DROPS	1-Covered	
<i>apraclonidine hcl</i>	1-Covered	
<i>brimonidine 0.2% eye drop</i>	1-Covered	
<i>brinzolamide</i>	1-Covered	
<i>dorzolamide hcl</i>	1-Covered	
<i>methazolamide</i>	1-Covered	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1-Covered	
RHOPRESSA	1-Covered	QL (2.5 per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost 0.005% eye drops (excludes preservative free)</i>	1-Covered	
LUMIGAN	1-Covered	QL (2.5 per 25 days)
VYZULTA	1-Covered	QL (5 per 25 days)
OTIC AGENTS (CONTINUED)		
<i>acetic acid 2% ear solution</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>ciprofloxacin 0.2% otic soln</i>	1-Covered	
<i>ciprofloxacin-dexamethasone</i>	1-Covered	
<i>flac otic oil</i>	1-Covered	
<i>fluocinolone acetonide oil</i>	1-Covered	
<i>hydrocortisone-acetic acid</i>	1-Covered	
<i>neomycin-polymyxin-hc ear susp</i>	1-Covered	
<i>neomycin-polymyxin-hydrocort</i>	1-Covered	
<i>ofloxacin 0.3% ear drops</i>	1-Covered	

RESPIRATORY TRACT/PULMONARY AGENTS (CONTINUED)

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	1-Covered	QL (30 per 30 days)
ASMANEX	1-Covered	QL (1 per 30 days)
ASMANEX HFA	1-Covered	QL (13 per 30 days)
BREZTRI AEROSPHERE	1-Covered	QL (23.6 per 28 days)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1-Covered	PA, QL (120 per 30 days)
FLOVENT 250 MCG DISKUS	1-Covered	QL (240 per 30 days)
FLOVENT DISKUS (50 MCG, 100 MCG)	1-Covered	QL (60 per 30 days)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	1-Covered	QL (24 per 30 days)
FLOVENT HFA 44 MCG INHALER	1-Covered	QL (21.2 per 30 days)
<i>fluticasone prop 50 mcg spray</i>	1-Covered	
<i>mometasone furoate 50 mcg spry</i>	1-Covered	QL (34 per 30 days)

Antihistamines

<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1-Covered	QL (60 per 30 days)
<i>cyproheptadine 4 mg tablet</i>	1-Covered	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	1-Covered	
<i>levocetirizine 5 mg tablet</i>	1-Covered	
Antileukotrienes		
<i>montelukast sodium</i>	1-Covered	
<i>zafirlukast</i>	1-Covered	
Bronchodilators, Anticholinergic		
ATROVENT HFA	1-Covered	QL (25.8 per 30 days)
INCRUSE ELLIPTA	1-Covered	QL (30 per 30 days)
<i>ipratropium br 0.02% soln</i>	1-Covered	PA, QL (312.5 per 30 days)
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	1-Covered	
LONHALA MAGNAIR REFILL	1-Covered	QL (60 per 30 days)
LONHALA MAGNAIR STARTER	1-Covered	QL (60 per 30 days)
SPIRIVA HANDIHALER	1-Covered	QL (30 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG INH	1-Covered	QL (8 per 30 days)
SPIRIVA RESPIMAT 2.5 MCG INH	1-Covered	
<i>tiotropium bromide</i>	1-Covered	QL (30 per 30 days)
YUPELRI	1-Covered	PA, QL (90 per 30 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	1-Covered	QL (17 per 30 days)
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1-Covered	QL (17 per 30 days)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1-Covered	QL (13.4 per 30 days)
<i>albuterol hfa 90 mcg inhaler (generic ventolin hfa)</i>	1-Covered	QL (48 per 30 days)
ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA)	1-Covered	QL (13.4 per 30 days)
<i>albuterol sul 2.5 mg/3 ml soln</i>	1-Covered	PA, QL (525 per 30 days)
<i>albuterol sulf 2 mg/5 ml syrup</i>	1-Covered	

Drug Name	Drug Tier	Limits & Restrictions
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	1-Covered	PA, QL (375 per 30 days)
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1-Covered	PA, QL (100 per 30 days)
<i>albuterol sulfate hfa</i>	1-Covered	QL (17 per 30 days)
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	1-Covered	
<i>formoterol fumarate</i>	1-Covered	PA, QL (120 per 30 days)
<i>levalbuterol 1.25 mg/3 ml sol</i>	1-Covered	PA, QL (270 per 30 days)
<i>levalbuterol concentrate</i>	1-Covered	PA, QL (90 per 30 days)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	1-Covered	PA, QL (540 per 30 days)
<i>levalbuterol tartrate hfa</i>	1-Covered	QL (30 per 30 days)
PROAIR HFA	1-Covered	QL (17 per 30 days)
PROAIR RESPICLICK	1-Covered	QL (2 per 30 days)
SEREVENT DISKUS	1-Covered	QL (60 per 30 days)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1-Covered	
Cystic Fibrosis Agents		
CAYSTON	1-Covered	PA
KALYDECO (13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	1-Covered	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	1-Covered	PA, QL (112 per 28 days)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	1-Covered	PA, QL (56 per 28 days)
PULMOZYME	1-Covered	PA
SYMDEKO 100/150 MG-150 MG TABS	1-Covered	PA, QL (56 per 28 days)
SYMDEKO 50/75 MG-75 MG TABLETS	1-Covered	PA, QL (60 per 30 days)
TOBI PODHALER	1-Covered	QL (224 per 56 days)
<i>tobramycin (300 mg/5 ml ampule, pak 300 mg/5 ml)</i>	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	1-Covered	PA, QL (84 per 28 days)
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1-Covered	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	1-Covered	PA
<i>roflumilast</i>	1-Covered	PA
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1-Covered	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1-Covered	
Pulmonary Antihypertensives		
ADEMPAS	1-Covered	PA, QL (90 per 30 days)
<i>alyq</i>	1-Covered	PA, QL (60 per 30 days)
<i>ambrisentan</i>	1-Covered	PA, QL (30 per 30 days)
<i>bosentan</i>	1-Covered	PA, QL (60 per 30 days)
<i>epoprostenol sodium</i>	1-Covered	PA
OPSUMIT	1-Covered	PA, QL (30 per 30 days)
ORENITRAM ER (0.25 MG TABLET, 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET)	1-Covered	PA
ORENITRAM MONTH 1 TITRATION KT	1-Covered	PA, QL (336 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	1-Covered	PA, QL (672 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	1-Covered	PA, QL (504 per 365 days)
<i>sildenafil 20 mg tablet</i>	1-Covered	PA, QL (90 per 30 days)
<i>tadalafil 20 mg tablet</i>	1-Covered	PA, QL (60 per 30 days)
VENTAVIS	1-Covered	PA, QL (270 per 30 days)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE	1-Covered	PA
OFEV	1-Covered	PA

Drug Name	Drug Tier	Limits & Restrictions
<i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	1-Covered	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	1-Covered	PA
ANORO ELLIPTA	1-Covered	QL (60 per 30 days)
BREO ELLIPTA	1-Covered	QL (60 per 30 days)
COMBIVENT RESPIMAT	1-Covered	QL (8 per 30 days)
FASENRA 30 MG/ML SYRINGE	1-Covered	PA
FASENRA PEN	1-Covered	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1-Covered	QL (60 per 30 days)
<i>ipratropium-albuterol</i>	1-Covered	PA, QL (540 per 30 days)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	1-Covered	PA, QL (3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE	1-Covered	PA, QL (0.4 per 28 days)
STIOLTO RESPIMAT	1-Covered	QL (24 per 30 days)
SYMBICORT 160-4.5 MCG INHALER	1-Covered	QL (12 per 30 days)
SYMBICORT 80-4.5 MCG INHALER	1-Covered	QL (13.8 per 30 days)
TEZSPIRE 210 MG/1.91 ML SYRING	1-Covered	PA, QL (1.91 per 28 days)
TRELEGY ELLIPTA	1-Covered	QL (60 per 30 days)
<i>wixela inhub</i>	1-Covered	QL (60 per 30 days)
SKELETAL MUSCLE RELAXANTS (CONTINUED)		
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1-Covered	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1-Covered	
<i>orphenadrine citrate er</i>	1-Covered	
SLEEP DISORDER AGENTS (CONTINUED)		
Sleep Promoting Agents		
BELSOMRA	1-Covered	QL (30 per 30 days)
<i>eszopiclone</i>	1-Covered	QL (30 per 30 days)

Drug Name	Drug Tier	Limits & Restrictions
<i>ramelteon</i>	1-Covered	QL (30 per 30 days)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1-Covered	QL (30 per 30 days)
<i>zaleplon 10 mg capsule</i>	1-Covered	QL (60 per 30 days)
<i>zaleplon 5 mg capsule</i>	1-Covered	QL (30 per 30 days)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1-Covered	QL (30 per 30 days)
<i>zolpidem tartrate er</i>	1-Covered	QL (30 per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	1-Covered	PA, QL (30 per 30 days)
<i>armodafinil 50 mg tablet</i>	1-Covered	PA, QL (60 per 30 days)
<i>modafinil</i>	1-Covered	PA, QL (30 per 30 days)
<i>sodium oxybate</i>	1-Covered	PA, QL (540 per 30 days)
XYREM	1-Covered	PA, QL (540 per 30 days)
UNCATEGORIZED (CONTINUED)		
Unclassified		
<i>insulin syringe (syrin 0.5 ml 30g 5/16", syring 0.5 ml 29g 1/2", 1 ml 29g 1/2", 1 ml 30g 1/2", 1 ml 31g 5/16")</i>	1-Covered	QL (200 per 30 days)
<i>naloxone 0.4 mg/ml syringe</i>	1-Covered	

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acetylcysteine	ALUNBRIG	82	ARCALYST	67
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afirmelle	amiloride-hydrochlorothiazide	59	ASMANEX HFA	78
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ak-poly-bac	amitriptyline hcl	74	atazanavir sulfate	32
AKYNZEO	amlodipine besylate	15	atenolol	41
ala-cort	amlodipine besylate-benazepril	50	atenolol-chlorthalidone	43
albendazole	ammonium lactate	25	atomoxetine hcl	46,47
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albuterol hfa 90 mcg inhaler (generic proair hfa)	amoxapine	79	atovaquone	25
albuterol hfa 90 mcg inhaler (generic proventil hfa)	amoxicillin	79	atovaquone-proguanil hcl	26
	amoxicillin-clavulanate pot er	79	atropine sulfate	75
	amoxicillin-clavulanate potass	79	ATROVENT HFA	79
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azelaic acid	49	bisoprolol-hydrochlorothiazide	43	CALQUENCE	21
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azurette	59	bosentan	81	CAMZYOS	43
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bacitracin-polymyxin	75	BREZTRI AEROSPHERE	78	CAPRELSA	21
baclofen	30	briellyn	59	captopril	40
BAFIERTAM	48	BRILINTA	39	captopril-hydrochlorothiazide	43
balsalazide disodium	72	brimonidine tartrate	77	carbamazepine	12
BALVERSA	21	brimonidine tartrate-timolol	75	carbamazepine er	12
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BAQSIMI	37	BRIVIACT	9	carbidopa-levodopa	27
BARACLUDE	33	bromocriptine mesylate	26	carbidopa-levodopa er	27
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benztropine mesylate	26	buprenorphine hcl	4	cefaclor	6
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cefprozil	7	clindacin p	5	COTELLIC	22
ceftazidime	7	clindamycin (pediatric)	5	CREON	55
ceftriaxone	7	clindamycin hcl	5	cromolyn sodium	55,76,81
cefuroxime	7	clindamycin phos-benzoyl perox	49	cryselles	59
cefuroxime sodium	7	clindamycin phosphate	5,52	CUTAQUIG	66
celecoxib	2	clindamycin-benzoyl peroxide	49	CUVITRU	66
CELONTIN	10	clobazam	11	cyclobenzaprine hcl	82
cephalexin	7	clobetasol emollient	50	cyclophosphamide	18,19
CERDELGA	55	clobetasol propionate	50	CYCLOPHOSPHAMIDE	24
chateal	59	clomipramine hcl	14	cycloserine	18
chateal eq	59	clonazepam	11	CYCLOSET	35
CHEMET	53	clonidine	39	cyclosporine	68,75
chlordiazepoxide hcl	34	clonidine hcl	40	cyclosporine modified	68
chlorhexidine gluconate	49	clopidogrel	39	CYLTEZO(CF)	68
chloroquine phosphate	26	clorazepate dipotassium	34	CYLTEZO(CF) PEN	68
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CIPRO	8	compro	15	daptomycin	6
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citalopram hbr	13	cortisone acetate	57	DAURISMO	22
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demeclocycline hcl	9	diltiazem 24hr er (xr)	42	efavirenz-lamivu-tenofov disop	30
DENGVAXIA	70	diltiazem hcl	42	ELAPRASE	55
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desipramine hcl	14	diphenoxylate-atropine	54	ELLA	73
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desoximetasone	50	disulfiram	4	EMGALITY SYRINGE	17
desvenlafaxine succinate er	13	divalproex sodium	11	EMPAVELI	67
dexamethasone	57	divalproex sodium er	11	EMSAM	13
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dextroamphetamine sulfate	46	dolishale	60	EMTRIVA	31
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diclofenac potassium	2	doxycycline hyclate	9,49	enoxaparin sodium	38
diclofenac sodium	2,51,76	doxycycline monohydrate	9	enpresse	60
diclofenac sodium er	2	DRIZALMA SPRINKLE	13	entacapone	26
dicloxacillin sodium	8	dronabinol	15	entecavir	33
dicyclomine hcl	54	DROXIA	19	ENTRESTO	43
DIFICID	8	droxidopa	40	ENTYVIO	67
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digoxin	41	dutasteride	57	epinastine hcl	76
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ergoloid mesylates	12	famciclovir	34	flurbiprofen sodium	76
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escitalopram oxalate	14	fenofibric acid	44	fosinopril sodium	40
esomeprazole magnesium	55	fentanyl	3	fosinopril-hydrochlorothiazide	43
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estradiol	60	FETROJA	7	FRAGMIN	38
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ethosuximide	11	flac otic oil	78	G	
ethynodiol-ethinyl estradiol	60	FLAREX	76	gabapentin	11
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etravirine	30	flecainide acetate	41	galantamine hbr	12
EUCRISA	50	FLOVENT DISKUS	78	galantamine hydrobromide	12
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EVOTAZ	32	fluconazole-nacl	16	GAMMAKED	66
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		hydrochlorothiazide	44	INFLECTRA	69
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