Independence

Independence Administrators

Prescription Drug Program Formulary

Effective October 1, 2025

INFORMATION FOR MEMBERS AND PROVIDERS

The Value Formulary Guide is intended to help members and providers understand prescription drug coverage under the Independence Administrators Value formulary. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Value Formulary for their reported medical effectiveness, safety, and value.

The pharmacy benefits manager monitors all drugs to ensure they are safe and effective.

Please note: Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. This formulary guide was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your provider or pharmacist.

What is a formulary?
A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

What are tiers?
Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

Value Formulary tier structure
The non-preferred tier will usually cost more than the preferred brand tier or generic tier. Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-preferred Drug
- Specialty (availability varies by benefit)
- Non-Formulary

The non-preferred tier on the formulary is generally associated with higher cost-sharing (i.e., at the higher cost to you) than the preferred brand tier or generic tier. Non-formulary drugs are covered when a formulary exception is obtained through the prior authorization process. Please refer to the Procedures that Support Safe Prescribing in the front of the formulary list for details. Non-formulary drugs are covered when a formulary exception approval has been obtained for which the member will pay the highest, non-specialty level of cost-sharing.

(continued)

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is *non-formulary* while the generic equivalent is covered at the generic level of cost-sharing.
  For example: Cipro® is the brand drug and is considered non-formulary; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.
- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition.

Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; brand drugs not listed in the formulary guide are non-formulary.

The Low-Cost Generic [LCG] tier offers copays lower than the cost-share for the generic tier, when possible. This applies to certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary. Not all plans provide this incentive. The drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

Specialty Drugs [SP] meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by your pharmacy benefit managers Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

Authorized Generics [AG] are brand-name drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand-name drug company, or another company with the brand company's permission. These drugs are approved by the FDA. But they are not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. For cost sharing purposes, authorized generics are treated as brand-name drugs and are not eligible for coverage on the generic tier(s). Another name for AGs is Authorized Brand Alternative [ABA]. For example: oxycodone ER tablet, an authorized generic of brand OxyContin®, is listed as non-preferred and is available at the non-preferred level of cost-sharing.

What are Affordable Care Act (ACA) preventive medications?
Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail-order pharmacy.

The following categories of drugs may be available at no member cost-share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool on your health insurance plan's website to check the status of a specific drug.

(continued)

Category	Product(s) Available at $0 at the Pharmacy
Aspirin products (OTC) For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
Bowel preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-C™, Gavilyte-G™, Gavilyte-N™, Gavilyte-H™ with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
Breast cancer chemo prevention For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
Contraceptives Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	- Oral: generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora - Injectable: all generics such as medroxyprogesterone injection - Transdermal: Xulane® patches - Diaphragms - Cervical Caps - Condoms - Contraceptive film - Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi® - Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab - Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring
Fluoride For children ages 6 months to 16 years. Includes generics strengths **up to 0.5mg**	sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab
Folic acid For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

(continued)

Category	Product(s) Available at $0 at the Pharmacy
Tobacco cessation medication For adults ages 18+ years, who use tobacco products and want to quit	varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution
Statins Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater	lovastatin 10mg lovastatin 20mg lovastatin 40mg
HIV PrEP Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg Descovy® 200-25mg
Vaccines To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, Shingles, and Respiratory Syncytial Virus Infection (RSV)	- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®, Capvaxive™* - Shingles: Shingrix®* - RSV: Arexvy™^, Abrysvo™***, Mresvia®** *Note: Applies to members at least 19 years of age. Cost share applies for members 18 years of age. ^Note: Applies to members at least 60 years of age. Cost share applies for members 50-59 years of age. **Note: Applies to members at least 60 years of age. ***Note: Applies to members at least 60 years of age or for pregnant individuals at 32 through 36 weeks gestational age. Cost share applies for members 18-59 years of age.

(continued)

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Administrators utilizes an independent pharmacy benefits management (PBM) company to manage the administration of its prescription drug programs. Our PBM is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by the PBM. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

What is prior authorization?

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Independence Administrators requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, clinically appropriate, and is being prescribed according to FDA approved labeled or medically accepted use. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's provider, and the member's available prescription drug therapy history. The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Please note, coverage of certain drugs on the formulary (e.g., weight loss drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding $10,000.

Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy. The prior authorization review process may take up to two business days once complete information from the provider has been received. Incomplete information may result in a delayed decision. Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve months. If the prior authorization approval for a drug is limited to a certain timeframe, an expiration date will be given at the time the approval is made. If the provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

Safety Edits

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

Age Limits

If the member's prescription falls outside of the FDA guidelines, it may not be covered unless prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

Quantity Limits

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. Independence Administrators has several different types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe

(continued)

and appropriate utilization. If a member requires more than the limit, the member's provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- ***Quantity Over Time:*** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2025, for one of these medications, the plan would have looked back 30 days to December 2, 2024, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
  - Etonogestrel-ethinyl estradiol (Nuvaring®) = 1 ring per 28 days
  - Ibandronate (Boniva®) 150mg = 1 tablet per 30 days
  - Sumatriptan (Imitrex®) 50mg = 18 tablets per 30 days
  - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
  - Sildenafil (Viagra®), tadalafil (Cialis® 10mg, 20mg) = 8 tablets per 30 days
- ***Maximum daily dose:*** This qquantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
  - Zolpidem (Ambien®) = 1 tablet per day
  - Oxycodone/acetaminophen (Percocet®) 5/325mg = 12 tablets per day
  - Guanfacine Extended Release 24 Hour = 1 tablet per day
- ***Refill too soon:*** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will be covered once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
  - A 30 days' supply of a prescription filled on 1/1/2025 will be refillable again on or after 1/24/2025
  - A 90 days' supply of a prescription filled on 7/1/2025 will be refillable again on or after 9/7/2025
- ***Day Supply Limit:*** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
  - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
    - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
  - Butalbital containing headache agents, such as butalbital/aspirin
    - Day supply limit = 5-day supply per 30 days
    - Quantity Limit = 6 tablets per 1 day
    - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)
  - Opioid containing cough and cold products, such as hydrocodone/homatropine
    - Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
    - Quantity Limit = 30ml per 1 day
    - Maximum quantity allowed without prior authorization = 150ml (30ml per day for 5 days)

(continued)

Morphine Milligram Equivalent (MME) Limit

Independence Administrators applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for an opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

Active Ingredient			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	Opium	oxycodone	oxymorphone
tapentadol	Tramadol	benzhydrocodone	

Cumulative Stimulant Limit

Central nervous system (CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys ER®[ODT], Dyanavel®, Evekeo® [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall®[IR/XR], Mydayis®	60mg/day
Dextroamphetamine	Dexedrine®, Zenzedi®, ProCentra®, Xelstrym™	60mg/day
Lisdexamfetamine	Vyvanse®	70mg/day
Methamphetamine	Desoxyn®	60mg/day
Dexmethylphenidate	Focalin® [IR/XR]	40mg/day
Methylphenidate	Ritalin® [IR/LA], Daytrana®, Cotempla®, Metadate® [ER/CD], Methylin®, Quillivant® XR, Concerta®, Aptensio XR®, QuilliChew® ER, Jornay PM™, Adhansia® XR, Relexxii®	72mg/day
Serdexmethylphenidate	Azstarys™	52.3mg/day

*Prior authorization and other safety edits including quantity limit and age limit continue to apply.

(continued)

Concurrent Drug Utilization Review (cDUR)

These reviews are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra®/Revatio®) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at https://www.ibxtpa.com/resources/for-providers/policies-and-guidelines/pharmacy-information or call your pharmacy benefit manager at the phone number on the back of your ID card.

How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platform such as SureScripts™ to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your pharmacy benefit manager by fax at 1-888-671-5285. The forms are available online at: https://www.ibxtpa.com/resources/for-providers/policies-and-guidelines/pharmacy-information.

2. The pharmacy benefit manager will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.

3. A decision is made regarding the request.

- If approved, the provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.

- If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

Formulary exception requests

Non-formulary drugs: Providers may request consideration for coverage of a non-formulary medication when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

Tier exceptions: Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.

(continued)

- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language.

Appealing a decision

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the provider be involved to provide any additional information on the basis of the appeal.

(continued)

Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspensions.*+

abiraterone
Abrilada®
Actemra® SC
Actimmune®
Adalimu-AACF Inj 40/0.8ml
Adalimumab-adbm 10 and 20mg
Adalimumab-A Kit 40/0.8ml
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml
adapalene pad
Adbry™ Inj
Addyi®
Adempas®
Advate®
Adynovate®
Afstyla®
Airsupra® Aerosol
Ajovy®
Akeega™
Alecensa®
Alhemo®
Alocril®
Alphanate®
Alphanine® SD
Alprolix™
Altabax™
Altuviiio®
Alunbrig™
Alvaiz™
Alyftrek™
amphetamine (generic Evekeo)
Angeliq®
Apokyn®
apomorphine inj
Aptiom®
Aqneursa®
Attruby™
Augtyro™
Austedo® [XR]
Auvi-Q® 0.15mg, 0.3mg
avanafil
Ayvakit™
azelastine/fluticasone spray
Azstarys™
baclofen susp 25mg/5ml
Bebulin®
Belbuca™
Belviq® [XR]
BeneFIX®
Benlysta®
Benzamycinpak®
benzphetamine
Berinert®
Besremi®
Betoptic-S®
Bevespi Aerosphere™
bexarotene
Bimzelx®
Bonjesta®
bosentan
Bosulif®
Brand prenatal vitamins[1]
Bravelle®
Breeze®2 glucometer
Brexafemme®
Briviact®
Bronchitol®
Brukinsa™
buprenorphine patch
Bydureon BCise®
Byetta®
Bylvay™
Bynfezia Pen™
Byvalson™
Cabometyx™
Calquence®
Camzyos™
Caprelsa®
Carac®
carbamazepine susp
Carbatrol®
Cardura® XL
carglumic
Cayston™
Cequa®
Cerdelga™
Cholbam®
Cibinqo™
Ciclodan®
Cimzia®
clemastine syrup
clindamycin/benzoyl peroxide 1%/5%
clobazam
clovique
Coagadex®
colchicine 0.6mg cap
Cometriq™
Contrave ER®
Corifact®
Cosentyx™
Cotellic™
Crenessity™
Cresemba®
Cutivate®
cyanocobalamin spray
cyclobenzaprine ER
Cystadrops®
Cystaran™
Daklinza™
Danziten™
dasatinib
Daybue
deferasirox tab/granules
deferiprone
deflazacort
dexchlorpheniramine soln
Dexcom® Receiver, Sensor, Transmitter
dexlansoprazole DR
D.H.E.® 45
dichlorphenate tab
diclofenac cap 25mg
diclofenac gel 3%
diclofenac sodium soln 2%
diethylpropion HCL
dihydroergotamine
Dojolvi™
doxepin tablet
doxycycline hyclate tab 50mg
Doxycycline monohydrate cap 75mg, 150mg
Doxycycline monohydrate tab 150mg
doxylamine-pyridoxine
droxidopa
Dupixent®
Duvyzat™
Duzallo®
Ebglyss™
Ecoza™
Edluar™
Elmiron®
Eloctate™
Emgality® (300mg dose) Prefilled Pen 100mg/ml
Empaveli™
enalapril soln
Enbrel®
Enspryng™
Entyvio®
Eohilia™
Epclusa®
Epidiolex®
Erivedge™
Erleada®
erlotinib
Ertaczo®
esomeprazole
esomeprazole granules
esomeprazole powder
Esperoct®
eszopiclone 3mg
Eucrisa™
everolimus (generic for Afinitor)
Eversense® E3 Sensor
Eversense® E3 Transmitter
Evrysdi™
Evrysdi® Tab
Exelderm®
Exkivity™
Fabhalta®
Factive®

(continued)

Fanapt™
Farydak®
Fasenra®
febuxostat
Feiba®
Femring®
fentanyl citrate-OTFC
fentanyl transdermal
Fetzima™
Filspari™
Filsuvez®
Fioricet® with Codeine
Fiorinal® with Codeine
Firazyr®
Flector® patch
fluoxetine soln
Fortamet®
Fosrenol® Packet
Fotivda®
Freestyle glucometer
Fruzaqla®
Fulyzaq™
Fuzeon®
gabapentin soln
gabapentin (once-daily) tab
Gattex®
Gavreto™
gefitinib
Gilotrif™
Gleevec®
Glucagen® Hypokit®
Gomekli®
Gonal-f®
Grastek®
griseofulvin ultramicrosize
Haegarda®
Harvoni™
Helixate® FS
Hemangeol® Soln
Hemlibra® Soln
Hemofil® M
Hetlioz® LQ Susp
Horizant™
Humate-P®
Hycamtin®
hydrocodone ER
hydrocortisone 2.5% sol
hydromorphone ER
Hyftor™
Hympavzi™
Ibrance®
icatibant inj
Iclusig™
Idhifa®
Ilevro®
imatinib mesylate
Imbruvica™
Imcivree™
imiquimod
Imkeldi®
Increlex®
indomethacin 20mg
indomethacin susp
Ingrezza™
Inlyta®
Inqovi®
Inrebic®
Intrarosa®
Iqirvo®
Isturisa®
Itovebi™
ivabradine
Iwilfin™
Ixinity®
Jakafi™
Jaypirca™
Jesduvroq®
Joenja®
Jivi
Jublia®
Juxtapid™
Jylamvo®
Jynarque®
Kalydeco™
Kerendia®
ketoprofen cap
Kevzara®
Kineret®
Kisqali™
Klisyri®
Koate®-DVI
Kogenate® FS
Koselugo™
Kovaltry®
Krazati®
Kynamro®
Kynmobi™
lansoprazole solutab
lanthanum chewable
lapatinib
Lastacaft®
Lazcluze™
ledipasvir-sofosbuvir
lenalidomide
Lenvima™
Leukeran®
Levemir®
levothyroxine cap
l-glutamine pow
Likmez®
Liraglutide
Litfulo™
Livdelzi®
Livmarli®
Livtencity™
Lodoco®
lofexidine
Lonhala™ Magnair™
Lonsurf®
Lorbrena®
luliconazole cream
Lumakras™
Lumryz®
Lupkynis™
Luzu®
Lynparza™
Lytgobi®
Mavenclad Pak®
Mavyret™
Mekinist®
meloxicam cap
Meloxicam susp
Menopur®
Metaxalone
metaxalone tab 640mg
Metformin 625mg
metformin 750mg
Metformin ER (MOD
Metformin ER (OSM)
metformin HCL 500mg/5ml soln
methadone
Methitest™
methyltestosterone
mifepristone
miglustat
Miplyffa™
mometasone furoate
Mondoxyne NL 75mg cap
Monoclate-P®
Monodox®
Mononine®
morphine ER
Mounjaro®
Muse®
Myalept™
Mycapssa®
Myfembree®
Mytesi™
naproxen sodium ER 750mg
naproxen sodium susp
Natpara®
Nayzilam®
Nemluvio®
Nerlynx™
Nestabs® One
Neupro® Patch
Nexletol™
Nexlizet™
Ngenla™ Inj
Ninlaro®
nitisinone
Nitrofurantoin susp
Nityr®
Non Preferred Diabetic Meters
Norditropin®
nortriptyline soln
Nourianz™
Novoeight®
Novolin® Relion™
Novolog® Relion™
Novoseven® RT
Noxafil®
Nubeqa™
Nucala® Soln
Nucynta ER®
Nuedexta™
Nulibry™
Nuplazid™
Nurtec™
Nutropin® (AQ)

(continued)

Nuwiq®
Nuzyra®
Obizur®
Ocaliva™
Odactra® SL
Odomzo®
Ofev®
Ogsiveo™
Ojemda™
Ojjaara™
Olumiant®
Omnitrope®
Omvoh™
OneTouch® Glucometers
Ongentys®
Onureg®
Onzetra Xsail™
Opsumit®
Opzelura™
Oralair®
Orencia® SQ
Orenitram™
Orfadin®
Orgovyx™
Oriahnn®
Orilissa®
Orkambi™
Orladeyo®
Orlistat cap
orphenadrine-asa caffeine
Orserdu™
Otezla™
Oxaydo®
Oxbryta™
oxcarbazepine ER tab
oxcarbazepine susp
oxiconazole nitrate
oxycodone ER
Oxycodone/ acetaminophen Sol 5/325mg
Oxycontin®
oxymorphone ER
Oxytrol® Patch
Ozempic®
Palforzia™ cap/powder
Panretin®
pantoprazole pak
pazopanib
Pegasys®
Pemazyre™
penicillamine capsule
Percocet®
Pexeva®
phendimetrazine tartrate
Phoslyra®
Picato®
Piqray®
pirfenidone
Pogo Automatic® Mis Monitor
Pogo Automatic® Test Cartridge
Pomalyst®
Praluent®
Pramosone®
Precision Glucometer
Prednisolone tab
pregabalin ER tab
pregabalin soln
Pretomanid®
Prilosec®
Procysbi®
Profilnine®
Promacta®
pyridostigmine soln
Pyrukynd®
Qinlock™
Qsymia® ER
Qudexy® XR
QuilliChew ER™
Quillivant XR™
Qulipta™
rabeprazole
Radicava ORS®
Ragwitek™
Rasuvo™
Rebif® Rebidose®
Rebinyn®
Recombinate™
Recorlev®
Regranex®
ReliOn®
Relyvrio™ Pak
Repatha™
Retevmo™
Revuforj®
Rezdiffra™
Revlimid®
Rezlidhia™
Rezurock™
Riastap®
Rinvoq™
Rivfloza™
Rixubis™
Rozlytrek™
Rubraca®
Ruconest®
rufinamide
Rukobia®
Ruzurgi®
Rybelsus®
Rydapt®
Rytary™
Sancuso® Patch
sapropterin pow/tab
Saxenda®
Scemblix®
Sernivo™
Serostim®
Sevenfact®
Signifor®
sildenafil
Siliq™
Simlandi® Auto-Injector Kit
Simlandi® Prefilled Syringe Kit
Simponi™
Sirturo™
Sivextro®
Skyclarys™
Skytrofa®
Skyrizi™
Sodium Oxybate Sol (Hikma)
sodium phenylbutyrate tab/powder
sofosbuvir-velpatasvir
Sohonos™
Somavert®
sorafenib
Sotyktu™
Sovaldi™
Spevigo®
Stivarga®
Strensiq™
Striant®
Sucraid®
sumatriptan/naproxen
sunitinib
Sunosi™
Sylatron™
Symlin®
Sympazan™ Film
Tabrecta™
tadalafil (generic Adcirca)
Tafinlar®
Tagrisso™
Takhzyro®
Taltz®
Talzenna®
Tasigna®
tasimelteon
tavaborole
Tavneos®
Tazverik™
Technivie™
Tegretol® [XR]
Tekturna® (HCT)
temozolomide
Tepmetko®
Teriparatide®Pen-Injector 620mcg/2.48ml
Texacort®
Tezspire® Inj
Thalomid®
Thyquidity®
Tirosint®
tolvaptan
topiramate ER sprinkle
Tremfya™
Tresiba®
tretinoin caps
Tretten®
triamcinolone 0.05% ointment
Trianex®
trientine
Trikafta™
Trintellix®
Tritocin™
Trulicity®
Truqap™
Truseltiq™
Tryngolza®

(continued)

Tryvio™
Tukysa™
Turalio™
Tyenne®
Tymlos™
Tyrvaya™
Tyvaso®
Ubrelvy™
Ukoniq®
Uloric®
Upneeq®
Uptravi®
Utibron™ Neohaler
Vafseo®
Valchlor™
valganciclovir soln
Valtoco®
vancomycin soln
Vanflyta®
vardenafil [ODT]
Vecamyl™
Velsipity®
Venclexta®
Ventavis®
Verdeso®
Veregen®
Verquvo®
Verzenio™
Viberzi™
Viekira Pak™
vigabatrin pack/tab
Vijoice®
Voltaren XR®
Vonjo™
Vonvendi®
Voranigo®
Vosevi™
Vowst®
Voxzogo™
Voydeya™
Vtama®
Vuity™
Vusion®
Vyleesi™
Vyndamax®
Vyndaqel®
Wainua™
Wakix®
Wegovy™
Welireg™
Wilate®
Winrevair™
Xalkori®
Xatmep®
Xcopri®
Xdemvy®
Xeljanz® [XR]
Xenazine™
Xenical®
Xermelo™
Xhance™ MIS 93mcg
Xifaxan®
Xolair®
Xolremdi™
Xospata®
Xpovio®
Xpovio® Pak
Xtampza® XR
Xtandi®
Xultophy®
Xuriden™
Xyntha®
Xywav™
yargesa
Yesintek™
Yorvipath®
Yupelri™
Zejula™
Zelboraf®
Zelnorm™
Zembrace Symtouch™
Zepatier™
Zepbound™
Zeposia®
Zerviate™
Zilbrysq®
zileuton ER tab
Zokinvy®
Zolinza®
zolmitriptan spray
Zolpidem 10mg
Zolpidem ER 12.5mg
Zolpidem SL 3.5mg
Zoryve® Cream
Ztalmy®
Zurampic®
Zydelig®
Zykadia®
Zymfentra™

[1] All brand prenatal vitamins require prior authorization.

***** Compound products with total cost equal to or greater than $75 per prescription

[+] Prescription claims exceeding the dollar limit threshold of $10,000 per claim

Reading the formulary drug list

How can I tell if a drug is generic or brand?

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in **bold**. Generic medications are shown in *lowercase and in italic*.

Brand-name Drug	Starts with UPPERCASE in Bold	Ex: Augmentin
Generic drug	*Lowercase italic*	*Ex: lisinopril*

Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

Drug Tier	Abbreviation
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
Non-Formulary	NF
$0 Preventive drug	ACA

Drug list requirements and/or limits

Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

Requirements/Limits	Abbreviation
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over Time	Q/T
Morphine Milligram Equivalent	MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION		
abacavir sulfate tab, soln	G	
abacavir sulfate/ lamivudine	G	
abacavir/ lamivudine/ zidovudine	G	
Acticlate	NF	
acyclovir	G	
acyclovir cream 5%	G	QL
adefovir dipivoxil	G	
Aemcolo DR	NPD	QL
albendazole	G	
Albenza	NF	
Alinia susp	NPD	QL
Alinia tab	NF	QL
Altabax	NPD	PA
Alyftrek Tab	NPD, SP	PA
Amoxicillin 775mg	PB	
amoxicillin	LCG	
amoxicillin/ clavulanate	G	
amoxicillin/ clavulanate extended-release	G	
ampicillin	G	
Amzeeq	NF	
Ancobon	NF	
Arakoda	NPD	
Arikayce Susp	NPD, SP	PA
atazanavir	G	
atovaquone	G	
atovaquone/ proguanil	G	
Atripla	NF	
Augmentin	NF	
Augmentin XR	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Avelox	NF	
avidoxy	NF	
azithromycin	G	
Bactrim, Bactrim DS	NF	
Baraclude	NF	
Baxdela	NF	QL
Benznidazole	NPD	
Bethkis	NF, SP	
Biaxin	NF	
Biktarvy	NPD	
Biltricide	NF	
Brexafemme	NPD	PA, QL
cefaclor	G	
cefaclor ER	G	
cefadroxil	G	
cefdinir	G	
cefixime susp/cap	G	
ceftibuten	G	
Ceftin	NF	
cefuroxime axetil	G	
cephalexin	G	
chlorhexidine gluconate soln	G	
chloroquine phosphate	G	
Cimduo	NPD	
Cipro	NPD	
Cipro XR	NF	
ciprofloxacin	LCG	
ciprofloxacin ER tabs	G	
clarithromycin	G	
clarithromycin ER	G	
Cleocin	NF	
clotrimazole troches	G	
Combivir	NF	
Complera	PB	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cresemba	NPD	PA, QL, Q/T
Crixivan	PB	
Daklinza	NPD, SP	PA, Q/T, QL
dapsone tablet	G	
Daraprim Tab	NF	
darunavir	G	
Daxbia	NPD	
Delstrigo	NPD	
demeclocycline	G	
Descovy	NPD	
dicloxacillin	G	
didanosine	G	
Dificid Tab/Susp	NPD	QL
Diflucan	NF	
Doryx 50mg tablet	NF	
Doryx 200mg tablet	NF	QL
Doryx MPC Tab 60mg	NF	
Dovato	NPD	
Doxycycline DR 40mg	NF	
doxycycline hyclate caps 50mg, 100mg	LCG	
Doxycycline hyclate DR 80mg	NF	
Doxycycline hyclate tab 75mg, 150mg	NPD	
Doxycycline hyclate tab 50mg	NPD	PA
Doxycycline hyclate tab DR 50mg, 100mg	NPD	
Doxycycline hyclate tab DR 200mg	NPD	QL, QT
doxycycline monohydrate cap 50mg, 100mg	G	
Doxycycline monohydrate cap 75mg, 150mg	NPD	PA
Doxycycline monohydrate tab 150mg	NPD	PA
Edurant	PB	
E.E.S. 400mg tab	NF	
efavirenz	G	
efavirenz-emtricitab-tenofovir tab	G	
efavirenz-lamivudine-tenofovir tab	G	
Egaten 250mg tablet	NPD	
emtricitabine cap	G	
emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg	G	
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg	G, ACA	QL
Emtriva	NF	
Emverm	NPD	QL
entecavir	G	
Epclusa	PB, SP	PA, Q/T, QL
Epivir HBV Soln	NPD	
Epivir HBV Tab	NF	
Epivir Tab	NF	
Epzicom	NF	
EryPed 400mg/5ml Susp	NF	
Ery-Tab	NF	
Erythrocin	NPD	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
erythromycin delayed release	G	
erythromycin ethylsuccinate	G	
erythromycin stearate	G	
ethambutol	G	
etravirine	G	
famciclovir	G	
Firvanq Soln	NF	
Flagyl	NF	
fluconazole suspension	G	
fluconazole tabs	LCG	
flucytosine	G	
Flumadine	NF	
fosamprenavir calcium tab	G	
fosfomycin pow	G	
Fulvicin	NF	
Fuzeon	NPD	PA
Gris-PEG	NF	
griseofulvin microsize	G	
griseofulvin ultramicrosize	G	PA
Harvoni	PB, SP	PA, Q/T, QL
Hepsera	NF, SP	
Hiprex	NF	
Humatin	NF	
hydroxy-chloroquine	G	
Impavido	NPD	Q/T, QL
Intelence	NF	
Invirase	PB	
Isentress	PB	
isoniazid	G	
itraconazole	G	
ivermectin	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Juluca	NPD	
Kaletra soln/tabs	NF	
Kalydeco Tabs/ Pack	NPD, SP	PA, LDD
Keflex	NF	
ketoconazole tabs	G	
Krintafel	NPD	
Lamisil Tabs	NF	
lamivudine 100mg, 150mg, 300mg tab	G	
lamivudine/ zidovudine	G	
Lampit	NPD	
Ledipasvir-sofosbuvir tablet 90-400mg	NPD, SP	PA, QL
Levaquin	NF	
levofloxacin tab	LCG	
Lexiva	NF	
Likmez Sus	NPD	PA
linezolid	G	QL
Livtencity	NPD	PA, QL
lopinavir/ritonavir	G	
Lymepak	NF	
Macrodantin	NF	
Malarone	NF	
maraviroc tab	G	
Mavyret	PB, SP	PA, Q/T, QL
mefloquine	G	
Mepron	NF	
methenamine hippurate	G	
metronidazole	LCG	
Minocin	NF	
minocycline caps	G	
Minocycline ER cap 135mg, 45mg, 90mg	NF	Q/T

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
minocycline ER tablet	G	Q/T
Minolira	NF	Q/T
moderiba	G, SP	
Molnupiravir 200mg	NPD	QL, AL
Mondoxyne NL 75mg cap	NPD	PA
Mondoxyne NL 100mg cap	NF	
Monurol Pak Granules	NF	
Moxatag	NPD	
moxifloxacin hcl	G	
Myambutol	NF	
Mycobutin	NF	
Mytesi	NPD	PA
Nebupent INH	NF	
nevirapine	G	
nevirapine ER	G	
nitazoxanide	G	QL
nitrofurantoin macrocrystals	LCG	
nitrofurantoin suspension 25mg/5ml, 50mg/10ml	G	
Nitrofurantoin susp 50mg/5ml	NPD	PA
Norvir powder	PB	
Norvir tablet	NF	
Noxafil	NF	QL
Nuzyra	NPD	PA, QL
Onmel	NF	
Oracea	NF	
Orkambi tablet/ packet	NPD, SP	PA, LDD
oseltamivir caps/ susp	G	QL
Paxlovid Tab	PB	QL
Pegasys	NPD, SP	PA
PegIntron	NPD, SP	
penicillin v potassium solution	G	
penicillin v potassium tablet	LCG	
pentamidine INH	G	
Pifeltro	NPD	
Plaquenil	NF	
posaconazole	G	QL
potassium iodide soln	G	
praziquantel	G	
Pretomanid	NPD	PA
Prevymis	NPD	
Prevymis Pak	NF	
Prezista	NF	
pyrimethamin	G	
Qualaquin	NF	QL
quinine sulfate	G	QL
Relenza	NPD	QL
Retrovir	NF	
Reyataz	NF	
ribasphere ribapak 200mg & 400mg/ 400mg & 600mg	G, SP	
rifabutin	G	
Rifadin	NF	
rifampin	G	
Rivfloza Inj	NPD, SP	PA, QL
rimantadine	G	
ritonavir	G	
Rukobia	NPD	PA
Selzentry	NF	
Seysara	NF	Q/T
Sirturo	NPD	PA
Sitavig	NPD	QL
Sivextro	NPD	PA, QL
Sklice Lot 0.5%	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Skyclarys cap	NPD, SP	PA
Sofosbuvir-velpatasvir tablet 400-100mg	NPD, SP	PA, QL
Sohonos	NPD, SP	PA
Solodyn	NF	QL, Q/T
Solosec GRA	NF	
Sovaldi	NPD, SP	PA, QL, Q/T
Sovuna Tab	NF	
Sporanox	NF	
SSKI Solution	NF	
stavudine	G	
Stribild	PB	
Stromectol	NF	
sulfamethoxazole/ tmp	LCG	
Sunlenca	NPD	
Suprax Susp 100mg/5ml, 200mg/5ml	NF	
Sustiva	NF	
Symfi	NF	
Symfi Lo	NF	
Symtuza	NPD	
Talicia	NPD	
Tamiflu	NF	QL
Targadox	NF	
Technivie	NPD, SP	PA, Q/T, QL
Temixys	NPD	
tenofovir	G	
terbinafine tabs	G	
Tetracycline tab	NF	
Tindamax	NF	
tinidazole	G	
Tivicay PD	NPD	
Tobi Nebulization Soln	NF, SP	
Tobi Podhaler Cap	NPD, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Tolsura	NF	
Trikafta	NPD, SP	PA
Triumeq	PB	
Trizivir	NF	
Truvada	NF	
valacyclovir tab	G	
Valcyte	NF	
valganciclovir	G	PA
Valtrex	NF	
vancomycin	G	
vancomycin soln	G	PA
Vemlidy	NPD	
Vfend	NF	
Vibramycin	NF	
Videx EC	NF	
Viekira Pak	NPD, SP	PA, QL, Q/T
Viekira XR	NPD, SP	PA, QL, Q/T
Viramune suspension	NF	
Viramune tablet	NF	
Viramune XR	NF	
Viread	NF	
Vivjoa	NF	QL
Vocabria	NPD	
voriconazole	G	
Vosevi	PB, SP	PA, Q/T, QL
Xenleta	NPD	QL
Xepi Cream 0.1%	NF	
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, Q/T, QL
Ximino ER	NF	Q/T
Xofluza Tab	NPD	QL
Xofluza Therapy Pack	NPD	Q/T
Zepatier	NPD, SP	PA, Q/T, QL
Zerit	NF	
Ziagen	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
zidovudine	G	
Zithromax	NF	
Zmax	NF	
Zyvox	NF	QL
CANCER & ORGAN TRANSPLANT DRUGS		
abiraterone	G, SP	PA
Afinitor	NF, SP	QL
Akeega	NPD, SP	PA, QL
Alecensa	NPD, SP	PA
Alkeran	NF, SP	
Alunbrig tab/pak	NPD, SP	PA, QL
anastrazole	G	
Arimidex	NF	
Aromasin	NF	
Augtyro	NPD, SP	PA
Ayvakit	NPD, SP	PA, QL
Azasan	NF	
azathioprine	G	
Balversa	NPD, SP	PA
Benlysta	NPD, SP	PA
Besremi Sol	NPD, SP	PA
bexarotene	G, SP	PA
bicalutamide	G	
Bosulif	NPD, SP	PA
Braftovi	NPD, SP	PA
Brukinsa	NPD, SP	PA
Cabometyx	PB, SP	PA
Calquence	NPD, SP	PA
capecitabine	G, SP	
Caprelsa	NPD, SP	PA, QL
Casodex	NF	
Cellcept	NF	
Cometriq	NPD, SP	PA
Copiktra	NPD, SP	PA
Cotellic	NPD, SP	PA, LDD
cyclophosphamide caps	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cyclophospha-mide tabs	NPD	
cyclosporine	G	
Cytoxan	NPD, SP	
danazol	G	
Danocrine	NPD	
Danziten Tab	NPD, SP	PA
dasatinib	G, SP	PA
Dapagliflozin Pro-metformin ER 10-1000mg, 5-1000mg tablet	NF	
Dapagliflozin propanediol 5mg, 10mg tablet	NF	
Daurismo	NPD, SP	PA
Deltasone	NPD	
Emcyt	NPD	
Erivedge	NPD, SP	PA
Erleada	NPD, SP	PA
erlotinib	G, SP	PA, QL
etoposide	G, SP	
Eulexin	NF	
everolimus (generic for Afinitor)	G, SP	PA, QL
everolimus (generic for Zortress)	G	
exemestane	G	
Exkivity	NPD, SP	PA
Fareston	NF	
Farydak	NPD, SP	PA, LDD
Femara	NF	
flutamide	G	
Fotivda	NPD, SP	PA
Fruzaqla	NPD, SP	PA
Gavreto	NPD, SP	PA
gefitinib	G, SP	PA
Gilotrif	NPD, SP	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Gleevec	NF, SP	
Gleostine	NPD, SP	
Gomekli	NPD, SP	PA
Hexalen	NPD	
Hycamtin	NPD, SP	PA
Hydrea	NF	
Hyftor Gel 0.2%	NPD	PA
hydroxyurea	G	
Ibrance	NPD, SP	PA, LDD
Iclusig	NPD, SP	PA, QL
Idhifa	NPD, SP	PA, QL
imatinib mesylate	G, SP	PA
Imbruvica	NPD, SP	PA, QL
Imkeldi Sol 80mg/ml	NPD, SP	PA
Imuran	NF	
Inlyta	NPD, SP	PA
Inqovi tab	NPD, SP	PA
Inrebic	NPD, SP	PA
Iressa tab	NF, SP	
Itovebi Tab	NPD, SP	PA
Iwilfin	NPD, SP	PA
Jaypirca tab	NPD, SP	PA, QL
Jylamvo Sol	NPD	PA
Kisqali	NPD, SP	PA, LDD
Koselugo	NPD, SP	PA
Krazati	NPD, SP	PA
lapatinib	G, SP	PA
Lazcluze	NPD, SP	PA
lenalidomide	G, SP	PA
Lenvima	NPD, SP	PA, LDD
letrozole	G	
leucovorin calcium	G	
Leukeran	PB, SP	PA
leuprolide	G, SP	
Lonsurf	NPD, SP	PA
Lorbrena	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Lumakras	NPD, SP	PA
Lupkynis	NPD, SP	PA, QL
Lynparza	PB, SP	PA
Lysodren	NPD	
Lytgobi	NPD, SP	PA
Matulane	PB, SP	
Mavenclad pak	NPD, SP	PA
Megace	NF	
megestrol acetate	G	
Mekinist	NPD, SP	PA
Mektovi	NPD, SP	PA
melphalan	G, SP	
mercaptopuri sus	G, SP	
mercaptopurine	G	
Mesnex	NPD	
methotrexate tab	G	
mycophenolate	G	
mycophenolic acid	G	
Myfortic	NF	
Myhibbin	NF	
Myleran	NPD	
Nemluvio Inj 30mg	NPD, SP	PA
Neoral	NPD	
Nerlynx	NPD, SP	PA
Nexavar	NF, SP	
Nilandron	NF	
nilutamide	G	
Ninlaro	NPD, SP	PA
Nubeqa	NPD, SP	PA
Odomzo	NPD, SP	PA
Ogsiveo	NPD, SP	PA
Ojemda Tab/Sus	NPD, SP	PA
Ojjaara	NPD, SP	PA, QL
Onureg	NPD, SP	PA
Orgovyx tab	NPD, SP	PA
Orserdu tab	NPD, SP	PA
Ortikos ER Cap	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
pazopanib	G, SP	PA
Pemazyre	NPD, SP	PA, QL
Piqray	NPD, SP	PA
Pomalyst	NPD, SP	PA
prednisone	LCG	
prednisone therapy pack/ solution/ concentrate	G	
Prograf capsule/ packet	NPD	
Protopic	NF	
Purixan	NPD, SP	
Qinlock tab	NPD, SP	PA
Rapamune tab/sol	NF	
RediTrex Inj	NF	
Retevmo cap	NPD, SP	PA
Revlimid	NPD, SP	PA
Revuforj Tab	NPD, SP	PA
Rezlidhia	NPD, SP	PA
Rozlytrek	NPD, SP	PA
Rubraca	PB, SP	PA
Rydapt	NPD, SP	PA
Sandimmune	NF	
Scemblix	NPD, SP	PA, QL
sirolimus tab/soln	G	
sorafenib	G, SP	PA
Sprycel	NF, SP	
Stivarga	PB, SP	PA
sunitinib	G, SP	PA
Sutent	NF, SP	
Tabloid	NPD	
Tabrecta tab	NPD, SP	PA
tacrolimus	G	
Tafinlar	NPD, SP	PA
Tagrisso	NPD, SP	PA, QL
Talzenna	NPD, SP	PA, QL
tamoxifen	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Tarceva	NF, SP	QL
Targretin cap	NF, SP	
Tasigna	NPD, SP	PA
Tazverik 200mg	NPD, SP	PA
Temodar	NF, SP	
temozolomide	G, SP	PA
Tepmetko	NPD, SP	PA
Thalomid	NPD, SP	PA
Tibsovo	NPD, SP	PA
toremifene	G	
tretinoin caps	G, SP	PA
Trexall tab	NPD	
Truqap	NPD, SP	PA
Truseltiq	NPD, SP	PA
Tukysa	NPD, SP	PA
Turalio	NPD, SP	PA
Tykerb	NF, SP	
Ukoniq	NPD, SP	PA
Valchlor	NPD, SP	PA
Vanflyta	NPD, SP	PA
Venclexta	NPD, SP	PA
Verzenio	NPD, SP	PA
Vitrakvi	NPD, SP	PA
Vizimpro	NPD, SP	PA
Vonjo	NPD, SP	PA
Voranigo	NPD, SP	PA
Votrient	NF, SP	
Welireg	NPD, SP	PA
Xalkori	NPD, SP	PA
Xatmep	NPD	PA
Xeloda	NF, SP	
Xospata	NPD, SP	PA
Xpovio	NPD, SP	PA
Xpovio Pak	NPD, SP	PA
Xromi	NF	
Xtandi	NPD, SP	PA, LDD
Yonsa	NPD, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zejula	PB, SP	PA, QL, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zortress	NF	
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NF, SP	LDD
PAIN, NERVOUS SYSTEM, & PSYCH		
Abilify	NF	
Abilify Mycite	NF	
Abilify Mycite Maintenance/ Starter Pak	NF	
Abstral	NF	QL, MME
acamprosate DR tab	G	
acetaminophen w/codeine	LCG	QL, 5DS, MME
Actiq	NF	QL, MME
Adderall	NF	QL
Adderall XR	NF	QL
Adhansia XR Capsule	NF	QL
Adipex-P	NF	R
Adlarity Dis	NF	
Adzenys ER susp	NF	QL
Adzenys XR-ODT	NF	QL
Aimovig	PB	PA
Ajovy	PB	PA
Allzital 25-325mg	NF	QL, 5DS
almotriptan maleate	G	QL, AL
alprazolam	LCG	
alprazolam ER	G	
amantadine	G	
Ambien	NF	QL
Ambien CR	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Amerge	NF	QL, AL
amitriptyline	G	
amoxapine	G	
amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine	G	QL
amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine ER	G	QL
Amphetamine ER suspension	NF	QL
amphetamine tablet (generic Evekeo)	G	PA, QL
Anafranil	NF	
Antabuse	NF	
Apadaz	NPD	PA, QL, 5DS, MME
Aplenzin	NF	
Apokyn Solution Cartridge 30mg/3ml	NF, SP	PA
apomorphine inj 30mg/3ml	G, SP	PA
Apo-Varenicline	NPD, ACA	QL
Aptensio XR	NF	QL
Aptiom	NPD	PA
Aricept [ODT]	NF	
aripiprazole	G	
armodafinil	G	
Arymo ER	NF	QL, MME
asenapine sub	G	
Ativan	NF	
atomoxetine	G	QL
Aubagio	NF, SP	
Austedo [XR]	NPD, SP	PA
Auvelity	NF	
Avonex	PB, SP	QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Axert	NF	QL, AL
Azilect	NF	
Azstarys	PB	PA, QL
Banzel Susp	NF	
Banzel Tab	NF	
Belbuca	PB	PA, QL, MME
Belsomra	NF	QL
Belviq [XR]	NPD	PA, R
Benzhydro-codone-aceta-minophen	NPD	PA, QL, 5DS, MME
benzphetamine	LCG	R
benztropine	LCG	
Betaseron	PB, SP	QL
Brisdelle cap	NF	QL
Briviact suspension	NPD	PA
Briviact tablet	NPD	PA
Bromocriptine mesylate	NF	
Bunavail	NF	QL
buprenorphine hcl/naloxone hcl	G	QL
buprenorphine patch	G	PA, QL, MME
buprenorphine SL	G	QL
bupropion	G	
bupropion ER 150mg	G	QL
Bupropion ER 450mg	NF	
bupropion SR	G	
bupropion XL	G	
buspirone	G	
Butal/Apap Tab 25-325mg	NF	QL, 5DS
Butalbital-acetaminophen 25-300mg	NF	QL, 5DS
butalbital/apap/ caffeine	G	QL, 5DS
butalbital/apap/ caffeine/codeine	G	QL, 5DS, MME
butalbital/aspirin/ caffeine/codeine	G	QL, 5DS, MME
butorphanol tartrate nasal	G	QL, 5DS, MME
Butrans	NF	QL, MME
Cafergot	NF	
Cambia Packet	NF	
Capcof Syrup	NPD	QL, 5DS, MME
Caplyta	NF	
carbamazepine	G	
carbamazepine susp	G	PA
carbamazepine XR	G	
Carbatrol	NPD	PA
carbidopa	G	
carbidopa/ levodopa	G	
carbidopa/ levodopa ER	G	
carbidopa/ levodopa ODT	G	
carbidopa/ levodopa/ entacapone	G	
carisoprodol-aspirin-codeine	G	QL, 5DS, MME
Cataflam	NF	
Celexa	NF	
Celontin	NF	
Chantix	NF	QL
chlordiazepoxide	G	
chlorpromazine HCl	G	
citalopram	LCG	
Citalopram 30mg Cap	NF	
clobazam	G	PA
clobazam susp	G	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
clomipramine HCl	G	
clonazepam	G	
clorazepate dipotassium	G	
clozapine	G	
clozapine ODT	G	QL, 5DS, AL
Clozaril	NF	
codeine tabs	G	QL, 5DS, MME
coditussin AC liquid	G	QL, 5DS, MME
Compro 25mg supp	NF	
Comtan	NF	
Concerta	NF	QL
Contrave ER	NPD	PA, R
Conzip	NF	QL, MME
Copaxone	NF, SP	QL
Cotempla XR-ODT	NF	QL
Coxanto	NF	
Crexont	NF	
Cymbalta	NF	
Dantrium	NF	
dantrolene	G	
Daybue Soln	NPD, SP	PA
Daypro	NF	
Daytrana	NF	QL
Dayvigo	NF	QL
Demerol	NF	QL, 5DS, MME
Depakene	NF	
Depakote	NF	
Depakote ER	NF	
Depakote Sprinkle Caps	NF	
desipramine	G	
Desoxyn	NF	QL
Desvenlafaxine ER 24HR	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
desvenlafaxine succinate ER	G	
Dexedrine caps	NF	QL
dexmethyl-phenidate ER	G	QL
dexmethyl-phenidate hcl	G	QL
dextroam-phetamine	G	QL
dextroam-phetamine ER	G	QL
D.H.E.45	NF	
Dhivy	NF	
Diacomit	NPD, SP	PA
Diastat	NPD	
diazepam solution	G	
diazepam tabs	LCG	
diclofenac cap 25mg	G	PA, QL
Diclofenac cap 35mg	NF	
diclofenac potassium	G	
diclofenac powder	G	
diclofenac sodium	G	
diclofenac sodium gel 1%	G	
diethylpropion HCL	G	R, PA
diflunisal	G	
dihydrocodeine/ APAP/caff	G	QL, 5DS, MME
dihydrocodeine/ aspirin/caffeine	G	QL, 5DS, MME
dihydroergo-tamine inj	G	PA
dihydroergo-tamine mesylate nasal spray	G	PA
Dilantin chewable tablets	PB	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Dilaudid	NF	QL, MME, 5DS
dimethyl fumarate DR cap	G, SP	
disulfiram	G	
divalproex sodium	G	
divalproex sodium ER	G	PA, QL
divalproex sprinkle cap	G	
Dolobid Tab	NF	
Dolophine	NF	QL, MME
donepezil hydrochloride	LCG	
Doral	NF	
doxepin capsule	G	
doxepin HCL con 10mg/ml	G	
doxepin tablet	G	PA
Drizalma Sprinkle	NF	
duloxetine	G	
Duragesic patch	NF	QL, MME
Dyanavel XR	NF	QL
Edluar SL tab	NPD	PA, QL
Effexor XR	NF	
Eldepryl	NF	
Elepsia XR	NF	
eletriptan	G	QL, AL
Elyxyb	NF	QL
Embeda	NPD	QL, MME
Emgality (300mg Dose) Prefilled Pen 100mg/ml	PB	PA, QL
Emgality Prefilled Pen/ Auto-Injector 120mg/ml	NF	
endocet	LCG	QL, 5DS, MME
entacapone	G	
Epidiolex Soln	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Eprontia soln	NF	
ergotamine tartrate/caffeine	G	
escitalopram	LCG	
Esgic cap/tab	NF	QL, 5DS
estazolam	G	QL
eszopiclone	G	PA, QL (3mg only)
ethosuximide	G	
etodolac	G	
Evekeo [ODT]	NF	QL
Evzio	NF	QL
Exalgo ER	NF	QL, MME
Exelon	NF	
Exservan Mis	NPD	
Extavia	NF, SP	QL
Fanapt	NPD	PA
Fazaclo	NPD	
felbamate	G	
Felbatol	NF	
Feldene	NF	
fenoprofen calcium	G	
Fenopron	NF	
fentanyl citrate OTFC	G	PA, QL, MME
Fentanyl citrate tablet	NF	QL, MME
Fentora	NF	QL, MME
Fetzima	NPD	PA
fingolimod	G, SP	
Fintepla sol	NF	
Fioricet	NF	QL, 5DS
Fioricet with codeine	NF	QL, 5DS, MME
Fiorinal with codeine	NF	QL, 5DS, MME
fluoxetine	G	QL (Weekly Only)
fluoxetine 10mg, 20mg, 40mg	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
fluoxetine soln	G	PA
fluphenazine	G	
flurazepam	G	QL
flurbiprofen	G	
fluvoxamine	G	
fluvoxamine ER	G	
Focalin	NF	QL
Focalin XR	NF	QL
ForFivo XL	NF	
Frova	NF	QL, AL
Frovatriptan succinate	NPD	QL, AL
Fycompa	NPD	
gabapentin	G	
gabapentin soln	G	PA
gabapentin (once-daily) tab	G	PA
Gabarone	NF	
Gabitril	NF	
galantamine	G	
galantamine ER	G	
Geodon	NF	
Gilenya	NF, SP	
glatiramer acetate	G, SP	QL
glatopa	G, SP	QL
Gocovri	NF	
Gralise Mis	NF	
guaifenesin-codeine soln 10mg/5ml	LCG	QL, 5DS, MME
guanfacine ER	G	QL
Halcion	NF	QL
haloperidol	G	
Hetlioz Cap	NF, SP	QL
Hetlioz LQ Susp	NPD, SP	PA
Horizant	NPD	PA
hydrocodone/ acetaminophen	LCG	QL, 5DS, MME
hydrocodone-homatropine	G	QL, 5DS, MME
hydrocodone ER	G	PA, QL, MME
hydromorphone ER	G	PA, QL, MME
hydromorphone IR	G	QL, 5DS, MME
Hysingla ER	NF	QL, MME
Ibudone	NF	QL, 5DS, MME
ibuprofen/ hydrocodone	G	QL, 5DS, MME
Imcivree 10mg/ml Inj	NPD, SP	PA
imipramine	G	
Imitrex	NF	AL, QL
Inbrija	NPD, SP	PA
Indocin Suppository	NF	
Indocin susp	NF	
Ingrezza	NPD, SP	PA
Intermezzo	NF	QL
Intuniv	NF	QL
Invega ER tablet	NF	
isometheptene/ dichloral-phenazone/apap	G	
Jakafi	NPD, SP	PA, LDD, QL
Jornay PM Capsule	NF	QL
Journavx	NF	QL
Kadian ER	NF	QL, MME
Kapvay	NF	QL
Keppra	NF	
Keppra XR	NF	
ketorolac	G	
Khedezla	NF	
Klonopin	NF	
Kloxxado Liq	PB, ACA	QL
Kynmobi Kit Titration	NPD, SP	PA
Kynmobi Mis	NPD, SP	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
lacosamide	G	
Lamictal	NF	
Lamictal ODT	NF	
Lamictal XR	NF	
lamotrigine	G	
lamotrigine ER	G	
lamotrigine ODT	G	
Latuda	NF	
Lazanda	NF	QL, MME
levetiracetam 250mg	NF	
levetiracetam	LCG	
levetiracetam ER	G	
levorphanol	G	QL, 5DS, MME
Lexapro	NF	
Libervant Mis	NF	QL
Librax	NF	
lisdexamfetamine cap/chew	G	QL
lithium carbonate	G	
lithium carbonate ER	G	
Lodine	NF	
Lodosyn	NF	
lofexidine	G	PA, QL
Lomaira	NPD	R
lorazepam	LCG	
lorazepam concentrate	G	
Loreev XR	NF	
Lortab	NF	QL, 5DS
lortab elixir	LCG	QL, MME
loxapine	G	
Lumryz Pak	NPD, SP	PA
Lunesta	NF	QL
lurasidone tab	G	
Lybalvi	NF	
Lyrica	NF	
Lyrica CR	NF	
Lyrica soln	NF	
maprotiline	G	
Maxalt, Maxalt-MLT	NF	AL, QL
Mayzent tablet, starter pak	NPD, SP	
m-clear WC soln	NPD	QL, 5DS, MME
meclofenamate	G	
memantine	G	
memantine ER	G	
meman/donepz	G	
meperidine HCl	G	QL, 5DS, MME
meprobamate	G	
Mestinon syrup	NF	
Mestinon tablet	NF	
Metadate CD Cap	NF	QL, MME
methadone	LCG	PA, QL, MME
Methadose concentrate [SF]	NF	QL, MME
Methamphetamine	NPD	QL
methocarbamol 500mg, 750mg	LCG	
methsuximide	G	
Methylin	NF	QL
methylphenidate	G	QL
methylphenidate ER	G	QL
methylphenidate ER (CD)	G	QL
methylphenidate ER (LA)	G	QL
Methylphenidate ER (XR)	NF	QL
methylphenidate pad	G	QL
Midrin	NPD	
Migranal	NF	
Mirapex	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Mirapex ER	NF	
mirtazapine	G	
modafinil	G	
molindone hcl	G	
MorphaBond ER	NF	QL, MME
morphine IR	G	QL, 5DS, MME
morphine sulfate ER	G	PA, QL, MME
morphine suppositories	G	QL, 5DS, MME
Motpoly XR	NF	
MS Contin	NF	QL, MME
Mydayis	NF	QL
Mysoline	NF	
nabumetone	G	
Nalfon	NF	
Nalocet	NF	QL, 5DS, MME
Naloxone injection 2mg	NPD	QL
naloxone spray	G	QL
naltrexone 50mg	G	
Namenda [XR]	NF	
Namzaric	NF	
naratriptan	G	QL, AL
Narcan 4mg/ actuation spray	PB	QL
Nardil	NF	
Nayzilam	NPD	PA, QL
nefazodone	G	
Neupro Patch	NPD	PA
Neurontin	NF	
Neurontin soln	NF	
ninjacof-XG liquid	G	QL, 5DS, MME
Norpramin	NF	
nortriptyline	G	
nortriptyline soln	G	PA
Nourianz	NPD	PA
Nucynta	NPD	QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Nucynta ER	NPD	PA, QL, MME
Nuplazid	NPD	PA
Nurtec Chw ODT	PB	PA, QL
Nuvigil	NF	
olanzapine	G	
olanzapine ODT	LCG	
olanzapine/ fluoxetine hcl	G	
Onfi	NF	
Onfi susp	NF	
Ongentys	NPD	PA
Onyda XR Susp	NF	QL
Onzetra Xsail	NPD	PA, QL, AL
Opana	NF	QL, 5DS, MME
Opana ER	NF	QL, MME
Opipza Mis	NF	
Opvee Spray	NPD	QL
Orap	NF	
Osmolex ER	NF	
oxaprozin	G	
Oxaydo	NPD	PA, QL, 5DS, MME
oxazepam	G	
oxcarbazepine ER tab	G	PA
oxcarbazepine susp	G	PA
oxcarbazepine tab	G	
Oxtellar XR	NF	
Oxycodone 5mg, 30mg Tab	NF	QL, 5DS, MME
Oxycodone ER tablet	NF	QL, MME
Oxycodone HCl Abuse-Deterrent 30mg	NF	QL, 5DS, MME
oxycodone IR	G	QL, 5DS, MME
oxycodone/ acetaminophen	LCG	QL, 5DS, MME
Oxycodone acetaminophen 7.5/300mg	NF	QL, 5DS, MME

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Oxycodone/ acetaminophen sol 10/300mg	NF	QL, 5DS, MME
Oxycodone/ acetaminophen Sol 5/325mg	NPD	PA, QL, 5DS, MME
Oxycodone/APAP 2.5-300mg, 5-300mg, 10-300mg tab	NF	QL, 5DS, MME
oxycodone/aspirin	G	QL, 5DS, MME
oxycodone/ ibuprofen	G	QL, 5DS, MME
OxyContin	NF	QL, MME
oxymorphone ER	G	PA, QL, MME
oxymorphone IR	G	QL, 5DS, MME
Ozobax Soln	NF	
paliperidone ER tablet	G	
Pamelor	NF	
Parlodel	NF	
Parnate	NF	
paroxetine	G	
paroxetine ER	G	
paroxetine susp	G	
Paxil CR	NF	
Paxil suspension	NF	
Paxil tablet	NF	
pentazocine-naloxone	G	QL, 5DS, MME
Percocet	NF	QL, 5DS, MME
perphenazine	G	
Pexeva	NPD	PA
phendimetrazine tartrate	G	PA, R
phenelzine	G	
phenobarbital	G	
phentermine hcl	LCG	R
Phenytek	NPD	
phenytoin	G	
pimozide	G	
piroxicam	G	
Plegridy	PB, SP	QL
Ponvory	NF, SP	
pramipexole	LCG	
pramipexole ER	G	
pregabalin	G	
pregabalin ER tab	G	PA
pregabalin soln	G	PA
primidone	G	
Primlev	NF	QL, 5DS, MME
Pristiq	NF	
Procentra 1mg/ml	NF	QL
Prolate Sol 10/300mg	NF	QL, 5DS, MME
Prolate tab	NF	QL, 5DS, MME
promethegan supp 12.5mg, 25mg	NF	
promethegan supp 50mg	NPD	
Provigil	NF	
Prozac	NF	
pyridostigmine soln	G	PA
pyridostigmine tab	G	
Qdolo Sol 5mg/ml	NF	QL
Qelbree ER	NF	QL
Qmiiz ODT	NF	
Qsymia ER	NPD	PA, R
quazepam	G	QL
Qudexy XR	NPD	PA
quetiapine fumarate [ER]	G	
Quillichew ER	NPD	PA, QL
Quillivant XR	NPD	PA, QL
Qulipta	PB	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Radicava ORS Susp	PB, SP	PA
Raldesy	NF	
Quviviq	NF	QL
ramelteon	G	QL
rasagiline	G	
Razadyne	NF	AL
Razadyne ER	NF	AL
Rebif Rebidose	NPD, SP	PA, QL
Regimex	NF	R
Relafen	NF	
Relafen DS	NF	
Relexxii	NF	QL
Relpax	NF	QL, AL
Relyvrio Pak	NPD, SP	PA
Remeron	NF	
Remeron SolTab	NF	
Requip	NF	
Requip XL	NF	
Restoril	NF	QL
Rextovy Spr	NF	QL
Rexulti	NPD	
Reyvow	NF	QL
Rilutek	NF	
riluzole	G	
Risperdal, Risperdal M-Tab	NF	
risperidone	LCG	
Ritalin LA	NF	QL
Ritalin Tab	NF	QL
rivastigmine	G	
rizatriptan benzoate	G	QL, AL
Robaxin	NF	
ropinirole	G	
ropinirole ER	G	
Roxicodone	NF	QL, 5DS, MME
Roxybond	NF	QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Rozerem	NF	QL
rufinamide susp 40mg/ml	G	PA
rufinamide tab	G	PA
Rytary	NPD	PA
Sabril tablet/ packet	NF, SP	
Saphris	NF	
Saxenda	NPD	PA, R, QL
Secuado Patch	NF	
Seglentis 56-44mg Tab	NF	QL
selegiline HCl	G	
Seroquel	NF	
Seroquel XR	NF	
sertraline	LCG	
Sertraline Cap	NF	
Silenor	NF	
silodosin	G	
Sinemet	NF	
Sinemet CR	NF	
Sodium Oxybate Sol (Hikma)	NPD, SP	PA, QL
Sonata	NF	QL
Spritam Oral Disintegrating Tab	NF	
Sprix Nasal Spray	NF	QL
Stalevo	NF	
Strattera	NF	QL
Suboxone Sublingual Film	NF	QL
Subsys	NF	QL, MME
sulindac	G	
sumatriptan	G	QL
sumatriptan/ naproxen	G	PA, QL
Sunosi	PB	PA
Sylatron	NPD, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Symbyax	NF	
Sympazan Film	NPD	PA
Tascenso ODT	NF, SP	
tasimelteon	G, SP	PA, QL
Tasmar	NF	
Tecfidera	NF, SP	LDD
Tegretol susp	NPD	PA
Tegretol [XR]	NPD	PA
temazepam	G	QL
teriflunomide	G, SP	
tetrabenazine	G, SP	PA
thioridazine	G	
thiothixene	G	
tiagabine hcl	G	
Tiglutik Susp	PB	
Tivorbex	NF	
Tofranil	NF	
tolcapone	G	
tolmetin sodium	G	
Topamax	NF	
Topamax Sprinkle Capsules	NF	
topiramate	G	
topiramate ER cap	G	
topiramate ER sprinkle cap	G	PA
Tosymra Nasal Solution	NF	QL
tramadol	LCG	QL, MME
Tramadol ER cap	NF	QL, MME
tramadol ER (biphasic) tablet	G	QL, MME
tramadol ER tablet	G	QL, MME
Tramadol soln 5mg/ml	NF	QL, MME
tramadol/ acetaminophen	G	QL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Tranxene T	NF	
tranycypromine sulfate	G	
trazodone	G	
Treximet	NF	QL
Trezix	NF	QL
triazolam	G	QL
trifluoperazine	G	
trihexyphenidyl	LCG	
Trileptal Susp	NF	
Trileptal Tab	NF	
trimipramine	G	
Trintellix	NPD	PA
Trokendi XR	NF	
Trudhesa AER	NF	QL
trymine CG liquid	G	QL, 5DS, MME
Tylenol w/Codeine	NF	QL, 5DS, MME
Ubrelvy	PB	PA, QL
Ultracet	NF	QL, MME
Ultram	NF	QL, MME
Valium	NF	
valproic acid	G	
Valtoco	NPD	PA, QL
Vanatol S/LQ	NPD	PA, QL, 5DS
varenicline	G, ACA	QL
varenicline Pak	G, ACA	
venlafaxine	G	
venlafaxine ER	G	
Venlafaxine Tab 112.5mg	NF	
Veozah	NF	
vigabatrin	G, SP	PA
vigadrone	NF, SP	
Vigafyde Sol	NF, SP	
Vimpat solution	NF	
Vimpat tablet	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Virtussin AC w/ ALC liquid	NPD	QL, 5DS, MME
Vivlodex	NF	
Vraylar	NPD	
Vyvanse	NF	QL
Wainua Inj	NPD, SP	PA, QL
Wakix	NPD, SP	PA, QL
Wellbutrin SR	NF	
Wellbutrin XL	NF	
Xadago	NF	
Xanax	NF	
Xanax XR	NF	
Xcopri pak/tab	NPD	PA
Xelstrym Pad	NF	QL
Xenazine	NF	
Xodol, Norco	NF	QL, 5DS, MME
Xtampza ER	PB	PA, QL, MME
Xyrem	NF, SP	QL
Xywav Soln	NPD, SP	PA, QL
zaleplon	G	QL
Zarontin	NF	
Zavzpret Nasal Soln	NF	QL
Zebutal	NF	QL, 5DS
Zembrace Symtouch	NPD	PA, QL
Zenzedi	NF	QL
Zepbound Inj	NPD	PA, R, QL
Zimhi Soln	NPD	QL
ziprasidone	G	
Zohydro ER	NF	QL, MME
zolmitriptan	G	QL, AL
zolmitriptan spray	G	PA, QL, AL
Zoloft	NF	
zolpidem tartrate	LCG	PA, QL (10mg only)
Zolpidem Tartrate Cap 7.5mg	NF	QL
zolpidem tartrate ER	G	PA, QL (12.5mg only)
zolpidem tartrate SL	G	PA, QL (3.5mg only)
Zolpimist	NF	QL
Zomig	NF	QL, AL
Zonegran	NF	
Zonisade Susp	NF	
zonisamide	G	
Zorvolex	NF	
Ztalmy Susp	NPD, SP	PA
Zubsolv	PB	QL
Zurzuvae	NPD	QL
Zyban	NF	QL
Zyprexa	NF	
Zyprexa Zydis	NF	
HEART, BLOOD PRESSURE, & CHOLESTEROL		
Accupril	NF	
Accuretic	NF	
acebutolol	G	
acetazolamide	G	
acetazolamide ER	G	
Actimmune	NPD, SP	PA
Adalat CC	NF	
Adcirca	NF, SP	
Adempas	PB, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NF	
Agrylin	NF	
Aldactazide	NF	
Aldactone	NF	
Alhemo Inj	NPD, SP	PA
aliskiren	G	
Alphanate	PB, SP	PA
AlphaNine	NPD, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Alprolix	NPD, SP	PA
Altace	NF	
Altoprev ER	NF	
Altuviiio Inj	NPD, SP	PA
ambrisentan	G, SP	PA
Amicar	NF	
amiloride	G	
amiloride/HCTZ	G	
aminocaproic acid	G	
amiodarone	G	
amlodipine	LCG	
amlodipine besylate/ olmesartan	G	
amlodipine/ benazepril	G	
amlodipine/ valsartan	G	
amlodipine/ valsartan/HCTZ	G	
anagrelide	G	
Antara	NPD	
Arixtra	NF	
aspirin-dipyridamole er	G	
Aspruzyo Spr Gra	NF	
Atacand	NF	
Atacand HCT	NF	
atenolol	LCG	
atenolol/ chlorthalidone	G	
Atorvaliq Soln	NF	
atorvastatin	G	
atorvastatin/ amlodipine	G	
Attruby Pak 356mg	NPD, SP	PA
Avalide	NF	
Avapro	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Azor	NF	
Bebulin	NPD, SP	PA
benazepril	G	
benazepril/HCTZ	G	
BeneFIX	PB, SP	PA
Benicar	NF	
Benicar HCT	NF	
Betapace AF	NF	
betaxolol	G	
Bevyxxa	NPD	QL
Bidil	NF	
bisoprolol	G	
bisoprolol/HCTZ	G	
bumetanide	G	
Bystolic	NF	
Byvalson	NPD	PA
Caduet	NF	
Calan	NF	
Calan SR	NF	
Camzyos	NPD, SP	PA, QL
candesartan	G	
candesartan/ hydrochloro-thiazide	G	
captopril	G	
captopril/HCTZ	G	
Cardizem	NF	
Cardizem CD	NF	
Cardizem LA	NF	
Carospir	NF	
cartia XT	G	
carvedilol	G	
carvedilol ER	G	
Catapres tablets	NF	
Catapres-TTS	NF	
chlorothiazide	G	
chlorthalidone	G	
cholestyramine	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
cholestyramine light	G	
cilostazol	G	
clonidine ER 12 HR tab	G	
Clonidine ER 24HR tab	NF	
clonidine IR tablet	LCG	
clonidine patches	G	
clopidogrel	G	
Coagadex	NPD, SP	PA
colesevelam	G	
Colestid	NF	
colestipol HCl	G	
Conjupri	NF	
Coreg	NF	
Coreg CR	NF	
Corgard	NF	
Corifact	NPD, SP	PA
Corlanor	NF	
Corzide	NF	
Coumadin	PB	
Cozaar	NF	
Crestor	NF	
dabigatran cap	G	
Demadex	NF	
Dibenzyline	NF	
digitek	G	
digox	G	
digoxin	G	
dilt-CD	LCG	
diltiazem HCl	G	
diltiazem HCl CD	G	
diltiazem HCl ER	G	
diltiazem HCl LA	G	
diltiazem HCl SR	G	
diltzac ER	LCG	
Diovan	NF	
Diovan HCT	NF	
dipyridamole	G	
disopyramide	G	
dofetilide	G	
doxazosin mesylate	G	
droxidopa	G	PA
Durlaza	NF	
Dutoprol	NPD	
Dyazide	NF	
Dyrenium	NF	
Edarbi	NF	
Edarbyclor	NF	
Edecrin	NF	
Effient	NF	
Eliquis	PB	
Eloctate	NPD, SP	PA
enalapril	G	
enalapril/HCTZ	G	
enalapril solution	G	PA
enoxaparin	G	
Entadfi	NF	QL
Entresto	PB	QL
Epaned Sol 1mg/ml	NF	
eplerenone	G	
eprosartan	G	
Esperoct	NPD, SP	PA
ethacrynic acid	G	
Exforge	NF	
Exforge HCT	NF	
ezetimibe	G	
Ezetimibe/ atorvastatin	NF	
Ezetimibe/ rosuvastatin	NF	
ezetimibe/ simvastatin	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Ezzalor Sprinkle Cap	NF	
Feiba	NPD, SP	PA
felodipine ER	G	
fenofibrate	G	
Fenofibrate micronized cap 30mg, 90mg	NPD	
fenofibrate nanocrystallized	G	
fenofibric acid	G	
Fenoglide	NF	
Fibricor	NF	
flecainide	G	
Flolipid susp	NF	
fluvastatin sodium	G	
fondaparinux	G	
fosinopril	G	
fosinopril/HCTZ	G	
Fragmin	NPD	
Furoscix Kit 80mg/10ml	NF	
furosemide solution	LCG	
furosemide tabs	LCG	
gemfibrozil	G	
guanfacine	G	
Helixate FS	NPD, SP	PA
Hemangeol Soln	NPD	PA
Hemlibra Soln	NPD, SP	PA
Hemofil M	NPD, SP	PA
Humate-P	PB, SP	PA
hydralazine	G	
hydrochloro-thiazide	LCG	
Hympavzi Inj	NPD, SP	PA
Hyzaar	NF	
icosapent cap	G	
IFE-PG20 Inj	NF	QL
indapamide	G	
Inderal LA	NF	
InnoPran XL	NF	
Inpefa	NF	
Inspra	NF	
Inzirqo	NF	
irbesartan	G	
irbesartan hydrochloro-thiazide	G	
Isordil Titradose Tabs	NF	
isosorb dinitrate-hydralazine	G	
isosorbide dinitrate	G	
isosorbide dinitrate ER	G	
isosorbide mononitrate	G	
isosorbide mononitrate ER	G	
isradipine	G	
ivabradine	G	PA
Ixinity	NPD, SP	PA
jantoven	G	
Jesduvroq	NPD	PA
Jivi	NPD, SP	PA
Juxtapid	NPD, SP	PA
Kapspargo	NF	
Katerzia Susp	NF	
Kerendia	NPD	PA
Koate-DVI	PB, SP	PA
Kogenate FS	PB, SP	PA
Kovaltry	PB, SP	PA
Kynamro	NF, SP	
labetalol HCl	G	
Lanoxin 62.5mcg, 187.5mcg tablets	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Lanoxin 125mcg and 250mcg tablets	NF	
Lasix	NF	
Lescol XL	NF	
Letairis	NF, SP	
Levamlodipine	NF	
Lipitor	NF	
Lipofen	NF	
Liqrev Susp	NF, SP	
lisinopril	LCG	
lisinopril/HCTZ	LCG	
Livalo	NF	
Lopid	NF	
Lopressor HCT	NF	
losartan	G	
losartan-HCTZ	G	
Lotensin	NF	
Lotrel	NF	
lovastatin	ACA	
Lovaza	NF	
Lovenox	NF	
Maxzide	NF	
methyldopa	G	
metolazone	G	
metoprolol succinate	G	
metoprolol tartrate	LCG	
metoprolol tartrate/HCT	G	
Mevacor	NF	
mexiletine HCl	G	
Micardis	NF	
Micardis HCT	NF	
Microzide	NF	
Minipress	NF	
minitran	G	
minoxidil	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
moexipril	G	
moexipril/HCTZ	G	
Monoclate-P	NPD, SP	PA
Mononine	PB, SP	PA
Mulpleta	NF, SP	
Multaq	PB	
nadolol	G	
nadolol-bendroflume thiazide	G	
nebivolol	G	
Nexiclon XR	NF	
Nexletol	PB	PA
Nexlizet	PB	PA
niacin ER	G	
Niaspan ER	NF	
nicardipine	G	
nifedical XL	G	
nifedipine	G	
nifedipine ER	G	
nimodipine	G	
nisoldipine ER	G	
Nitro-Bid	PB	
Nitro-Dur	NF	
nitro-time cap	G	
Nitro-Time CR Cap	NF	
nitroglycerin ER	LCG	
nitroglycerin oint 0.4%	G	
nitroglycerin patches	G	
nitroglycerin SL	G	
nitroglycerin spray	G	
Nitrolingual Spray	NF	
Nitromist	NPD	
Nitrostat SL	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Nocdurna SL	NF	
Norliqva Soln	NF	
Norpace	NF	
Northera	NF	
Norvasc	NF	
Novoeight	PB, SP	PA
NovoSeven RT	NPD, SP	PA
Nuwiq	PB, SP	PA
Nymalize Sol	NPD	
Obizur	NPD, SP	PA
olmesartan medoxomil	G	
olmesartan/ amlodipine/hctz	G	
olmesartan/hctz	G	
omega-3 acid ethyl esters	G	
Opsumit	PB, SP	PA
Opsynvi	NF	
Orenitram	NPD, SP	PA
Ormalvi Tab	NF	
pacerone	G	
pentoxifylline ER	G	
perindopril	G	
Persantine	NPD	
phenoxy-benzamine	G	PA
pindolol ER	G	
pitavastatin	G	
Plavix	NF	
Pradaxa	NPD	
Pradaxa Pak	NF	
Praluent	NPD	PA
prasugrel	G	
Pravachol	NF	
pravastatin	G	
prazosin	G	
prevalite	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Prinivil	NF	
Procardia	NF	
Procardia XL	NF	
Profilnine	NPD, SP	PA
Promacta	NPD, SP	PA
propafenone	G	
propafenone SR	G	
propranolol	G	
propranolol ER	G	
propranolol/HCTZ	G	
Qbrelis	NF	
Questran	NF	
Questran Light	NF	
quinapril HCl	LCG	
quinapril/HCTZ	G	
ramipril	G	
Ranexa	NF	
ranolazine	G	
Rebinyn Soln	NPD, SP	PA
Recombinate	PB, SP	PA
Rectiv	NF	
Repatha	PB	PA
Revatio	NF, SP	
Riastap	NPD, SP	PA
rivaroxaban	G	
Rixubis	NPD, SP	PA
rosuvastatin	G	
Roszet	NF	
Rythmol SR	NF	
sacub/valsar	G	QL
Samsca	NF, SP	LDD
Sevenfact Inj	NPD, SP	PA
sildenafil citrate 20mg tab, 10mg/ml susp	G, SP	PA
sildenafil citrate 25mg, 50mg, 100mg	LCG	QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
simvastatin	LCG	
Simvastatin susp	NF	
Skytrofa Inf	NPD, SP	PA
Soaanz	NF	
Sogroya Inj	NF, SP	
sotalol HCl	G	
Sotylize	NPD	
spironolactone	G	
spironolactone/ HCTZ	G	
Stimate	NF	
Sular	NF	
Tadliq Susp	NF, SP	
Tarka	NF	
taztia XT	G	
Tekturna	NF	
Tekturna HCT	NPD	PA
telmisartan	G	
telmisartan-amlodipine	G	
telmisartan/ hydrochloro-thiazide	G	
Tenoretic	NF	
Tenormin	NF	
Thalitone	NF	
tiadylt ER	G	
Tiazac	NF	
ticlopidine HCl	G	
Tikosyn	NF	
timolol	G	
tolvaptan 15mg, 30mg tab	G, SP	PA
Toprol XL	NF	
torsemide	G	
trandolapril	G	
trandolapril/ verapamil ER	G	
Tretten	NPD, SP	PA
triamterene/HCTZ	LCG	
triamterene cap	G	
Tribenzor	NF	
Tricor	NF	
Trilipix	NF	
Tryngolza	NPD, SP	PA
Tryvio	NPD	PA
Twynsta	NF	
Tyvaso	NPD, SP	PA
Uptravi	NPD, SP	PA
Vafseo Tab	NPD	PA
valsartan	G	
Valsartan Soln	NF	
valsartan/ hydrochloro-thiazide	G	
Vascepa	NF	
Vaseretic	NF	
Vasotec	NF	
vecamyl	G	PA
Ventavis	NPD, SP	PA
Verelan ER, PM	NF	
verapamil HCl	G	
verapamil HCl ER	G	
Verquvo	NPD	PA, QL
Vijoice	NPD, SP	PA, QL
Vonvendi	NPD, SP	PA
Voxzogo	NPD, SP	PA
Vyndaqel, Vyndamax	NPD, SP	PA
Vytorin	NF	
warfarin	G	
Welchol	NF	
Wilate	PB, SP	PA
Xarelto	PB	
Xolremdi	NPD, SP	PA, QL
Xyntha	PB, SP	PA
Zestoretic	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zestril	NF	
Zetia	NF	
Ziac	NF	
Zocor	NF	
Zypitamag	NF	
SKIN MEDICATIONS		
Absorica	NF	
Absorica LD	NF	
Acanya	NF	
accutane cap	G	
acitretin	G	
acyclovir cream/ oint	G	
Aczone	NF	
Adapalene 0.1% lotion	NPD	AL
adapalene 0.3% gel	G	AL
adapalene-benzoyl-peroxide gel	G	AL
adapalene cream	G	AL
Adapalene pad 0.1%	NF	AL
Adbry Inj 150mg/ml	PB, SP	PA
Aklief Cream 0.005%	NF	AL
Aktipak	NF	
ala-cort cream	LCG	
Ala-Scalp	NF	
alclometasone cream, ointment	G	
Aldara	NF	
Altreno lotion 0.05%	NF	AL
amcinonide	G	
Apexicon E	NF	
Arazlo lotion 0.045%	NF	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Atralin	NF	AL
avita	G	AL
Azelex	NF	
azelaic acid gel 15%	G	
Benzaclin	NF	
Benzamycin gel	NF	
Benzamycinpak	NPD	PA
benzoyl peroxide/ erythromycin	G	
beser lotion 0.05%	G	
betamethasone dipropionate	G	
betamethasone valerate	G	
betamethasone/ clotrimazole	G	
Bimzelx Inj	NPD, SP	PA
brimonidine gel 0.33%	G	
Bryhali lotion 0.01%	NF	
Cabtreo Gel	NF	
calcipotriene cream	G	
Calcipotriene foam	NF	
calcipotriene-betamethasone dp oint	G	
calcipotriene-betamethasone dp susp	G	
calcitriol ointment	G	
Capex	NF	
Carac	NPD	PA
Centany ointment 2%	NF	
Cibinqo Tab	PB, SP	PA
ciclopirox 0.77% cream	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
ciclopirox 8% solution	G	
ciclopirox cream, gel, shampoo, suspension	G	
Cleocin T	NF	
Clindagel	NF	
clindamycin, clindamycin cream, clindamycin-benzoyl peroxide gel [w/pump]	G	
Clindamycin/ benzoyl peroxide 1-5%	NF	
clindamycin HCL caps	LCG	
clindamycin phosphate sol 1%	LCG	
clindamycin/ tretinoin gel	G	AL
clobetasol cream 0.025%	NF	
clobetasol cream, ointment, solution	G	
Clobex	NF	
Clocortolone pivalate	NPD	PA
clodan	G	
Cloderm	NF	
Condylox	NF	
Cordran	NF	
Cosentyx	NPD, SP	PA
Crotan	NPD	
Cutivate	NF	
Cystaran Soln 0.44%	NPD, SP	PA, QL
Dapsone Gel 5%, 7.5%	NF	
Denavir	NF	QL
Derma-Smoothe FS	NF	
Dermatop	NF	
Desonate	NF	
desonide gel 0.05%	G	
Desowen	NF	
desoximetasone cream, gel, ointment	G	
desrx gel 0.05%	G	
diclofenac sodium gel 3%	G	PA
Differin 0.1% cream	NF	AL
Differin 0.1% lotion	NF	AL
Differin 0.3% gel	NF	AL
Diflorasone diacetate	NPD	PA
Diprolene, Diprolene AF	NF	
Dovonex cream	NF	
doxepin cream 5%	G	QL
Duac	NF	
Duobrii Lotion	NF	
Dupixent	PB, SP	PA
Ebglyss Inj	NPD, SP	PA
econazole	G	
Ecoza	NPD	PA
Efudex cream	NF, SP	
Elidel	NF	
Elimite	NF	
Elocon	NF	
Emrosi	NF	
Enstilar	NPD	
Epiduo	NF	AL
Epiduo Forte gel	NPD	AL
Epsolay	NF	
Ertaczo	NPD	PA
Erygel	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
erythromycin gel, soln, swabs	G	
Eucrisa	PB	PA
Eurax	NF	
Evoclin	NF	
Exelderm	NPD	PA
Extina	NF	
Fabior	NF	AL
Fasenra	PB, SP	PA
Filsuvez Gel 10%	NPD, SP	PA, QL
Finacea	NF	
fluocinolone acetonide cream, soln, oil	G	
fluocinonide gel	G	
fluocinonide ointment	LCG	
Fluorouracil cream 0.5%	PB	
fluorouracil solution 2%	G, SP	
Flurandrenolide cream, lotn, oint	NPD	PA
fluticasone propionate cream, lotn, oint	G	
gentamicin topical cream, ointment	G	
halcinonide cream 0.1%	G	
halobetasol AER 0.05%	G	
halobetasol propionate	G	
Halobetasol propionate foam 0.05%	NF	
Halog	NF	
hydrocortisone 2.5%	G	
hydrocortisone butyrate 0.1%	G	
hydrocortisone butyrate/emoll	G	
hydrocortisone lot	G	
Hydrocortisone Sol 2.5	NPD	PA
hydrocortisone supp	G	
hydrocortisone valerate 0.2%	G	
hydrocortisone/ lidocaine HCl	G	
imiquimod cream	G	PA
Imiquimod Cream 3.75% Pump	NF	
Impeklo Lotion	NF	
Impoyz cream 0.025%	NF	
isotretinoin	G	
Jublia	NPD	PA
Kenalog Spray	NF	
Kerydin	NF	
ketoconazole cream	G	
ketoconazole shampoo	G	
Klaron	NF	
Klisyri Oint 1%	NPD	PA
Lexette Foam	NF	
lidocaine	G	
lidocaine solution	G	
Lidoderm	NF	
Litfulo	NPD, SP	PA
Locoid	NF	
Locoid Lipocream	NF	
Loprox	NF	
Lotrisone	NF	
Luliconazole cream	NPD	PA
Luxiq	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Luzu	NPD	PA
malathion lotion	G	
methoxsalen	G	
MetroCream	NF	
MetroGel	NF	
MetroLotion	NF	
metronidazole cream, lotion, gel	G	
Miconazole-zinc ointment	NPD	PA
Mirvaso	PB	
mometasone cream, ointment, solution	LCG	
mupirocin cream, ointment	G	
naftifine cream	G	
Naftifine Gel	NPD	
Naftin	NF	
Natroba	NF	
Nizoral shampoo	NF	
Noritate	NF	
nystatin/ triamcinolone cream, ointment	LCG	
nystatin oint	LCG	
nystatin suspension	G	
Olux [E]	NF	
Onexton	NF	
Opzelura Cream	PB	PA, QL
Ovide	NF	
Oxiconazole nitrate	NPD	PA
Oxistat	NF	
Oxsoralen Ultra	NF	
Pandel	NF	
Panretin Gel	NPD	PA
penciclovir cream 1%	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Penlac	NF	
permethrin	G	
pimecrolimus cre 1%	G	
podofilox gel 0.5	G	
podofilox soln	G	
Pramosone cream/lotion	NPD	PA
prednicarbate ointment	G	
prilocaine/ lidocaine	G	
Proctofoam HC	PB	
Prudoxin cream 5%	NF	QL
Qbrexza Pad 2.4%	NPD	PA, QL
Retin-A	NF	AL
Retin-A Micro 0.04%, 0.1%	NF	AL
Retin-A Micro 0.08%	NF	AL
Rhofade 1% cream	NPD	PA
selenium sulfide shampoo/lotion	G	
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NF	
silver sulfadiazine	LCG	
Skyrizi Inj	PB, SP	PA
sodium sulfacetamide suspension	G	
Sofdra Gel 12.45%	NF	
Solaraze	NF	
Soolantra	PB	
Soriatane	NF	
Sorilux Foam	NF	
Spevigo Inj	NPD, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
spinosad	G	
SSD cream 1%	LCG	
Sulconazole cream/solution	NPD	PA
Sulfamylon	NF	
Synalar	NF	
Taclonex	NPD	
Taltz	PB, SP	PA
Targretin gel	NF, SP	
tavaborole sol 5%	G	PA
Tazarotene AER 0.1%	NF	AL
tazarotene cream 0.1%	G	AL
tazarotene gel/ cream	G	AL
Tazorac cream/ gel	NF	AL
Temovate	NF	
Texacort soln	NPD	PA
Tobradex ointment	NPD	
Topicort cream/ ointment	NF	
Topicort spray	NF	
Tremfya	PB, SP	PA
tretinoin gel, cream	G	AL
Tretinoin microspheres gel	NPD	AL
triamcinolone acetonide	LCG	
Triamcinolone oint 0.05%	NPD	PA
Trianex	NPD	PA
Tridacaine Pad 5%	NF	QL
Tridacaine II Pad 5%	NF	QL
triderm cream	LCG	
Tritocin oint 0.05%	NPD	PA
Twyneo 0.1-3% Cream	NF	AL
Tyenne Inj	NPD, SP	PA
Ultravate	NF	
ustekinumab sol ttwe	NF	
Vectical	NF	
Veltin	NF	AL
Verdeso	NPD	PA
Veregen Oint	NPD	PA, QL
Vtama Cream	NPD	PA
Vusion	NPD	PA
Winlevi Cream 1%	NF	
Wynzora Cream	NPD	
Xaciato Gel	NPD	
Xerese Cream	NF	
Xolegel	NF	
Ziana	NF	AL
Zilxi Aer	NF	
Zonalon cream 5%	NPD	QL
Zoryve Cream	NPD	PA
Zoryve Foam	NF	
Zovirax cream	NF	QL
Zovirax oint	NF	
Ztlido Pad 1.8%	NF	QL
Zyclara Cream/ Pump	NF	
EAR, NOSE, THROAT MEDICATIONS		
acetasol HC, acetic acid HC otic	G	
Astepro	NF	
azelastine	G	
Bactroban nasal oint	PB	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cetraxal	NF	
cevimeline hcl	G	
Ciprodex	NF	
ciprofloxacin	G	
ciprofloxacin-dexamethasone otic sus	G	
Ciprofloxacin-fluocinolone PF otic soln	NF	
cortane B otic drops	G	
Dermotic	NF	
Evoxac	NF	
fluocinolone acetonide oil	G	
mometasone furoate nasal spray	G	PA
Nasonex	NF	
neomycin/ polymyxin/ hydrocortisone	LCG	
ofloxacin otic	LCG	
olopatadine	G	
Omnaris	NPD	
Patanase	NF	
pilocarpine HCl	G	
Qnasl	NF	
ribavirin	G, SP	
Ryaltris Spray 665-25mcg/act	NF	
Salagen	NF	
Virazole	NF	
Xhance	NF	
Zetonna	NPD	
Zunveyl	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES		
acarbose	G	
Actos	NF	
Adlyxin	NF	
Admelog	PB	QL
Adthyza tab	NPD	
Afrezza	NF	
Alogliptin benz/ metformin hcl	PB	
Alogliptin benz/ pioglitazone	PB	
Alogliptin benzoate	PB	
Amaryl	NF	
Androderm patch	NF	
Androgel 1.62% Packet, Pump	NF	
Androgel 1%	NF	
Apidra	PB	QL
Armour Thyroid	NPD	
Aveed Soln 750mg/3ml Intramuscular	NF	
Axiron	NF	
Azmiro Inj	NF	
Bafiertam DR Cap	PB, SP	
Baqsimi	PB	
Basaglar	PB	QL
betaine powder	G	
Bexagliflozin	NF	
Breeze2 Glucometer	PB	PA, QL
Breeze2 Test Strips	NF	QL
Brenzavvy	NF	
Bydureon	PB	PA, QL
Byetta	PB	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Bynfezia Pen	NPD, SP	PA
calcitriol capsules	G	
Carnitor	NF	
Cequr Simplicity	PB	QL
Cetrotide Kit	NF, SP	R
cinacalcet	G	
Contour Glucometers	PB	QL
Contour Next Test Strips	PB	QL
Contour Plus Test Strips	PB	QL
Contour Test Strips	PB	QL
Cortef	NF	
Cortisone tab	NPD	
Crenessity	NPD, SP	PA
Cytomel	NPD	
danazol	G	
DDAVP	NF	
deflazacort	G, SP	PA
Degludec Flextouch Inj	NF	QL
Delatesteryl	NF	
Delestrogen Oil Intramuscular	NF	
Demser	NF	
Depo-Estradiol Oil 5mg/ml Intramuscular	NF	
Depo-Testosterone Solution 100mg/ml, 200mg/ml	NF	
desmopressin acetate	G	
Desmopressin Nasal Soln	NF	
Dexabliss	NF	
dexamethasone	LCG	
dexamethasone pak, 6-day, 10-day, 13-day	G	
Dexcom Continuous Glucose Monitor Receiver	PB	PA, QL
Dexcom Continuous Glucose Monitor Transmitter	PB	PA, QL
Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors	PB	PA, QL
Dexpak pak	NF	
diazoxide suspension 50mg/ml	G	
doxercalciferol	G	
Duetact	NF	
Duvyzat Sus	NPD, SP	PA
Dxevo 11-Day Therapy Pack 1.5mg	NF	
Emflaza	NF, SP	
estradiol valerate oil intramuscular	G	
euthyrox	G	
Eversense E3 Sensor	NPD	PA, QL
Eversense E3 Transmitter	NPD	PA, QL
Farxiga	PB	
Fiasp	PB	QL
fludrocortisone acetate	G	
Fortamet	NF	
Forteo	NF, SP	Q/T
Fortesta	NF	
Freestyle Glucometer	PB	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Freestyle InsuLinx Test Strips	NF	QL
FreeStyle Libre Reader, Sensor, Reader Device	NF	QL
Freestyle Lite Test Strips	NF	QL
Freestyle Test Strips	NF	QL
Genotropin	NF, SP	
glimepiride	G	
glipizide ER	G	
glipizide tab	LCG	
glipizide XL	G	
Glucagen Hypokit	NF	
glucagon emergency kit (generic)	G	
Glucagon Emergency Kit (Lilly)	NF	
Glucophage	NF	
Glucophage XR	NF	
Glucotrol	NF	
Glucotrol XL	NF	
Glucovance	NF	
glyburide	G	
glyburide micronized	G	
Glynase	NF	
Glyset	NF	
Glyxambi	PB	
Gvoke HypoPen	NF	AL
Gvoke PFS inj	NF	AL
Hectorol	NF	
Hemady	NF	
Humalog	PB	QL
Humatrope	NF, SP	
Humulin	PB	QL
Humulin R U-500 (Concentrated and KwikPen)	PB	QL
hydrocortisone	G	
Increlex	NPD, SP	PA, LDD
Insulin aspart inj	NF	QL
Insulin aspart protamin inj flexpen	NF	QL
Insulin Degludec Inj	NF	QL
Insulin Glargine	NF	QL
Insulin lispro	PB	QL
Insulin lispro inj junior	PB	QL
Insulin lispro inj protamin	PB	QL
Invokamet [XR]	NF	
Invokana	NF	
Isturisa	NPD, SP	PA, QL
Janumet	PB	
Janumet XR	PB	
Januvia	PB	
Jardiance	PB	
Jatenzo	NF	
Javygtor	NF, SP	
Jentadueto tablet	PB	
Jentadueto XR	PB	
Kazano tablet	NF	
Kombiglyze XR	NF	
Korlym tablet	NF, SP	
Kyzatrex	NF	
Lantus	PB	QL
Levemir	NF	QL, AL
levocarnitine	G	
Levothyroxine cap	NPD	PA
levothyroxine tab	G	
levo-T tab	G	
levoxyl	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
liothyronine	G	
liraglutide soln pen inj	G	PA, QL
Lyumjev Inj/Pen	PB	QL
Medrol	NF	
Medtronic Continuous Glucose Monitor Receiver	NPD	PA, QL
Medtronic Continuous Glucose Monitor Guardian Transmitter	NPD	PA, QL
Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors	NPD	PA, QL
metformin	G	
Metformin 625mg	NPD	PA
metformin 750mg	LCG	PA
Metformin ER (MOD)	NPD	PA
Metformin ER (OSM)	NPD	PA
metformin ER (generic for Glucophage XR)	G	
metformin HCL 500mg/5ml oral soln	G	PA
metformin/ glyburide	G	
Methergine 0.2mg tab	NF	
methimazole	G	
Methitest Tab	NPD	PA
methylprednisolone	G	
methyltestosterone	G	PA
metyrosine	G	
mifepristone	G, SP	PA
miglitol	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Millipred solution	NF	
Millipred tabs	NF	
Mounjaro Inj	PB	PA, QL
Myalept	NPD, SP	PA
Mycapssa cap	NPD, SP	PA
nateglinide	G	
Natesto	NF	
Natpara	NPD, SP	PA
Nature-Throid	NPD	
Nesina tablet	NF	
Ngenla Inj	NPD, SP	PA
Noctiva Emulsion	NF	
Non Preferred Diabetic Meters	PB	PA, QL
Norditropin	PB, SP	PA
Novolin	PB	QL
Novolin R	PB	QL
Novolin Relion	NPD	PA, QL
Novolog	PB	QL
Novolog Relion	NPD	PA, QL
NP thyroid	G	
Nutropin AQ	PB, SP	PA
Omnipod 5 Pack	PB	
Omnipod Dash System	PB	
Omnipod Dash 5 Pack	PB	
Omnipod Go Kit	PB	
Omnipod Starter Kit	PB	
Omnitrope	PB, SP	PA
One Touch Glucometers	PB	PA, QL
One Touch Test Strips	NF	QL
Onglyza	NF	
Orapred ODT	NF	
Orilissa	PB	PA, QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Oseni	NF	
Oxandrin	NF	
oxandrolone	G	QL
Ozempic Soln	PB	PA, QL
Palynziq	NPD, SP	PA
paricalcitol	G	
pioglitazone	G	
pioglitazone/ glimepiride	G	
Pogo Automatic Mis Monitor	PB	PA, QL
Pogo Automatic Test Cartridge	NPD	PA, QL
Prandin	NF	
Precision Glucometer	PB	PA, QL
Precision XTRA Test Strips	NF	QL
Precose	NF	
Prednisolone 5mg Tab	NPD	PA
Procysbi	NPD, SP	PA
Proglycem Susp	NF	
propylthiouracil	G	
Qtern	NF	
Rayos	NF	
Regranex gel	NPD	PA
repaglinide	G	
Rezdiffra Tab	NPD	PA, QL
Rezvoglar Inj	PB	QL
Riomet [ER] solution/ suspension 500mg/5ml	NF	
Rocaltrol capsules	NF	
Rybelsus	PB	PA, QL
Saizen	NF, SP	
saxagliptin	G	
saxagliptin-metformin	G	
Segluromet	NF	
Semglee Inj 100U/ML	NF	QL
Sensipar	NF	
Serostim	NPD, SP	PA, LDD
Signifor	NPD, SP	PA
Sitagliptin tab	NF	
Sitagliptin/ Metformin	NF	
Soliqua	PB	
Somavert	NPD, SP	PA
Starlix	NF	
Steglatro	NF	
Steglujan	NF	
Striant buccal system	NPD	PA
Symlin	PB	PA
Synjardy	PB	
Synjardy XR	PB	
Synthroid	NPD	
Tanzeum	NF	
Tapazole	NF	
Teriparatide Pen-Injector 620mcg/2.48ml	PB, SP	PA, Q/T
Teriparatide Pen-Injector 600mcg/2.4ml	NF, SP	
Testim Gel	NF	
Testosterone Cypionate Solution 200mg/ ml Injection	NPD	
testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular	G	
testosterone enanthate inj 200mg/ml	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
testosterone enanthate solution	G	
testosterone gel 10mg/act (2%)	G	
testosterone gel 1%, 1.62%	G	
testosterone solution 30mg/act	G	
Thyquidity Soln	NPD	PA
Tirosint capsule/ soln	NPD	PA
Tlando	NF	
tolbutamide	G	
Toujeo Solostar	PB	QL
Tradjenta tablet	PB	
Tresiba	NF	QL, AL
Trijardy XR	PB	
Trulicity	PB	PA, QL
Tymlos	PB, SP	PA, Q/T
Uceris	NF	
Undecatrex Cap	NF	
unithroid	G	
V-GO	PB	
Veripred soln 20mg/5ml	NF	
Victoza	NF	QL
Vogelxo	NF	
Vumerity	PB, SP	
Wegovy	NPD	PA, R, QL
Westhroid	NPD	
WP Thyroid	NPD	
Xigduo XR	PB	
Xultophy	NPD	PA
Xyosted Soln	NPD	PA
Yorvipath Inj	NPD, SP	PA
Zcort 7-day tab	NF	
Zegalogue Inj	PB	
Zemplar	NF	
Zituvimet XR Tab	NF	
Zituvio	NF	
Zomacton	NF, SP	
STOMACH, ULCER, & BOWEL MEDS		
Abrilada Inj	NPD, SP	PA, QL
Aciphex	NF	QL
Aciphex Sprinkle	NF	QL, AL
Actigall	NF	
Agamree Susp	NPD, SP	PA
Amitiza	NF	
Amoxicill-clarithro-lansoprazole	NPD	
Ampyra	NF, SP	QL
Anucort-HC Supp 25mg	NF	
Anusol-HC cream	NF	
aprepitant	G	QL
Apriso	NF	
Aqneursa Pow 1gm	NPD, SP	PA, QL
Asacol HD	NF	
Azulfidine	NF	
balsalazide	G	
Bentyl	NF	
Bismuth/ metronidazole/ tetracycline	NPD	
Bonjesta	NPD	PA
budesonide ER tablet	G	
Budesonide-formoterol	NF	
Bylvay	PB, SP	PA
Canasa supp	NF	
Carafate susp	NF	
Carafate tabs	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Chenodal	NPD, SP	
chlordiazepoxide/ clidinium	LCG	AL
Cholbam	NPD, SP	PA
cimetidine	G	
Clenpiq	NPD	
Colazal	NF	
colocort	G	
Creon	PB	
Cuvposa	NF	
Cuvrior	NF, SP	
Cyltezo Inj	NF, SP	QL
Cyltezo Kit Crohns	NF, SP	QL
Cyltezo Psor Kit	NF, SP	QL
Cytotec	NF	
dalfampridin ER	G, SP	PA, QL
Delzicol	NF	
Dexilant DR	NF	QL
dexlansoprazole DR cap	G	PA, QL
Diclegis	NF	
dicyclomine	G	
diphenoxylate HCl/atropine	G	
doxylamine-pyridoxine	G	PA
dronabinol	G	
Emend	NF	QL
Emverm	NPD	QL
Endari powder	NF	
Entocort EC	NF	
Entyvio Inj	NPD, SP	PA
esomeprazole	G	PA, QL
esomeprazole granules	G	PA, QL
esomeprazole powder	G	PA, QL
Esomeprazole strontium	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
famotidine 40mg tab, suspension	G	
Gastrocrom	NF	
Gattex	NPD, SP	PA
Gimoti Spray	NF	Q/T
Golytely solution reconstituted 227.1gm	NF	
Golytely solution reconstituted 236gm	NF	QL
granisetron	G	
Hemmorex-HC Supp	NF	
hydrocortisone cream	G	
hydrocortisone retention enema	G	
Ibsrela	NF	
Iqirvo	NPD, SP	PA
Konvomep Soln	NF	QL
Kristalose Pak	NF	
Lactulose pak	NF	
lactulose soln	G	
lansoprazole cap	G	QL
lansoprazole solutab	G	PA, QL
l-glutamine pow	G	PA
Lialda	NF	
Linzess	PB	
Livdelzi	NPD, SP	PA
Livmarli Soln	NPD, SP	PA
Lomotil	NF	
loperamide	G	
lubiprostone caps	G	
Marinol	NF	
meclizine	LCG	
mesalamine	G	
mesalamine DR	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
mesalamine rectal susp	G	
metoclopramide	G	
Metoclopramide odt	NPD	
misoprostol	LCG	
Motegrity	NF	
Movantik	PB	
Moviprep	NF	
Nexium capsule	NF	QL
Nexium packets	NF	QL, AL
nizatidine cap	G	
nizatidine solution	G	
Nulytely	NF	QL
Olpruva Pak	NF, SP	
Omeclamox-Pak	NPD	
omeprazole	G	QL
Omvoh Inj	PB, SP	PA
ondansetron ODT	G	
ondansetron HCl	LCG	
Orlistat cap	NPD	PA, R
Osmoprep	NF	
Pancreaze	NF	
pancrelipase EC/SA	G	
pantoprazole	G	QL
pantoprazole pak	G	PA, QL
peg 3350 & electrolytes	G	QL
peg-kcl-nacl-nasulf-na asc-c soln reconstituted	G	
Peg-Prep	NPD	QL
Pentasa 250mg	NPD	QL
Pentasa 500mg	NF	
Pepcid tabs, suspension	NF	
Pertzye	NF	
Pheburane Mis 483/gm	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Plenvu Soln	NF	
Prevacid caps	NF	QL
Prevacid SoluTab	NF	QL
Prilosec packets	NPD	PA, QL
prochlorperazine suppository	G	
prochlorperazine tabs	G	
Proctocort Supp 30mg	NF	
Proctosol HC Cream 2.5%	NF	
Proctozone Cream HC Cream 2.5%	NF	
Protonix	NF	QL
Protonix packets	NF	QL
prucalopride	G	
Pylera Cap	NPD	
rabeprazole DR tab 20mg	G	QL
Rabeprazole Sprinkle Cap 10mg	NF	QL
ranitidine 300mg	G	
Ravicti Liquid	NF, SP	
Recorlev 150mg Tab	NPD, SP	PA, QL
Reglan	NF	
Relistor	NF	
Reltone	NF	
Sancuso Patch	NPD	PA
scopolamine patch	G	
SFRowasa enema	NPD	
sodium/potassium sol magnesium	G	
sucralfate tabs	G	
Suflave Sol	NPD	QL
sulfasalazine	G	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Suprep Bowel Prep Kit	NPD	
Sutab	NPD	
Symproic	PB	
Syndros Sol	NF	
Tigan	NF	
Transderm-Scop patch	NF	
trimethobenzamide	G	
Trulance	NF	
Urso 250 Tab	NF	
Urso Forte Tab	NF	
Ursodiol Cap	NF	
ursodiol tab	G	
Varubi	NPD	
Velsipity	NPD, SP	PA
Viberzi	NPD	PA
Viokace	NF	
Voquezna Pak	NPD	
Voquezna Tab	NF	QL
Xenical	NPD	PA, R
Xermelo	NPD, SP	PA
Xphozah	NF	
Zantac	NF	
Zegerid packets	NF	QL
Zelnorm	NPD	PA
Zenpep	PB	
Zofran	NF	
Zorbtive	NF, SP	
Zuplenz	NF	
Zymfentra Inj	NPD, SP	PA
BONE, JOINT, & MUSCLE		
Actemra SC	NPD, SP	PA
Actonel	NF	QL
Adalimu-AACF Inj 40/0.8ml	PB, SP	PA, QL
Adalimu-AATY Kit	NF, SP	QL
Adalimu-Adaz Inj 40/0.4ml (Sandoz)	NF, SP	QL
Adalimu-RYVK Inj	NF, SP	QL
Adalimumab - AATY	NF, SP	QL
Adalimumab-Adbm (2 Pen) Auto-Injector Kit 40mg/0.4ml	NF, SP	QL
Adalimumab-adbm Prefilled Syringe Kit 10mg/0.2ml, 20mg/0.4ml	PB, SP	PA, QL
Adalimumab-Adbm (2 Syringe) Prefilled Syringe Kit 40mg/0.4ml	NF, SP	QL
Adalimumab-ADBM Crohns/ UC/HS Starter	NF, SP	QL
Adalimumab-ADBM Psoriasis/ Uveitis Starter	NF, SP	QL
Adalimumab fkjp	NF, SP	QL
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	PB, SP	PA
Adalimumab-ryvk	NF, SP	QL
alendronate	LCG	QL
allopurinol	G	
Allopurinol 200mg Tab	NF	
alosetron hcl	G	
Amjevita	NF, SP	QL
Amrix	NF	
Anaprox DS	NF	
Arava	NF	
Arthrotec	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Atelvia	NF	QL
baclofen	G	
Baclofen soln	NF	
baclofen susp 25mg/5ml	G	PA, QL
Binosto	NF	QL
Boniva	NF	QL
calcitonin-salmon inj	G	
calcitonin-salmon (rDNA origin) nasal spray	G	
carisoprodol	G	
Celebrex	NF	
celecoxib	G	
chlorzoxazone 375mg, 500mg, 750mg	G	
Cimzia	PB, SP	PA
colchicine 0.6mg cap	G	PA
colchicine 0.6mg tab	G	
colchicine/ probenecid	G	
Colcrys	NF	
Cuprimine	NF	
cyclobenzaprine	G	
Cyclobenzaprine ER	NF	
Dantrium	NF	
dantrolene	G	
Dartisla ODT	NF	QL
Diclofenac epolamine 1.3% transdermal	NF	QL
diclofenac potassium	G	
diclofenac sodium DR	G	
diclofenac sodium ER	G	
diclofenac sodium soln 1.5%	G	
diclofenac sodium soln 2%	G	PA
diclofenac/ misoprostol	G	
EC-Naprosyn	NF	
Enbrel	PB, SP	PA
etidronate disodium	G	
etodolac	G	
Evista	NF	
febuxostat	G	PA
Feldene	NF	
Fenoprofen calcium	NPD	PA
Fenortho	NPD	PA
fesoterodine tab ER	G	
Fexmid	NF	
Flector Patch	NF	QL
Fleqsuvy Susp 25mg/5ml	NF	QL
flurbiprofen	G	
Fosamax	NF	QL
Fosamax Plus D	NF	QL
Gloperba Soln	NF	
glycopyrrolate oral solution 1mg/5ml	G	
glycopyrrolate tab	G	
Hadlima Inj	NF, SP	QL
Hulio Inj	NF, SP	QL
Humira Pen Pen-Injector Kit 40mg/0.8ml	NF, SP	QL
Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml	NF, SP	QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Humira (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20 mg/0.1ml	NF, SP	QL
Humira Prefilled Syringe Kit 40mg/0.8ml	NF, SP	QL
Humira-Ped>/=40kg Crohns Start Prefilled Syringe Kit	NF, SP	QL
Humira-Ped<40kg Crohns Starter Prefilled Syringe Kit	NF, SP	QL
Humira-Ped>/=40kg UC Starter Pen-Injector Kit	NF, SP	QL
Humira-Psoriasis/Uveit Starter Pen-Injector Kit	NF, SP	QL
Hyrimoz Inj (Sandoz)	NF, SP	QL
Hyrimoz Soln Auto-Injector/ Prefilled Syringe 40/0.8ml (Cordavis)	NF, SP	QL
ibandronate	G	QL
ibuprofen	LCG	
Idacio Inj	NF, SP	QL
indomethacin	G	
Indomethacin 20mg capsule	NF	
indomethacin SR	G	
indomethacin sus 25mg/5ml	G	PA
Joenja	NPD, SP	PA
Ketoprofen 25mg, 50mg caps	NPD	PA
ketoprofen SR	G	
ketorolac	LCG	
Ketorolac sol tromethamine	NF	QL
Kevzara	NPD, SP	PA
Kineret	NPD, SP	PA
leflunomide	G	
Licart Dis 1.3%	NF	QL
Lodoco	NPD	PA
Lorzone	NF	
Lotronex	NF	
Lyvispah Gra	NF	
meloxicam cap	G	PA
Meloxicam susp	NPD	PA
meloxicam tab	LCG	
Metaxalone	NPD	PA
metaxalone tab 640mg	G	PA
Miacalcin	NF	
Mitigare	NF	
Mobic	NF	
nabumetone	G	
Naprelan	NF	
Naprosyn	NF	
Naprosyn susp	NF	
naproxen sodium	G	
naproxen sodium DR	G	
naproxen sodium ER	G	PA
naproxen sodium susp	G	PA
Norgesic	NF	
Norgesic Tab Forte	NF	
Orencia	NPD, SP	PA
Oriahnn cap	PB	PA
Orphenadrine-asa-caffeine	NPD	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
orphenadrine ER	G	
Orphengesic Forte Tab	NF	
Otezla	PB, SP	PA
Otrexup	NF	
Otulfi	NF	
oxaprozin	G	
Oxaprozin 300mg cap	NF	
Pennsaid	NF	
piroxicam	G	
probenecid	G	
Pyzchiva Inj	NF, SP	
raloxifene hcl	G	
Rasuvo	PB	PA
risedronate	G	QL
risedronate DR	G	QL
Robaxin	NF	
salsalate tab	G	
Selarsdi Inj	NF, SP	
Simlandi Auto-Injector Kit 40mg/0.4ml, 80mg/0.8ml	NPD, SP	PA, QL
Simlandi Kit 20/0.2ml, 80/0.8ml	NPD, SP	PA, QL
Simlandi Kit/Inj 40/0.4ml	NPD, SP	PA, QL
Simlandi Prefilled Syringe Kit 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	NPD, SP	PA, QL
Simponi	PB, SP	PA
Skelaxin	NF	
Soma	NF	
Sotyktu	PB, SP	PA
Stelara	NF, SP	
Steqeyma Inj	NF, SP	
sulindac	G	
tizanidine	G	
tolmetin	G	
Toviaz	NF	
Uloric	NF	
Viibryd	NF	
vilazodone	G	
Voltaren Gel	NPD	
Wezlana Inj	NF, SP	
Xeljanz [XR]	PB, SP	PA
Yesintek Inj	PB, SP	PA
Yuflyma 2pen Kit 40/0.4ml	NF, SP	QL
Yuflyma 2Syr Kit 40/0.4ml	NF, SP	QL
Yuflyma Kit 20/0.2ml	NF, SP	QL
Yusimry Soln	NF, SP	QL
Zanaflex	NF	
Zeposia	NPD, SP	PA
Zipsor	NF	QL
Zurampic 200mg	NPD, SP	PA
Zyloprim	NF	

FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.

Activella	NF	
Addyi	NPD	PA
Alora	NF	
Angeliq	NPD	PA
Annovera Mis	NPD	QL
aurovela 24 FE 1/20	G	
Aygestin	NF	
Balcoltra	NF	
Beyaz	NF	
Bijuva	NPD	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
blisovi 24 FE 1/20	G	
Bravelle	NPD, SP	PA, QL, R
Brevicon	NF	
Cenestin	PB	
cetrorelix inj	G, SP	
charlotte 24 chew FE 1/20	G	
Cleocin vaginal	NF	
Climara patch	PB	
Clindesse Vaginal	NPD	
clomiphene citrate	G	
Crinone Gel	NF	
Cyckessa	NF	
Depo SubqQ Provera	NF	QL
Depo-Provera	NF	QL
Desogen	NF	
desogestrel-ethinyl estradiol	ACA	
Diflucan	NF	
Divigel	NF	
drospirenone-ethyinyl estradiol	G	
eluryng mis	ACA	QL
Endometrin Insert Vagina	PB	
Estrace	NF	
estradiol	G	
estradiol cream 0.01%	G	
estradiol transdermal	G	
Estring	PB	
Estrogel	NF	
estropipate	ACA	
Estrostep FE	NF	
Evista	NF	
fayosim tab	G	
Femcon FE	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
FemHRT	NF	
Femlyv	NF	
Femring	NPD	PA
finzala chew FE 1/20	G	
Follistim AQ	NPD, SP	QL, R
Gemmily cap 1/20	ACA	
Generess FE	NF	
Gonal-f	NPD, SP	PA, QL
hailey 1.5/30	ACA	
hailey 24 FE 1/20	G	
Imvexxy	PB	
Intrarosa Vaginal	NPD	PA
joyeaux	G	
junel FE 24 tab	G	
kaitlib FE chew	G	
layolis FE chew	G	
leena tab	G	
levonorgestrel/ ethinyl estradiol	G	
levonorgestrel/my way/next dose	ACA	QL
Lo Loestrin FE	PB	
Loestrin	NF	
Loestrin FE	NF	
LoSeasonique	NF	
lyllana Dis	G	
Lysteda	NF	
medroxy-progesterone acetate suspension IM	ACA	QL
medroxy-progesterone acetate tab	LCG	
melodetta chew 24 FE	G	
Menest	NPD	
Menopur	NPD, SP	PA, QL, R

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Metrogel vaginal	NF	
metronidazole	LCG	
metronidazole vaginal gel	G	
mibelas 24 chew FE	G	
microgestin 24 FE 1/20	G	
Minastrin 24 FE	NF	
Minivelle	NF	
Mircette	NF	
Myfembree	PB	PA
Natazia	NPD	
Nextstellis	NF	
nore/eth/fer chew 0.4mg-35mcg	G	
norethin-ethynil-fer cap 1/20	G	
norethindrone	ACA	
norethindrone acetate	G	
norethindrone-ethinyl estradiol	ACA	
norethindrone-mestranol	ACA	
norgestimate-ethinyl estradiol	ACA	
norgestrel-ethinyl estradiol	ACA	
Nuvaring	NF	QL
Nuvessa Vaginal Gel	NF	
OB Complete	NF	
Ortho Micronor	NF	
Ortho Novum	NF	
Ortho Tri-Cyclen	NF	
Ortho Tri-Cyclen Lo	NF	
Ortho-Cyclen	NF	
Ovidrel	PB, SP	R
Plan B One-Step	NPD	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Premarin	PB	
Premarin vaginal cream	PB	
Premphase	PB	
Prempro	PB	
progesterone, micronized	G	
Prometrium	NF	
Provera	NF	
Quartette	NF	
raloxifene	G	
rivelsa tab	G	
Safyral	NF	
Seasonique	NF	
Slynd	NF	
Synarel	NPD	
tarina 24 FE tab	G	
Taytulla	NF	
terconazole cream	G	
tilia FE tab	G	
tri-legest FE	G	
Tri-Norinyl	NF	
Twirla Dis	NF	QL
Tyblume	NPD	
tydemi tab	G	
Vagifem	NF	
Vandazole	NF	
VCF Vaginal Gel 4%	NPD	
Vivelle Dot	NF	
Vyleesi	NPD	PA, QL
wymzya Fe tablet chewable	G	
xulane	ACA	QL
Yasmin	NF	
YAZ	NF	
yuvafem	G	
Zafemy DIS	ACA	QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
EYE MEDICATIONS		
Acular/Acular LS	NF	
Alcaine	NF	
Alocril	NPD	PA
Alphagan P	NF	
Alrex	NF	
apraclonidine	G	
atropine sulfate	G	
azelastine HCL drops	G	
Azopt	NF	
bacitracin ophth	G	
bacitracin/ polymyxin B ophth oint	G	
bepotastine	G	
Bepreve Soln	NF	
Besivance	PB	
Betagan	NF	
betaxolol	G	
Betimol	NF	
Betoptic S	NPD	PA
bimatoprost	G	
Bleph 10	NF	
Blephamide S.O.P. ointment	NPD	
brimonidine sol 0.1%	G	
brimonidine tartrate	G	
brimonidine/ timolol soln 0.2-0.5%	G	
bromfenac drops	G	
brinzolamide sus 1%	G	
Bromsite sol 0.075%	NF	
carteolol	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Cequa Sol 0.09%	NPD	PA, QL
Ciloxan Sol	NF	
ciprofloxacin	G	
Clobetasol Ophth Susp	NF	
Combigan soln 0.2-0.5%	NF	
Cosopt	NF	
cromolyn ophth	LCG	
Cyclogyl	NF	
cyclopentolate HCl	G	
cyclosporine emulsion	G	QL
Cystadrops Soln	NPD, SP	PA, QL
dexamethasone ophth	G	
Diamox Sequels	NF	
diclofenac soln 0.1% opth	G	
difluprednate	G	
dorzolamide HCl 2%	G	
dorzolamide-timolol	G	
Durezol Emu	NF	
Elestat	NF	
epinastine HCl	G	
erythromycin ethylsuccinate susp	G	
erythromycin ophth oint	G	
Eysuvis Drop 0.25%	NPD	
fluorometholone	G	
flurbiprofen	G	
FML Liquifilm suspension	NF	
gentak oint 0.3% OP	NF	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
gentamicin ophth	G	
Homatropaire sol 5% OP	NPD	
homatropine ophthalmic	LCG	
Ilevro Susp 0.3%	NPD	PA
Inveltys Susp	NF	
Iopidine	NF	
Isopto Carpine	NF	
Istalol Drops	NF	
Iyuzeh Drops 0.005%	NF	
ketorolac opth soln	G	
Lastacaft Soln	NPD	PA
latanoprost	G	
levobunolol	G	
levofloxacin ophth soln	G	
Lotemax [SM]	NF	
loteprednol susp	G	
Lumigan	PB	
Maxitrol	NF	
methazolamide	G	
Miebo Drops	PB	QL
Moxeza	NF	
moxifloxacin ophthalmic soln	G	
Mydriacyl	NF	
neomycin/ polymyxin B/ dexamethasone	G	
Neo-Polycin Oint Op	NF	
Neo-Polycin Oint HC 1% OP	NPD	
Neosporin soln	NF	
Nevanac Susp 0.1%	NPD	PA
Ocufen	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Ocuflox	NF	
ofloxacin	G	
olopatadine hcl	G	
Omnipred	NF	
Oxervate soln 200mcg/ml	NPD, SP	PA, QL
Patanol	NF	
Pediapred Sol	NF	
Phospholine Iodide	PB	
pilocarpine	G	
polymyxin B/neo/ bacitracin	G	
polymyxin B/neo/ gramicidin	G	
polymyxin B/ trimethoprim soln	G	
Polytrim	NF	
Pred-Forte	NF	
prednisolone acetate	G	
prednisolone sodium phosphate	G	
prednisolone/ sodium sulfacetamide	G	
Prolensa sol 0.07%	NF	
proparacaine	G	
Qlosi Sol 0.4%	NF	
Rescula	NF	
Restasis Emulsion 0.05% Ophthalmic	NF	QL
Restasis Multidose	PB	QL
Rhopressa Soln 0.02%	NPD	
Rocklatan Soln	NPD	
Simbrinza Susp 1-0.2%	PB	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
sulfacetamide	G	
tafluprost soln	G	
timolol hemi sol 0.5% ophth	G	
timolol ophth	G	
Timoptic	NF	
Timoptic Ocudose	NF	
Timoptic XE	NF	
tobramycin ophthalmic	LCG	
tobramycin-dexamethasone	G	
Tobrex	NF	
Travatan Z	NF	
travoprost	G	
trifluridine	G	
trimethoprim sulfate/ polymyxin B	G	
tropicamide	LCG	
Trusopt	NF	
Tyrvaya soln	NPD	PA, QL
Upneeq Soln	NPD	PA
Verkazia Emu 0.1%	NF	QL
Vevye Drops 0.1	NF	QL
Vigamox	NF	
Viroptic	NF	
Vuity Sol	NPD	PA
Vyzulta Soln 0.024% OP	NF	
Xalatan	NF	
Xdemvy Drops 0.25%	NPD	PA, QL
Xelpros Emulsion	NF	
Xiidra	PB	QL
Zerviate Drops 0.24%	NPD	PA
Zioptan	NF	
Zymaxid	NF	
ALLERGY, COUGH & COLD, LUNG MEDS		
Accolate	NF	
acetylcysteine	G	
Advair Diskus	NF	
Advair HFA	PB	
Aerospan	NF	
AirDuo Digihaler	NF	
AirDuo RespiClick	NF	
Airsupra AER	NPD	PA
albuterol sulfate er	G	
albuterol sulfate nebulizer soln, syrup, tab	G	
Alkindi Sprinkle	NF	
Alvesco	NF	
Anoro Ellipta	PB	
arformoterol neb	G	
ArmonAir Digihaler	NF	
ArmonAir RespiClick	NF	
Arnuity Ellipta	PB	
Asmanex	NF	
Asmanex HFA	NF	
Atrovent HFA	PB	
Auvi-Q 0.1mg	NPD	AL, QL
Auvi-Q 0.15mg and 0.3mg	NPD	PA, QL
azelastine/ fluticasone spray 137-50	G	PA
Beconase AQ	NF	
benzonatate	LCG	
Bevespi Aerosphere	NPD	PA
bosentan	G, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Breo Ellipta	PB	
Breyna AER	NF	
Breztri Aerosphere	PB	
bromfed DM	G	
Bronchitol Cap	NPD, SP	PA
Brovana Neb	NF	
budesonide susp.	G	
carbinoxamine	G	
Carbinoxamine Sus	NPD	
Cayston	NPD, SP	PA
cheratussin AC	G	5DS, QL, MME
cheratussin DAC	G	5DS, QL, MME
Clarinex	NF	
Clarinex-D	NF	AL
clemastine syrup	NPD	PA
clemastine tab	NPD	
Combivent Respimat	PB	
cromolyn sodium solution (oral,nasal, inhalation)	G	
cyproheptadine	LCG	
Daliresp	NF	
desloratadine	G	
Dexchlorphen-iramine	NF	
Duaklir	NF	
Dulera	NF	
Dymista	NF	
Elixophyllin Elixir	NPD	
Epinephrine pen 0.15mg	PB	QL
epinephrine pen 0.3mg	G	QL
EpiPen	NF	QL
EpiPen Jr.	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Esbriet	NF, SP	LDD
Filspari tab	NPD, SP	PA, QL
Flovent Diskus	NF	
Flovent HFA	NF	(Bypass NF exception for members 5 years of age and under)
flunisolide	G	
Flutic/Vilan INH	NF	
Fluticasone AER	NF	
Fluticasone HFA AER	NF	(Bypass NF exception for members 5 years of age and under)
fluticasone propionate nasal soln	G	
Fluticasone/ Salmeterol AER	NF	
fluticasone-salmeterol AER powder	G	
formoterol neb	G	
Grastek	NPD	PA
Hycodan Sol 5-1.5mg/ml	NF	QL, 5DS, MME
Hycodan Tab 5-1.5mg	NF	QL, 5DS, MME
Hycofenix	NPD	QL, 5DS
hydrocodon-cpm-phenylephrine	G	QL, 5DS, MME
hydrocod-cpm-pseudoephedrine	G	QL, 5DS, MME
hydrocodone bit/ homatrop syrup	G	QL, 5DS, MME
hydrocodone-chlorpheniramine susp	G	QL, 5DS, MME
hydromet	G	QL, 5DS, MME
hydroxyzine HCL syrup	G	
hydroxyzine HCL tab	LCG	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
hydroxyzine pamoate	G	
HyperSal	NPD	
Incruse Ellipta	NF	
ipratropium-albuterol	G	
ipratropium inhalation soln	G	
ipratropium nasal spray	G	
Kitabis Pak	NF, SP	LDD
Kuvan	NF, SP	
Levalbuterol tartrate HFA	NPD	QL
levalbuterol nebulizer	G	
Lonhala Magnair	NPD	PA
metaproterenol	G	
Miplyffa	NPD, SP	PA, QL
montelukast sodium	G	
Neffy Spray 2/0.1ml	NF	QL
Nucala Soln	PB, SP	PA
Obredon	NF	QL, 5DS, MME
Odactra SL	NPD	PA
Ofev	NPD, SP	PA
Ohtuvayre Susp	NF	QL
Oralair	NPD	PA
Palforzia cap/ powder	NPD	PA
Perforomist Neb	NF	
pirfenidone	G, SP	PA
ProAir Digihaler	NF	QL
ProAir HFA	NPD	QL
ProAir RespiClick	NPD	QL
promethazine	LCG	
promethazine/ codeine	LCG	QL, 5DS, MME
promethazine/ dextrometh-orphen	G	
promethazine/ phenylephrine	G	
promethazine/ phenylephrine/ codeine	G	QL, 5DS, MME
Proventil HFA	NF	QL
Pulmicort Flexhaler	PB	
Pulmicort Respules	NF	
Pulmozyme	PB, SP	
Qvar	NF	
Ragwitek	NPD	PA
Rebetol	NF, SP	
Rezira	NF	QL, 5DS, MME
Rezurock	NPD, SP	PA, QL
roflumilast	G	
Ryclora	NF	
Ryvent	NF	
Seebri	NF	
Semprex-D	NF	QL
Serevent Diskus	PB	
Singulair	NF	
sodium chloride inhalation	LCG	
Spiriva	PB	
Stiolto Respimat	PB	
Striverdi Respimat Aer Solution	PB	
Symbicort	PB	
Symdeko	NF, SP	
Symjepi Inj	NPD	QL
tadalafil (generic Adcirca)	G, SP	PA
tadalafil (generic Cialis)	G	QL

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Tarpeyo	NF	QL
terbutaline sulfate tablet	G	
Tessalon Perles	NF	
Tezspire Inj	PB, SP	PA
Theo-24	PB	
theochron	G	
theophylline extended release	G	
theophylline soln	G	
Thiola [EC]	NF, SP	
tiotropium bromide cap 18mcg	NF	
tiopronin	G, SP	
Tracleer	NF, SP	LDD
Trelegy Ellipta	PB	
Tudorza Pressair	NF	
Tussicap	NF	QL, 5DS, MME
Tuxarin ER	NF	QL, 5DS, MME
Tuzistra XR	NPD	QL, 5DS, MME
Utibron Neohaler	NPD	PA
Ventolin HFA	NF	QL
Vistaril	NF	
Vituz	NF	QL, 5DS, MME
VoSpire ER	NF	
Winrevair Inj	NPD, SP	PA
wixela inhub aer	G	
Xhance	NF	
Xolair Inj	PB, SP	PA
Xopenex Nebulization Soln	NF	
Xopenex HFA	NF	QL
Yupelri Soln	NPD	PA
Z-Tuss AC	NF	QL, 5DS, MME
zafirlukast	G	
zileuton ER 600mg	G	PA
Zutripro	NF	QL, 5DS, MME
Zyflo 600mg	NF	
Zyflo CR 600mg	NF	
URINARY & PROSTATE MEDS		
Accrufer	NF	
alfuzosin	G	
Anaspaz	NPD	
avanafil tab	G	PA, QL
Avodart	NF	
bethanechol	G	
Cardura	NF	
Cardura XL	NPD	PA
Caverject	PB	QL
Cialis	NF	QL
Cobenfy Cap	NF	QL
darifenacin ER	G	
Detrol	NF	
Detrol LA	NF	
Ditropan XL	NF	
doxazosin mesylate	G	
dutasteride	G	
dutasteride/ tamsulosin hcl	G	
Edex	NPD	QL
ED-Spaz	NPD	
Elmiron	NPD	PA
Enablex	NF	
finasteride	G	
flavoxate	G	
Flomax	NF	
Gelnique Gel	NF	
Gemtesa	NF	
hyoscyamine	LCG	
hyosyne	LCG	
Jalyn	NF	
Levbid	NPD	
Levitra	NF	QL
Levsin	NPD	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
mirabegron	G	
Muse	PB	PA, QL
Myrbetriq	PB	
Nulev	NPD	
oscimin	LCG	
oxybutynin tab [ER]	G	
oxybutynin sol	G	
oxybutynin syrup	LCG	
Oxytrol Patch	NPD	PA
phenazopyridine	LCG	
Potassium citrate	NF	
Proscar	NF	
Pyridium	NF	
Rapaflo	NF	
solifenacin	G	
Staxyn	NF	QL
Stendra	NF	QL
Symax	NPD	
tamsulosin	G	
terazosin	G	
tolterodine tartrate	G	
tolterodine tartrate LA	G	
trospium chloride	G	
Urecholine	NF	
Urocit-K	NF	
Uroxatral	NF	
vardenafil	G	PA, QL
vardenafil ODT	G	PA, QL
Vesicare	NF	
Viagra	NF	QL
VITAMINS & ELECTROLYTES		
Auryxia	NPD	
Brand Prenatal vitamins	NF	
Buphenyl Powder/Tablet	NF, SP	
Calciferol	NPD	
cyanocobalamin spray	G	PA
Dailyvite w/Zinc & NephplexRx	NPD	
Dojolvi Liq	NPD	PA
Duzallo	NPD	PA
ergocalciferol	G	
ferric citrate	NPD	
fluoritab chew tab	G	
Fosrenol chewable tab	NF	
Fosrenol Packet	NPD	PA
Jynarque	NPD, SP	PA
K-Phos	NF	
K-Tab	NF	
klor-Con	G	
lanthanum chewable tab	G	PA
Lokelma Pak	NPD	
Mephyton	NF	
multivitamin with fluoride drops, tabs	G	
Nascobal	NF	
Nebusal Nebulization Solution	NPD	
Nestabs One	NPD	PA
Phospho-trin tab K500	NF	
phytonadione	G	
Pokonza Pow	NF	
potassium bicarbonate/ potassium citrate effervescent	G	
potassium chloride	G	
Pulmosal Nebulization Solution	NPD	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Quflora	NF	
Rayaldee	NF	
sodium fluoride chew tab	G	
sodium phenylbutyrate tab/powder	G, SP	PA
SPS Suspension 15GM/60ml	NPD	
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	NPD	
Veltassa Pow	NPD	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Alvaiz Tab	NPD, SP	PA
Arcalyst	NPD, SP	PA
Auranofin	NPD	
Bafiertam	PB, SP	
Berinert	NPD, SP	PA
Cablivi Kit	NPD, SP	QL
calcium acetate	G	
Carbaglu	NF, SP	
carglumic	G, SP	PA
Cerdelga	NPD, SP	PA
Chemet	PB	
Chorionic gonadotropin	NF	
Cinryze	NF, SP	
clovique	G, SP	PA
Cystadane	NF	
Cystagon	NPD, SP	PA
deferasirox tab/ granules	G	PA
deferiprone tab	G	PA
Depen Titratab	PB	
D-Penamine 125mg tablet	NPD, SP	
dichlorphenate tab	G, SP	PA
Doptelet	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Empaveli	NPD, SP	PA
Eohilia Sus	NPD	PA, QL
Ermeza Soln	NF	
Enspryng Inj	NPD, SP	PA
Evrysdi Soln	NPD, SP	PA
Evrysdi Tab	NPD, SP	PA
Exjade	NF	
Fabhalta	NPD, SP	PA
Ferriprox	NF	
Firazyr	NPD, SP	PA, QL
Firdapse	NPD, SP	PA
Fyremadel Sol 250/0.5ml	NPD, SP	
Galafold	NPD, SP	PA, QL
ganirelix acetate soln	G, SP	R
Haegarda	NPD, SP	PA
icatibant inj	G, SP	PA, QL
Idelvion	NF, SP	
Jadenu Sprinkle	NF	
Jadenu Tab	NF	
Kesimpta Inj	PB, SP	
Keveyis	NF, SP	
Kionex suspension	NPD	
Lucemyra	NF	QL, Q/T
Metopirone	NPD	
midodrine HCl	G	
miglustat	G, SP	PA
nitisinone	G, SP	PA
Nityr	NPD, SP	PA
Novarel 10000 Unit	PB, SP	
Novarel 5000 Unit	NF, SP	
Nulibry Inj	NPD, SP	PA
Ocaliva	NPD, SP	PA
Olumiant	NPD, SP	PA
Opfolda	NPD, SP	

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Orfadin Cap/ Susp	NPD, SP	PA
Orladeyo Cap	NPD, SP	PA
Oxbryta	NPD, SP	PA
penicillamine capsule	G	PA
penicillamine tablet	G	
PhosLo	NF	
Phoslyra soln	NPD	PA
phospha	G	
Potaba	NPD	
pregnyl	PB	
Pyrukynd	NPD, SP	PA
Renagel	NF	
Renvela	NF	
Ridaura	NPD	
Rinvoq	PB, SP	PA
Ruconest	NPD, SP	PA
Ruzurgi	NPD, SP	PA
sajazir inj	NF, SP	QL
sapropterin pow/ tab	G, SP	PA
sevelamer carbonate	G	
Siklos	NPD	
Strensiq	NPD, SP	PA
Sucraid Solution 8500 unit/ml	NPD, SP	PA
Syprine	NF	
Takhzyro	NPD, SP	PA
Tavalisse	NPD, SP	PA
Tavneos	NPD, SP	PA
Tegsedi	NPD, SP	PA
trientine	G	PA
Velphoro Tab Chew	NF	
Vowst	NPD	PA, QL
Voydeya	NPD, SP	PA
Xuriden	NPD, SP	PA
yargesa	G, SP	PA
Zavesca	NF, SP	
Zilbrysq Inj	NPD, SP	PA
Zokinvy	NPD, SP	PA

Bold type = Brand Name Drug *Lower case italic = Generic drug*
PA = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic
LDD = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary
G = Generic **Q/T =** Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = $0 Preventative Drug
MME = Morphine Milligram Equivalent + = Claim Dollar Limit

Discrimination is Against the Law

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Independence Administrators:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

You can file a grievance in the following ways:

- In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103
- By phone: 1- 844-864-4352 (TTY: 711)
- By fax: 215-761-0920
- By email: IACivilRightsCoordinator@ibxtpa.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at **www.ibxtpa.com**.

Language Access Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Spanish: ATENCIÓN: Si usted habla inglés, tiene a su disposición servicios de asistencia de idiomas sin costo. Llame al número que aparece en su tarjeta de identificación de socio (TTY: 711).

Chinese: 请注意：如果您说[中文]，则可以免费使用语言协助服务。请拨打您身份证上的号码（TTY：711）。

Hmong: LUS CEEB TOOM: Yog tias koj hais LUS HMOOB, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj. Hu rau tus nab npawb xov tooj nyob ntawm koj daim npav ID (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói [người việt nam], bạn sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi đến số trên thẻ ID của bạn (TTY: 711).

Somali: FIIRO GAAR AH: Haddii aad ku hadashid luuqada Soomaaliga, adeegyada caawinta luuqada, oobilaash ah, ayaa laguu helayaa. Soo wac lambarka ku qoran kaarkaaga Aqoonsiga (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги переводчика. Позвоните по номеру на ID-карте (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية، تم توفير خدمات المساعدة اللغوية مجانًا، اتصل بالرقم الموجود على بطاقة الهوية الخاصة بك (TTY: ٧١١).

French : ATTENTION : Si vous parlez le français, des services d’assistance linguistique gratuits, vous sont proposés. Appelez le numéro sur votre carte d’identité (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Sprachassistent zur Verfügung. Rufen Sie die Nummer auf Ihrem Ausweis an (TTY: 711).

Amharic: ትኩረት፡ [አማርኛ] የሚናገሩ ከሆነ ከክፍያ ነፃ የሆነ የቋንቋ አገልግሎቶች በነጻ ያገኛሉ። ሁሉም ቁጥሮች ID ካርድዎት (TTY: 711) ላይ ይገኛሉ።

Korean: 주의: [한국어]를 사용하는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. ID 카드에 적힌 번호로 전화해주십시오. (TTY:711).

Lao: ຂໍ້ທີ່ຄວນຈື່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບ ທີ່ຢູ່ເທິງບັດ ID ຂອງທ່ານ (TTY: 711).

Tagalog: PANSININ: Kung nagsasalita ka ng Tagalog, libre na available sa iyo ang mga serbisyo sa tulong sa wika. Tumawag sa numero sa iyong ID card (TTY: 711).

Navajo: T’ÁÁ HÓZHǪǪGO: Yił tł’iish Diné bizaad bííhózhǫǫgi diné díí bizaad daaztsáni dineé tł’iish t’áá hwó ají t’éego. Hózhǫǫgi diníłtiin bee ID kááłkáás ałtséédi (TTY: 711).

Khmer: ប្រុងប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសា [ខ្មែរ] មានផ្តល់សេវាកម្មជំនួយភាសាដែលឥតគិតថ្លៃជូនអ្នក។ ហៅទូរសព្ទទៅលេខនៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក (TTY៖ 711)។

Italian: ATTENZIONE: Per coloro che parlano italiano, sono disponibili i servizi di assistenza linguistica gratuiti. Chiamare al numero indicato sulla carta ID (TTY: 711).

Guajarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. તમારા ID કાર્ડ પરના નંબર (TTY: 711) પર કૉલ કરો.

Polish: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Zadzwoń pod numer znajdujący się na karcie (telefon tekstowy: 711).

Creole: ATANSYON: Si ou pale kreyòl, sèvis asistans lang yo gratis, e yo disponib pou ou. Rele nan 1-888-356-7899 (TTY: 711). Rele nimewo ki sou kat idantite ou an (TTY: 711).

Portuguese: ATENÇÃO: Se você fala português, os serviços de assistência linguística, gratuitos, estão disponíveis para você. Ligue para o número em seu cartão de identificação (TTY: 711).

Japanese: 注記：［日本語］話者向けの無料の言語支援サービスを利用できます。IDカードの番号に電話してください（TTY: 711）。

Farsi:توجه: اگر زبان شما فارسی است، خدمات کمک زبانی، به صورت رایگان در دسترس شما است. با شماره روی کارت شناسایی‌تان تماس بگیرید (TTY: ۷۱۱).

Urdu: متوجہ ہوں: اگر آپ اُردو بولتے ہیں، تو زبان کی معاونت کی خدمات، آپ کے لیے مُفت دستیاب ہیں۔ اپنے ID کارڈ پر موجود نمبر (TTY: ۷۱۱) پر کال کریں۔

Hindi: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। अपने ID कार्ड पर दिए गए नंबर (TTY: 711) पर कॉल करें।

Telugu: ధ్యాస పెట్టండి: మీరు తెలుగు మాట్లాడగలిగితే, భాషా సహాయక సేవలు మీకు ఉచితంగా లభిస్తాయి. మీ ఐడి కార్డుపై ఉండే నెంబర్‌కు కాల్ చేయండి (TTY: 711).

Swahili: KUMBUKA: Iwapo unazungumza Kiswahili, utapata huduma za usaidizi wa lugha bila malipo. Piga simu kwa nambari iliyo kwenye kitambulisho chako (TTY: 711).

Ojibwe: AMBE: Giishipin wii’wiidookaagooyan ji-noondam Ojibwemowin, ganoozhishinaam Gawain gidaw-diba’anziin. Inganoonaa asigibii’igann bimibizoo-mazina’igaans. (TTY: 711)

Index

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

Independence Administrators is an independent licensee of the Blue Cross and Blue Shield Association.

10/25
IAwPA