BlueCross BlueShield Global Solutions℠

2027 Prime Drug Formulary

For Individuals Covered by Group Medical Coverage for Expats issued in Connecticut

Effective Date: January 01, 2027
Date Last Updated: November 1, 2026
Next Revision Date: January 1, 2028

The Universal Rx Outcomes Drug Formulary defines the copayment tier status of the medicines most commonly prescribed. It may not include all drugs covered by your prescription drug benefit and it may include some drugs that are excluded under your particular coverage. For benefit coverage or restrictions please check your benefit plan document(s).

The coverage tier for each medication has been indicated. Tier 1 medicines require the lowest member copayment. Higher tier medicines require greater member copayment. If a brand name drug does not appear on the list, it is assigned the highest copay. For plans issued in CT, the copayment for prescription drugs is the same amount for any prescribed drug. Please see you plan documents for applicable copayment for your specific plan of coverage.

It is recommended that you have this list of medications available when you are with your physician, and a prescription drug is going to be part of the treatment for a clinical condition.

Note: If your plan of benefit includes Prior Authorization for Specialty Drugs, Compound Drugs and/or Fixed Dose Combination Drugs, the following information is important to understand:

Prior authorization may be needed for certain Prescription Drugs to make sure proper use and guidelines for Prescription Drug coverage are followed. We or the Administrator will contact Your Provider to get the details they need to decide if prior authorization should be given. We or the Administrator will give the results of our decision to both You and Your Provider. The prior authorization process is also used to approve requests from Your Provider for contraceptive methods that are Medically Necessary for You based on Your medical or personal history.

Prior authorization procedures and requirements for coverage are based on clinical need and therapeutic rationale. Administration of the prior authorization process considers the desired outcome for the patient, the design of the drug benefit, the value to Us, and all statutory and regulatory requirements. The process offers the prescriber an opportunity to justify the therapeutic basis for the prescribed medication and receive information concerning the acceptance and payment of claims for a particular drug.

You may need to try a Drug other than the one originally prescribed if We determine that it should be clinically effective for You. However, if We determine through the prior authorization process that the Drug originally prescribed is Medically Necessary, You will be provided the Drug originally requested at the applicable Copayment. If approved, Drugs requiring prior authorization will be provided to You after You make the required Copayment. (If, when You first become enrolled, You are already being treated for a medical condition with a Drug that has been appropriately prescribed and is considered safe and effective for Your medical condition and You underwent a prior authorization process under a prior Plan which required You to take different Drugs, We will not require You to try a Drug other than the one You are currently taking.)

The prior authorization review process is outlined below:

1. A rejected Prescription Drug claim will initiate a request for prior authorization with a request for patient demographic and necessary clinical data of the practitioner licensed to prescribe.
2. Our Pharmacy Benefit Manager (PBM) reviews available data and determines:
    - Information provided is sufficient to make a determination.
    - Information provided is insufficient to make a determination and initiates fax request for necessary clinical data to prescribing practitioner within 24 hours following receipt of review request.
3. Review of historic medication claim data, standard clinical references and clinical data/information received from the practitioner licensed to prescribe.
4. Match of available data and information with labeled indication(s) for prescribed medication requiring authorization and against generally accepted clinical authorization criteria.
5. A recommendation to accept claims for payment will be made in writing and provided to Us and removal of Prior Authorization criteria in the Rx claim system will be completed.
6. A recommendation to not accept claims for payment will be made in writing and provided to Us and will be provided to the practitioner licensed to prescribe, the Prescription Drug claims processor and the Covered Person.
7. Review and recommendation to be completed within 48 hours following receipt of clinical data from practitioner.

If prior authorization is denied You have the right to file a grievance as outlined in the part WHEN YOU HAVE A COMPLAINT OR APPEAL.

To see if your plan requires prior authorization, please refer to the Prescription Drug benefit section of your certificate of coverage. For a list of Drugs that need prior authorization, please call the telephone number listed on Your ID Card or see the attached Formulary List. The list will be reviewed and updated from time to time. Including a Drug or related item on the list does not promise coverage under Your Prescription Drug coverage. Your Provider may check with us to verify Drug coverage, to find out whether any quantity (amount) and/or age limits apply, and to find out which drugs are covered under the Prescription Drug coverage.

Definitions:

Generic Prescription Drug (Generic) is a pharmaceutical equivalent of one or more Brand Name Drugs and must be approved by the Food and Drug Administration as meeting the same standards of safety, purity, strength and effectiveness as the Brand Name Drug. Generally Generic Prescription Drugs are covered under as a Tier 1 drug.

Preferred Brand Name Prescription Drug (Brand Name) is a Prescription Drug that has been patented and is only produced by one manufacturer. These drugs are generally covered as a Tier 2 drug.

A Non-preferred Brand Name Prescription Drug is one not included on the Plan's formulary or list of preferred prescriptions. Nonpreferred Brand Name Prescription Drugs have a higher coinsurance than Preferred Brand Name Prescription Drugs. You pay more if You use non-preferred drugs than if You opt for Generics and Brand Name Prescription Drugs. These drugs are generally covered as a Tier 3 drug.

Specialty Drugs are "bioengineered" oral or injectable medicines that target and treat complex medical conditions including: blood disorders, cancers, Infertility, hormone or enzyme deficiencies, multiple sclerosis, rheumatoid arthritis, and a growing list of obscure or "orphan" diagnoses. Specialty drugs are complex compounds and some have unique "handling" requirements. The FDA in selected situations has required dispensing from a single Pharmacy or a limited set of "approved" pharmacies. Some "specialty" drugs are oral tablets or capsules while others require injection.

Mail Order Prescription Drug Program

Prescription drugs are available through Blue Cross Blue Shield Global Solutions℠ (BCBS Global Solutions℠) both for delivery inside the United States as well as outside the United States. If you reside within the United States, the prescription mail order program is available through Elixir Pharmacy. If you reside outside of the United States, the prescription drug mail order program is through Expatriate Prescription Services. Visit the "Prescription Benefits" section of the Member Hub for order instructions. You can also contact our customer service department available toll-free at 1.855.282.3517 or by email to customerservice@bcbsglobalsolutions.com for inquiries about the prescription drug mail order program.

Key to Notations/Special Instructions Found in the Formulary List:

PA: Your plan may require authorization or documentation of previous therapy with other similar medications before this medication is covered. If your plan does require prior authorization before dispensing of the drug, you and your prescribing physician will be asked to complete a Pharmacy Services Review Form. This form is located in the BCBS Global Solutions Member Hub under the Coverage & Benefits tab, prescription drugs. The form is also available through our customer service department available toll-free at 1.855.282.3517 or by email to customerservice@bcbsglobalsolutions.com.

ST: A step therapy protocol may be in place for this medication. Claims for this medication may be covered based on previous medication history. If prior medication history does not meet clinical guidelines, prior authorization may be required.

QL: Quantity limitations (maximum number of tablets/capsules, etc. per month or year) may be in place for this medication.

SP: Drug is designated as a specialty drug and may be subject to a separate specialty benefit.

INJ: Product is administered via an injectable route of administration and may be subject to a separate benefit.

Prime Detailed Formulary Guide

For Individuals covered by a Group
Medical Coverage For Expats Plan
Issued in Connecticut
Effective January 1, 2027

Prime Detailed Formulary Guide

The Prime Formulary Guide outlines the tier coverage and suggested limitations of the most commonly prescribed medications. A formulary is the list of drugs available for certain conditions and organized by tiers (cost levels).

Drug Tier	Types of Drugs Included	Cost
1	Generic Drugs and some Brand Name	Lowest Copay
2	Preferred Brand Name Drugs	Medium Copay
3	Non-Preferred Brand Name Drugs and some Generic Drugs	Higher Copay

Brand name and generic medications may be found in any tier.

Limits	Description
INJ – Injectable Drug	Product is administered via an injectable route of administration and may be subject to a separate benefit.
QL – Quantity Limit	Drug is subject to a specific quantity per days supply due to patient safety or cost containment measures.
SP – Specialty Program	Drug is designated as a specialty drug and may be subject to a separate specialty benefit.
ST – Step Therapy	A more cost-effective option must be tried before a Step Therapy drug may be covered.

Preferred and non-preferred brand name medications are listed to help identify clinically appropriate and cost-effective options within drug categories. Unless specifically indicated, drug list products will include all dosage forms. This is not an all-inclusive list and does not guarantee coverage.

Medications listed may change to a lower tier at any time. Medications may also be moved to non-preferred status twice a year on January 1 and July 1.

A brand-name drug for which a generic product becomes available may be designated as a non-preferred option upon release of the generic product to the market. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.

When a medication changes tiers, the member may have to pay a different amount for that medication. The member's specific prescription benefit plan design may not cover certain products or categories regardless of their appearance in this document. For the most up-to-date list call customer service at the toll-free member phone number on the ID card.

Need assistance finding a drug on this formulary guide? *An alphabetical index is included at the end of the formulary listing. You may also press Control + F to search for the product name.*

Drug Name	Drug Tier	Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ADDERALL	3	
ADDERALL XR	3	
ADZENYS XR-ODT	3	
amphetamine er odt	1	
amphetamine sulfate	1	
amphetamine/dextroampheta	1	
APTENSIO XR	3	ST
armodafinil	1	
atomoxetine	1	
atomoxetine hydrochloride	1	
AZSTARYS	2	ST
clonidine hcl er	1	
CONCERTA	3	
CONTRAVE	3	
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
dexmethylphenidate hcl	1	
dexmethylphenidate hydroc	1	
dextroamphetamine sulfate	1	
diethylpropion hcl	1	
DYANAVEL XR	3	
FOCALIN	3	
FOCALIN XR	3	
FOUNDAYO	2	
INTUNIV	3	
JORNAY PM	2	ST
lisdexamfetamine dimesyla	1	
lomaira	1	
METADATE CD	3	
METHYLIN	3	
methylphenidate pad	1	ST
methylphenidate cd	1	
METHYLPHENIDATE OSM	3	
modafinil	1	
MYDAYIS	3	
NUVIGIL	3	
ONYDA XR	3	ST
ORLISTAT	1	
phendimetrazine tartrate	1	
phentermine hcl	1	
phentermine hydrochloride	1	
phentermine/topiramate er	1	
PROVIGIL	3	
QELBREE	3	ST
QSYMIA	3	
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	ST
RELEXXII	3	
RITALIN	3	
RITALIN LA	3	
SAXENDA	2	INJ
SUNOSI	2	
VYVANSE	2	
WAKIX	3	SP
WEGOVY	2	INJ
WEGOVY	2	
XELSTRYM	3	
XENICAL	3	
ZEPBOUND	2	INJ
Amebicides		
SOLOSEC	3	ST
Aminoglycosides		
gentamicin sulfate	1	INJ
neomycin sulfate	1	
STREPTOMYCIN SULFATE	2	INJ
tobramycin	1	SP
tobramycin sulfate	1	INJ
ANALGESICS - ANTI-INFLAMMATORY		
ACTEMRA	3	INJ SP
ACTEMRA ACTPEN	3	INJ SP
ADALIMUMAB-AATY	2	INJ SP
ADALIMUMAB-ADAZ	3	INJ SP
ADALIMUMAB-ADBM	3	INJ SP
ADALIMUMAB-FKJP	3	INJ SP
ADALIMUMAB-RYVK	2	INJ SP
AMJEVITA	3	INJ SP
ARCALYST	3	INJ SP
AVTOZMA	2	INJ SP
celecoxib	1	
diclofenac potassium	1	
diclofenac sodium dr	1	
diclofenac sodium er	1	
diclofenac sodium/misopro	1	

Bold Upper Case = Brand-name drug
Lower Case = generic drug

QL Quantity Limits
INJ Injectable

SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
ENBREL	2	INJ SP
ENBREL MINI	2	INJ SP
ENBREL SURECLICK	2	INJ SP
etodolac	1	
etodolac er	1	
flurbiprofen	1	
HADLIMA	3	INJ SP
HADLIMA PUSHTOUCH	3	INJ SP
HUMIRA	3	INJ SP
HUMIRA PEN	3	INJ SP
HUMIRA PEN-CD/UC/HS START	3	INJ SP
HUMIRA PEN-PS/UV STARTER	3	INJ SP
HYRIMOZ	3	INJ SP
ibu	1	
ibuprofen	1	
ibuprofen/famotidine	1	
ILARIS	2	INJ SP
indomethacin	1	
indomethacin er	1	
ketorolac tromethamine tab	1	QL
ketorolac tromethamine	1	INJ
KEVZARA	3	INJ SP
KINERET	3	INJ SP
leflunomide	1	
mefenamic acid	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
naproxen dr	1	
naproxen sodium	1	
naproxen sodium cr	1	
naproxen sodium er	1	
naproxen/esomeprazole mag	1	
OLUMIANT	3	SP
ORENCIA	3	INJ SP
ORENCIA CLICKJECT	3	INJ SP
OTEZLA	2	SP
oxaprozin	1	
piroxicam	1	
RASUVO	2	INJ
RINVOQ	2	SP
SIMLANDI	3	INJ SP

Drug Name	Drug Tier	Limits
SIMPONI	3	INJ SP
SPRIX	3	
sulindac	1	
TOLMETIN SODIUM	1	
TYENNE	2	INJ SP
XELJANZ	2	SP
XELJANZ XR	2	SP
YUFLYMA	3	INJ SP
YUSIMRY	3	INJ SP
ANALGESICS - NonNarcotic		
butalbital/acetaminophen	1	
butalbital/acetaminophen/	1	
butalbital/aspirin/caffei	1	
diflunisal	1	
FIORICET	3	
JOURNAVX	3	
salsalate	1	
ANALGESICS - OPIOID		
acetaminophen/codeine	1	
ascomp/codeine	1	
BELBUCA	2	
BRIXADI	3	INJ
buprenorphine	1	
buprenorphine hcl	1	
buprenorphine hcl/naloxon	1	
buprenorphine hydrochlori	1	
butorphanol tartrate	1	QL
BUTRANS	3	
codeine sulfate	1	
endocet	1	
fentanyl	1	
fentanyl citrate	1	INJ
hydrocodone bitartrate er	1	
hydrocodone bitartrate/ac	1	
hydrocodone/acetaminophen	1	
hydrocodone/ibuprofen	1	
hydromorphone hcl	1	
hydromorphone hcl er	1	
HYSINGLA ER	3	
levorphanol tartrate	1	
meperidine hcl	1	
meperidine hydrochloride	1	

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QL Quantity Limits
INJ Injectable

SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
METHADONE HCL	3	
methadone hydrochloride	1	
morphine sulfate	1	
MORPHINE SULFATE SOL	3	
morphine sulfate er	1	
NUCYNTA	3	
NUCYNTA ER	2	
oxycodone hcl	1	
oxycodone hydrochloride	1	
oxycodone/acetaminophen	1	
OXYCONTIN	3	
OXYMORPHONE HYDROCHLORIDE	1	
pentazocine/naloxone hcl	1	
SUBLOCADE	3	INJ SP
SUBOXONE	3	
TRAMADOL HCL TAB 25MG	3	
tramadol hcl tab 50mg	1	
tramadol hydrochloride er	1	
tramadol hydrochloride/ac	1	
XTAMPZA ER	2	
ZUBSOLV	2	
ANDROGENS-ANABOLIC		
AVEED	3	INJ SP
danazol	1	
depo-testosterone	1	INJ
JATENZO	3	SP
NATESTO	3	
TESTOPEL	3	INJ SP
testosterone	1	
testosterone cypionate	1	INJ
testosterone enanthate	1	INJ
testosterone pump	1	
TLANDO	3	SP
XYOSTED	2	INJ
ANORECTAL AND RELATED PRODUCTS		
ANALPRAM HC	3	
ANUCORT-HC	3	
ANUSOL-HC CRE	3	
ANUSOL-HC SUP	3	
budesonide aer	1	ST
CORTIFOAM	3	
hydrocortisone cre	1	

Drug Name	Drug Tier	Limits
hydrocortisone ene	1	
hydrocortisone acetate sup	1	
hydrocortisone acetate/pr	1	
lidocaine hcl/hydrocortis cre	1	
lidocaine hcl/hydrocortis kit	1	
nitroglycerin oin	1	
PROCORT	3	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
Anthelmintics		
albendazole	1	
EMVERM	2	
ivermectin	1	
praziquantel	1	
ANTIANGINAL AGENTS		
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
NITRO-BID	2	
nitroglycerin sub	1	
nitroglycerin spr	1	
nitroglycerin transdermal	1	
ranolazine er	1	
ANTIANXIETY AGENTS		
alprazolam	1	
alprazolam er	1	
alprazolam odt	1	
alprazolam xr	1	
buspirone hcl	1	
buspirone hydrochloride	1	
chlordiazepoxide hcl	1	
clorazepate dipotassium	1	
diazepam	1	
hydroxyzine hcl	1	
hydroxyzine hydrochloride	1	
hydroxyzine pamoate	1	
lorazepam	1	
lorazepam intensol	1	
LOREEV XR	3	
oxazepam	1	

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SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
VALIUM	3	
ANTIARRHYTHMICS		
amiodarone hcl	1	
amiodarone hydrochloride	1	
dofetilide	1	
flecainide acetate	1	
mexiletine hydrochloride	1	
MULTAQ	2	
pacerone	1	
propafenone hydrochloride	1	
quinidine gluconate cr	1	
quinidine gluconate er	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ADVAIR DISKUS	3	
ADVAIR HFA	2	
AIRSUPRA	2	
albuterol sulfate tab	1	
albuterol sulfate neb	1	
albuterol sulfate hfa	1	
ALBUTEROL SULFATE HFA	3	
ALVESCO	3	ST
ANORO ELLIPTA	2	
arformoterol tartrate	1	ST
ARNUITY ELLIPTA	2	
ASMANEX HFA	2	ST
ASMANEX TWISTHALER 120 ME	2	ST
ASMANEX TWISTHALER 14 MET	2	ST
ASMANEX TWISTHALER 30 MET	2	ST
ASMANEX TWISTHALER 60 MET	2	ST
ATROVENT HFA	2	
BECLOMETHASONE DIPROPIONATE	1	
BEVESPI AEROSPHERE	3	ST
BREO ELLIPTA	2	
breyna	1	
BREZTRI AEROSPHERE	2	
budesonide sus	1	
budesonide/formoterol fum	1	
COMBIVENT RESPIMAT	2	
cromolyn sodium neb	1	
DALIRESP	3	
DULERA	2	
FASENRA	2	INJ SP

Drug Name	Drug Tier	Limits
FASENRA PEN	2	INJ SP
FLUTICASONE FUROATE ELLIP	2	
FLUTICASONE FUROATE/VILAN	3	
FLUTICASONE PROPIONATE DI	1	
FLUTICASONE PROPIONATE HF	1	
FLUTIC/SALME AER 45-21MCG	3	
flutic/salme aer 100/50	1	
formoterol fumarate	1	
INCRUSE ELLIPTA	2	
ipratropium bromide sol	1	
ipratropium bromide/albut	1	
levalbuterol	1	
levalbuterol hcl	1	
levalbuterol hydrochlorid	1	
LEVALBUTEROL TARTRATE HFA	3	
montelukast sodium	1	
NUCALA	2	INJ SP
OHTUVAYRE	3	SP
PERFOROMIST	3	
PROAIR RESPICLICK	3	ST
PULMICORT FLEXHALER	3	ST
QVAR REDIHALER	2	ST
roflumilast	1	
SEREVENT DISKUS	2	
SINGULAIR	3	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	3	
terbutaline sulfate	1	
TEZSPIRE	2	INJ SP
THEO-24	2	
theophylline er	1	
tiotropium bromide	1	
TRELEGY ELLIPTA	2	
UMECLIDINIUM/VILANTEROL E	2	
VENTOLIN HFA	3	ST
wixela inhub	1	
XOLAIR	2	INJ SP
XOPENEX HFA	3	
YUPELRI	3	

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SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
zafirlukast	1	
zileuton er	1	
ANTICOAGULANTS		
dabigatran etexilate	1	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
enoxaparin sodium	1	INJ
fondaparinux sodium	1	INJ SP
heparin sodium	1	INJ
jantoven	1	
LOVENOX	3	INJ
PRADAXA	3	ST
rivaroxaban	1	
SAVAYSA	3	ST
warfarin sodium	1	
XARELTO	2	
XARELTO STARTER PACK	2	
ANTICONVULSANTS		
APTIOM	3	
BANZEL	3	SP ST
BRIVIACT	2	
carbamazepine	1	
carbamazepine er	1	
CARBATROL	3	
clobazam	1	
clonazepam	1	
clonazepam odt	1	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
DIACOMIT	3	SP
DIAZEPAM RECTAL GEL	1	
DILANTIN	3	
divalproex sodium dr	1	
divalproex sodium er	1	
EPIDIOLEX	2	SP
EPRONTIA	3	
eslicarbazepine acetate	1	
ethosuximide	1	
felbamate	1	
FINTEPLA	3	SP
FYCOMPA	2	
gabapentin	1	

Drug Name	Drug Tier	Limits
KEPPRA	3	
KEPPRA XR	3	
KLONOPIN	3	
lacosamide	1	
LAMICTAL	3	
LAMICTAL CHEWABLE DISPERS	3	
LAMICTAL ODT	3	
LAMICTAL XR	3	
lamotrigine	1	
lamotrigine er	1	
lamotrigine odt	1	
lamotrigine starter kit/b	1	
levetiracetam	1	
levetiracetam er	1	
LYRICA	3	
MOTPOLY XR	3	
NAYZILAM	2	
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	
perampanel	1	
phenytek	1	
phenytoin	1	
phenytoin sodium extended	1	
pregabalin	1	
primidone	1	
rufinamide	1	SP ST
subvenite	1	
SYMPAZAN	3	SP
TEGRETOL	3	
TEGRETOL-XR	3	
tiagabine hydrochloride	1	
TOPAMAX	3	
topiramate	1	
topiramate er	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid	1	
VALTOCO 10 MG DOSE	2	
VALTOCO 15 MG DOSE	2	

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INJ Injectable

SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
VALTOCO 20 MG DOSE	2	
VALTOCO 5 MG DOSE	2	
vigabatrin	1	SP
vigadrone	1	SP
VIMPAT	3	
XCOPRI	2	
ZARONTIN	3	
ZONISADE	3	
zonisamide	1	
ZTALMY	3	SP
ANTIDEPRESSANTS		
amitriptyline hcl	1	
amitriptyline hydrochlori	1	
amoxapine	1	
APLENZIN	3	
AUVELITY	3	
bupropion hydrochloride	1	
bupropion hydrochloride sr	1	
BUPROPION HYDROCHLORIDE XL	3	
CELEXA	3	
CITALOPRAM HYDROBROMIDE CAP	3	
citalopram hydrobromide tab	1	
clomipramine hydrochlorid	1	
desipramine hcl	1	
DESVENLAFAX TAB 50MG ER	3	ST
desvenlafax tab 25mg er	1	
doxepin hcl	1	
doxepin hydrochloride	1	
DRIZALMA SPRINKLE	3	
duloxetine hydrochloride	1	
EFFEXOR XR	3	
EMSAM	3	
escitalopram oxalate	1	
FETZIMA	2	
FETZIMA TITRATION PACK	2	
fluoxetine dr	1	
fluoxetine hydrochloride	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
imipramine hydrochloride	1	
imipramine pamoate	1	
LEXAPRO	3	
mirtazapine	1	
mirtazapine odt	1	
nefazodone hydrochloride	1	
nortriptyline hcl	1	
nortriptyline hydrochlori	1	
paroxetine hcl	1	
paroxetine hydrochloride	1	
PAXIL CR	3	
phenelzine sulfate	1	
PRISTIQ	3	
protriptyline hcl	1	
REMERON	3	
sertraline hcl	1	
sertraline hydrochloride	1	
SERTRALINE HYDROCHLORIDE	3	
SPRAVATO 56MG DOSE	3	SP
SPRAVATO 84MG DOSE	3	SP
tranylcypromine sulfate	1	
trazodone hydrochloride	1	
trimipramine maleate	1	
TRINTELLIX	2	
VENLAFAXINE BESYLATE ER	3	
venlafaxine hydrochloride	1	
VIIBRYD	3	
vilazodone hydrochloride	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZOLOFT	3	
ZURZUVAE	2	SP
ANTIDIABETICS		
acarbose	1	
ADMELOG	3	INJ
ADMELOG SOLOSTAR	3	INJ
AFREZZA	3	
ALOGLIPTIN	3	ST
ALOGLIPTIN/METFORMIN HYDR	3	ST
ALOGLIPTIN/PIOGLITAZONE	3	ST
APIDRA	3	INJ
APIDRA SOLOSTAR	3	INJ
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BASAGLAR KWIKPEN	3	INJ

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QL Quantity Limits
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SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
BRENZAVVY	3	
DAPAGLIFLOZIN PROPANEDIOL	2	
diazoxide	1	
FARXIGA	2	
FIASP	2	INJ
FIASP FLEXTOUCH	2	INJ
FIASP PENFILL	2	INJ
glimepiride	1	
GLIMEPIRIDE TAB 3MG	3	
GLIPIZIDE	1	
glipizide er	1	
glipizide/metformin hydro	1	
glucagon inj 1mg	1	INJ
GLUCAGON EMR SOL 1MG	3	INJ
glyburide	1	
glyburide micronized	1	
glyburide/metformin hydro	1	
GLYXAMBI	2	
GVOKE HYPOPEN 1-PACK	2	INJ
GVOKE HYPOPEN 2-PACK	2	INJ
GVOKE KIT	2	INJ
GVOKE PFS	2	INJ
HUMALOG	3	INJ
HUMALOG JUNIOR KWIKPEN	3	INJ
HUMALOG KWIKPEN	2	INJ
HUMALOG MIX 50/50 KWIKPEN	3	INJ
HUMALOG MIX 75/25	3	INJ
HUMALOG MIX 75/25 KWIKPEN	3	INJ
HUMULIN 70/30	2	INJ
HUMULIN 70/30 KWIKPEN	2	INJ
HUMULIN N	2	INJ
HUMULIN N KWIKPEN	2	INJ
HUMULIN R	2	INJ
HUMULIN R U-500 KWIKPEN	2	INJ
INSULIN ASPART	3	INJ
INSULIN ASPART FLEXPEN	3	INJ
INSULIN ASPART PENFILL	3	INJ
INSULIN ASPART PROTAMINE/	3	INJ
INSULIN DEGLUDEC	3	INJ
INSULIN DEGLUDEC FLEXTOUC	3	INJ
INSULIN GLARGINE MAX SOLO	3	INJ
INSULIN GLARGINE SOLOSTAR	3	INJ

Drug Name	Drug Tier	Limits
INSULIN LISPRO	1	INJ
INSULIN LISPRO JUNIOR KWI	1	INJ
INSULIN LISPRO KWIKPEN	1	INJ
INSULIN LISPRO PROTAMINE/	1	INJ
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	3	ST
JENTADUETO XR	3	ST
LANTUS	3	INJ
LANTUS SOLOSTAR	3	INJ
liraglutide	3	INJ
LYUMJEV	2	INJ
LYUMJEV KWIKPEN	2	INJ
metformin hydrochloride	1	
metformin hydrochloride er	1	
miglitol	1	
MOUNJARO	2	INJ
nateglinide	1	
NOVOLIN 70/30	3	INJ ST
NOVOLIN 70/30 FLEXPEN	3	INJ
NOVOLIN 70/30 RELION	3	INJ ST
NOVOLIN N	3	INJ ST
NOVOLIN N FLEXPEN	3	INJ
NOVOLIN N RELION	3	INJ ST
NOVOLIN R	3	INJ ST
NOVOLIN R FLEXPEN	3	INJ
NOVOLIN R RELION	3	INJ ST
NOVOLOG	2	INJ
NOVOLOG FLEXPEN	2	INJ
NOVOLOG FLEXPEN RELION	2	INJ
NOVOLOG MIX 70/30	2	INJ
NOVOLOG MIX 70/30 PREFILL	2	INJ
NOVOLOG PENFILL	2	INJ
NOVOLOG RELION	2	INJ
OZEMPIC	2	INJ
pioglitazone hcl	1	
pioglitazone hcl/metformi	1	ST

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Drug Name	Drug Tier	Limits
pioglitazone hcl-glimepir	1	ST
pioglitazone hydrochlorid	1	
PROGLYCEM	3	
repaglinide	1	
REZVOGLAR KWIKPEN	3	INJ
RYBELSUS	2	
saxagliptin hydrochloride	1	ST
SEGLUROMET	3	ST
SEMGLEE	2	INJ
SITAGLIPTIN	3	ST
SITAGLIPTIN/METFORMIN HYD	3	
SOLIQUA 100/33	2	INJ
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYNJARDY	2	
SYNJARDY XR	2	
TOUJEO MAX SOLOSTAR	2	INJ
TOUJEO SOLOSTAR	2	INJ
TRADJENTA	3	ST
TRESIBA	2	INJ
TRESIBA FLEXTOUCH	2	INJ
TRIJARDY XR	2	
TRULICITY	2	INJ
VICTOZA	3	INJ
XIGDUO XR	2	
XULTOPHY 100/3.6	2	INJ
ZEGALOGUE	2	INJ
ZITUVIMET XR	3	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
diphenoxylate hydrochlori	1	
diphenoxylate/atropine	1	
loperamide hydrochloride	1	
MOTOFEN	3	
MYTESI	3	
opium tincture	1	
VISBIOME GI CARE EXTRA ST	3	
Antidotes and Specific Antagonists		
deferasirox	1	SP
KLOXXADO	2	
naltrexone hydrochloride	1	
NARCAN	3	
OPVEE	3	

Drug Name	Drug Tier	Limits
REXTOVY	3	
VIVITROL	2	INJ SP
ANTIEMETICS		
aprepitant	1	QL
BONJESTA	3	
CINVANTI	2	INJ QL
DICLEGIS	3	
doxylamine succinate/pyri	1	
dronabinol	1	ST
granisetron hydrochloride	1	ST
meclizine hydrochloride	1	
ondansetron hcl	1	
ondansetron hydrochloride	1	
ondansetron hydrochloride	1	INJ
ondansetron odt	1	
palonosetron hydrochlorid	1	INJ
SANCUSO	3	ST
scopolamine	1	
SYNDROS	3	
trimethobenzamide hydroch	1	
VARUBI	3	
Antifungals		
amphotericin b	1	INJ
amphotericin b liposome	1	INJ
CRESEMBA	3	SP
fluconazole	1	
flucytosine	1	
griseofulvin microsize	1	
griseofulvin ultramicrosi	1	
itraconazole	1	
ketoconazole	1	
nystatin	1	
posaconazole dr	1	
terbinafine hydrochloride	1	
VIVJOA	3	
voriconazole	1	
ANTIHISTAMINES		
carbinoxamine maleate	1	
CARBINOXAMINE MALEATE SOL	3	
cetirizine hydrochloride	1	
cyproheptadine hydrochlor	1	
desloratadine	1	

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Drug Name	Drug Tier	Limits
desloratadine odt	1	ST
diphenhydramine hydrochlo	1	INJ
levocetirizine dihydrochl	1	
promethazine hcl	1	INJ
promethazine hydrochlorid	1	
promethazine hydrochlorid sup	1	
promethegan sup 12.5mg	1	
PROMETHEGAN SUP 50MG	3	
ANTIHYPERLIPIDEMICS		
ATORVALIQ	3	
atorvastatin calcium	1	
cholestyramine	1	
cholestyramine light	1	
colesevelam hydrochloride	1	
COLESTID	3	
colestipol hydrochloride	1	
CRESTOR	3	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe/simvastatin	1	
FENOFIBRATE	1	ST
fenofibrate micronized	1	
fenofibric acid dr	1	
fluvastatin	1	ST
fluvastatin sodium er	1	ST
gemfibrozil	1	
icosapent ethyl	1	
LEQVIO	3	INJ SP
LIPITOR	3	
LIVALO	1	
lovastatin	1	
NEXLETOL	2	ST
NEXLIZET	2	ST
niacin er	1	
omega-3-acid ethyl esters	1	ST
pitavastatin calcium	1	
PRALUENT	3	INJ SP ST
pravastatin sodium	1	
prevalite	1	
REPATHA	2	INJ SP ST
REPATHA SURECLICK	2	INJ SP ST
rosuvastatin calcium	1	

Drug Name	Drug Tier	Limits
simvastatin	1	
VASCEPA	3	
VYTORIN	3	
ZETIA	3	
ZYPITAMAG	3	
ANTIHYPERTENSIVES		
aliskiren	1	
amlodipine besylate/benaz	1	
amlodipine besylate/valsa	1	
amlodipine/olmesartan med	1	
amlodipine/valsartan/hydr	1	
atenolol/chlorthalidone	1	
benazepril hydrochloride	1	
benazepril hydrochloride/	1	
BENICAR	3	
BENICAR HCT	3	
bisoprolol fumarate/hydro	1	
candesartan cilexetil	1	
candesartan cilexetil/hyd	1	
captopril	1	
CATAPRES-TTS-3	3	
clonidine	1	
clonidine hydrochloride	1	
CLONIDINE HYDROCHLORIDE E	3	
COZAAR	3	
DIOVAN	3	
DIOVAN HCT	3	
doxazosin mesylate	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate	1	
enalapril maleate/hydroch	1	
eplerenone	1	
EXFORGE	3	
fosinopril sodium	1	
fosinopril sodium/hydroch	1	
guanfacine hydrochloride	1	
hydralazine hydrochloride	1	
irbesartan	1	
irbesartan/hydrochlorothi	1	
lisinopril	1	
lisinopril/hydrochlorothi	1	

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Drug Name	Drug Tier	Limits
losartan potassium	1	
losartan potassium/hydroc	1	
methyldopa	1	
metoprolol/hydrochlorothi	1	
MICARDIS HCT	3	
minoxidil	1	
moexipril hydrochloride	1	
olmesartan medoxomil	1	
olmesartan medoxomil/amlo	1	
olmesartan medoxomil/hydr	1	
perindopril erbumine	1	
prazosin hydrochloride	1	
QBRELIS	3	ST
ramipril	1	
telmisartan	1	
telmisartan/amlodipine	1	
telmisartan/hydrochloroth	1	
terazosin hydrochloride	1	
trandolapril	1	
trandolapril/verapamil hc	1	
valsartan	1	
valsartan/hydrochlorothia	1	
ZESTRIL	3	
Anti-infective Agents - Misc.		
atovaquone	1	
CAYSTON	2	SP
clindamycin hydrochloride	1	
clindamycin palmitate hyd	1	
dapsone tab	1	
ertapenem sodium	1	INJ
fosfomycin tromethamine	1	
LIKMEZ	3	
linezolid	1	
MACROBID	3	
ME/NAPHOS/MB/HYO 1	3	
meropenem	1	INJ
methenamine hippurate	1	
metronidazole cap	1	
METRONIDAZOLE TAB	3	
nitazoxanide	1	
nitrofurantoin	1	
nitrofurantoin macrocryst	1	

Drug Name	Drug Tier	Limits
nitrofurantoin monohydrat	1	
ORLYNVAH	3	SP
sulfamethoxazole/trimetho	1	
sulfatrim pediatric	1	
tinidazole	1	
trimethoprim	1	
TRIMETHOPRIM	2	
URIBEL	3	
URIMAR-T	2	
UROGESIC-BLUE	3	
URO-MP	2	
vancomycin hydrochloride	1	
vancomycin hydrochloride	1	INJ
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
Antimalarials		
ARAKODA	3	
atovaquone/proguanil hcl	1	
atovaquone/proguanil hydr	1	
chloroquine phosphate	1	
COARTEM	3	
hydroxychloroquine sulfat	1	
mefloquine hydrochloride	1	
PLAQUENIL	3	
primaquine phosphate	1	
quinine sulfate	1	
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	3	SP
MESTINON TIMESPAN	3	
PYRIDOSTIGMINE BROMIDE	1	
pyridostigmine bromide er	1	
Antimycobacterial Agents		
ethambutol hydrochloride	1	
isoniazid	1	
PRIFTIN	3	
rifabutin	1	
rifampin	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
abiraterone acetate	1	SP
ALECENSA	2	SP
anastrozole	1	
AVASTIN	3	INJ SP

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Drug Name	Drug Tier	Limits
BESREMI	3	INJ SP
bexarotene	1	SP
bicalutamide	1	
BOSULIF	2	SP
BRAFTOVI	2	SP
BRUKINSA	2	SP
CABOMETYX	2	SP
CALQUENCE	2	SP
capecitabine	1	SP
cisplatin	1	INJ
COPIKTRA	3	SP
cyclophosphamide	1	SP
dasatinib	1	SP
DOCETAXEL	2	INJ SP
ELIGARD	2	INJ SP
ERIVEDGE	2	SP
ERLEADA	2	SP
etoposide	1	SP
everolimus	1	SP
exemestane	1	
FOTIVDA	2	SP
GLEOSTINE	3	SP
GOMEKLI	3	SP
hydroxyurea	1	
IBRANCE	3	SP
ICLUSIG	2	SP
imatinib mesylate	1	SP
IMBRUVICA	2	SP
INLYTA	2	SP
ITOVEBI	2	SP
JAKAFI	2	SP
JAYPIRCA	2	SP
KISQALI	2	SP
KRAZATI	2	SP
lapatinib ditosylate	1	SP
LAZCLUZE	3	SP
LENVIMA 10 MG DAILY DOSE	2	SP
LENVIMA 18 MG DAILY DOSE	2	SP
LENVIMA 20 MG DAILY DOSE	2	SP
letrozole	1	
leucovorin calcium	1	
leuprolide acetate	1	INJ SP

Drug Name	Drug Tier	Limits
lomustine	1	SP
LONSURF	2	SP
LORBRENA	2	SP
LUPRON DEPOT (1-MONTH)	3	INJ SP
LUPRON DEPOT (3-MONTH)	3	INJ SP
LYNPARZA	2	SP
megestrol acetate	1	
MEKINIST	2	SP
mercaptopurine	1	SP
methotrexate	1	INJ
methotrexate sodium	1	
methotrexate sodium	1	INJ
MODEYSO	3	SP
NUBEQA	2	SP
ODOMZO	2	SP
OGSIVEO	3	SP
ONUREG	2	SP
ORGOVYX	2	SP
ORSERDU	3	SP
pazopanib hydrochloride	1	SP
PIQRAY 300MG DAILY DOSE	2	SP
POMALYST	2	SP
PURIXAN	3	SP ST
RETEVMO	2	SP
REVUFORJ	3	SP
RUXIENCE	3	INJ SP
RYDAPT	2	SP
SCEMBLIX	2	SP
SPRYCEL	3	SP
sunitinib malate	1	SP
TAFINLAR	2	SP
TAGRISSO	2	SP
tamoxifen citrate	1	
TASIGNA	3	SP
temozolomide	1	SP
TIBSOVO	2	SP
TICE BCG	2	INJ
tretinoin cap	1	SP
TREXALL	2	
TRUQAP	2	SP
TURALIO	2	SP
VENCLEXTA	2	SP

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Drug Name	Drug Tier	Limits
VENCLEXTA STARTING PACK	2	SP
VERZENIO	2	SP
VORANIGO	2	SP
WELIREG	2	SP
XALKORI	3	SP
XATMEP	3	SP ST
XOSPATA	2	SP
XTANDI	2	SP
ZEJULA	2	SP
ZELBORAF	2	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS		
amantadine hcl	1	
amantadine hydrochloride	1	
benztropine mesylate	1	
bromocriptine mesylate	1	
carbidopa	1	
carbidopa/levodopa	1	
CARBIDOPA/LEVODOPA ER CAP	3	ST
carbidopa/levodopa er tab	1	
carbidopa/levodopa/entaca	1	
CREXONT	3	ST
DHIVY	3	
DUOPA	3	SP
entacapone	1	
GOCOVRI	3	SP
NEUPRO	2	ST
NOURIANZ	3	SP
ONGENTYS	3	
pramipexole dihydrochlori	1	
rasagiline mesylate	1	
ropinirole er	1	ST
ropinirole hcl	1	
ropinirole hydrochloride	1	
RYTARY	3	ST
selegiline hcl	1	
trihexyphenidyl hydrochlo	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ABILIFY	3	
ABILIFY ASIMTUFII	2	INJ
ABILIFY MAINTENA	2	INJ
aripiprazole	1	
aripiprazole odt	1	

Drug Name	Drug Tier	Limits
ARISTADA	2	INJ SP
asenapine maleate sl	1	
CAPLYTA	2	
chlorpromazine hydrochlor	1	
clozapine	1	
clozapine odt	1	
COBENFY	3	SP
compro	1	
ERZOFRI	2	INJ
EQUETRO	3	
FANAPT	3	
fluphenazine hydrochlorid	1	
haloperidol	1	
haloperidol decanoate	1	INJ
INVEGA HAFYERA	2	INJ
INVEGA SUSTENNA	2	INJ
INVEGA TRINZA	2	INJ
LATUDA	3	
lithium carbonate	1	
lithium carbonate er	1	
loxapine	1	
loxapine succinate	1	
lurasidone hydrochloride	1	
NUPLAZID	3	SP
olanzapine	1	
olanzapine odt	1	
paliperidone er	1	
perphenazine	1	
prochlorperazine	1	
prochlorperazine maleate	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	2	
RISPERDAL	3	
risperidone	1	
risperidone er	1	INJ
risperidone odt	1	
SECUADO	3	
SEROQUEL XR	3	
thioridazine hydrochlorid	1	
thiothixene	1	
trifluoperazine hcl	1	

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Drug Name	Drug Tier	Limits
UZEDY	2	INJ
VRAYLAR	2	SP
ziprasidone hcl	1	
ziprasidone hydrochloride	1	
Antiseptics & Disinfectants		
BENZALKONIUM CHLORIDE	3	
ANTIVIRALS		
abacavir	1	
acyclovir	1	
APRETUDE	3	INJ SP
atazanavir sulfate	1	SP
BIKTARVY	2	SP
CABENUVA	2	INJ SP
darunavir	1	SP
DESCOVY	2	SP
DOVATO	2	SP
EDURANT	2	SP
efavirenz/emtricitabine/t	1	SP
emtricitabine	1	
emtricitabine/tenofovir d	1	SP
entecavir	1	SP
etravirine	1	SP
famciclovir	1	
GENVOYA	2	SP
IDVYNSO	2	SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP
JULUCA	2	SP
LAGEVRIO	2	
lamivudine	1	
maraviroc	1	SP
MAVYRET	3	SP
nevirapine	1	
ODEFSEY	2	SP
oseltamivir phosphate	1	QL
PAXLOVID	2	
PEGASYS	2	INJ SP
PIFELTRO	3	SP
PREVYMIS	3	SP
PREZCOBIX	3	SP
RELENZA DISKHALER	3	QL
ribavirin	1	SP

Drug Name	Drug Tier	Limits
ritonavir	1	
SOFOSBUVIR/VELPATASVIR	3	SP
STRIBILD	2	SP
SYMTUZA	2	SP
TAMIFLU	3	QL
tenofovir disoproxil fuma	1	SP
TIVICAY	2	SP
TRIUMEQ	2	SP
TYBOST	2	SP
valacyclovir hydrochlorid	1	
valganciclovir	1	SP
valganciclovir hydrochlor	1	SP
VALTREX	3	
VEMLIDY	2	SP
VOSEVI	2	SP
XOFLUZA	2	
zidovudine	1	
BETA BLOCKERS		
acebutolol hydrochloride	1	
atenolol	1	
betaxolol hcl	1	
BISOPROLOL FUMARATE	1	
BYSTOLIC	3	
carvedilol	1	
carvedilol phosphate er	1	
COREG	3	
HEMANGEOL	3	ST
INDERAL LA	3	
KAPSPARGO SPRINKLE	3	
labetalol hydrochloride	1	
metoprolol succinate er	1	
metoprolol tartrate	1	
nadolol	1	
nebivolol hydrochloride	1	
pindolol	1	
propranolol hcl	1	
propranolol hydrochloride	1	
sotalol hcl	1	
sotalol hydrochloride	1	
sotalol hydrochloride (af	1	
TENORMIN	3	
timolol maleate	1	

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Drug Name	Drug Tier	Limits
TOPROL XL	3	
Calcium Channel Blockers		
amlodipine besylate	1	
AMLODIPINE BESYLATE/SYRSP	3	
CARDIZEM CD	3	
cartia xt	1	
diltiazem hcl	1	
diltiazem hcl er	1	
diltiazem hydrochloride	1	
diltiazem hydrochloride er	1	
dilt-xr	1	
felodipine er	1	
LEVAMLODIPINE	1	
matzim la	1	
nicardipine hcl	1	
nifedipine	1	
nifedipine er	1	
nisoldipine er	1	
NORVASC	3	
tiadylt er	1	
TIAZAC	3	
verapamil hcl	1	
verapamil hcl er	1	
verapamil hydrochloride	1	
verapamil hydrochloride er	1	
verapamil hydrochloride sr	1	
CARDIOTONICS		
digoxin	1	
CARDIOVASCULAR AGENTS - MISC.		
ADEMPAS	2	SP
ambrisentan	1	SP
amlodipine besylate/atorv	1	
avanafil	1	QL ST
bosentan	1	SP
CAMZYOS	2	SP
CAVERJECT	3	INJ QL
CAVERJECT IMPULSE	3	INJ QL
CORLANOR	3	
EDEX	3	INJ QL
ENTRESTO	2	
ivabradine hydrochloride	1	
LETAIRIS	3	SP

Drug Name	Drug Tier	Limits
OPSUMIT	2	SP
ORENITRAM	2	SP
REMODULIN	3	INJ SP
sacubitril/valsartan	1	
sildenafil citrate	1	SP
tadalafil	1	QL
vardenafil hydrochloride	1	QL ST
VERQUVO	3	
VIAGRA	3	QL
VYNDAMAX	3	SP
CEPHALOSPORINS		
cefaclor	1	
cefadroxil	1	
cefdinir	1	
cefixime	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftriaxone sodium	1	INJ
cefuroxime axetil	1	
cephalexin	1	
CONTRACEPTIVES		
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA	2	
apri	1	
ARANELLE	3	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
azurette	1	
BALCOLTRA	3	
balziva	1	
BEYAZ	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	

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Drug Name	Drug Tier	Limits
blisovi fe 1/20	1	
briellyn	1	
camila	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane	1	
DEPO-PROVERA CONTRACEPTIV	3	INJ
DEPO-SUBQ PROVERA 104	3	INJ
desogestrel/ethinyl estra	1	
dolishale	1	
drospirenone/ethinyl estr	1	
elinest	1	
ELLA	2	
eluryng	1	
emzahh	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
errin	1	
estarylla	1	
ethynodiol diacetate/ethi	1	
etonogestrel/ethinyl estr	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV	3	
finzala	1	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
heather	1	
incassia	1	

Drug Name	Drug Tier	Limits
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
KYLEENA	2	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonorgestrel and ethiny	1	
levonorgestrel/ethinyl es	1	
LILETTA	3	
LO LOESTRIN FE	2	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
lyleq	1	
marlissa	1	
medroxyprogesterone aceta	1	INJ
meleya	1	

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Drug Name	Drug Tier	Limits
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya	1	
MIRENA	2	
mono-linyah	1	
NATAZIA	2	
necon 0.5/35-28	1	
NEXPLANON	2	INJ
NEXTSTELLIS	2	
nikki	1	
nora-be	1	
norelgestromin/ethinyl es	1	
norethindrone	1	
norethindrone & ethinyl e	1	
norethindrone/ethinyl est	1	
norgestimate/ethinyl estr	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35	1	
nortrel 7/7/7	1	
NUVARING	3	
nylia 1/35	1	
nylia 7/7/7	1	
orquidea	1	
PARAGARD INTRAUTERINE COP	2	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
SAFYRAL	3	
setlakin	1	
sharobel	1	
simpesse	1	
SKYLA	2	
SLYND	3	
sprintec 28	1	
sronyx	1	
syeda	1	

Drug Name	Drug Tier	Limits
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA	3	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	3	
TYBLUME	3	
tydemy	1	
valtya 1/35	1	
valtya 1/50	1	
VELIVET	3	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28	3	
YAZ	3	
zafemy	1	
zovia 1/35	1	
zumandimine	1	
CORTICOSTEROIDS		
AGAMREE	3	SP
betamethasone sodium phos	1	INJ
budesonide	1	
budesonide er	1	
DEPO-MEDROL	3	INJ

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Drug Name	Drug Tier	Limits
dexamethasone	1	
dexamethasone 6-day dose	1	
DEXAMETHASONE INTENSOL	3	
dexamethasone sodium phos	1	INJ
DEXAMETHASONE SODIUM PHOS	3	INJ
EOHILIA	3	
fludrocortisone acetate	1	
hydrocortisone	1	
hydrocortisone sodium suc	1	INJ
KENALOG-40	3	INJ
MEDROL DOSEPAK	3	
methylprednisolone	1	
methylprednisolone acetat	1	INJ
methylprednisolone dose p	1	
ORAPRED ODT	3	
prednisolone	1	
prednisolone sodium phosp sol	1	
prednisone	1	
PREDNISONE INTENSOL	2	
SOLU-CORTEF	3	INJ
SOLU-MEDROL	3	INJ
triamcinolone acetonide	1	INJ
COUGH/COLD/ALLERGY		
acetylcysteine	1	
benzonatate	1	
bromphen/pseudoephedrine	1	
CLARINEX-D 12 HOUR	3	
hydrocodone bitartrate/ho	1	
hydrocodone polistirex/ch	1	
hydromet	1	
HYPERSAL	3	
potassium iodide	1	
promethazine dm	1	
promethazine/codeine	1	
promethazine/dextromethor	1	
sodium chloride neb	1	
DERMATOLOGICALS		
accutane	1	
acitretin	1	SP
acyclovir cre	1	
ACZONE	3	
adapalene	1	

Drug Name	Drug Tier	Limits
adapalene pump	1	
adapalene/benzoyl peroxid	1	
ADBRY	2	INJ SP
AKLIEF	3	
ala-cort	1	
ALA-SCALP	1	ST
alclometasone dipropionat	1	
ALTRENO	3	
ammonium lactate	1	
amnesteem	1	
AMZEEQ	3	
ANZUPGO	3	SP
ARAZLO	3	
AVAR CLEANSER	3	
AVENOVA	3	
azelaic acid	1	
AZELEX	3	
BALSAM PERU/CASTOR OIL	3	
betamethasone dipropionat	1	
betamethasone valerate	1	
bimatoprost sol	1	
BIMZELX	2	INJ SP
BP 10-1	3	
BPCO	3	
brimonidine tartrate gel	1	
BRYHALI	3	
CABTREO	3	
calcipotriene sol	1	
CALCIPOTRIENE AER	3	ST
calcipotriene/betamethaso	1	
CIBINQO	3	SP
ciclopirox	1	
ciclopirox nail lacquer	1	
ciclopirox olamine	1	
CICLOPIROX TREATMENT	3	
claravis	1	
CLEOCIN-T	3	
clindacin etz pledgets	1	
clindacin-p	1	
clindamycin phosphate sol	1	
clindamycin phosphate/ben	1	
clindamycin phosphate/tre	1	

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Drug Name	Drug Tier	Limits
clindamycin/benzoyl perox	1	
CLIOQUINOL	3	
clobetasol propionate	1	
clobetasol propionate emo	1	
clocortolone pivalate	1	ST
clotrimazole sol	1	
clotrimazole/betamethason	1	
CONDYLOX	3	ST
CORDRAN	3	ST
COSENTYX	3	INJ SP
COSENTYX SENSOREADY PEN	3	INJ SP
COSENTYX UNOREADY	3	INJ SP
dapsone gel	1	
DERMA-SMOOTHE/FS BODY	3	
DERMA-SMOOTHE/FS SCALP	3	
desonide	1	
desoximetasone	1	
DICLOFENAC EPOLAMINE	2	
diclofenac sodium sol	1	
DIFFERIN	3	
diflorasone diacetate	1	
doxepin hydrochloride cre	1	
DRYSOL	3	
DUOBRII	3	ST
DUPIXENT	2	INJ SP
EBGLYSS	2	INJ SP
econazole nitrate	1	
EMROSI	3	
ENSTILAR	2	
EPICERAM	3	
EPICYN	3	
EPIDUO FORTE	3	
ERTACZO	3	
ERY	3	
erythromycin sol	1	
erythromycin/benzoyl pero	1	
ethyl chloride/medium jet	1	
EUCRISA	2	ST
EXELDERM	2	
FABIOR	3	
FINACEA	2	
FLECTOR	3	

Drug Name	Drug Tier	Limits
fluocinolone acetonide sol	1	
fluocinolone acetonide bo	1	
fluocinolone acetonide sc	1	
fluocinolone acetonide to	1	
fluocinonide	1	
fluocinonide emulsified b	1	
fluorouracil sol	1	
FLUOROURACIL CRE	3	
fluticasone propionate cre	1	
GENADUR	3	
gentamicin sulfate cre	1	
glydo	1	
halobetasol propionate	1	
HYDROCORTISONE ACETATE	3	
hydrocortisone butyrate	1	
hydrocortisone valerate	1	
hydroquinone	1	
HYDROXYM	3	
HYFTOR	3	SP
ICOTYDE	2	
imiquimod	1	
imiquimod pump	1	
IMPOYZ	3	
isotretinoin	1	
ivermectin cre	1	ST
JUBLIA	3	
KERALYT	3	
ketoconazole cre	1	
klayesta	1	
KLISYRI	2	
LEVICYN	3	
LEVULAN KERASTICK	3	
LICART	3	ST
lidocaine	1	
lidocaine hcl	1	
lidocaine hcl jelly	1	
lidocaine hydrochloride sol	1	
LIDOCAINE HYDROCHLORIDE J	1	
lidocaine/prilocaine	1	
LIDODERM	3	
LITFULO	3	SP
LULICONAZOLE	3	ST

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Drug Name	Drug Tier	Limits
malathion	1	
MEDIHONEY WOUND/BURN	3	
metronidazole cre	1	
MICONAZOLE NITRATE	3	
MIRVASO	3	
mometasone furoate sol	1	
mupirocin	1	
naftifine hydrochloride	1	
NAFTIN	2	
NATROBA	3	
NEMLUVIO	2	INJ SP
neuac	1	
NORITATE	3	
nyamyc	1	
nystatin pow	1	
nystatin/triamcinolone ac	1	
nystop	1	
ONEXTON	3	
OPZELURA	2	
ORACEA	3	
OTULFI	3	INJ SP
oxiconazole nitrate	1	
penciclovir	1	
permethrin	1	
pimecrolimus	1	
PLEXION CLEANSER	3	
podofilox	1	
PRAMOSONE	2	ST
QBREXZA	3	
RETIN-A	3	
RETIN-A MICRO	3	
RETIN-A MICRO PUMP	3	
RHOFADE	3	
salicylic acid	1	
SALICYLIC ACID WART REMOV	3	
SANTYL	3	
SELARSDI	3	INJ SP
selenium sulfide	1	
SERNIVO	3	ST
SILVADENE	3	
silver sulfadiazine	1	
SKYRIZI PEN	2	INJ SP

Drug Name	Drug Tier	Limits
sodium sulfacetamide	1	
sodium sulfacetamide wash	1	
sodium sulfacetamide/sulf	1	
SOFDRA	3	
SOOLANTRA	3	ST
SOTYKTU	2	SP
SPINOSAD	3	
ssd	1	
STARJEMZA	2	INJ SP
STELARA	3	INJ SP
STEQEYMA	2	INJ SP
SULCONAZOLE NITRATE	3	
sulfacetamide sodium lot	1	
tacrolimus oin	1	
TALTZ	2	INJ SP
tavaborole	1	
TAZAROTENE AER	3	
tazarotene cre	1	
TAZORAC	3	
TETRACYCLINE HCL	3	
TEXACORT	2	ST
TREMFYA PEN	2	INJ SP
tretinoin cre	1	
tretinoin microsphere	1	
tretinoin microsphere pum	1	
triamcinolone acetonide spr	1	
TWYNEO	3	
urea	1	
VASHE WOUND	3	
VEREGEN	3	
VTAMA	2	ST
WEZLANA	3	INJ SP
WINLEVI	3	
WYNZORA	3	SP ST
XERAC AC	3	
XERESE	3	
XEROFORM OCCLUSIVE PETROL	2	
YCANTH	3	SP
YESINTEK	2	INJ SP
ZELSUVMI	3	SP
zenatane	1	
ZILXI	3	

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Drug Name	Drug Tier	Limits
ZORYVE	2	ST
ZTLIDO	3	
ZYCLARA PUMP	3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DEPLIN 15	3	
DEPLIN 7.5	3	
DEPLIN FC	3	
ELFOLATE	3	
ELFOLATE PLUS	3	
ENLYTE	3	
FOLBIC RF	3	
FOLTANX RF	3	
L-METHYLFOLATE	3	
L-METHYLFOLATE CALCIUM	3	
L-METHYLFOLATE FORTE	3	
METAFOLBIC PLUS	3	
METANX	3	
METANX FC	3	
DIGESTIVE AIDS		
CREON	2	
PANCREAZE	3	
SUCRAID	3	SP
ZENPEP	2	
DIURETICS		
acetazolamide	1	
acetazolamide er	1	
ALDACTONE	3	
amiloride hcl	1	
amiloride/hydrochlorothia	1	
bumetanide	1	
CAROSPIR	3	
chlorthalidone	1	
DIURIL	3	
ethacrynic acid	1	
furosemide	1	
furosemide	1	INJ
HEMICLOR	3	
hydrochlorothiazide	1	
indapamide	1	
methazolamide	1	
metolazone	1	
SOAANZ	3	

Drug Name	Drug Tier	Limits
spironolactone	1	
spironolactone/hydrochlor	1	
THALITONE	3	
torsemide	1	
triamterene	1	
triamterene/hydrochloroth	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ACTHAR	3	INJ SP
ACTHAR GEL	3	INJ SP
alendronate sodium	1	
cabergoline	1	
calcitonin salmon	1	
calcitriol	1	
CARNITOR	3	
cetrorelix acetate	1	INJ
CETROTIDE	3	INJ
chorionic gonadotropin	3	INJ
cinacalcet hydrochloride	1	SP
clomid	1	
clomiphene citrate	1	
CORTROPHIN	3	INJ SP
CRENESSITY	3	SP
CRYSVITA	2	INJ SP
CYSTADANE	3	SP
desmopressin acetate	1	
DESMOPRESSIN ACETATE SOL	3	SP
desmopressin acetate spr	1	
doxercalciferol	1	
EVENITY	3	INJ SP
EVISTA	3	
FOLLISTIM AQ	3	INJ SP
FORTEO	3	INJ SP
FOSAMAX PLUS D	2	
GANIRELIX ACETATE	3	INJ SP
GENOTROPIN	2	INJ SP
GENOTROPIN MINIQUICK	2	INJ SP
GONAL-F	2	INJ SP
GONAL-F RFF REDIJECT	2	INJ SP
HUMATROPE	3	INJ SP
ibandronate sodium	1	
JUBBONTI	3	INJ SP
JYNARQUE	2	SP

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Drug Name	Drug Tier	Limits
KERENDIA	2	
levocarnitine	1	
LUPRON DEPOT-PED (3-MONTH	3	INJ SP
LUPRON DEPOT-PED (6-MONTH	3	INJ SP
LYNKUET	3	
MENOPUR	2	INJ SP
mifepristone	1	
NGENLA	3	INJ SP
NORDITROPIN FLEXPRO	2	INJ SP
NOVAREL	2	INJ
octreotide acetate	1	INJ SP
OMNITROPE	3	INJ SP
ORILISSA	2	
OSPHENA	3	ST
OVIDREL	2	INJ SP
PALYNZIQ	2	INJ SP
paricalcitol	1	SP
PREGNYL	3	INJ
PROLIA	3	INJ SP
raloxifene hydrochloride	1	
RAYALDEE	2	
risedronate sodium	1	ST
risedronate sodium dr	1	ST
SANDOSTATIN LAR DEPOT	3	INJ SP
sapropterin dihydrochlori	1	SP
SEROSTIM	3	INJ SP
SKYTROFA	2	INJ SP
SOGROYA	2	INJ SP
SOMATULINE DEPOT	2	INJ SP
SUPPRELIN LA	3	INJ SP
teriparatide	1	INJ SP
TERIPARATIDE	3	INJ SP
tolvaptan	1	SP
TRIPTODUR	3	INJ SP
TYMLOS	2	INJ SP
VEOZAH	3	
VOXZOGO	3	INJ SP
XPHOZAH	3	SP
YORVIPATH	3	INJ SP
zoledronic acid	1	INJ SP
ZOMACTON	3	INJ SP

Drug Name	Drug Tier	Limits
Estrogens		
abigale	1	
abigale lo	1	
ANGELIQ	3	
BIJUVA	2	
CLIMARA	3	
CLIMARA PRO	3	
COMBIPATCH	2	
conjugated estrogens	1	
DEPO-ESTRADIOL	3	INJ
DIVIGEL	3	ST
dotti	1	
DUAVEE	2	
ELESTRIN	3	
esterified estrogens/meth	1	
estradiol tab	1	
estradiol gel	1	ST
estradiol valerate	1	INJ
estradiol/norethindrone a	1	
ESTROGEL	3	ST
EVAMIST	3	ST
fyavolv	1	
jinteli	1	
lyllana	1	
MENOSTAR	3	
mimvey	1	
MINIVELLE	3	
MYFEMBREE	2	
norethindrone acetate/eth	1	
ORIAHNN	2	
PREMARIN TAB	2	
PREMPHASE	2	
PREMPRO	2	
VIVELLE-DOT	3	
Fluoroquinolones		
CIPRO	2	
ciprofloxacin hcl	1	
ciprofloxacin hydrochlori	1	
levofloxacin	1	
moxifloxacin hydrochlorid	1	
OFLOXACIN	1	

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Drug Name	Drug Tier	Limits
GASTROINTESTINAL AGENTS - MISC.		
alosetron hydrochloride	1	
AMITIZA	3	
APRISO	3	
AURYXIA	3	ST
AVSOLA	3	INJ SP
balsalazide disodium	1	
calcium acetate	1	
CANASA	3	
CIMZIA	3	INJ SP
CIMZIA STARTER KIT	3	INJ SP
cromolyn sodium conc	1	
DIPENTUM	3	ST
ENTYVIO	3	INJ SP
ENTYVIO PEN	3	INJ SP
enulose	1	
FERRIC CITRATE	1	ST
GIMOTI	3	
IBSRELA	3	SP
INFLECTRA	3	INJ SP
INFLIXIMAB	3	INJ SP
lanthanum carbonate	1	
LIALDA	3	
LINZESS	2	
LOTRONEX	3	
lubiprostone	1	
mesalamine	1	
mesalamine dr	1	
mesalamine er	1	
metoclopramide hcl	1	
metoclopramide hydrochlor	1	
MOTEGRITY	3	
MOVANTIK	2	
OCALIVA	2	SP
OMVOH	2	INJ SP
PENTASA CAP 250MG CR	2	
PENTASA CAP 500MG CR	3	
prucalopride	1	
REBYOTA	3	SP
REMICADE	3	INJ SP
REZDIFFRA	3	SP
sevelamer carbonate	1	
sevelamer hydrochloride	1	
SKYRIZI	2	INJ SP
sulfasalazine	1	
SYMPROIC	2	
TREMFYA	2	INJ SP
TRULANCE	2	
ursodiol	1	
VELPHORO	2	SP
VIBERZI	2	
YESINTEK	2	INJ SP
ZYMFENTRA 2-PEN	3	INJ SP
GENITOURINARY AGENTS - MISCELLANEOUS		
acetic acid 0.25%	1	
alfuzosin hcl er	1	
CARDURA XL	3	
CYSTAGON	3	SP
dutasteride	1	QL
dutasteride/tamsulosin hy	1	ST
ELMIRON	2	
FILSPARI	3	SP
finasteride	1	
phenazopyridine hydrochlo	1	
potassium citrate er	1	
potassium citrate/citric	1	
PYRIDIUM	3	
silodosin	1	
sodium chloride 0.9%	1	
sodium citrate/citric aci	1	
tamsulosin hydrochloride	1	
tricitrates	1	
UROCIT-K 10	3	
Gout Agents		
allopurinol	1	
colchicine	1	
febuxostat	1	ST
MITIGARE	3	
probenecid	1	
probenecid/colchicine	1	
ULORIC	3	ST
HEMATOLOGICAL AGENTS - MISC.		
ADVATE	2	INJ SP
ALPROLIX	2	INJ SP

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Drug Name	Drug Tier	Limits
ALTUVIIIO	2	INJ SP
anagrelide hydrochloride	1	
ANDEMBRY	2	INJ SP
aspirin/dipyridamole er	1	
BENEFIX	2	INJ SP
BRILINTA TAB 60MG	3	
BRILINTA TAB 90MG	2	
cilostazol	1	
CINRYZE	2	INJ SP
clopidogrel	1	
DAWNZERA	2	INJ SP
dipyridamole	1	
EKTERLY	2	SP
HAEGARDA	2	INJ SP
HEMLIBRA	3	INJ SP
HUMATE-P	3	INJ SP
icatibant acetate	1	INJ SP
IDELVION	2	INJ SP
KOATE	3	INJ SP
KOVALTRY	2	INJ SP
pentoxifylline er	1	
PLAVIX	3	
prasugrel hydrochloride	1	
REBINYN	2	INJ SP
TAKHZYRO	2	INJ SP
TAVNEOS	3	SP
ticagrelor	1	
WILATE	3	INJ SP
HEMATOPOIETIC AGENTS		
ACCRUFER	3	
ALVAIZ	2	SP
cyanocobalamin	1	INJ
cyanocobalamin spr	1	
eltrombopag olamine	1	SP
ferumoxytol	1	INJ
folic acid	1	
FOLIVANE-F	2	
FOLIVANE-PLUS	2	
FOLPLEX 2.2	3	
FULPHILA	2	INJ SP
FUSION PLUS	3	
GRANIX	3	INJ SP

Drug Name	Drug Tier	Limits
HEMATINIC/FOLIC ACID	3	
hydroxocobalamin	1	INJ
INFED	2	INJ
INJECTAFER	3	INJ
INTEGRA F	3	
INTEGRA PLUS	3	
MULTIGEN PLUS	2	
NASCOBAL	3	
NEULASTA	3	INJ SP
NEUPOGEN	3	INJ SP
NIVESTYM	2	INJ SP
NPLATE	2	INJ SP
POLY-IRON 150 FORTE	3	
PROCRIT	3	INJ SP
PROMACTA	2	SP
RETACRIT	2	INJ SP
TRIGELS-F FORTE	2	
UDENYCA	3	INJ SP
VENOFER	2	INJ SP
ZARXIO	3	INJ SP
HEMOSTATICS		
aminocaproic acid	1	
tranexamic acid	1	
tranexamic acid	1	INJ
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
AMBIEN	3	QL
BELSOMRA	2	QL ST
DAYVIGO	2	ST
EDLUAR	3	QL
estazolam	1	
eszopiclone	1	QL
midazolam hcl syp	1	
midazolam hcl	1	INJ
midazolam hydrochloride	1	INJ
phenobarbital	1	
QUVIVIQ	2	ST
ramelteon	1	QL
temazepam	1	
triazolam	1	QL
zaleplon	1	QL
ZOLPIDEM TARTRATE CAP	3	QL
zolpidem tartrate tab	1	QL

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QL Quantity Limits
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Drug Name	Drug Tier	Limits
zolpidem tartrate sub	1	QL
zolpidem tartrate er	1	QL
LAXATIVES		
CLENPIQ	2	
constulose	1	
GAVILYTE-C	3	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
GOLYTELY	3	
kristalose	1	
lactulose	1	
MOVIPREP	3	
peg-3350/electrolytes	1	
peg-3350/nacl/na bicarbon	1	
peg-3350/sodium sulf/nacl	1	
PLENVU	2	
sodium sulfate/potassium	1	
SUFLAVE	2	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
LOCAL ANESTHETICS-Parenteral		
bupivacaine hydrochloride	1	INJ
lidocaine hydrochloride	1	INJ
MACROLIDES		
azithromycin	1	
clarithromycin	1	
clarithromycin er	1	
DIFICID	2	SP
erythromycin base	1	
erythromycin dr	1	
erythromycin ethylsuccina	1	
fidaxomicin	1	SP
MEDICAL DEVICES AND SUPPLIES		
DEXCOM G6 RECEIVER	3	ST
DEXCOM G6 SENSOR	3	ST
DEXCOM G6 TRANSMITTER	3	ST
DEXCOM G7 15 DAY SENSOR	2	ST
DEXCOM G7 RECEIVER	2	ST
DEXCOM G7 SENSOR	2	ST
EVERSENSE 365 SENSOR/HOLD	3	ST
EVERSENSE 365 SMART TRANS	3	ST
FREESTYLE LIBRE 14 DAY/RE	2	ST

Drug Name	Drug Tier	Limits
FREESTYLE LIBRE 14 DAY/SE	2	ST
FREESTYLE LIBRE 2 PLUS/SE	2	ST
FREESTYLE LIBRE 2/READER/	2	ST
FREESTYLE LIBRE 2/SENSOR/	2	ST
FREESTYLE LIBRE 3 PLUS/SE	2	ST
FREESTYLE LIBRE 3/READER/	2	ST
FREESTYLE LIBRE 3/SENSOR/	2	ST
GUARDIAN 4 GLUCOSE SENSOR	3	ST
GUARDIAN 4 TRANSMITTER KI	3	ST
GUARDIAN LINK 3 TRANSMITT	3	ST
GUARDIAN SENSOR 3	3	ST
MINIMED INSTINCT GLUCOSE	3	ST
OMNIPOD 5 DEXCOM G7G6 INT	2	
OMNIPOD 5 DEXCOM G7G6 POD	2	
OMNIPOD 5 LIBRE2 PLUS G6	2	
OMNIPOD DASH PODS (GEN 4)	2	
TWIIST REFILL KIT/INFUSIO	2	
TWIIST STARTER KIT	2	
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
Migraine Products		
AIMOVIG	2	INJ QL
AJOVY	2	INJ
almotriptan	1	QL ST
almotriptan malate	1	QL ST
CAMBIA	3	QL
dihydroergotamine mesylat	1	INJ QL
dihydroergotamine mesylat spr	1	QL ST
eletriptan hydrobromide	1	QL ST
ELYXYB	3	
EMGALITY	2	INJ
frovatriptan succinate	1	QL ST
MAXALT-MLT	3	QL
naratriptan hcl	1	QL
NURTEC	2	
QULIPTA	2	
RELPAX	3	QL ST
REYVOW	2	
rizatriptan benzoate	1	QL
rizatriptan benzoate odt	1	QL
sumatriptan	1	QL

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Drug Name	Drug Tier	Limits
sumatriptan succinate	1	QL
sumatriptan succinate	1	INJ QL
sumatriptan/naproxen sodi	1	QL
SYMBRAVO	3	
TOSYMRA	3	QL
TRUDHESA	3	SP ST
UBRELVY	2	
VYEPTI	3	INJ
ZAVZPRET	3	
zolmitriptan tab	1	QL ST
ZOLMITRIPTAN SPR 2.5MG	3	QL ST
zolmitriptan spr 5mg	1	QL ST
zolmitriptan odt	1	QL ST
MINERALS AND ELECTROLYTES		
EFFER-K TAB 25MEQ EF	2	
EFFER-K TAB 20MEQ	3	
fluoride	1	
klor-con	1	
KLOR-CON 10	3	
KLOR-CON 8	2	
klor-con m10	1	
klor-con m20	1	
K-PHOS	3	
K-PHOS NEUTRAL	3	
LACTATED RINGERS	3	INJ
MAGNESIUM SULFATE	2	INJ
PHOSPHA 250 NEUTRAL	3	
phosphorous	1	
PHOSPHO-TRIN 250 NEUTRAL	3	
PHOSPHO-TRIN K500	3	
potassium chloride	1	INJ
potassium chloride	1	
potassium chloride er	1	
sodium bicarbonate	1	INJ
sodium chloride	1	INJ
sodium chloride 0.45%	1	INJ
sodium fluoride	1	
Miscellaneous Therapeutic Classes		
azathioprine	1	
BENLYSTA	3	INJ SP
CELLCEPT	3	SP
cyclosporine	1	
cyclosporine modified	1	
ENVARSUS XR	3	SP
gengraf	1	
lenalidomide	1	SP
LOKELMA	2	
LUMINOPIA	3	
LUPKYNIS	3	SP
mycophenolate mofetil	1	SP
mycophenolic acid dr	1	SP
MYFORTIC	3	SP
NEORAL	3	
PROGRAF	3	SP
REVLIMID	2	SP
REZUROCK	2	SP
RHAPSIDO	2	SP
SAPHNELO	3	INJ SP
SAPHNELO PEN	2	INJ SP
sirolimus	1	SP
sodium polystyrene sulfon	1	
sps	1	
sterile water for irrigat	1	
tacrolimus	1	SP
trientine hydrochloride	1	SP
VELTASSA	3	
XIAFLEX	2	INJ SP
ZORTRESS	3	SP
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hydrochloride	1	
chlorhexidine gluconate	1	
CLINPRO 5000	3	
clotrimazole	1	
DEBACTEROL	3	
DENTA 5000 PLUS	3	
DENTA 5000 PLUS SENSITIVE	3	
DENTAGEL	3	
lidocaine hydrochloride v	1	
lidocaine viscous	1	
nystatin	1	
NYSTATIN	3	
periogard	1	
pilocarpine hydrochloride	1	
PREVIDENT 5000 BOOSTER PL	3	

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Drug Name	Drug Tier	Limits
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PRO	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT FLUORIDE	3	
PREVIDENT RINSE	3	
SF	3	
SF 5000 PLUS	3	
sodium fluoride	1	
SODIUM FLUORIDE 5000 PLUS	3	
SODIUM FLUORIDE 5000 PPM	3	
sodium fluoride/potassium	1	
triamcinolone acetonide pst	1	
triamcinolone acetonide d	1	
MULTIVITAMINS		
CITRANATAL 90 DHA	3	
complete natal dha	1	
completenate	1	
DIALYVITE/ZINC	2	
ENBRACE HR	3	
FOLIVANE-OB	2	
M-NATAL PLUS	3	
MULTIVITAMIN/FLUORIDE	3	
MULTI-VITAMIN/FLUORIDE DR	3	
MULTI-VITAMIN/FLUORIDE/IR	3	
NEPHPLEX RX	2	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE/DHA	3	
PNV PRENATAL PLUS MULTIVI	3	
pnv-dha	1	
PNV-OMEGA	2	
pnv-select	1	
POLY-VI-FLOR	3	
PRENATAL	2	
prenatal 19	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE MINI	3	
SELECT-OB+DHA	3	
se-natal 19	1	
TARON-C DHA	2	

Drug Name	Drug Tier	Limits
THRIVITE RX	3	
trinatal rx 1	1	
TRIPHROCAPS	3	
TRI-VITE/FLUORIDE	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
WESCAP-PN DHA	2	
WESCAPS	3	
WESNATE DHA	2	
WESTAB PLUS	3	
WESTGEL DHA	3	
MUSCULOSKELETAL THERAPY AGENTS		
baclofen	1	
carisoprodol	1	
chlorzoxazone	1	
cyclobenzaprine hydrochlo	1	
dantrolene sodium	1	
DUROLANE	3	INJ SP
EUFLEXXA	2	INJ SP
GEL-ONE	3	INJ SP
HYALGAN	3	INJ SP
metaxalone	1	
methocarbamol	1	
orphenadrine citrate er	1	
orphenadrine/aspirin/caff	1	
SUPARTZ FX	3	INJ SP
SYNVISC	2	INJ SP
SYNVISC ONE	2	INJ SP
tizanidine hydrochloride	1	
VISCO-3	3	INJ SP
NASAL AGENTS - SYSTEMIC AND TOPICAL		
azelastine hydrochloride	1	
azelastine hydrochloride/	1	
DYMISTA	3	
flunisolide	1	
fluticasone propionate spr	1	
ipratropium bromide	1	
mometasone furoate	1	

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Drug Name	Drug Tier	Limits
olopatadine hcl	1	
OMNARIS	3	
QNASL	2	
RYALTRIS	3	
XHANCE	2	ST
NEUROMUSCULAR AGENTS		
BOTOX	2	INJ SP
DYSPORT	3	INJ SP
EVRYSDI	3	SP
RADICAVA ORS	3	SP
riluzole	1	SP
XEOMIN	3	INJ SP
OPHTHALMIC AGENTS		
ACUVAIL	3	
ALPHAGAN P	2	
ALREX	3	ST
apraclonidine	1	
atropine sulfate	1	
AZASITE	3	
azelastine hcl	1	
bacitracin/polymyxin b	1	
bepotastine besilate	1	ST
BEPREVE	3	ST
BESIVANCE	2	
betaxolol hcl	1	
bimatoprost	1	
brimonidine tartrate	1	
brimonidine tartrate/timo	1	
brinzolamide	1	
bromfenac	1	
bromfenac sodium	1	
BSS	3	INJ
carteolol hcl	1	
CEQUA	3	ST
CILOXAN	2	
ciprofloxacin hydrochlori	1	
COMBIGAN	3	
COSOPT PF	3	
cromolyn sodium	1	
CYCLOGYL	3	
cyclopentolate hydrochlor	1	
cyclosporine	1	

Drug Name	Drug Tier	Limits
CYSTARAN	2	SP
dexamethasone sodium phos	1	
diclofenac sodium	1	
difluprednate	1	
dorzolamide hcl/timolol m	1	
dorzolamide hydrochloride	1	
DUREZOL	3	
epinastine hcl	1	
erythromycin	1	
EYLEA	2	SP
EYLEA HD	3	SP
EYSUVIS	3	
FLAREX	3	ST
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	3	ST
gatifloxacin	1	
gentamicin sulfate	1	
ILEVRO	2	
INVELTYS	3	ST
IYUZEH	3	ST
ketorolac tromethamine	1	
KLARITY-C DROPS	3	
latanoprost	1	
levobunolol hcl	1	
LEVOFLOXACIN	1	
LOTEMAX SUS	3	
LOTEMAX OIN	2	
LOTEMAX SM	2	
loteprednol etabonate	1	ST
LUMIGAN	2	
MAXIDEX	3	ST
MIEBO	2	
moxifloxacin hydrochlorid	1	
neomycin/bacitracin/polym	1	
neomycin/polymyxin/bacitr	1	
neomycin/polymyxin/dexame	1	
neomycin/polymyxin/gramic	1	
neomycin/polymyxin/hydroc	1	
NEVANAC	3	
ofloxacin	1	
olopatadine hydrochloride	1	

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Drug Name	Drug Tier	Limits
OXERVATE	3	SP
phenylephrine hydrochlori	1	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl	1	
pilocarpine hydrochloride	1	
polymyxin b sulfate/trime	1	
PRED FORTE	3	
PRED MILD	3	ST
prednisolone acetate	1	
prednisolone sodium phosp	1	
PROLENSA	3	
proparacaine hcl	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
RHOPRESSA	3	ST
ROCKLATAN	3	ST
SIMBRINZA	2	
sulfacetamide sodium	1	
sulfacetamide sodium/pred	1	
tafluprost	1	
timolol hemihydrate	1	
timolol maleate	1	
timolol maleate ophthalmi	1	
TIMOPTIC OCUDOSE	3	ST
TOBRADEX	2	
TOBRADEX ST	3	
tobramycin sulfate	1	
tobramycin/dexamethasone	1	
TOBREX	2	
travoprost	1	
trifluridine	1	
TRYPTYR	2	
TYRVAYA	2	
VABYSMO	3	SP
VEVYE	3	
VIGAMOX	3	
VIZZ	3	
VUITY	3	
VYZULTA	3	ST
XDEMVY	2	SP
XIIDRA	2	
ZERVIATE	3	
ZIOPTAN	3	
ZIRGAN	3	
ZYLET	3	
OTIC AGENTS		
acetic acid	1	
CIPRO HC	3	
ciprofloxacin	1	
ciprofloxacin hydrochlori	1	
ciprofloxacin/dexamethaso	1	
CORTISPORIN-TC	3	
fluocinolone acetonide	1	
fluocinolone acetonide ea	1	
hydrocortisone/acetic aci	1	
neomycin/polymyxin/hc	1	
neomycin/polymyxin/hydroc	1	
ofloxacin	1	
Oxytocics		
methylergonovine maleate	1	
PITOCIN	3	INJ
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
GAMMAGARD LIQUID	2	INJ SP
GAMMAGARD S/D IGA LESS TH	2	INJ SP
GAMUNEX-C	2	INJ SP
HIZENTRA	3	INJ SP
HYPERRHO	2	INJ SP
RHOGAM ULTRA-FILTERED PLU	3	INJ SP
RHOPHYLAC	3	INJ SP
XEMBIFY	3	INJ SP
PENICILLINS		
amoxicillin	1	
amoxicillin/clavulanate p	1	
ampicillin	1	
AUGMENTIN	2	
BICILLIN L-A	3	INJ
dicloxacillin sodium	1	
penicillin v potassium	1	
Progestins		
gallifrey	1	
medroxypr ac tab	1	
norethindrone acetate	1	
progesterone cap	1	
progesterone	1	INJ

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Drug Name	Drug Tier	Limits
PROMETRIUM	3	
Psychotherapeutic and Neurological Agents - Misc.		
acamprosate calcium dr	1	
ADDYI	3	SP
AMPYRA	3	SP
AUBAGIO	2	SP
AUSTEDO	3	SP
AUSTEDO XR	3	SP
AVONEX	2	INJ SP
AVONEX PEN	2	INJ SP
BAFIERTAM	3	SP
BETASERON	2	INJ SP
BRIUMVI	3	INJ SP
chlordiazepoxide/amitript	1	
COPAXONE	2	INJ SP
dalfampridine er	1	SP
dimethyl fumarate	1	SP
dimethyl fumarate starter	1	SP
disulfiram	1	
donepezil hcl	1	
donepezil hydrochloride	1	
fingolimod hydrochloride	1	SP
gabapentin once-daily	1	
galantamine hydrobromide	1	
GILENYA	3	SP
glatiramer acetate	1	INJ SP
glatopa	1	INJ SP
GRALISE	3	
HORIZANT	3	
INGREZZA	2	SP
KESIMPTA	2	INJ SP
lofexidine hydrochloride	1	SP
LUCEMYRA	3	SP
LUMRYZ	3	SP
LYBALVI	3	
MAVENCLAD	2	SP
MAYZENT STARTER PACK	2	SP
memantine hydrochloride	1	
memantine hydrochloride e	1	ST
memantine/donepezil hydro	1	ST
NAMZARIC	3	ST
NICOTROL NS	2	

Drug Name	Drug Tier	Limits
NUEDEXTA	3	
OCREVUS	3	INJ SP
OCREVUS ZUNOVO	3	INJ SP
olanzapine/fluoxetine	1	
paroxetine	1	
perphenazine/amitriptylin	1	
pimozide	1	
PLEGRIDY	2	INJ SP
PLEGRIDY STARTER PACK	2	INJ SP
PONVORY	3	SP
pregabalin er	1	ST
REBIF	2	INJ SP
REBIF REBIDOSE	2	INJ SP
rivastigmine tartrate	1	
rivastigmine transdermal	1	
SAVELLA	3	ST
SAVELLA TITRATION PACK	3	ST
SODIUM OXYBATE	2	SP
TECFIDERA	3	SP
teriflunomide	1	SP
TYSABRI	3	INJ SP
varenicline starting mont	1	QL
varenicline tartrate	1	QL
VUMERITY	2	SP
XYREM	3	SP
XYWAV	3	SP
ZEPOSIA	3	SP
ZEPOSIA 7-DAY STARTER PAC	3	SP
Respiratory Agents - Misc.		
ALYFTREK	2	SP
BRINSUPRI	2	SP
JASCAYD	2	SP
KALYDECO	2	SP
OFEV	3	SP
PROLASTIN-C	3	INJ SP
PULMOZYME	2	SP
TRIKAFTA	2	SP
ZEMAIRA	3	INJ SP
Tetracyclines		
DORYX MPC	3	ST
doxycycline	1	
doxycycline hyclate	1	ST

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Drug Name	Drug Tier	Limits
doxycycl hyc tab 50mg dr	1	ST
DOXYCYCL HYC TAB 80MG DR	3	ST
doxycycline monohydrate	1	
minocycline hcl	1	
minocycline hydrochloride	1	
SEYSARA	3	
tetracycline hydrochlorid	1	
THYROID AGENTS		
ARMOUR THYROID	3	
CYTOMEL	3	ST
LEVOTHYROXINE SODIUM	1	
levoxyl	1	
liothyronine sodium	1	
methimazole	1	
NIVA THYROID	3	
NP THYROID 120	3	
NP THYROID 15	3	
NP THYROID 30	3	
NP THYROID 60	3	
NP THYROID 90	3	
propylthiouracil	1	
SYNTHROID	3	
THYROID	1	
TIROSINT	3	
TIROSINT-SOL	3	
unithroid	1	
Toxoids		
ADACEL	2	INJ
BOOSTRIX	2	INJ
DAPTACEL	2	INJ
INFANRIX	2	INJ
PENTACEL	2	INJ
TENIVAC	3	INJ
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ACIPHEX	3	QL
bismuth subcitrate pot/me	1	
chlordiazepoxide hydrochl	1	
cimetidine	1	
cimetidine hydrochloride	1	
DEXILANT	3	QL ST
dexlansoprazole	1	QL ST
dicyclomine hydrochloride	1	

Drug Name	Drug Tier	Limits
DONNATAL	3	
esomeprazole magnesium	1	QL
famotidine	1	
famotidine	1	INJ
FIRST-LANSOPRAZOLE	3	QL
glycopyrrolate	1	
hyoscyamine sulfate	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate odt	1	
hyoscyamine sulfate sl	1	
HYOSYNE	3	
KONVOMEP	3	
lansoprazole	1	QL
lansoprazole/amoxicillin/	1	
LEVSIN	3	
LEVSIN/SL	3	
methscopolamine bromide	1	
misoprostol	1	
NEXIUM GRA 5MG DR	2	QL
NEXIUM GRA 10MG DR	3	QL
nizatidine	1	
omeprazole	1	QL
omeprazole dr	1	QL
omeprazole/sodium bicarbo	1	ST
OSCIMIN	3	
pantoprazole sodium	1	QL
phenobarbital/hyoscyamine	1	
PHENOHYTRO	3	
PREVACID	3	QL
PREVACID SOLUTAB	3	QL ST
PRILOSEC	3	
PROTONIX	3	QL
PYLERA	3	
rabeprazole sodium	1	QL
sucralfate	1	
TALICIA	3	
VOQUEZNA	3	
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
Urinary Antispasmodics		
bethanechol chloride	1	
darifenacin hydrobromide	1	QL

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Drug Name	Drug Tier	Limits
fesoterodine fumarate er	1	QL
flavoxate hcl	1	
GEMTESA	3	ST
mirabegron er	1	
MYRBETRIQ TAB	1	
MYRBETRIQ SOL	2	
OXYBUTYNIN CHLORIDE	1	
oxybutynin chloride er	1	QL
solifenacin succinate	1	QL
tolterodine tartrate	1	QL
tolterodine tartrate er	1	QL
trospium chloride	1	QL
trospium chloride er	1	QL
VACCINES		
ABRYSVO	3	INJ
AFLURIA 2025-2026	2	INJ
AREXVY	3	INJ
BEXSERO	2	INJ
CAPVAXIVE	2	INJ
COMIRNATY 2025-26	3	INJ
COMIRNATY/5-11Y/2025-26	3	INJ
ENGERIX-B	2	INJ
FLUAD 2025-2026	2	INJ
FLUARIX 2025-2026	2	INJ
FLUBLOK 2025-2026	2	INJ
FLUCELVAX 2025-2026	3	INJ
FLULAVAL 2025-2026	2	INJ
FLUMIST NASAL VACCINE 202	3	
FLUZONE 2025-2026	2	INJ
FLUZONE HIGH-DOSE 2025-20	2	INJ
GARDASIL 9	2	INJ
HAVRIX	2	INJ
HEPLISAV-B	3	INJ
IMOVAX RABIES (H.D.C.V.)	2	INJ
IPOL INACTIVATED IPV	2	INJ
IXIARO	2	INJ
JYNNEOS	3	INJ
MENQUADFI	2	INJ
MENVEO	2	INJ
M-M-R II	2	INJ
MNEXSPIKE COVID-19 VACCIN	3	INJ
MRESVIA	3	INJ
NUVAXOVID COVID-19 VACCIN	3	INJ
PNEUMOVAX 23	2	INJ
PREVNAR 20	2	INJ
PRIORIX	2	INJ
RABAVERT	2	INJ
RECOMBIVAX HB	2	INJ
ROTATEQ	2	
SHINGRIX	2	INJ
SPIKEVAX COVID-19 VACCINE	3	INJ
TICOVAC	2	INJ
TRUMENBA	2	INJ
TWINRIX	2	INJ
TYPHIM VI	2	INJ
VAQTA	3	INJ
VARIVAX	2	INJ
VAXCHORA	2	
VAXNEUVANCE	2	INJ
VIMKUNYA	3	INJ
VIVOTIF	2	
YF-VAX	2	INJ
VAGINAL AND RELATED PRODUCTS		
CLEOCIN	3	
clindamycin phosphate	1	
CLINDESSE	3	ST
CRINONE	2	
ENDOMETRIN	2	
estradiol	1	
ESTRING	3	ST
FEMRING	3	ST
GYNAZOLE-1	2	
IMVEXXY MAINTENANCE PACK	3	ST
IMVEXXY STARTER PACK	3	ST
INTRAROSA	3	
metronidazole vaginal	1	
MICONAZOLE 3	3	
NUVESSA	3	
PHEXX	3	
PREMARIN VAG CRE	2	
progesterone sup	1	
terconazole	1	
TRIMO-SAN	3	
VAGIFEM	3	

Bold Upper Case = Brand-name drug
Lower Case = generic drug

QL Quantity Limits
INJ Injectable

SP Specialty Program
ST Step Therapy

Drug Name	Drug Tier	Limits
VANDAZOLE	3	
XACIATO	3	
yuvafem	1	
Vasopressors		
ADRENALIN	2	INJ
AUVI-Q	2	INJ
droxidopa	1	SP
epinephrine	1	INJ
EPINEPHRINE	3	INJ

Drug Name	Drug Tier	Limits
EPIPEN 2-PAK	3	INJ
midodrine hydrochloride	1	
NEFFY	2	
VITAMINS		
ergocalciferol	1	
phytonadione	1	
vitamin d	1	

Bold Upper Case = Brand-name drug
Lower Case = generic drug

QL Quantity Limits
INJ Injectable

SP Specialty Program
ST Step Therapy

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abigale 23
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ABILIFY ASIMTUFII 14
ABILIFY MAINTENA 14
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acamprosate calcium dr 31
acarbose 8
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acebutolol hydrochloride 15
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acetazolamide 22
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acetic acid 30
acetic acid 0.25% 24
acetylcysteine 19
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acitretin 19
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ACTEMRA ACTPEN 3
ACTHAR 22
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ACUVAIL 29
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acyclovir cre 19
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ADALIMUMAB-ADBM 3
ADALIMUMAB-FKJP 3
ADALIMUMAB-RYVK 3
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