

oscar

2021 Formulary

(List of Covered Drugs)



What is the Oscar Formulary?

A formulary is a list of covered drugs selected by Oscar in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Oscar will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Oscar network pharmacy, and other plan rules are followed. This Formulary was updated as of 10/15/2020.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., BYSTOLIC) and generic drugs are listed in lower-case italics (e.g., carvedilol). There are two ways to find your drug within the formulary:

01 Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antiarrhythmics. If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.

02 Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Oscar covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Oscar requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Oscar before you fill your prescriptions. If you don't get approval, Oscar may not cover the drug.
- **Quantity Limits:** For certain drugs, Oscar limits the amount of the drug being filled. For example Oscar may limit a drug to only 48 pills in a 1-month timeframe. These amounts will be listed in the formulary below if they are applicable to your medication.
- **Step Therapy:** In some cases, Oscar requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Oscar may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Oscar will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1.

What if my drug is not on the Formulary?

If your drug is not included in this formulary, you should first contact Concierge and ask if your drug is covered.

If you learn that Oscar does not cover your drug, you can ask Concierge for similar drugs that are covered by Oscar. Discuss these alternatives with your doctor and ask him or her to prescribe one of the alternatives that are covered by Oscar.

How do I request an exception to the Oscar Formulary?

Your Doctor can ask Oscar to make an exception to our coverage rules.

Generally, Oscar will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Can the Formulary change?

Most changes in drug coverage happen on January 1, but during the year Oscar may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. You can contact Concierge to find out if your drug is still covered, visit hioscar.com and log in to your plan specific account, or use the Oscar app drug search feature.

Changes that can affect you this year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section above entitled "How do I request an exception to the Oscar Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

For more information

For more detailed information about your Oscar prescription drug coverage, please visit www.hioscar.com or call Concierge at 1-855-OSCAR-88. You can also find your plan specific information on our Oscar app available through iTunes or Google Play.

Formulary Terminology

The formulary that begins on page 1 provides coverage information about the drugs covered by Oscar. If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

The information in the Requirements/Limits column tells you if Oscar has any special requirements for coverage of your drug.

Abbreviation	Term	Description
PA	Prior Authorization	Your Physician must get approval from Oscar to cover this medication
QL	Quantity Limits	Some drugs have a limit of how much you can fill at a time
ST	Step Therapy	For some drugs you must first try certain drugs to treat your medical condition before we will cover another drug for that condition
OTC	Over-the-counter	Medications that can be purchased with ¹ or without a prescription from your Physician
PA**	Prior Authorization if Step Therapy is not met	A Prior authorization will be needed if you do not meet the step therapy
^	Insulin Co-Pay Cap	You will pay no more than \$100 per 30 day supply, \$200 per 60 day supply, or \$300 per 90 day supply of Insulin.

¹to be covered at the pharmacy a prescription from your doctor is required

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Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**COX-2 INHIBITORS**

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	
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GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1A	\$0*
<i>allopurinol sodium</i> SOLR 500mg	1B	\$0*
<i>colchicine</i> TABS .6mg	2	QL (120 tablets / 25 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1B	\$0*
<i>febuxostat</i> TABS 40mg, 80mg	3	PA
<i>probenecid</i> TABS 500mg	1B	\$0*

NON-OPIOID ANALGESICS

<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	1B	QL (48 caps / 25 days); \$0*
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	1B	QL (48 caps / 25 days); \$0*
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1B	QL (48 tabs / 25 days); \$0*
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1B	QL (48 caps / 25 days); \$0*
<i>tencon</i>	1B	QL (48 tabs / 25 days); \$0*

NSAIDS

<i>diclofenac potassium</i> TABS 50mg	1B	\$0*
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1B	\$0*
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1B	\$0*
<i>flurbiprofen</i> TABS 50mg, 100mg	1B	\$0*
<i>ibuprofen</i> SUSP 100mg/5ml	1B	\$0*
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1A	\$0*
<i>ketorolac tromethamine</i> SOLN 15mg/ml, 30mg/ml	1B	\$0*
<i>ketorolac tromethamine</i> TABS 10mg	1B	QL (20 tabs / 25 days); \$0*
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1B	\$0*
<i>mefenamic acid</i> CAPS 250mg	1B	\$0*
<i>meloxicam</i> TABS 7.5mg, 15mg	1A	\$0*
<i>nabumetone</i> TABS 500mg, 750mg	1B	\$0*
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1A	\$0*
<i>oxaprozin</i> TABS 600mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam CAPS 10mg, 20mg</i>	1B	\$0*
<i>sulindac TABS 150mg, 200mg</i>	1B	\$0*
<i>tolmetin sodium CAPS 400mg; TABS 200mg, 600mg</i>	1B	\$0*
NSAIDS, COMBINATIONS		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1B	\$0*
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1B	\$0*
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1B	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1B	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1B	QL (90 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1B	QL (60 units / 25 days); \$0*
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (90 tabs / 25 days); \$0 copay
<i>ZUBSOLV SUB 0.7-0.18</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 1.4-0.36</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 2.9-0.71</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 5.7-1.4</i>	2	QL (90 units / 25 days)
<i>ZUBSOLV SUB 8.6-2.1</i>	2	QL (60 units / 25 days)
<i>ZUBSOLV SUB 11.4-2.9</i>	2	QL (30 units / 25 days)
OPIOID ANALGESICS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1B	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1B	ST, QL (400 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1B	QL (48 caps / 25 days); \$0*
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	1B	\$0*
<i>butorphanol tartrate SOLN 10mg/ml</i>	1B	QL (2 bottles / 25 days); \$0*
<i>codeine sulfate TABS 30mg</i>	1B	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
CODEINE SULFATE TABS 60mg	2	ST, QL (42 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
EMBEDA CAP 20-0.8MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 30-1.2MG	2	ST, QL (60 caps / 25 days)
EMBEDA CAP 50-2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 60-2.4MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 80-3.2MG	2	ST, QL (30 caps / 25 days)
EMBEDA CAP 100-4MG	2	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>endocet</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>endocet</i>	1B	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>endocet</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr	1B	ST, QL (10 patches / 25 days); \$0*
<i>fentanyl</i> PT72 50mcg/hr, 75mcg/hr, 100mcg/hr	1B	ST, PA; High Strength Requires PA; \$0*
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1B	PA, QL (120 lozenges / 25 days); \$0*
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1B	ST, QL (2700 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1B	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1B	ST, QL (50 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1B	\$0*
HYDROMORPHONE HCL SUPP 3mg	3	ST, QL (120 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl TABS 2mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TABS 4mg</i>	1B	ST, QL (150 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TABS 8mg</i>	1B	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>hydromorphone hcl TB24 8mg, 12mg, 16mg</i>	1B	ST, QL (30 tabs / 25 days); \$0*
<i>hydromorphone hcl TB24 32mg</i>	1B	ST, PA; High Strength Requires PA; \$0*
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg	3	ST, QL (30 tabs / 25 days)
HYSINGLA ER T24A 100mg, 120mg	3	ST, PA; High Strength Requires PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> CONC 10mg/ml	1B	QL (30 ml / 25 days); (indicated for opioid addiction); \$0*
<i>methadone hcl</i> SOLN 5mg/5ml	1B	ST, QL (450 ml / 25 days); \$0*
<i>methadone hcl</i> SOLN 10mg/5ml	1B	ST, QL (300 mL / 25 days); \$0*
<i>methadone hcl</i> SOLN 10mg/ml	1B	ST, QL (20 ml / 25 days); \$0*
<i>methadone hcl</i> TABS 5mg	1B	ST, QL (90 tabs / 25 days); \$0*
<i>methadone hcl</i> TABS 10mg	1B	ST, QL (60 tabs / 25 days); \$0*
<i>methadone hcl</i> TBSO 40mg	1B	QL (9 tabs / 25 days); \$0*
<i>methadone hcl intensol</i> CONC 10mg/ml	1B	ST, QL (60 mL / 25 days); (generic of Methadone Intensol, indicated for pain); \$0*
<i>methadose</i> TBSO 40mg	1B	QL (9 tabs / 25 days); \$0*
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg	1B	ST, QL (60 caps / 25 days); \$0*
<i>morphine sulfate</i> CP24 50mg, 60mg, 80mg	1B	ST, QL (30 caps / 25 days); \$0*
<i>morphine sulfate</i> CP24 100mg; TBCR 60mg, 100mg, 200mg	1B	ST, PA; High Strength Requires PA; \$0*
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 150mg/30ml	3	
<i>morphine sulfate</i> SOLN 10mg/5ml	1B	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SOLN 20mg/5ml	1B	ST, QL (675 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SOLN 100mg/5ml	1B	ST, QL (135 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1B	\$0*
<i>morphine sulfate</i> SUPP 5mg, 10mg	1B	ST, QL (180 suppositories / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SUPP 20mg	1B	ST, QL (120 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> SUPP 30mg	1B	ST, QL (90 supp / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TABS 15mg	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TABS 30mg	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>morphine sulfate</i> TBCR 15mg, 30mg	1B	ST, QL (90 tabs / 25 days); \$0*
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg	1B	ST, QL (30 caps / 25 days); \$0*
<i>morphine sulfate beads</i> CP24 120mg	1B	ST, PA; High Strength Requires PA; \$0*
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1B	\$0*
<i>oxycodone hcl</i> CAPS 5mg	1B	ST, QL (180 caps / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> CONC 100mg/5ml	1B	ST, QL (90 mL / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> SOLN 5mg/5ml	1B	ST, QL (900 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> T12A 10mg, 15mg, 20mg, 30mg	1B	ST, QL (60 tabs / 25 days); \$0*
<i>oxycodone hcl</i> T12A 40mg, 80mg	1B	ST, PA; High Strength Requires PA; \$0*
<i>oxycodone hcl</i> T12A 60mg	1B	ST; High Strength Requires PA; \$0*
<i>oxycodone hcl</i> TABS 5mg, 10mg	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 15mg	1B	ST, QL (120 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 20mg	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone hcl</i> TABS 30mg	1B	ST, QL (60 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1B	ST, QL (1800 ml / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1B	ST, QL (240 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1B	ST, QL (360 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1B	ST, QL (28 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl</i> TABS 5mg	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxymorphone hcl</i> TABS 10mg	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg	1B	ST, QL (60 tabs / 25 days); \$0*
<i>oxymorphone hcl</i> TB12 20mg, 30mg, 40mg	1B	ST, PA; High Strength Requires PA; \$0*
<i>tramadol hcl</i> TABS 50mg	1B	ST, QL (180 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>tramadol hcl</i> TABS 100mg	1B	ST, QL (90 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
<i>tramadol hcl</i> TB24 100mg	1B	ST, QL (30 tabs / 25 days); \$0*
<i>tramadol hcl</i> TB24 200mg, 300mg	1B	ST, PA; High Strength Requires PA; \$0*
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1B	ST, QL (40 tabs / 25 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages; \$0*
OPIOID PARTIAL AGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	2	ST, QL (60 films / 25 days)
BELBUCA FILM 600mcg, 750mcg, 900mcg	2	ST, PA; High Strength Requires Prior Auth
<i>buprenorphine hcl</i> SOLN .3mg/ml	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	0	QL (90 tabs / 25 days); \$0 copay; Must obtain approval after the first 30 day supply
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	

SALICYLATES

<i>aspirin enteric coated ad</i> TBEC 81mg	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal</i> TABS 500mg	1B	\$0*
<i>goodsense aspirin</i> CHEW 81mg	0	QL (100 tabs / 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>indomethacin</i> CAPS 25mg, 50mg	1B	\$0*
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ANESTHETICS

LOCAL ANESTHETICS

LIDO/DEXTROS INJ 5-7.5%	3	
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	1B	\$0*

ANTI-INFECTIVES

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1B	\$0*
<i>chloramphenicol sodium succinate</i> SOLR 1gm	1B	\$0*
<i>gentamicin in saline inj 0.8 mg/ml</i>	1B	\$0*
<i>gentamicin in saline inj 1 mg/ml</i>	1B	\$0*
<i>gentamicin in saline inj 1.2 mg/ml</i>	1B	\$0*
<i>gentamicin in saline inj 1.6 mg/ml</i>	1B	\$0*
<i>gentamicin in saline inj 2 mg/ml</i>	1B	\$0*
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1B	\$0*
MONUROL PACK 5.631gm	3	
<i>neomycin sulfate</i> TABS 500mg	1B	\$0*
<i>paromomycin sulfate</i> CAPS 250mg	1B	\$0*
<i>streptomycin sulfate</i> SOLR 1gm	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
SULFADIAZINE TABS 500mg	3	
<i>tinidazole</i> TABS 250mg, 500mg	1B	\$0*
<i>tobramycin</i> NEBU 300mg/5ml	4	PA, QL (280 mL / 28 days)
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; SOLR 1.2gm	1B	\$0*

ANTI-INFECTIVES - MISCELLANEOUS

ALINIA SUSR 100mg/5ml	3	QL (540mL / 25 days)
ALINIA TABS 500mg	3	QL (20 tabs / 25 days)
<i>atovaquone</i> SUSP 750mg/5ml	1B	\$0*
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1B	\$0*
CAYSTON SOLR 75mg	4	PA, QL (84 vials / 28 days)
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1B	\$0*
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1B	\$0*
<i>clindamycin phosphate</i> SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1B	\$0*
<i>dapsone</i> TABS 25mg, 100mg	1B	\$0*
<i>daptomycin</i> SOLR 500mg	1B	\$0*
DARAPRIM TABS 25mg	3	PA
<i>doripenem</i> SOLR 250mg, 500mg	1B	\$0*
EMVERM CHEW 100mg	3	PA, QL (12 tabs / 365 days)
<i>ertapenem sodium</i> SOLR 1gm	1B	\$0*
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1B	\$0*
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1B	\$0*
INVANZ SOLR 1gm	3	
<i>ivermectin</i> TABS 3mg	1B	\$0*
<i>linezolid</i> SOLN 600mg/300ml; SUSR 100mg/5ml; TABS 600mg	1B	\$0*
<i>linezolid in sodium chloride iv soln</i> 600 mg/300ml-0.9%	1B	\$0*
<i>meropenem</i> SOLR 1gm, 500mg	1B	\$0*
<i>methenamine hippurate</i> TABS 1gm	1B	\$0*
<i>metronidazole</i> TABS 250mg, 500mg	1B	\$0*
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin</i> SUSP 25mg/5ml	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nitrofurantoin macrocrystal</i> CAPS 25mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>pentamidine isethionate</i> SOLR 300mg	1B	\$0*
<i>polymyxin b sulfate</i> SOLR 500000unit	1B	\$0*
<i>praziquantel</i> TABS 600mg	1B	QL (24 tabs / 365 days); \$0*
PRIMSOL SOLN 50mg/5ml	2	
SIVEXTRO SOLR 200mg; TABS 200mg	3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1B	\$0*
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1B	\$0*
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1A	\$0*
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1A	\$0*
<i>trimethoprim</i> TABS 100mg	1B	\$0*
<i>vancomycin hcl</i> CAPS 125mg, 250mg	1B	QL (80 caps / 10 days); \$0*
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1B	\$0*
XIFAXAN TABS 200mg	3	QL (9 tabs / 25 days)
XIFAXAN TABS 550mg	3	PA

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	1B	\$0*
<i>bio-statin</i>	1B	\$0*
BIO-STATIN CAPS 500000unit, 1000000unit	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml	1B	\$0*
<i>fluconazole</i> TABS 50mg, 100mg, 150mg, 200mg	1A	\$0*
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1B	\$0*
FLUCONAZOLE/ INJ NACL 100	3	
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1B	\$0*
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1B	\$0*
<i>itraconazole CAPS 100mg; SOLN 10mg/ml</i>	3	PA
<i>nystatin TABS 500000unit</i>	1B	\$0*
<i>terbinafine hcl TABS 250mg</i>	1B	QL (180 tabs / 365 days); \$0*
<i>voriconazole SUSR 40mg/ml; TABS 50mg, 200mg</i>	3	PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1B	\$0*
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1B	\$0*
<i>chloroquine phosphate TABS 250mg, 500mg</i>	1B	\$0*
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl TABS 250mg</i>	1B	\$0*
<i>primaquine phosphate TABS 26.3mg</i>	1B	\$0*
<i>quinine sulfate CAPS 324mg</i>	1B	\$0*

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate SOLN 20mg/ml</i>	1B	QL (900 mL / 30 days); \$0*
<i>abacavir sulfate TABS 300mg</i>	1B	QL (60 tabs / 30 days); \$0*
APTIVUS CAPS 250mg	2	QL (120 caps / 30 days)
APTIVUS SOLN 100mg/ml	2	QL (285 mL / 28 days)
<i>atazanavir sulfate CAPS 150mg, 300mg</i>	1B	QL (30 caps / 30 days); \$0*
<i>atazanavir sulfate CAPS 200mg</i>	1B	QL (60 caps / 30 days); \$0*
CRIXIVAN CAPS 200mg	2	QL (450 caps / 30 days)
CRIXIVAN CAPS 400mg	2	QL (180 caps / 30 days)
<i>didanosine CPDR 200mg, 250mg, 400mg</i>	1B	QL (30 caps / 30 days); \$0*
EDURANT TABS 25mg	2	QL (60 tabs / 30 days)
<i>efavirenz CAPS 50mg, 200mg</i>	1B	QL (90 caps / 30 days); \$0*
<i>efavirenz TABS 600mg</i>	1B	QL (30 tabs / 30 days); \$0*
EMTRIVA CAPS 200mg	2	QL (30 caps / 30 days)
EMTRIVA SOLN 10mg/ml	2	QL (680 ml / 28 days)
<i>fosamprenavir calcium TABS 700mg</i>	1B	QL (120 tabs / 30 days); \$0*

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Drug Name	Drug Tier	Requirements/Limits
FUZEON SOLR 90mg	4	QL (60 vials / 30 days)
INTELENCE TABS 25mg, 100mg	2	QL (120 tabs / 30 days)
INTELENCE TABS 200mg	2	QL (60 tabs / 30 days)
INVIRASE CAPS 200mg	2	QL (300 caps / 30 days)
INVIRASE TABS 500mg	2	QL (120 tabs / 30 days)
ISENTRESS CHEW 25mg, 100mg	2	QL (180 tabs / 30 days)
ISENTRESS PACK 100mg	2	QL (60 packets / 30 days)
ISENTRESS TABS 400mg	2	QL (120 tabs / 30 days)
ISENTRESS HD TABS 600mg	2	QL (60 tabs / 30 days)
<i>lamivudine</i> SOLN 10mg/ml	1B	QL (900 ml / 30 days); \$0*
<i>lamivudine</i> TABS 150mg	1B	QL (60 tabs / 30 days); \$0*
<i>lamivudine</i> TABS 300mg	1B	QL (30 tabs / 30 days); \$0*
LEXIVA SUSP 50mg/ml	2	QL (1575 mL / 28 days)
<i>nevirapine</i> SUSP 50mg/5ml	1B	QL (1200 mL / 30 days); \$0*
<i>nevirapine</i> TABS 200mg	1B	QL (60 tabs / 30 days); \$0*
<i>nevirapine</i> TB24 100mg	1B	QL (90 tabs / 30 days); \$0*
<i>nevirapine</i> TB24 400mg	1B	QL (30 tabs / 30 days); \$0*
NORVIR PACK 100mg	2	QL (360 packets / 30 days)
NORVIR SOLN 80mg/ml	2	QL (480 mL / 30 days)
PREZISTA SUSP 100mg/ml	2	QL (400 ml / 30 days)
PREZISTA TABS 75mg	2	QL (300 tabs / 30 days)
PREZISTA TABS 150mg	2	QL (180 tabs / 30 days)
PREZISTA TABS 600mg	2	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	2	QL (30 tabs / 30 days)
RESCRIPTOR TABS 100mg	3	QL (900 tabs / 30 days)
RESCRIPTOR TABS 200mg	3	QL (180 tabs / 30 days)
RETROVIR IV INFUSION SOLN 10mg/ml	2	
REYATAZ PACK 50mg	2	QL (180 packets / 30 days)
<i>ritonavir</i> TABS 100mg	1B	QL (360 tabs / 30 days); \$0*
SELZENTRY SOLN 20mg/ml	2	QL (1840 mL / 30 days)
SELZENTRY TABS 25mg	2	QL (240 tabs / 30 days)
SELZENTRY TABS 75mg, 150mg	2	QL (60 tabs / 30 days)
SELZENTRY TABS 300mg	2	QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1B	QL (60 caps / 30 days); \$0*
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1B	QL (30 tabs / 30 days); \$0*
TIVICAY TABS 10mg, 25mg, 50mg	2	QL (60 tabs / 30 days)
TROGARZO SOLN 200mg/1.33ml	4	
TYBOST TABS 150mg	2	QL (30 tabs / 30 days)
VIDEX EC CPDR 125mg	2	QL (30 caps / 30 days)
VIDEX PEDIATRIC SOLR 2gm, 4gm	2	QL (1200 ml / 30 days)
VIRACEPT TABS 250mg	2	QL (300 tabs / 30 days)
VIRACEPT TABS 625mg	2	QL (120 tabs / 30 days)
VIREAD POWD 40mg/gm	2	QL (240 gm / 30 days)
VIREAD TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days)
ZERIT SOLR 1mg/ml	2	QL (2400 ml / 30 days)
<i>zidovudine</i> CAPS 100mg	1B	QL (180 caps / 30 days); \$0*
<i>zidovudine</i> SYRP 50mg/5ml	1B	QL (1800 ml / 30 days); \$0*
<i>zidovudine</i> TABS 300mg	1B	QL (60 tabs / 30 days); \$0*

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1B	QL (30 tabs / 30 days); \$0*
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1B	QL (60 tabs / 30 days); \$0*
BIKTARVY TAB	2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25	2	QL (30 tabs / 30 days)
DOVATO TAB 50-300MG	2	QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs / 30 days); \$0 for pre-exposure prophylaxis only; Tier 3 for all others
EVOTAZ TAB 300-150	2	QL (30 tabs / 30 days)
GENVOYA TAB	2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG	2	QL (240 tabs / 30 days)
KALETRA TAB 200-50MG	2	QL (120 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1B	QL (60 tabs / 30 days); \$0*
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1B	QL (390 mL / 30 days); \$0*
ODEFSEY TAB	2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs / 30 days)
SYMFI LO TAB	2	QL (30 tabs / 30 days)
SYMFI TAB	2	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TEMIKYS TAB 300-300	2	QL (30 tabs / 30 days)
TRIUMEQ TAB	2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150	2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	2	QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	1B	\$0*
<i>ethambutol hcl</i> TABS 100mg, 400mg	1B	\$0*
<i>isoniazid</i> SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg	1B	\$0*
PASER PACK 4gm	3	
PRIFTIN TABS 150mg	2	
<i>pyrazinamide</i> TABS 500mg	1B	\$0*
<i>rifabutin</i> CAPS 150mg	1B	\$0*
RIFAMATE CAP	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1B	\$0*
RIFATER TAB	2	
SIRTURO TABS 100mg	4	PA
TRECTOR TABS 250mg	2	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1A	\$0*
<i>acyclovir</i> SUSP 200mg/5ml	1B	\$0*
<i>acyclovir sodium</i> SOLN 50mg/ml; SOLR 500mg	1B	\$0*
<i>adefovir dipivoxil</i> TABS 10mg	4	PA
BARACLUDE SOLN .05mg/ml	3	
<i>cidofovir</i> SOLN 75mg/ml	1B	\$0*
<i>entecavir</i> TABS .5mg, 1mg	3	PA
EPIVIR HBV SOLN 5mg/ml	2	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1B	\$0*
<i>lamivudine (hbw)</i> TABS 100mg	1B	\$0*
<i>oseltamivir phosphate</i> CAPS 30mg	1B	QL (40 caps / 90 days); \$0*
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1B	QL (20 caps / 90 days); \$0*
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1B	QL (360 mL / 90 days); \$0*
RELENZA DISKHALER AEPB 5mg/blister	2	QL (2 inhalers / 90 days)
<i>ribavirin</i> SOLR 6gm	1B	\$0*
<i>rimantadine hydrochloride</i> TABS 100mg	1B	\$0*
<i>valacyclovir hcl</i> TABS 500mg, 1000mg	1B	\$0*
<i>valganciclovir hcl</i> SOLR 50mg/ml	4	QL (1000 mL / 30 days)

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- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl</i> TABS 450mg	4	QL (102 tabs / 30 days)
VEMLIDY TABS 25mg	4	PA, QL (30 tabs / 30 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1B	\$0*
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1B	\$0*
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 20gm, 500mg	1B	\$0*
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1B	\$0*
<i>cefditoren pivoxil</i> TABS 200mg, 400mg	1B	\$0*
<i>cefepime hcl</i> SOLR 1gm, 2gm	1B	\$0*
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1B	\$0*
<i>cefotaxime sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1B	\$0*
<i>cefotetan disodium</i> SOLR 1gm, 2gm, 10gm	1B	\$0*
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1B	\$0*
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1B	\$0*
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1B	\$0*
<i>ceftazidime</i> SOLR 2gm	1B	\$0*
<i>ceftibuten</i> CAPS 400mg; SUSR 180mg/5ml	1B	\$0*
CEFTIN SUSR 125mg/5ml, 250mg/5ml	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1B	\$0*
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1B	\$0*
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	1B	\$0*
<i>cephalexin</i> CAPS 250mg, 500mg	1A	\$0*
<i>cephalexin</i> CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1B	\$0*
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1B	\$0*

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	1B	\$0*
<i>azithromycin</i> TABS 250mg, 500mg	1A	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin</i> TABS 600mg	2	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1B	\$0*
DIFICID TABS 200mg	2	PA
<i>e.e.s. 400</i> TABS 400mg	1B	\$0*
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1B	\$0*
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1B	\$0*
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg	1B	\$0*
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml; TABS 400mg	1B	\$0*
PCE TBEC 333mg, 500mg	3	
ZMAX SUSR 2gm	3	

FLUOROQUINOLONES

CIPRO SUSR 500mg/5ml	3	
<i>ciprofloxacin</i> SOLN 200mg/20ml, 400mg/40ml	1B	\$0*
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1B	\$0*
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1B	\$0*
<i>ciprofloxacin hcl</i> TABS 100mg	1B	\$0*
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1A	\$0*
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)</i>	1B	\$0*
<i>ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)</i>	1B	\$0*
FACTIVE TABS 320mg	3	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1B	\$0*
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1B	\$0*
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1B	\$0*
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1B	\$0*
<i>moxifloxacin hcl</i> TABS 400mg	1B	\$0*
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1B	\$0*
<i>ofloxacin</i> TABS 300mg, 400mg	1B	\$0*

HEPATITIS C

EPCLUSA TAB 400-100	4	PA, QL (28 tabs / 28 days)
HARVONI PAK	4	PA, QL (28 pellets / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI PAK 45-200MG	4	PA, QL (28 pellets / 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs / 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs / 28 days)
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	4	PA
PEGASYS PROCLICK SOLN 135mcg/0.5ml	4	PA
REBETOL SOLN 40mg/ml	4	PA
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1B	PA; \$0*
SOVALDI PACK 150mg, 200mg	5	ST, PA, QL (28 pellets / 28 days)
SOVALDI TABS 200mg, 400mg	5	ST, PA, QL (28 tabs / 28 days)
TECHNIVIE TAB	5	ST, PA, QL (56 tabs / 28 days)
VOSEVI TAB	4	PA, QL (28 tabs / 28 days)
ZEPATIER TAB 50-100MG	5	ST, PA, QL (28 tabs / 28 days)

PENICILLINS

amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1A	\$0*
amoxicillin CHEW 125mg, 250mg	1B	\$0*
amoxicillin & k clavulanate chew tab 200-28.5 mg	1B	\$0*
amoxicillin & k clavulanate chew tab 400-57 mg	1B	\$0*
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1B	\$0*
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1B	\$0*
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1B	\$0*
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1B	\$0*
amoxicillin & k clavulanate tab 250-125 mg	1A	\$0*
amoxicillin & k clavulanate tab 500-125 mg	1A	\$0*
amoxicillin & k clavulanate tab 875-125 mg	1A	\$0*
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1B	\$0*
ampicillin CAPS 500mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1B	\$0*
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1B	\$0*
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1B	\$0*
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1B	\$0*
<i>AUGMENTIN SUS 125/5ML</i>	2	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1B	\$0*
<i>nafcillin sodium SOLR 1gm, 2gm, 10gm</i>	1B	\$0*
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1B	\$0*
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1B	\$0*
<i>penicillin g sodium SOLR 5000000unit</i>	1B	\$0*
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1B	\$0*
<i>pfizerpen SOLR 20mu</i>	1B	\$0*
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1B	\$0*
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1B	\$0*
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1B	\$0*
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1B	\$0*
TETRACYCLINES		
<i>avidoxy TABS 100mg</i>	1B	\$0*
<i>demeclocycline hcl TABS 150mg, 300mg</i>	1B	\$0*
<i>doxy 100 SOLR 100mg</i>	1B	\$0*
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	1A	\$0*
<i>doxycycline (monohydrate) CAPS 75mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 150mg</i>	1B	\$0*
<i>doxycycline hyclate CAPS 50mg, 100mg</i>	1A	\$0*
<i>doxycycline hyclate SOLR 100mg; TABS 20mg, 100mg; TBEC 75mg, 100mg, 150mg</i>	1B	\$0*
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1A	\$0*
<i>minocycline hcl TABS 50mg, 75mg, 100mg</i>	1B	\$0*
<i>morgidox 1x100mg CAPS 100mg</i>	1A	\$0*
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1B	\$0*
<i>VIBRAMYCIN SYRP 50mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>busulfan</i> SOLN 6mg/ml	1B	\$0*
<i>carmustine</i> SOLR 100mg	1B	\$0*
<i>cyclophosphamide</i> CAPS 25mg, 50mg	1B	\$0*
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	4	
<i>dacarbazine</i> SOLR 100mg, 200mg	1B	\$0*
EMCYT CAPS 140mg	4	
GLEOSTINE CAPS 5mg, 10mg, 40mg, 100mg	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50mg	2	
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml; SOLR 1gm	1B	\$0*
LEUKERAN TABS 2mg	2	
<i>melphalan</i> TABS 2mg	1B	\$0*
<i>melphalan hcl</i> SOLR 50mg	1B	\$0*
TEMODAR SOLR 100mg	4	PA
<i>temozolomide</i> CAPS 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA
ANTHRACYCLINES		
<i>daunorubicin hcl</i> SOLN 20mg/4ml	1B	\$0*
<i>doxorubicin hcl</i> SOLN 2mg/ml; SOLR 10mg, 50mg	1B	\$0*
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1B	\$0*
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	1B	\$0*
<i>idarubicin hcl</i> SOLN 5mg/5ml, 10mg/10ml, 20mg/20ml	1B	\$0*
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1B	\$0*
<i>mitomycin</i> SOLR 5mg, 20mg, 40mg	1B	\$0*
ANTIMETABOLITES		
<i>adrucil</i> SOLN 500mg/10ml	1B	\$0*
ALIMTA SOLR 100mg, 500mg	4	
ARRANON SOLN 5mg/ml	2	
<i>azacitidine</i> SUSR 100mg	4	PA
<i>capecitabine</i> TABS 150mg	4	PA, QL (120 tabs / 30 days)
<i>capecitabine</i> TABS 500mg	4	PA, QL (300 tabs / 30 days)
<i>cladribine</i> SOLN 10mg/10ml	1B	\$0*
<i>clofarabine</i> SOLN 1mg/ml	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1B	\$0*
<i>decitabine</i> SOLR 50mg	4	PA
<i>floxuridine</i> SOLR .5gm	1B	\$0*
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1B	\$0*
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1B	\$0*
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
<i>mercaptopurine</i> TABS 50mg	1B	\$0*
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1B	\$0*
NIPENT SOLR 10mg	2	
TABLOID TABS 40mg	2	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	2	
DOCETAXEL CONC 20mg/0.5ml, 80mg/2ml	2	
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1B	\$0*
DOCETAXEL (NON-ALCOHOL FO SOLN 20mg/ml, 80mg/4ml, 160mg/8ml	2	
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1B	\$0*
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vinblastine sulfate</i> SOLN 1mg/ml	1B	\$0*
<i>vincasar pfs</i> SOLN 1mg/ml	1B	\$0*
<i>vincristine sulfate</i> SOLN 1mg/ml	1B	\$0*
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1B	\$0*
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	PA
ERIVEDGE CAPS 150mg	4	PA, QL (30 caps / 30 days)
FARYDAK CAPS 10mg, 15mg, 20mg	4	PA, QL (6 caps / 21 days)
GAZYVA SOLN 1000mg/40ml	4	PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	PA, QL (21 caps / 28 days)
IBRANCE TABS 75mg, 100mg, 125mg	4	PA, QL (21 tabs / 28 days)
KADCYLA SOLR 100mg, 160mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA SOLN 100mg/4ml	4	PA
KISQALI TBPk 200mg	4	PA, QL (21 tabs / 28 days); 200 mg dose
KISQALI TBPk 200mg	4	PA, QL (42 tabs / 28 days); 400 mg dose
KISQALI TBPk 200mg	4	PA, QL (63 tabs / 28 days)
LYNPARZA CAPS 50mg	4	PA, QL (480 caps / 30 days)
LYNPARZA TABS 100mg, 150mg	4	PA, QL (120 tabs / 30 days)
RYDAPT CAPS 25mg	5	PA, QL (224 caps / 28 days)
ZEJULA CAPS 100mg	4	PA, QL (90 caps / 30 days)
ZOLINZA CAPS 100mg	4	PA, QL (120 caps / 30 days)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	4	PA, QL (120 tabs / 30 days)
<i>anastrozole</i> TABS 1mg	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>bicalutamide</i> TABS 50mg	1B	\$0*
DEPO-PROVERA SUSP 400mg/ml	3	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	4	PA, QL (120 tabs / 30 days)
<i>exemestane</i> TABS 25mg	1B	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>flutamide</i> CAPS 125mg	1B	\$0*
<i>fulvestrant</i> SOLN 250mg/5ml	4	
<i>letrozole</i> TABS 2.5mg	1B	\$0*
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	PA
LYSODREN TABS 500mg	2	
<i>megestrol acetate</i> SUSP 40mg/ml; TABS 20mg, 40mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate (appetite) SUSP</i> 625mg/5ml	1B	\$0*
<i>nilutamide</i> TABS 150mg	1B	\$0*
NUBEQA TABS 300mg	4	PA, QL (120 tabs / 30 days)
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
<i>toremifene citrate</i> TABS 60mg	1B	\$0*
XTANDI CAPS 40mg	4	PA, QL (120 caps / 30 days)
YONSA TABS 125mg	4	PA, QL (120 tabs / 30 days)
ZYTIGA TABS 500mg	4	PA, QL (60 tabs / 30 days)

KINASE INHIBITORS

AFINITOR TABS 10mg	4	PA, QL (30 tabs / 30 days)
AFINITOR DISPERZ TBSO 2mg, 5mg	4	PA, QL (60 tabs / 30 days)
AFINITOR DISPERZ TBSO 3mg	4	PA, QL (90 tabs / 30 days)
ALECENSA CAPS 150mg	4	PA, QL (240 caps / 30 days)
BOSULIF TABS 100mg	4	PA, QL (90 tabs / 30 days)
BOSULIF TABS 400mg, 500mg	4	PA, QL (30 tabs / 30 days)
CALQUENCE CAPS 100mg	5	PA, QL (60 caps / 30 days)
CAPRELSA TABS 100mg	4	PA, QL (60 tabs / 30 days)
CAPRELSA TABS 300mg	4	PA, QL (30 tabs / 30 days)
COMETRIQ KIT 20mg	4	PA, QL (1 kit / 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit / 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit / 28 days)
<i>erlotinib hcl</i> TABS 25mg	4	PA, QL (60 tabs / 30 days)
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	PA, QL (30 tabs / 30 days)
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	4	PA, QL (30 tabs / 30 days)
ICLUSIG TABS 15mg	4	PA, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 45mg	4	PA, QL (30 tabs / 30 days)
IDHIFA TABS 50mg, 100mg	4	PA, QL (30 tabs / 30 days)
<i>imatinib mesylate</i> TABS 100mg	4	PA, QL (90 tabs / 30 days)
<i>imatinib mesylate</i> TABS 400mg	4	PA, QL (60 tabs / 30 days)
IMBRUVICA CAPS 70mg	4	PA, QL (30 caps / 30 days)
IMBRUVICA CAPS 140mg	4	PA, QL (90 caps / 30 days)
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	4	PA, QL (30 tabs / 30 days)
INLYTA TABS 1mg	4	PA, QL (240 tabs / 30 days)
INLYTA TABS 5mg	4	PA, QL (120 tabs / 30 days)
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	PA, QL (60 tabs / 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	PA, QL (30 caps / 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	PA, QL (60 caps / 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	PA, QL (30 caps / 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	PA, QL (90 caps / 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	PA, QL (60 caps / 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps / 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps / 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps / 30 days)
LORBRENA TABS 25mg	5	PA, QL (90 tabs / 30 days)
LORBRENA TABS 100mg	5	PA, QL (30 tabs / 30 days)
MEKINIST TABS 2mg	4	PA, QL (30 tabs / 30 days)
MEKINIST TABS .5mg	4	PA, QL (90 tabs / 30 days)
NEXAVAR TABS 200mg	4	PA, QL (120 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 20mg	4	PA, QL (90 tabs / 30 days)
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	PA, QL (30 tabs / 30 days)
STIVARGA TABS 40mg	4	PA, QL (84 tabs / 28 days)
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	PA, QL (30 caps / 30 days)
TAFINLAR CAPS 50mg, 75mg	4	PA, QL (120 caps / 30 days)
TYKERB TABS 250mg	4	PA, QL (180 tabs / 30 days)
VITRAKVI CAPS 25mg	5	PA, QL (180 caps / 30 days)
VITRAKVI CAPS 100mg	5	PA, QL (60 caps / 30 days)
VITRAKVI SOLN 20mg/ml	5	PA, QL (300 mL / 30 days)
VOTRIENT TABS 200mg	4	PA, QL (120 tabs / 30 days)
XALKORI CAPS 200mg, 250mg	4	PA, QL (60 caps / 30 days)
ZELBORAF TABS 240mg	4	PA, QL (240 tabs / 30 days)
ZYDELIG TABS 100mg, 150mg	4	PA, QL (60 tabs / 30 days)
ZYKADIA CAPS 150mg	4	PA, QL (90 caps / 30 days)
ZYKADIA TABS 150mg	4	PA, QL (90 tabs / 30 days)

MISCELLANEOUS

<i>arsenic trioxide</i> SOLN 10mg/10ml, 12mg/6ml	1B	\$0*
<i>bexarotene</i> CAPS 75mg	4	PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
<i>hydroxyurea</i> CAPS 500mg	1B	\$0*
MATULANE CAPS 50mg	2	
<i>mitoxantrone hcl</i> CONC 2mg/ml	4	PA
ODOMZO CAPS 200mg	4	PA, QL (30 caps / 30 days)
ONCASPAR SOLN 750unit/ml	4	PA
PHOTOFRIN SOLR 75mg	2	
QUADRAMET SOLN 1850mbq/ml	2	
TICE BCG SUSR 50mg	2	
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1B	\$0*
UVADEX SOLN 20mcg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACK 10gm	2	QL (20 packets / 5 days)
PLATINUM-BASED AGENTS		
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1B	\$0*
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1B	\$0*
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml; SOLR 50mg, 100mg	4	
PROTECTIVE AGENTS		
<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	1B	\$0*
<i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg, 500mg; TABS 5mg, 10mg, 15mg, 25mg	1B	\$0*
<i>mesna</i> SOLN 100mg/ml	1B	\$0*
MESNEX TABS 400mg	4	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i> CAPS 50mg; SOLN 100mg/5ml	1B	\$0*
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml	4	
<i>irinotecan hcl</i> SOLN 300mg/15ml	1B	\$0
TENIPOSIDE SOLN 10mg/ml	2	
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1B	\$0*
<i>topotecan hcl</i> SOLR 4mg	1B	\$0*
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA TABS 10mg, 50mg	4	PA, QL (120 tabs / 30 days)
VENCLEXTA TABS 100mg	4	PA, QL (180 tabs / 30 days)
VENCLEXTA TAB START PK	4	PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1A	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1A	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1A	\$0*
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1A	\$0*
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1A	\$0*
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1A	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1B	\$0*
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1B	\$0*
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1B	\$0*
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1B	\$0*
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1B	\$0*
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1B	\$0*
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1B	\$0*
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1B	\$0*
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1A	\$0*
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1A	\$0*
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1B	\$0*
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1B	\$0*
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1A	\$0*
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1A	\$0*
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1A	\$0*
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	1B	\$0*
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	1B	\$0*
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	1B	\$0*
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1A	\$0*
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1A	\$0*
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1A	\$0*
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1B	\$0*
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1B	\$0*
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1B	\$0*
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1A	\$0*
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1B	\$0*
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1B	\$0*
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1A	\$0*
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1A	\$0*
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1B	\$0*
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1B	\$0*
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1A	\$0*
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1B	\$0*
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1A	\$0*
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1B	\$0*
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1B	\$0*
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1B	\$0*
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1B	\$0*
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1B	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1B	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1B	\$0*
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1B	\$0*
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1B	\$0*
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1B	\$0*
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1B	\$0*
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1B	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1B	\$0*

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1B	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1B	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1B	\$0*
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1B	\$0*
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1B	\$0*
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1B	\$0*
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1B	\$0*
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1A	\$0*
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1A	\$0*
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1A	\$0*
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1A	\$0*
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1A	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1B	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1B	\$0*
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1B	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1B	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1B	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1B	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1B	\$0*
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1B	\$0*
<i>telmisartan-amlodipine tab 40-5 mg</i>	1B	\$0*
<i>telmisartan-amlodipine tab 40-10 mg</i>	1B	\$0*
<i>telmisartan-amlodipine tab 80-5 mg</i>	1B	\$0*
<i>telmisartan-amlodipine tab 80-10 mg</i>	1B	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1B	\$0*
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	\$0*
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1B	\$0*
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1B	\$0*
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1B	\$0*
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1B	\$0*
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1B	\$0*
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1B	\$0*

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i>	1B	\$0*
<i>eprosartan mesylate TABS 600mg</i>	1B	\$0*
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1A	\$0*
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1A	\$0*
<i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i>	1B	\$0*
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1B	\$0*
<i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i>	1B	\$0*

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 200mg, 400mg</i>	1B	\$0*
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1B	\$0*
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1B	PA; \$0*
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1B	\$0*
<i>lidocaine hcl (cardiac) SOSY 50mg/5ml, 100mg/5ml</i>	1B	\$0*
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	1B	\$0*
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	1B	\$0*
<i>mexiletine hcl CAPS 150mg, 200mg, 250mg</i>	1B	\$0*
MULTAQ TABS 400mg	3	PA
NEXTERONE INJ	3	
NORPACE CR CP12 100mg, 150mg	2	
<i>pacerone TABS 100mg, 200mg</i>	1B	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 32
- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>procainamide hcl</i> SOLN 100mg/ml	1B	\$0*
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1B	\$0*
<i>quinidine sulfate</i> TABS 200mg, 300mg	1B	\$0*
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1B	\$0*
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1B	\$0*
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1B	\$0*
SOTALOL HYDROCHLORIDE SOLN 150mg/10ml	3	
ANTIPEMICS, BILE ACID RESINS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1B	\$0*
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1B	\$0*
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1B	\$0*
<i>prevalite</i> POWD 4gm/dose	1B	\$0*
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i> TABS 10mg	1B	PA; \$0*
ANTIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1B	\$0*
<i>fenofibrate</i> CAPS 50mg, 150mg; TABS 48mg, 54mg	1B	\$0*
<i>fenofibrate</i> TABS 145mg	2	
<i>fenofibrate</i> TABS 160mg	1A	\$0*
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 130mg, 134mg, 200mg	1B	\$0*
<i>gemfibrozil</i> TABS 600mg	1A	\$0*
ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg	1A	\$0 copay for members age 40 through 75; \$0*
<i>atorvastatin calcium</i> TABS 40mg, 80mg	1A	\$0*
<i>fluvastatin sodium</i> CAPS 20mg, 40mg; TB24 80mg	2	PA; \$0 copay for members age 40 through 75

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1A	\$0 copay for members age 40 through 75; \$0*
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1B	\$0 copay for members age 40 through 75; \$0*
<i>rosuvastatin calcium</i> TABS 5mg, 10mg	1B	PA; \$0 copay for members age 40 through 75; \$0*
<i>rosuvastatin calcium</i> TABS 20mg, 40mg	1B	PA; \$0*
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg	1A	\$0 copay for members age 40 through 75; \$0*
<i>simvastatin</i> TABS 80mg	1A	\$0*
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1B	\$0*
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>omega-3-acid ethyl esters cap 1 gm</i>	1B	PA; \$0*
VASCEPA CAPS .5gm, 1gm	2	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
PRALUENT SOAJ 75mg/ml, 150mg/ml	4	PA, QL (2 pens / 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1B	\$0*
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1B	\$0*
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1B	\$0*
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1B	\$0*
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1B	\$0*
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1B	\$0*
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1B	\$0*
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1B	\$0*
<i>nadolol & bendroflumethiazide tab 40-5 mg</i>	1B	\$0*
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1B	\$0*
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1B	\$0*
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1B	\$0*
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1A	\$0*
<i>betaxolol hcl</i> TABS 10mg, 20mg	1B	\$0*
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1B	\$0*
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	1B	\$0*
labetalol hcl SOLN 5mg/ml	1B	\$0*
labetalol hcl TABS 100mg, 200mg, 300mg	1A	\$0*
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1B	\$0*
metoprolol tartrate SOCT 5mg/5ml; SOLN 5mg/5ml	1B	\$0*
metoprolol tartrate TABS 25mg, 50mg, 100mg	1A	\$0*
nadolol TABS 20mg, 40mg, 80mg	1B	\$0*
pindolol TABS 5mg, 10mg	1B	\$0*
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 60mg, 80mg	1B	\$0*
propranolol hcl TABS 10mg, 20mg, 40mg	1A	\$0*
timolol maleate TABS 5mg, 10mg, 20mg	1B	\$0*

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1B	\$0*
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1B	\$0*

CALCIUM CHANNEL BLOCKERS

afeditab cr TB24 30mg, 60mg	1B	\$0*
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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1A	\$0*
CARDENE IV SOL 20/200ML	3	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1B	\$0*
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	1B	\$0*
DILTIAZEM HCL SOLR 100mg	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1A	\$0*
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1B	\$0*
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1B	\$0*
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1B	\$0*
<i>isradipine</i> CAPS 2.5mg, 5mg	1B	\$0*
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1B	\$0*
<i>nicardipine hcl</i> CAPS 20mg, 30mg; SOLN 2.5mg/ml	1B	\$0*
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1B	\$0*
<i>nimodipine</i> CAPS 30mg	1B	\$0*
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1B	\$0*
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1B	\$0*
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TBCR 120mg, 180mg, 240mg	1B	\$0*
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1A	\$0*
<i>DIGITALIS GLYCOSIDES</i>		
<i>digox</i> TABS 125mcg, 250mcg	1B	\$0*
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 125mcg, 250mcg	1B	\$0*
LANOXIN TABS 62.5mcg, 187.5mcg	2	
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>DIRECT RENIN INHIBITORS/COMBINATIONS</i>		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1B	\$0*
<i>DIURETICS</i>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1B	\$0*
<i>acetazolamide sodium</i> SOLR 500mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
ALDACTAZIDE TAB 50/50	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1B	\$0*
<i>amiloride hcl TABS 5mg</i>	1B	\$0*
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	1B	\$0*
<i>chlorothiazide TABS 250mg</i>	1B	\$0*
<i>chlorothiazide TABS 500mg</i>	1A	\$0*
<i>chlorothiazide sodium SOLR 500mg</i>	1B	\$0*
<i>chlorthalidone TABS 25mg, 50mg</i>	1A	\$0*
DIURIL SUSP 250mg/5ml	3	
<i>ethacrynate sodium SOLR 50mg</i>	1B	\$0*
<i>ethacrynic acid TABS 25mg</i>	1B	\$0*
<i>furosemide SOLN 8mg/ml, 10mg/ml; TABS 80mg</i>	1B	\$0*
<i>furosemide TABS 20mg, 40mg</i>	1A	\$0*
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1A	\$0*
<i>indapamide TABS 1.25mg, 2.5mg</i>	1B	\$0*
<i>mannitol SOLN 20%, 25%</i>	1B	\$0*
<i>methazolamide TABS 25mg, 50mg</i>	1B	\$0*
<i>methyclothiazide TABS 5mg</i>	1B	\$0*
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	1B	\$0*
<i>osmitrol viaflex SOLN 5%, 10%, 15%</i>	1B	\$0*
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1A	\$0*
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1B	\$0*
<i>toremide TABS 5mg, 10mg, 20mg, 100mg</i>	1B	\$0*
<i>triamterene CAPS 50mg, 100mg</i>	1B	\$0*
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1B	\$0*
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1B	\$0*
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1B	\$0*
MISCELLANEOUS		
<i>clonidine hcl PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TABS .3mg</i>	1B	\$0*
<i>clonidine hcl TABS .1mg, .2mg</i>	1A	\$0*
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg	1B	\$0*
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1B	\$0*
<i>methyldopa</i> TABS 250mg, 500mg	1B	\$0*
<i>methyldopate hcl</i> SOLN 250mg/5ml	1B	\$0*
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1B	\$0*
<i>minoxidil</i> TABS 2.5mg, 10mg	1B	\$0*
<i>phenoxybenzamine hcl</i> CAPS 10mg	3	PA
<i>ranolazine</i> TB12 500mg, 1000mg	1B	ST; PA**; \$0*

NITRATES

DILATRATE SR CPCR 40mg	3	
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg, 40mg; TBCR 40mg	1B	\$0*
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 120mg	1B	\$0*
<i>isosorbide mononitrate</i> TB24 30mg, 60mg	1A	\$0*
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1B	\$0*
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	2	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .6mg	1B	\$0*
NITROGLYCERIN SOLN 5mg/ml	3	
<i>nitroglycerin</i> SUBL .4mg	1A	\$0*
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1B	\$0*
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1B	\$0*
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1B	\$0*

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA, QL (90 tabs / 30 days)
<i>ambrisentan</i> TABS 5mg, 10mg	4	PA, QL (30 tabs / 30 days)
<i>bosentan</i> TABS 62.5mg, 125mg	4	PA, QL (60 tabs / 30 days)
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	4	PA
OPSUMIT TABS 10mg	4	PA, QL (30 tabs / 30 days)
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	4	PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	4	PA, QL (90 tabs / 30 days)
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	PA, QL (60 tabs / 30 days)
TYVASO STARTER SOLN .6mg/ml	4	PA, QL (28 ampules / 28 days)
UPTRAVI TABS 200mcg	4	PA, QL (140 tabs / 28 days)
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 200/800	4	PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	PA, QL (270 ampules / 30 days)

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBP .25mg, .5mg, 1mg, 2mg	1B	QL (150 tabs / 25 days); \$0*
ALPRAZOLAM INTENSOL CONC 1mg/ml	2	QL (300 mL / 25 days)
<i>lorazepam</i> CONC 2mg/ml	1B	QL (150 mL / 25 days); \$0*
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1B	QL (150 tabs / 25 days); \$0*
<i>meprobamate</i> TABS 200mg, 400mg	1B	\$0*
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1B	QL (120 caps / 25 days); \$0*

ANTI-CONVULSANTS

APTIO TABS 200mg, 400mg, 600mg, 800mg	3	PA
BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	3	PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1B	\$0*
CELONTIN CAPS 300mg	3	
<i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg	2	PA
<i>clonazepam</i> TABS .5mg, 1mg, 2mg	1B	\$0*
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 25 days)
<i>diazepam</i> SOLN 5mg/5ml	1B	QL (1200 mL / 25 days); \$0*
<i>diazepam</i> SOLN 5mg/ml	1B	\$0*
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1B	QL (120 tabs / 25 days); \$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 39
- Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i> CONC 5mg/ml	1B	QL (240 mL / 25 days); \$0*
DILANTIN CAPS 30mg	3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	1B	\$0*
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	1A	\$0*
EPIDIOLEX SOLN 100mg/ml	4	PA, QL (600 mL / 30 days)
<i>epitol</i> TABS 200mg	1B	\$0*
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1B	\$0*
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1B	\$0*
<i>fosphenytoin sodium</i> SOLN 100mgpe/2ml, 500mgpe/10ml	1B	\$0*
FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	2	
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg	1A	\$0*
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg	1B	\$0*
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1A	\$0*
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1B	PA; \$0*
<i>lamotrigine</i> TBDP 25mg, 50mg, 100mg, 200mg	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1B	\$0*
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1B	\$0*
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1B	\$0*
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1B	\$0*
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1B	\$0*
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1B	\$0*
<i>oxcarbazepine</i> SUSP 60mg/ml; TABS 150mg, 300mg, 600mg	1B	\$0*
PEGANONE TABS 250mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1B	\$0*
<i>phenytoin sodium</i> SOLN 50mg/ml	1B	\$0*
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1B	\$0*
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; SOLN 20mg/ml	1B	PA; \$0*
<i>primidone</i> TABS 50mg, 250mg	1B	\$0*
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1B	\$0*
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1B	\$0*
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1B	\$0*
<i>valproic acid</i> CAPS 250mg	1B	\$0*
<i>vigabatrin</i> PACK 500mg	4	PA, QL (180 packets / 30 days)
<i>vigabatrin</i> TABS 500mg	4	PA, QL (180 tabs / 30 days)
VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg	3	PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1A	\$0*

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg	1B	\$0*
<i>ergoloid mesylates</i> TABS 1mg	1B	\$0*
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1B	\$0*
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1B	PA; PA applies for members less than 30 years of age; \$0*
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1B	PA; PA applies for members less than 30 years of age; \$0*
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1B	PA; \$0*
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1B	PA; \$0*

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg	1A	QL (150 tabs / 25 days); QL applies to members age 65 and older; \$0*
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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl</i> TABS 25mg	1A	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amitriptyline hcl</i> TABS 50mg	1A	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amitriptyline hcl</i> TABS 75mg, 100mg, 150mg	1B	PA; Members 70 and older subject to PA; \$0*
<i>amoxapine</i> TABS 25mg, 50mg, 100mg	1B	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>amoxapine</i> TABS 150mg	1B	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg	1A	\$0*
<i>bupropion hcl</i> TB24 150mg, 300mg	1B	\$0*
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1B	\$0*
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1A	\$0*
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg	1B	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>desipramine hcl</i> TABS 75mg	1B	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>desipramine hcl</i> TABS 100mg, 150mg	1B	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1B	PA, QL (30 tabs / 25 days); (generic of Pristiq); \$0*
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg	1B	QL (90 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CAPS 75mg	1B	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CAPS 100mg, 150mg	1B	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>doxepin hcl</i> CONC 10mg/ml	1B	QL (450 mL / 25 days); QL applies to members age 65 and older; \$0*
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1B	\$0*
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> SOLN 5mg/5ml	1B	\$0*
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1A	\$0*
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA, QL (30 caps / 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps / 25 days)
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1A	\$0*
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1B	\$0*
<i>fluoxetine hcl</i> TABS 10mg, 20mg	1B	(generic Sarafem not covered); \$0*
<i>imipramine hcl</i> TABS 10mg, 25mg	1B	QL (120 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine hcl</i> TABS 50mg	1B	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine pamoate</i> CAPS 75mg, 100mg	1B	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>imipramine pamoate</i> CAPS 125mg, 150mg	1B	PA; Members 70 and older subject to PA; \$0*
<i>maprotiline hcl</i> TABS 25mg, 50mg, 75mg	1B	\$0*
MARPLAN TABS 10mg	3	
<i>mirtazapine</i> TABS 7.5mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1B	\$0*
<i>mirtazapine</i> TABS 15mg	1A	\$0*
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1B	\$0*
<i>nortriptyline hcl</i> CAPS 10mg	1B	QL (150 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 25mg	1B	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 50mg	1B	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>nortriptyline hcl</i> CAPS 75mg	1B	PA; Members 70 and older subject to PA; \$0*
<i>nortriptyline hcl</i> SOLN 10mg/5ml	1B	QL (750 mL / 25 days); QL applies to members age 65 and older; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1A	\$0*
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	1B	\$0*
<i>phenelzine sulfate</i> TABS 15mg	1B	\$0*
<i>protriptyline hcl</i> TABS 5mg	1B	QL (90 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>protriptyline hcl</i> TABS 10mg	1B	QL (60 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>sertraline hcl</i> CONC 20mg/ml	1B	\$0*
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1A	\$0*
<i>tranylcypromine sulfate</i> TABS 10mg	1B	\$0*
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1A	\$0*
<i>trazodone hcl</i> TABS 300mg	1B	\$0*
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1B	QL (60 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>trimipramine maleate</i> CAPS 100mg	1B	QL (30 caps / 25 days); QL applies to members age 65 and older; \$0*
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1A	\$0*
<i>venlafaxine hcl</i> TB24 37.5mg, 75mg, 150mg	1B	\$0*
VIIBRYD TABS 10mg, 20mg, 40mg	3	PA
VIIBRYD KIT STARTER	3	PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg; SYRP 50mg/5ml; TABS 100mg	1B	\$0*
APOKYN SOCT 30mg/3ml	4	PA
<i>benztropine mesylate</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1B	\$0*
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1B	\$0*
<i>carbidopa</i> TABS 25mg	1B	\$0*
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1B	\$0*
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1B	\$0*
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1B	\$0*
<i>carbidopa & levodopa tab 10-100 mg</i>	1B	\$0*
<i>carbidopa & levodopa tab 25-100 mg</i>	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-250 mg</i>	1B	\$0*
<i>carbidopa & levodopa tab er 25-100 mg</i>	1B	\$0*
<i>carbidopa & levodopa tab er 50-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1B	\$0*
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1B	\$0*
<i>entacapone TABS 200mg</i>	1B	\$0*
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	2	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1B	\$0*
<i>rasagiline mesylate TABS 1mg</i>	1B	PA; \$0*
<i>rasagiline mesylate TABS .5mg</i>	1B	\$0*
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1B	\$0*
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1B	\$0*
<i>tolcapone TABS 100mg</i>	1B	\$0*
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1B	\$0*

ANTIPSYCHOTICS

<i>aripiprazole SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg</i>	1B	\$0*
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	2	
ARISTADA INITIO PRSY 675mg/2.4ml	2	
CHLORPROMAZINE HCL SOLN 25mg/ml, 50mg/2ml	3	
<i>chlorpromazine hcl TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1B	\$0*
<i>clozapine TABS 25mg, 50mg, 100mg, 200mg; TBDP 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1B	\$0*

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<i>fluphenazine decanoate</i> SOLN 25mg/ml	1B	\$0*
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1B	\$0*
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1B	\$0*
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1B	\$0*
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1B	\$0*
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	2	ST; PA**
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1B	\$0*
NUPLAZID TABS 17mg	4	PA
<i>olanzapine</i> SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg	1B	\$0*
<i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg	1B	\$0*
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1B	\$0*
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg	1A	\$0*
<i>quetiapine fumarate</i> TABS 200mg, 300mg, 400mg	1B	\$0*
<i>quetiapine fumarate er</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg	1B	\$0*
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	3	PA
<i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1B	\$0*
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1B	\$0*
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1B	\$0*
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1B	\$0*
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1B	\$0*
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine tab 10mg</i> TABS 10mg	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1B	QL (90 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1B	QL (90 caps / 25 days); \$0*

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<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1B	QL (30 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1B	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1B	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1B	QL (60 caps / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1B	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1B	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1B	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1B	QL (90 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1B	QL (60 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1B	QL (60 tabs / 25 days); \$0*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1B	QL (60 tabs / 25 days); \$0*
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	1B	\$0*
<i>dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps / 25 days)
<i>dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps / 25 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1B	QL (120 tabs / 25 days); \$0*
<i>dexmethylphenidate hcl TABS 10mg</i>	1B	QL (60 tabs / 25 days); \$0*
<i>dextroamphetamine sulfate CP24 5mg, 10mg, 15mg</i>	1B	QL (120 caps / 25 days); \$0*
<i>dextroamphetamine sulfate SOLN 5mg/5ml</i>	1B	QL (2,160 mL / 25 days); \$0*
<i>dextroamphetamine sulfate TABS 5mg, 10mg</i>	1B	QL (120 tabs / 25 days); \$0*
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	1B	ST; PA**; \$0*
<i>methamphetamine hcl TABS 5mg</i>	1B	QL (150 tabs / 25 days); \$0*
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	3	QL (180 chew tabs / 25 days)
<i>methylphenidate hcl CP24 20mg, 30mg</i>	1B	QL (60 caps / 25 days); \$0*

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<i>methylphenidate hcl</i> CP24 40mg, 60mg	1B	QL (30 caps / 25 days); \$0*
<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 25 days)
<i>methylphenidate hcl</i> CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 25 days)
<i>methylphenidate hcl</i> SOLN 5mg/5ml	3	QL (2,160 mL / 25 days)
<i>methylphenidate hcl</i> SOLN 10mg/5ml	3	QL (1080 mL / 25 days)
<i>methylphenidate hcl</i> TABS 5mg, 10mg	1B	QL (180 tabs / 25 days); \$0*
<i>methylphenidate hcl</i> TABS 20mg	1B	QL (90 tabs / 25 days); \$0*
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 25 days)
<i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg	3	QL (30 tabs / 25 days)
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	2	QL (90 tabs / 25 days)
<i>zenzedi</i> TABS 2.5mg, 7.5mg	1B	QL (120 tabs / 25 days); \$0*
<i>zenzedi</i> TABS 15mg	1B	QL (90 tabs / 25 days); \$0*
<i>zenzedi</i> TABS 20mg, 30mg	1B	QL (60 tabs / 25 days); \$0*

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	PA
<i>cvs sleep-aid nighttime</i> TABS 25mg	1B	OTC; \$0*
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1B	QL (30 tabs / 25 days); QL applies to members age 65 and older; \$0*
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1B	QL (30 tabs / 25 days); \$0*
HETLIOZ CAPS 20mg	5	PA, QL (30 caps / 30 days)
<i>ramelteon</i> TABS 8mg	1B	QL (30 tabs / 25 days); \$0*
<i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg	1B	QL (15 caps / 25 days); \$0*
<i>zaleplon</i> CAPS 5mg	1B	QL (30 caps / 25 days); \$0*
<i>zaleplon</i> CAPS 10mg	1B	QL (60 caps / 25 days); \$0*
<i>zolpidem tartrate</i> TABS 5mg, 10mg; TBCR 6.25mg, 12.5mg	1B	QL (30 tabs / 25 days); \$0*

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE		
AIMOVIG SOAJ 70mg/ml	2	PA, QL (2 injections / 25 days); PA**
AIMOVIG SOAJ 140mg/ml	2	PA, QL (1 injection / 25 days); PA**
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	1B	PA, QL (3 injections / 75 days); PA**; \$0*
almotriptan malate TABS 6.25mg	2	QL (18 tabs / 25 days)
almotriptan malate TABS 12.5mg	2	QL (12 tabs / 25 days)
eletriptan hydrobromide TABS 20mg	2	QL (18 tabs / 25 days)
eletriptan hydrobromide TABS 40mg	2	QL (12 tabs / 25 days)
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	2	PA, QL (2 injections / 25 days); PA**
EMGALITY SOSY 100mg/ml	2	PA, QL (3 injections / 25 days); PA**
ergotamine w/ caffeine tab 1-100 mg	3	
naratriptan hcl TABS 1mg	1A	QL (18 tabs / 25 days); \$0*
naratriptan hcl TABS 2.5mg	1A	QL (12 tabs / 25 days); \$0*
rizatriptan benzoate TABS 5mg; TBDP 5mg	1A	QL (27 tabs / 25 days); \$0*
rizatriptan benzoate TABS 10mg; TBDP 10mg	1A	QL (18 tabs / 25 days); \$0*
sumatriptan SOLN 5mg/act	2	QL (36 sprays / 25 days)
sumatriptan SOLN 20mg/act	2	QL (12 sprays / 25 days)
sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 syringes / 25 days)
sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOSY 6mg/0.5ml	2	QL (12 units / 25 days)
sumatriptan succinate SOLN 6mg/0.5ml	2	QL (12 vials / 25 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1A	QL (18 tabs / 25 days); \$0*
sumatriptan-naproxen sodium tab 85-500 mg	3	ST, QL (9 tabs / 25 days); PA**
zolmitriptan TABS 2.5mg; TBDP 2.5mg	2	QL (18 tabs / 25 days)
zolmitriptan TABS 5mg	1B	QL (12 tabs / 25 days); \$0*
zolmitriptan TBDP 5mg	2	QL (12 tabs / 25 days)
ZOMIG SOLN 2.5mg	3	QL (18 sprays / 25 days)
ZOMIG SOLN 5mg	3	QL (12 sprays / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg	1B	\$0*
<i>buspirone hcl</i> TABS 30mg	2	
<i>clomipramine hcl</i> CAPS 25mg, 50mg	3	QL (150 caps / 25 days); QL applies to members age 65 and older
<i>clomipramine hcl</i> CAPS 75mg	3	QL (90 caps / 25 days); QL applies to members age 65 and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	1B	\$0*
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1A	\$0*
GUANIDINE HCL TABS 125mg	3	
LITHIUM SOLN 8meq/5ml	3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1A	\$0*
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	1B	\$0*
NUDEXTA CAP 20-10MG	2	PA
<i>pimozide</i> TABS 1mg, 2mg	1B	\$0*
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 60mg; TBCR 180mg	1B	\$0*
REGONOL SOLN 10mg/2ml	3	
<i>riluzole</i> TABS 50mg	1B	\$0*
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	PA
SAVELLA MIS TITR PAK	3	PA
<i>tetrabenazine</i> TABS 12.5mg	4	PA, QL (120 tabs / 30 days)
<i>tetrabenazine</i> TABS 25mg	4	PA, QL (60 tabs / 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	4	PA, QL (30 tabs / 30 days)
AVONEX KIT 30mcg/vial; PSKT 30mcg/0.5ml	5	ST, PA, QL (4 injections / 28 days)
AVONEX PEN AJKT 30mcg/0.5ml	5	ST, PA, QL (4 injections / 28 days)
BETASERON KIT .3mg	4	PA, QL (14 injections / 28 days)
COPAXONE INJ 20MG/ML SOSY 20mg/ml	4	PA, QL (30 injections / 30 days)
COPAXONE INJ 40MG/ML SOSY 40mg/ml	4	PA, QL (12 syringes / 28 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** 50
 - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** -
 Step Therapy ^-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	5	PA, QL (60 tabs / 30 days)
<i>dimethyl fumarate</i> CPDR 120mg	4	PA, QL (14 caps / 28 days)
<i>dimethyl fumarate</i> CPDR 240mg	4	PA, QL (60 caps / 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit / 30 days)
GILENYA CAPS .5mg	4	PA, QL (30 caps / 30 days)
MAYZENT TABS 2mg	4	PA, QL (30 tabs / 30 days)
MAYZENT TABS .25mg	4	PA, QL (112 tabs / 28 days)
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	5	ST, PA, QL (1 carton / 28 days)
PLEGRIDY INJ STARTER	5	ST, PA, QL (1 kit / 28 days)
PLEGRIDY PEN INJ STARTER	5	ST, PA, QL (1 pack / 28 days)
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes / 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box / 28 days)
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	PA, QL (12 syringes / 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box / 28 days)
TYSABRI CONC 300mg/15ml	4	PA, QL (1 vial / 28 days)
VUMERITY CPDR 231mg	4	PA, QL (106 caps / 30 days)
VUMERITY CPDR 231mg	4	PA, QL (120 caps / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg, 10mg, 20mg	1B	\$0*
<i>carisoprodol</i> TABS 250mg, 350mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>chlorzoxazone</i> TABS 500mg	1B	\$0*
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1B	\$0*

Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone</i> TABS 400mg, 800mg	2	PA; High Risk Medications require PA for members age 70 and older
<i>methocarbamol</i> TABS 500mg, 750mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>orphenadrine citrate</i> SOLN 30mg/ml	1B	\$0*
<i>orphenadrine citrate</i> TB12 100mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>tizanidine hcl</i> TABS 2mg, 4mg	1A	\$0*
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg, 150mg, 200mg, 250mg	1B	PA; \$0*
<i>modafinil</i> TABS 100mg, 200mg	1B	PA; \$0*
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1B	PA; \$0*
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	0	\$0 limited to 2 treatment cycles/year
CHANTIX TABS .5mg, 1mg	0	PA; \$0 limited to 2 treatment cycles/year
CHANTIX CONTINUING MONTH TABS 1mg	0	PA; \$0 limited to 2 treatment cycles/year
CHANTIX PAK 0.5& 1MG	0	PA; \$0 limited to 2 treatment cycles/year
<i>disulfiram</i> TABS 250mg, 500mg	1B	\$0*
<i>goodsense nicotine polacr</i> LOZG 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1B	\$0*
<i>naltrexone hcl</i> TABS 50mg	0	\$0 copay
NARCAN LIQD 4mg/0.1ml	2	
<i>nicorelief</i> GUM 4mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3</i> PT24 7mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10mg	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN 10mg/ml	0	QL (max 168 days / year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	0	OTC; \$0 limited to 2 treatment cycles/year
VIVITROL SUSR 380mg	4	QL (1 vial / 28 days)

ENDOCRINE AND METABOLIC

ANDROGENS

ANADROL-50 TABS 50mg	3	PA
INTRAROSA INST 6.5mg	3	
<i>methyltestosterone</i> CAPS 10mg	1B	PA; \$0*
<i>oxandrolone</i> TABS 2.5mg, 10mg	1B	PA; \$0*
<i>testosterone</i> GEL 10mg/act, 25mg/2.5gm	3	PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1B	PA; \$0*
<i>testosterone enanthate</i> SOLN 200mg/ml	1B	PA; \$0*

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1B	\$0*
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1B	\$0*

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	ST; PA**
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	ST; PA**

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl</i> TABS 500mg, 850mg, 1000mg; TB24 500mg, 750mg	1A	\$0*
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ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1A	\$0*
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1A	\$0*
<i>glipizide-metformin hcl tab 5-500 mg</i>	1A	\$0*
<i>glyburide-metformin tab 1.25-250 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>glyburide-metformin tab 2.5-500 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>glyburide-metformin tab 5-500 mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS

<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	1B	\$0*
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Drug Name	Drug Tier	Requirements/Limits
JANUVIA TABS 25mg, 50mg, 100mg	2	ST; PA**
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8mg	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	ST; PA**
JANUMET TAB 50-1000	2	ST; PA**
JANUMET XR TAB 50-500MG	2	ST; PA**
JANUMET XR TAB 50-1000	2	ST; PA**
JANUMET XR TAB 100-1000	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
OZEMPIC SOPN 2mg/1.5ml	2	ST; PA**
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	2	ST; PA**
VICTOZA SOPN 18mg/3ml	2	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	ST; PA**
XULTOPHY INJ 100/3.6	2	ST; PA**
ANTIDIABETICS, INSULIN^		
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	2	
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30	1A	OTC; RELION not covered; \$0*
NOVOLIN INJ 70/30 FP	2	OTC; RELION not covered
NOVOLIN N SUSP 100unit/ml	1A	OTC; RELION not covered; \$0*
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	OTC; RELION not covered
NOVOLIN R SOLN 100unit/ml	1A	OTC; RELION not covered; \$0*
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	OTC; RELION not covered
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX INJ 70/30	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1A	\$0*
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1B	\$0*
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1B	\$0*
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1B	\$0*
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1B	\$0*
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i> TABS 60mg, 120mg	1B	\$0*
<i>repaglinide</i> TABS .5mg, 1mg, 2mg	1B	\$0*
ANTIDIABETICS, MEGLITINIDE/BIGUANIDE COMBINATION		
<i>repaglinide-metformin hcl tab 1-500 mg</i>	1B	\$0*
<i>repaglinide-metformin hcl tab 2-500 mg</i>	1B	\$0*
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	ST; PA**
SYNJARDY TAB 5-500MG	2	ST; PA**
SYNJARDY TAB 5-1000MG	2	ST; PA**
SYNJARDY TAB 12.5-500	2	ST; PA**
SYNJARDY XR TAB	2	ST; PA**
SYNJARDY XR TAB 5-1000MG	2	ST; PA**
SYNJARDY XR TAB 10-1000	2	ST; PA**
SYNJARDY XR TAB 25-1000	2	ST; PA**
XIGDUO XR TAB 2.5-1000	2	ST; PA**
XIGDUO XR TAB 5-500MG	2	ST; PA**
XIGDUO XR TAB 5-1000MG	2	ST; PA**
XIGDUO XR TAB 10-500MG	2	ST; PA**
XIGDUO XR TAB 10-1000	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI TAB 10-5 MG	2	ST; PA**
GLYXAMBI TAB 25-5 MG	2	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB		
FARXIGA TABS 5mg, 10mg	2	ST; PA**

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Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 10mg, 25mg	2	ST; PA**
ANTIDIABETICS, SULFONYLUREA		
glimepiride TABS 1mg, 2mg, 4mg	1B	\$0*
glipizide TABS 5mg, 10mg; TB24 2.5mg, 5mg, 10mg	1A	\$0*
glyburide TABS 1.25mg, 2.5mg, 5mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
glyburide micronized TABS 1.5mg, 3mg, 6mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
BISPHOSPHONATES		
alendronate sodium SOLN 70mg/75ml	1B	\$0*
alendronate sodium TABS 5mg, 10mg, 35mg, 40mg, 70mg	1A	\$0*
ibandronate sodium SOLN 3mg/3ml; TABS 150mg	1B	\$0*
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1B	\$0*
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	2	
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	PA
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl TABS 30mg, 60mg	4	PA, QL (60 tabs / 30 days)
cinacalcet hcl TABS 90mg	4	PA, QL (120 tabs / 30 days)
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	PA
kionex SUSP 15gm/60ml	1B	\$0*
penicillamine TABS 250mg	1B	\$0*
sodium polystyrene sulfonate SUSP 15gm/60ml, 30gm/120ml	1B	\$0*
THYROSAFE TABS 65mg	2	OTC
CONTRACEPTIVES		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>amethyst</i>	0	
ANNOVERA MIS	0	QL (1 / 300 days)
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aviane</i>	0	
<i>azurette</i>	0	
<i>camila</i> TABS .35mg	0	
<i>caziant</i>	0	
<i>chateal</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>delyla</i>	0	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	0	QL (4 inj / 300 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest</i>	0	
ELLA TABS 30mg	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin</i> TABS .35mg	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	0	QL (13 / 300 days)
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>gianvi</i>	0	
<i>heather</i> TABS .35mg	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette</i> TABS .35mg	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	

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Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo</i>	0	
KYLEENA IUD 19.5mg	0	QL (1 / 300 days)
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 19.5mcg/day	0	QL (1 / 300 days)
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	0	QL (4 inj / 300 days)
<i>microgestin 1.5/30</i>	0	
MIRENA IUD 20mcg/24hr	0	QL (1 / 300 days)
<i>mono-lynyah</i>	0	
<i>mononessa</i>	0	
<i>myzilra</i>	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMPL 68mg	0	QL (1 / 300 days)
<i>nikki</i>	0	
<i>nora-be TABS .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) TABS .35mg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>ocella</i>	0	
<i>ogestrel</i>	0	
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 unit / 300 days)
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5mg	0	QL (1 / 300 days)
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>take action</i> TABS 1.5mg	0	OTC
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
<i>xulane</i>	0	
<i>zarah</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1B	\$0*
SYNAREL SOLN 2mg/ml	5	PA

ENZYME REPLACEMENTS

CARBAGLU TABS 200mg	4	PA
CERDELGA CAPS 84mg	4	PA, QL (60 caps / 30 days)
CYSTADANE POW	4	PA
CYSTAGON CAPS 50mg, 150mg	4	PA
KUVAN PACK 100mg, 500mg; TBSO 100mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
MYALEPT SOLR 11.3mg	4	PA, QL (30 vials / 30 days)
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	4	PA
ORFADIN CAPS 20mg; SUSP 4mg/ml	4	PA
<i>sodium phenylbutyrate</i> TABS 500mg	4	PA, QL (1200 tabs / 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i> POWD 3gm/tsp	4	PA, QL (600g / 30 days)

ESTROGENS

CLIMARA PRO DIS WEEKLY	2	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	PA; High Risk Medications require PA for members age 70 and older
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1B	\$0*
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1B	\$0*
<i>estradiol vaginal cream</i> CREA .1mg/gm	1B	\$0*
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	1B	\$0*
ESTROGEL GEL .06%	3	PA; High Risk Medications require PA for members age 70 and older
<i>estropipate</i> TABS .75mg, 1.5mg, 3mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*

Drug Name	Drug Tier	Requirements/Limits
EVAMIST SOLN 1.53mg/spray	3	PA; High Risk Medications require PA for members age 70 and older
<i>jinteli</i>	1B	\$0*
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>mimvey</i>	1B	\$0*
<i>mimvey lo</i>	1B	\$0*
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1B	\$0*
PREMARIN CREA .625mg/gm	2	
PREMARIN SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	PA; High Risk Medications require PA for members age 70 and older
<i>yuvaferm</i> TABS 10mcg	1B	\$0*

GLUCOCORTICOIDS

<i>cortisone acetate</i> TABS 25mg	1B	\$0*
DEPO-MEDROL SUSP 20mg/ml	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS 1mg, 2mg	1B	\$0*
<i>dexamethasone</i> TABS .5mg, .75mg, 1.5mg, 4mg, 6mg	1A	\$0*
DEXAMETHASONE INTENSOL CONC 1mg/ml	2	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1B	\$0*
<i>fludrocortisone acetate</i> TABS .1mg	1B	\$0*
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1A	\$0*
MEDROL TABS 2mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg	1B	\$0*
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1B	\$0*
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1B	\$0*
<i>prednisolone</i> SOLN 15mg/5ml	1B	\$0*
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone</i> SOLN 5mg/5ml; TABS 50mg; TBPK 5mg, 10mg	1B	\$0*
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg	1A	\$0*
PREDNISONE INTENSOL CONC 5mg/ml	2	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm	3	
GLUCOSE ELEVATING AGENTS		
GLUCAGON EMERGENCY KIT KIT 1mg	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE SOLR 6mg, 12mg, 24mg	4	PA
HUMATROPE COMBO PACK SOLR 5mg	4	PA
MISCELLANEOUS		
<i>cabergoline</i> TABS .5mg	1B	\$0*
<i>calcitonin (salmon)</i> SOLN 200unit/act	2	
CHORIONIC GONADOTROPIN SOLR 10000unit	4	PA
INCRELEX SOLN 40mg/4ml	4	PA
MIACALCIN SOLN 200unit/ml	3	
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 ml / 30 days)
<i>octreotide acetate</i> SOLN 200mcg/ml	4	PA, QL (225 ml / 30 days)
<i>octreotide acetate</i> SOLN 1000mcg/ml	4	PA, QL (45 ml / 30 days)
OSPHENA TABS 60mg	2	
PROLIA SOSY 60mg/ml	4	PA, QL (60mg / 24 weeks)
<i>raloxifene hcl</i> TABS 60mg	1B	\$0 copay for women ages 35 and older for the primary prevention of breast cancer; \$0*
SAMSCA TABS 15mg	4	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	PA, QL (60 ampules / 30 days)
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	PA, QL (1 injection / 28 days)
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	PA, QL (30 vials / 30 days)
<i>tolvaptan</i> TABS 30mg	4	PA
TYMLOS SOPN 3120mcg/1.56ml	4	PA, QL (1 pen / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg; TABS 667mg	1B	\$0*
FOSRENOL PACK 750mg, 1000mg	3	
PHOSLYRA SOLN 667mg/5ml	2	
<i>sevelamer carbonate</i> PACK .8gm, 2.4gm	1B	\$0*
<i>sevelamer carbonate</i> TABS 800mg	3	
VELPHORO CHEW 500mg	3	
PROGESTINS		
CRINONE GEL 4%, 8%	2	
LUPANETA KIT 3.75-5	5	PA
LUPANETA KIT 11.25-5	5	PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 10mg	1A	\$0*
<i>medroxyprogesterone acetate</i> TABS 5mg	1B	\$0*
<i>norethindrone acetate</i> TABS 5mg	1B	\$0*
<i>progesterone micronized</i> CAPS 100mg, 200mg	1B	\$0*
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1B	\$0*
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1B	\$0*
<i>liothyronine sodium</i> SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg	1B	\$0*
<i>methimazole</i> TABS 5mg, 10mg	1B	\$0*
<i>propylthiouracil</i> TABS 50mg	1B	\$0*
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
THYROLAR-1 TABS 60mg	3	
THYROLAR-1/2 TABS 30mg	3	
THYROLAR-1/4 TABS 15mg	3	
THYROLAR-2 TABS 120mg	3	
THYROLAR-3 TAB 180MG	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg	1B	\$0*
VASOPRESSINS		
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray</i> SOLN .01%	1B	\$0*
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1B	\$0*

GASTROINTESTINAL

ANTICHOLINERGICS

<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	1B	\$0*
CUVPOSA SOLN 1mg/5ml	2	
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml, 10mg/ml; TABS 20mg	1B	\$0*
<i>ed-spaz</i> TBDP .125mg	1B	\$0*
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; TABS 1mg, 2mg	1B	\$0*
<i>hyoscyamine sulfate</i> SUBL .125mg; TABS .125mg; TB12 .375mg; TBDP .125mg	1B	\$0*
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>nulev</i> TBDP .125mg	1B	\$0*
<i>oscimin</i> SUBL .125mg; TABS .125mg	1B	\$0*
<i>oscimin sr</i> TB12 .375mg	1B	\$0*
<i>symax-sl</i> SUBL .125mg	1B	\$0*

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	QL (2 caps / 21 days)
<i>aprepitant</i> CAPS 40mg	1B	QL (3 caps / 180 days); \$0*
<i>aprepitant</i> CAPS 80mg	1B	QL (4 caps / 21 days); \$0*
<i>aprepitant</i> CAPS 125mg	1B	QL (2 caps / 21 days); \$0*
<i>aprepitant pak 80 & 125</i>	1B	QL (2 packs / 21 days); \$0*
CESAMET CAPS 1mg	3	QL (18 caps / 21 days)
<i>compro</i> SUPP 25mg	1B	\$0*
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1B	QL (60 caps / 25 days); \$0*
<i>granisetron hcl</i> SOLN .1mg/ml, 1mg/ml, 4mg/4ml	1B	QL (2 mL / 21 days); \$0*
<i>granisetron hcl</i> TABS 1mg	1B	QL (12 tabs / 21 days); \$0*
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1B	\$0*
<i>metoclopramide hcl</i> SOLN 5mg/ml, 10mg/10ml; TABS 5mg, 10mg; TBDP 5mg	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i> TBDP 4mg, 8mg	1A	QL (18 tabs / 21 days); \$0*
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1B	QL (20 mL / 21 days); \$0*
<i>ondansetron hcl</i> SOLN 4mg/5ml	1B	QL (200 mL / 21 days); \$0*
<i>ondansetron hcl</i> TABS 4mg, 8mg	1A	QL (18 tabs / 21 days); \$0*
<i>ondansetron hcl</i> TABS 24mg	1B	QL (2 tabs / 21 days); \$0*
<i>prochlorperazine</i> SUPP 25mg	1B	\$0*
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml, 50mg/10ml	1B	\$0*
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1B	\$0*
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	1B	\$0*
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
SANCUSO PTCH 3.1mg/24hr	2	PA
<i>scopolamine</i> PT72 1mg/3days	1B	\$0*
<i>trimethobenzamide hcl</i> CAPS 300mg	1B	\$0*
VARUBI EMUL 166.5mg/92.5ml; TBPk 90mg	2	

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1B	\$0*
<i>cimetidine hcl</i> SOLN 300mg/5ml	1B	\$0*
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1B	\$0*
<i>famotidine in nacl 0.9% iv soln</i> 20mg/50ml	1B	\$0*
<i>nizatidine</i> CAPS 150mg, 300mg; SOLN 15mg/ml	1B	\$0*
<i>ranitidine hcl</i> SOLN 50mg/2ml, 150mg/6ml	1B	\$0*

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1B	\$0*
<i>budesonide</i> CPEP 3mg	2	PA
<i>colocort</i> ENEM 100mg/60ml	1B	\$0*
DIPENTUM CAPS 250mg	3	PA
<i>mesalamine</i> CPDR 400mg; ENEM 4gm; SUPP 1000mg; TBEC 1.2gm	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i> TBEC 800mg	2	PA
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1B	\$0*
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA CAPS 8mcg, 24mcg	2	
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl</i> TABS .5mg, 1mg	3	PA
LAXATIVES		
CLENPIQ SOL	2	Members age 50 through 74, otherwise not covered
<i>enulose</i> SOLN 10gm/15ml	1B	\$0*
<i>gavilyte-c</i>	0	
<i>gavilyte-g</i>	0	
<i>gavilyte-h</i>	0	\$0 copay for members age 50 through 74, otherwise not covered
<i>gavilyte-n/flavor pack</i>	0	
<i>generlac</i> SOLN 10gm/15ml	1B	\$0*
GOLYTELY SOL	0	
<i>lactulose</i> SOLN 10gm/15ml	1B	\$0*
MOVIPREP SOL	2	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	0	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	0	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	0	
PLENVU SOL	2	Members age 50 through 74, otherwise not covered
<i>polyethylene glycol 3350</i> POWD 17gm/scoop	1B	OTC; \$0*
PREPOPIK PAK	2	Members age 50 through 74, otherwise not covered
SUPREP BOWEL SOL PREP KIT	2	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1B	PA; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1B	\$0*
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1B	\$0*
<i>loperamide hcl CAPS 2mg</i>	1B	\$0*
<i>misoprostol TABS 100mcg, 200mcg</i>	1B	\$0*
MOTOFEN TAB 1-0.025	3	
MOVANTIK TABS 12.5mg, 25mg	2	
SUCRAID SOLN 8500unit/ml	3	PA, QL (354 mL / 25 days)
<i>sucralfate TABS 1gm</i>	1B	\$0*
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1B	\$0*

PANCREATIC ENZYMES

CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000	2	PA
ZENPEP CAP 40000	2	PA

PROTON PUMP INHIBITORS

DEXILANT CPDR 30mg, 60mg	3	ST, QL (30 caps / 30 days); PA**
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	3	PA, QL (30 caps / 30 days)
<i>esomeprazole sodium SOLR 20mg, 40mg</i>	1B	\$0*
<i>lansoprazole CPDR 15mg, 30mg</i>	1A	QL (30 caps / 30 days); \$0*
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1A	QL (30 caps / 30 days); \$0*
<i>pantoprazole sodium TBEC 20mg, 40mg</i>	1B	QL (30 tabs / 30 days); \$0*
<i>rabeprazole sodium TBEC 20mg</i>	2	PA, QL (30 tabs / 30 days)

RECTAL,CORTICOSTEROIDS

<i>procto-pak CREA 1%</i>	1B	\$0*
<i>proctosol hc CREA 2.5%</i>	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc</i> CREA 2.5%	1B	\$0*
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1B	\$0*
CARDURA XL TB24 4mg, 8mg	3	ST; PA**
<i>dutasteride</i> CAPS .5mg	1B	\$0*
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1B	\$0*
<i>finasteride</i> TABS 5mg	1B	\$0*
<i>silodosin</i> CAPS 4mg, 8mg	1B	\$0*
<i>tadalafil</i> TABS 2.5mg, 5mg	1B	PA, QL (30 tabs / 25 days); \$0*
<i>tamsulosin hcl</i> CAPS .4mg	1B	\$0*
CONTRACEPTIVES		
ENCARE SUPP 100mg	0	OTC
OPTIONS CONCEPTROL VAGINA GEL 4%	0	OTC
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
SHUR-SEAL GEL 2%	0	OTC
TODAY SPONGE MISC 1000mg	0	OTC
VCF VAGINAL CONTRACEPTIVE FILM 28%; FOAM 12.5%	0	OTC
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1B	\$0*
ELMIRON CAPS 100mg	3	
<i>flavoxate hcl</i> TABS 100mg	1B	\$0*
<i>phenazopyridine tab</i> 95mg TABS 95mg	1B	OTC; \$0*
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1B	\$0*
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1B	\$0*
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg	1B	\$0*
<i>solifenacin succinate</i> TABS 5mg, 10mg	1B	\$0*
<i>tolterodine tartrate</i> CP24 2mg, 4mg; TABS 1mg, 2mg	1B	\$0*
<i>trospium chloride</i> CP24 60mg; TABS 20mg	1B	\$0*
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP 100mg	2	
<i>clindamycin phosphate vaginal</i> CREA 2%	1B	\$0*
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>miconazole</i> 3 SUPP 200mg	1B	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1B	\$0*
<i>vandazole</i> GEL .75%	2	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban</i> SOLN 250mg/2.5ml	1B	\$0*
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5mg, 5mg	2	
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	1B	\$0*
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1B	\$0*
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1B	\$0*
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1A	\$0*
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1A	\$0*
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	2	
XARELTO STAR TAB 15/20MG	2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	5	PA
NEULASTA SOSY 6mg/0.6ml	4	PA, QL (2 injections / 28 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	4	PA, QL (2 injections / 28 days)
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
PROMACTA TABS 12.5mg, 25mg	5	PA, QL (30 tabs / 30 days)
PROMACTA TABS 50mg, 75mg	5	PA, QL (60 tabs / 30 days)
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 40000unit/ml	4	PA
UDENYCA SOSY 6mg/0.6ml	4	PA, QL (2 injections / 28 days)

MISCELLANEOUS

<i>anagrelide hcl</i> CAPS .5mg, 1mg	1B	\$0*
<i>cilostazol</i> TABS 50mg, 100mg	1B	\$0*
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	5	PA
<i>icatibant acetate</i> SOLN 30mg/3ml	4	PA, QL (45 syringes / 90 days)
<i>pentoxifylline</i> TBCR 400mg	1B	\$0*
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1B	\$0*

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1B	\$0*
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1A	\$0*
<i>clopidogrel bisulfate</i> TABS 300mg	1B	\$0*
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>prasugrel hcl</i> TABS 5mg, 10mg	1B	\$0*
YOSPRALA TAB 81-40MG	3	
YOSPRALA TAB 325-40MG	3	
ZONTIVITY TABS 2.08mg	2	

HEMATOPOIETIC AGENTS

IRON

FERROUS FUMARATE TABS 29mg	1B	OTC; \$0
<i>ferrous fumarate</i> TABS 324mg	1B	OTC; \$0
<i>ferrous gluconate</i> TABS 240mg	1B	OTC; \$0
FERROUS GLUCONATE TABS 324mg	1B	OTC; \$0

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Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate</i> ELIX 220mg/5ml; TBEC 325mg	1B	OTC; \$0
FERROUS SULFATE LIQD 220mg/5ml; TBCR 140mg; TBEC 324mg	1B	OTC; \$0

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS

ACTEMRA SOLN 80mg/4ml	5	ST, PA, QL (5 vials / 28 days)
ACTEMRA SOLN 200mg/10ml	5	ST, PA, QL (4 vials / 14 days)
ACTEMRA SOLN 400mg/20ml	5	ST, PA, QL (2 vials / 14 days)
ACTEMRA SOSY 162mg/0.9ml	5	ST, PA, QL (4 syringes / 28 days)
ENBREL SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50mg/ml	4	PA, QL (8 cartridges / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50mg/ml	4	PA, QL (8 syringes / 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml	4	PA, QL (2 injections / 28 days)
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	PA, QL (4 injections / 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections / 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	PA, QL (3 injections / 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40mg/0.4ml	4	PA, QL (4 injections / 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	PA, QL (6 pens / 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	PA, QL (1 kit / 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	PA, QL (4 pens / 28 days)
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 pens / 28 days); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	4	PA, QL (2 syringes / 4 weeks); Preferred agent for Rheumatoid Arthritis (after failure of 2 other preferred agents)
RINVOQ TB24 15mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	5	PA, QL (1 injection / 28 days)
SIMPONI ARIA SOLN 50mg/4ml	5	PA, QL (200 mg / 8 weeks)
SKYRIZI PSKT 75mg/0.83ml	4	PA, QL (2 syringes / 12 weeks); Preferred agent for Psoriasis
STELARA SOSY 45mg/0.5ml	4	PA, QL (1 syringe / 84 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
STELARA SOSY 90mg/ml	4	PA, QL (1 syringe / 56 days); Preferred agent for Crohn's Disease (after failure of Humira) and Psoriasis
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	PA, QL (1 injection / 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	4	PA, QL (1 injection / 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Rheumatoid Arthritis

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 10mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Rheumatoid Arthritis
XELJANZ XR TB24 22mg	4	PA, QL (30 tabs / 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1B	\$0*
<i>leflunomide</i> TABS 10mg, 20mg	1B	\$0*
<i>methotrexate sodium</i> TABS 2.5mg	1B	\$0*
OTEZLA TABS 30mg	4	PA, QL (60 tabs / 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs / 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	4	PA
ALFERON N SOLN 5mu/ml	4	
ARCALYST SOLR 220mg	4	PA, QL (4 vials / 28 days)
INTRON A SOLN 10mu/ml, 6000000unit/ml	4	PA
INTRON A W/DILUENT SOLR 10mu, 18mu, 50mu	4	PA
POMALYST CAPS 1mg, 2mg	4	PA, QL (21 caps / 21 days)
POMALYST CAPS 3mg, 4mg	4	PA, QL (21 caps / 28 days)
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	PA, QL (28 caps / 28 days)
REVLIMID CAPS 20mg, 25mg	4	PA, QL (21 caps / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 50mg, 100mg	4	PA, QL (28 caps / 28 days)
THALOMID CAPS 150mg, 200mg	4	PA, QL (56 caps / 28 days)

IMMUNOSUPPRESSANTS

AZASAN TABS 75mg, 100mg	3	
<i>azathioprine</i> TABS 50mg	1B	\$0*
<i>cyclosporine</i> CAPS 25mg, 100mg	3	
<i>cyclosporine</i> SOLN 50mg/ml	1B	\$0*
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1B	\$0*
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1B	\$0*
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1B	\$0*
<i>mycophenolate mofetil</i> SUSR 200mg/ml	3	
<i>mycophenolate mofetil hcl</i> SOLR 500mg	1B	\$0*
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	3	
PROGRAF SOLN 5mg/ml	3	
SANDIMMUNE SOLN 100mg/ml	3	
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>tacrolimus</i> CAPS 1mg, 5mg	3	
<i>tacrolimus</i> CAPS .5mg	1B	\$0*

VACCINES

ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2019-20	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B INJ 10mcg/0.5ml, 20mcg/ml; SUSP 10mcg/0.5ml, 20mcg/ml	0	
FLUAD INJ 2019-20	0	
FLUAD QUADRIVALENT INFLUE PRSY .5ml	0	
FLUARIX QUAD INJ 2019-20	0	

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Drug Name	Drug Tier	Requirements/Limits
FLUBLOK QUAD INJ 2019-20	0	
FLUCLVX QUAD INJ 2019-20	0	
FLULAVAL QUA INJ 2019-20	0	
FLUMIST QUAD SUS 2019-20	0	
FLUZONE HD INJ PF 19-20	0	
FLUZONE QUAD INJ 2019-20	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	0	
HEPLISAV-B SOLN 20mcg/0.5ml; SOSY 20mcg/0.5ml	0	
HIBERIX SOLR 10mcg	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENVEO INJ	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5mcg/0.5ml	0	\$0 copay for members age 18 and younger, otherwise not covered
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PNEUMOVAX 23/1 DOSE INJ 25mcg/0.5ml	0	
PREVNAR 13 INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered

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Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered
SHINGRIX SUSR 50mcg/0.5ml	0	\$0 copay for members age 19 and older, otherwise not covered
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25unit/0.5ml, 50unit/ml	0	
VARIVAX INJ 1350pfu/0.5ml	0	
ZOSTAVAX SUSR 19400unt/0.65ml	0	\$0 copay for members age 19 and older, otherwise not covered

MEDICAL DEVICES

CONTRACEPTIVES

CAYA DPR	0	QL (1 / 300 days)
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	QL (1 / 300 days)
FEMCAP MIS 26MM	0	QL (1 / 300 days)
FEMCAP MIS 30MM	0	QL (1 / 300 days)
OMNIFLEX DPR	0	QL (1 / 300 days)
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 / 300 days)

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (204 Test Strips / 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL PREP WIPES AND SWABS	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	OTC
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
SHARPS CONTAINER	2	OTC

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Drug Name	Drug Tier	Requirements/Limits
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC
MISCELLANEOUS		
ADULT RESPIRATORY MASK	2	
ADULT RESPIRATORY MASK	2	OTC
HUMATROPEN	2	OTC
PEDIATRIC RESPIRATORY MASK	2	
PEDIATRIC RESPIRATORY MASK	2	OTC
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
FLUORABON SOLN .55mg/0.6ml	0	\$0 applies for ages 5 and under, otherwise not covered
<i>fluoritab</i> CHEW 1mg	1B	\$0*
<i>fluoritab</i> CHEW .25mg, .5mg; SOLN .125mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>flura-drops</i> SOLN .25mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>k-effervescent</i> TBEF 25meq	1B	\$0*
<i>klor-con 8</i> TBCR 8meq	1B	\$0*
<i>klor-con 10</i> TBCR 10meq	1B	\$0*
<i>klor-con m15</i> TBCR 15meq	1B	\$0*
<i>klor-con m20</i> TBCR 20meq	1B	\$0*
<i>ludent</i> CHEW 1mg	1B	\$0*
<i>ludent</i> CHEW .25mg, .5mg	0	\$0 applies for ages 5 and under, otherwise not covered
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1B	\$0*
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1B	\$0*
<i>nafrinse</i> CHEW 2.2mg	1B	\$0*
<i>nafrinse drops</i> SOLN .125mg/drop	0	\$0 applies for ages 5 and under, otherwise not covered
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	1B	\$0*
<i>potassium chloride</i> SOLN 10%, 20%	1B	PA; \$0*
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1B	\$0*
<i>sodium chloride</i> SOLN 2.5meq/ml	1B	\$0*
<i>sodium chloride flush</i> SOLN .9%	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride</i> CHEW 1mg; TABS 1mg	1B	\$0*
<i>sodium fluoride</i> CHEW .25mg, .5mg; SOLN .5mg/ml; TABS .5mg	0	\$0 applies for ages 5 and under, otherwise not covered

IV REPLACEMENT SOLUTIONS

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1B	\$0*
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1B	\$0*
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1B	\$0*
<i>potassium chloride</i> SOLN 2meq/ml	1B	\$0*
<i>sodium chloride</i> SOLN .45%, .9%, 3%, 5%	1B	\$0*

VITAMINS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1B	\$0*
<i>cholecalciferol</i> CAPS 50000unit	1B	OTC; \$0*
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin</i> SOLN 1000mcg/ml	1B	\$0*
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg; SOLN 4mcg/2ml	1B	\$0*
<i>elite-ob</i>	1B	\$0*
<i>ergocalciferol</i> CAPS 50000unit	1B	\$0*
<i>folic acid</i> CAPS 800mcg	0	QL (100 caps / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>folic acid</i> TABS 1mg	1B	\$0*
<i>folic acid</i> TABS 400mcg, 800mcg	0	QL (100 tabs / 30 days), OTC; \$0 copay for women ages 55 and under, otherwise not covered
<i>multi-vit/fluoride</i>	1B	\$0*
<i>multi-vit/iron/fluoride</i>	1B	\$0*
<i>multi-vitamin/fluoride/ir</i>	1B	\$0*
<i>multivitamin with fluorid</i>	1B	\$0*
<i>mvc-fluoride</i>	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>niva-fol</i>	1B	\$0*
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg; SOLN 2mcg/ml, 5mcg/ml	1B	\$0*
<i>phytonadione</i> TABS 5mg	1B	\$0*
<i>prenatabs rx</i>	1B	\$0*
<i>pyridoxine hcl</i> TABS 25mg, 50mg	1B	OTC; \$0*
<i>tri-vit/fluoride</i>	1B	\$0*
<i>tri-vit/fluoride/iron</i>	1B	\$0*
<i>vitamins a/c/d/fluoride</i>	1B	\$0*

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1B	\$0*
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1B	\$0*
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1B	\$0*
<i>neomycin-polymyxin-hc ophth susp</i>	1B	\$0*
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1B	\$0*
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1B	\$0*

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1B	\$0*
<i>bacitracin-polymyxin b ophth oint</i>	1B	\$0*
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1A	\$0*
<i>erythromycin (ophth) OINT 5mg/gm</i>	1B	\$0*
<i>gatifloxacin (ophth) SOLN .5%</i>	1B	\$0*
<i>gentak OINT .3%</i>	1B	\$0*
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1A	\$0*
<i>levofloxacin (ophth) SOLN .5%</i>	1B	\$0*
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1B	\$0*
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1B	\$0*
<i>ofloxacin (ophth) SOLN .3%</i>	1B	\$0*
<i>polycin</i>	1B	\$0*

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	1A	\$0*
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1B	\$0*
<i>tobramycin (ophth)</i> SOLN .3%	1A	\$0*
<i>trifluridine</i> SOLN 1%	1B	\$0*
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth)</i> SOLN .09%	1B	\$0*
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1B	\$0*
<i>diclofenac sodium (ophth)</i> SOLN .1%	1B	\$0*
DUREZOL EMUL .05%	2	ST; PA**
<i>flurbiprofen sodium</i> SOLN .03%	1B	\$0*
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1B	\$0*
<i>loteprednol etabonate</i> SUSP .5%	1B	\$0*
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	ST; PA**
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1B	\$0*
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRIOL SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1B	\$0*
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1B	\$0*
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth)</i> SOLN .05%	1B	\$0*
LASTACRAFT SOLN .25%	2	
<i>olopatadine hcl</i> SOLN .1%	1B	PA; \$0*
<i>olopatadine hydrochloride</i> SOLN .2%	1B	PA; \$0*
PAZEO SOLN .7%	2	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl</i> SOLN .5%	1B	\$0*
AZOPT SUSP 1%	2	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1B	\$0*
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost</i> SOLN .03%	1B	\$0*
<i>brimonidine tartrate</i> SOLN .2%	1A	\$0*
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	1B	\$0*
<i>dorzolamide hcl</i> SOLN 2%	1B	\$0*
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1B	\$0*
IOPIDINE SOLN 1%	3	
<i>latanoprost</i> SOLN .005%	1A	\$0*
<i>levobunolol hcl</i> SOLN .5%	1B	\$0*
LUMIGAN SOLN .01%	2	ST; PA**
<i>metipranolol</i> SOLN .3%	1B	\$0*
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl</i> SOLN 1%	1B	\$0*
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .5%	1B	\$0*
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1A	\$0*
<i>travoprost</i> SOLN .004%	1B	\$0*
ZIOPTAN SOLN .015mg/ml	3	ST; PA**

MISCELLANEOUS

<i>atropine sulfate</i> SOLN 1%	3	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles / 28 days)
LACRISERT INST 5mg	3	
<i>phenylephrine hcl (mydriatic)</i> SOLN 2.5%, 10%	1B	\$0*
<i>proparacaine hcl</i> SOLN .5%	1B	\$0*
RESTASIS EMUL .05%	2	PA
<i>tropicamide</i> SOLN .5%, 1%	1B	\$0*

OTHER

IRRIGATION SOLUTIONS

<i>physiolyte</i>	1B	\$0*
<i>physiosol irrigation</i>	1B	\$0*
<i>tis-u-sol</i>	1B	\$0*

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml	1B	QL (4 auto-injectors / 25 days); \$0*
EPIPEN 2-PAK SOAJ .3mg/0.3ml	2	QL (4 auto-injectors / 25 days)
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	2	QL (4 auto-injectors / 25 days)

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AER 62.5-25	2	QL (1 package / 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package / 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1B	QL (6 boxes / 25 days); \$0*
TRELEGY AER ELLIPTA	2	QL (1 package / 25 days)
ANTICHOLINERGICS		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (1 package / 25 days)
<i>ipratropium bromide SOLN .02%</i>	1B	QL (5 boxes / 25 days); \$0*
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1B	\$0*
SPIRIVA HANDIHALER CAPS 18mcg	2	QL (1 package / 25 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	2	QL (1 package / 25 days)
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%, .15%</i>	1B	QL (2 bottles / 25 days); \$0*
<i>brompheniramine tannate CHEW 12mg</i>	1B	\$0*
<i>carbinoxamine maleate SOLN 4mg/5ml; TABS 4mg</i>	1B	\$0*
CLARINEX SYRP .5mg/ml	3	
<i>clemastine fumarate TABS 2.68mg</i>	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>cypheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1B	\$0*
<i>desloratadine TABS 5mg; TBP 2.5mg, 5mg</i>	1B	\$0*
<i>diphenhydramine hcl ELIX 12.5mg/5ml; SOLN 50mg/ml</i>	1B	\$0*
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml</i>	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1A	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>hydroxyzine pamoate</i> CAPS 100mg	1B	PA; High Risk Medications require PA for members age 70 and older; \$0*
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	1B	\$0*
<i>olopatadine hcl (nasal)</i> SOLN .6%	1B	QL (1 container / 25 days); \$0*

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1B	QL (2 inhalers / 25 days); \$0*
<i>albuterol sulfate</i> NEBU 2.5mg/0.5ml	1B	QL (60 mL / 25 days); \$0*
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml	1B	QL (5 boxes / 25 days); \$0*
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg; TB12 4mg, 8mg	1B	\$0*
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml	1B	QL (45 mL / 25 days); \$0*
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	1B	QL (300 mL / 25 days); \$0*
<i>levalbuterol tartrate</i> AERO 45mcg/act	1B	QL (2 inhalers / 25 days); \$0*
<i>metaproterenol sulfate</i> SYRP 10mg/5ml; TABS 10mg, 20mg	1B	\$0*
PERFOROMIST NEBU 20mcg/2ml	2	QL (2 boxes / 25 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	2	QL (1 package / 25 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1B	\$0*

BIOLOGIC RESPONSE MODIFIERS

NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	4	PA, QL (3 injections / 28 days)
XOLAIR SOLR 150mg	4	PA, QL (6 vials / 28 days)
XOLAIR SOSY 75mg/0.5ml	4	PA, QL (2 syringes / 28 days)
XOLAIR SOSY 150mg/ml	4	PA, QL (4 syringes / 28 days)

COLD/COUGH

<i>benzonatate</i> CAPS 100mg, 200mg	1B	\$0*
<i>cheratussin ac</i>	1B	OTC; \$0*

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	1B	\$0*
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	1B	\$0*
<i>hydromet</i>	1B	\$0*
NORTUSS-EX LIQ 200-20/5	2	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1B	\$0*
<i>promethazine vc/codeine</i>	1B	\$0*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1B	\$0*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1B	\$0*
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1B	\$0*
<i>tussigon</i>	1B	\$0*
TUZISTRA XR SUS	3	
VITUZ SOL 5-4MG	3	
LEUKOTRIENE MODIFIERS		
<i>zileuton TB12 600mg</i>	3	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
<i>montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>	1B	\$0*
<i>zafirlukast TABS 10mg, 20mg</i>	1B	\$0*
MAST CELL STABILIZERS		
<i>cromolyn sodium NEBU 20mg/2ml</i>	1B	QL (2 boxes / 25 days); \$0*
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	1B	\$0*
DALIRESP TABS 250mcg, 500mcg	3	PA
ESBRIET CAPS 267mg	4	PA, QL (270 caps / 30 days)
ESBRIET TABS 267mg	4	PA, QL (270 tabs / 30 days)
ESBRIET TABS 801mg	4	PA, QL (90 tabs / 30 days)
KALYDECO PACK 25mg, 50mg, 75mg	4	PA, QL (56 packets / 28 days)
KALYDECO TABS 150mg	4	PA, QL (56 tabs / 28 days); carton consists of 56 tablets
KALYDECO TABS 150mg	4	PA, QL (60 tabs / 30 days); packet consists of 60 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 150-188	4	PA, QL (56 packets / 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs / 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs / 28 days)
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	PA
<i>sodium chloride (inhalant)</i> NEBU .9%, 3%, 7%, 10%	1B	\$0*
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs / 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs / 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs / 28 days)

NASAL STEROIDS

<i>flunisolide (nasal)</i> SOLN .025%	1B	QL (3 containers / 25 days); \$0*
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1A	QL (1 container / 25 days); \$0*
OMNARIS SUSP 50mcg/act	3	ST, QL (1 package / 25 days); PA**
<i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act	1A	QL (1 bottle / 25 days), OTC; \$0*

STEROID INHALANTS

ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (1 package / 25 days)
<i>budesonide (inhalation)</i> SUSP 1mg/2ml	1B	QL (1 box / 25 days); \$0*
<i>budesonide (inhalation)</i> SUSP .5mg/2ml	1B	QL (2 boxes / 25 days); \$0*
<i>budesonide (inhalation)</i> SUSP .25mg/2ml	1B	QL (3 boxes / 25 days); \$0*
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	2	QL (2 packages / 25 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	1B	QL (1 package / 25 days); \$0*
ADVAIR DISKU AER 250/50	1B	QL (1 package / 25 days); \$0*
ADVAIR DISKU AER 500/50	1B	QL (1 package / 25 days); \$0*
ADVAIR HFA AER 45/21	2	QL (1 package / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	2	QL (1 package / 25 days)
ADVAIR HFA AER 230/21	2	QL (1 package / 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package / 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package / 25 days)
SYMBICORT AER 80-4.5	2	QL (1 package / 25 days)
SYMBICORT AER 160-4.5	2	QL (1 package / 25 days)

XANTHINES

<i>aminophylline</i> SOLN 25mg/ml	1B	\$0*
ELIXOPHYLLIN ELIX 80mg/15ml	3	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theochron</i> TB12 100mg, 200mg, 300mg	1B	\$0*
<i>theophylline</i> SOLN 80mg/15ml; TB12 450mg; TB24 400mg, 600mg	1B	\$0*

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene</i> CREA .1%; GEL .1%, .3%	2	PA; PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel</i> 0.1-2.5%	1B	\$0*
<i>avita</i> CREA .025%; GEL .025%	2	PA; PA applies for members age 35 and older
BENZIQ GEL 5.25%	2	
BENZIQ LS GEL 2.75%	2	
<i>benziq wash</i> LIQD 5.25%	1B	\$0*
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1B	\$0*
<i>bp wash</i> LIQD 2.5%	1B	\$0*
<i>clindamycin phosphate (topical)</i> FOAM 1%; SWAB 1%	1B	\$0*
<i>clindamycin phosphate (topical)</i> GEL 1%	1B	QL (75g / 25 days); \$0*
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1B	QL (60mL / 25 days); \$0*
<i>ery</i> PADS 2%	1B	\$0*
<i>erythromycin (acne aid)</i> GEL 2%	1B	QL (60g / 25 days); \$0*
<i>erythromycin (acne aid)</i> PADS 2%	1B	\$0*
<i>erythromycin (acne aid)</i> SOLN 2%	1B	QL (60mL / 25 days); \$0*

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1B	PA; \$0*
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1B	\$0*
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere</i> GEL .04%, .1%	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

FLUOROPLEX CREA 1%	3	
<i>fluorouracil (topical)</i> CREA .5%, 5%; SOLN 2%, 5%	1B	\$0*
<i>imiquimod</i> CREA 5%	1B	\$0*
PICATO GEL .015%, .05%	3	

DERMATOLOGY, ANTIBIOTICS

BACTROBAN NASAL OINT 2%	3	
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1B	\$0*
IV PREP WIPE PAD	2	OTC
<i>mupirocin</i> OINT 2%	1B	QL (30g / 25 days); \$0*
<i>silver sulfadiazine</i> CREA 1%	1B	\$0*
<i>ssd</i> CREA 1%	1B	\$0*
SULFAMYLON CREA 85mg/gm	3	

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	1B	QL (120g / 25 days); \$0*
<i>ciclopirox</i> SHAM 1%	1B	QL (120mL / 25 days); \$0*
<i>ciclopirox</i> SOLN 8%	1B	\$0*
<i>ciclopirox olamine</i> CREA .77%	1B	QL (120g / 25 days); \$0*
<i>ciclopirox olamine</i> SUSP .77%	1B	QL (120mL / 25 days); \$0*
<i>clotrimazole (topical)</i> CREA 1%	1A	QL (120g / 25 days); \$0*
<i>clotrimazole (topical)</i> SOLN 1%	1B	QL (120mL / 25 days); \$0*
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1B	QL (60g / 25 days); \$0*
<i>clotrimazole w/ betamethasone lotion</i> 1-0.05%	2	QL (60mL / 25 days)
<i>econazole nitrate</i> CREA 1%	1B	QL (60g / 25 days); \$0*
ERTACZO CREA 2%	3	QL (60g / 25 days)

Drug Name	Drug Tier	Requirements/Limits
EXELDERM SOLN 1%	3	ST, QL (60mL / 21 days); PA**
<i>ketoconazole (topical)</i> CREA 2%	1B	QL (120g / 25 days); \$0*
MENTAX CREA 1%	3	QL (60g / 25 days)
<i>naftifine hcl</i> CREA 1%, 2%	1B	QL (60g / 25 days); \$0*
<i>nyamyc</i> POWD 100000unit/gm	1B	QL (120g / 25 days); \$0*
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm	1B	QL (120g / 25 days); \$0*
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1B	QL (60g / 25 days); \$0*
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1B	QL (60g / 25 days); \$0*
<i>nystop</i> POWD 100000unit/gm	1B	QL (120g / 25 days); \$0*
<i>sulconazole nitrate</i> CREA 1%	1B	ST, QL (60g / 21 days); PA**

DERMATOLOGY, ANTIPRURITIC

<i>doxepin hcl (antipruritic)</i> CREA 5%	3	ST, QL (90 grams / 25 days); PA**
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DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1B	\$0*
<i>calcipotriene</i> SOLN .005%	1B	\$0*
<i>calcitriol (topical)</i> OINT 3mcg/gm	3	
COSENTYX SOSY 150mg/ml	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	PA, QL (1 box / 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid</i> CAPS 10mg	1B	\$0*
<i>tazarotene</i> CREA .1%	1B	PA; \$0*
TAZORAC CREA .05%; GEL .05%, .1%	2	PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1B	\$0*
<i>selenium sulfide</i> LOTN 2.5%	1B	\$0*

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1A	QL (300g / 25 days); \$0*
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Drug Name	Drug Tier	Requirements/Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1B	QL (300g / 25 days); \$0*
<i>amcinonide</i> LOTN .1%	1B	QL (240mL / 25 days); \$0*
AMCINONIDE OINT .1%	2	QL (240g / 25 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1A	QL (240g / 25 days); \$0*
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1A	QL (240mL / 25 days); \$0*
<i>betamethasone dipropionate augmented</i> CREA .05%; OINT .05%	1A	QL (240g / 25 days); \$0*
<i>betamethasone dipropionate augmented</i> GEL .05%	1B	QL (240g / 25 days); \$0*
<i>betamethasone dipropionate augmented</i> LOTN .05%	1A	QL (240mL / 25 days); \$0*
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1A	QL (240g / 25 days); \$0*
<i>betamethasone valerate</i> LOTN .1%	1A	QL (240mL / 25 days); \$0*
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064%	3	
<i>clobetasol propionate</i> CREA .05%; FOAM .05%; GEL .05%; OINT .05%	2	QL (240g / 25 days)
<i>clobetasol propionate</i> LIQD .05%; SHAM .05%	2	QL (300mL / 25 days)
<i>clobetasol propionate</i> LOTN .05%; SOLN .05%	2	QL (240mL / 25 days)
<i>clocortolone pivalate</i> CREA .1%	1B	QL (240g / 25 days); \$0*
<i>desonide</i> CREA .05%; OINT .05%	2	QL (300g / 25 days)
<i>desonide</i> LOTN .05%	2	QL (300mL / 25 days)
<i>desoximetasone</i> CREA .25%; OINT .25%	1B	QL (240g / 25 days); \$0*
<i>fluocinolone acetonide</i> CREA .01%, .025%; OINT .025%	1B	QL (300g / 25 days); \$0*
<i>fluocinolone acetonide</i> OIL .01%; SOLN .01%	1B	QL (300mL / 25 days); \$0*
<i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05%	1B	QL (240g / 25 days); \$0*
<i>fluocinonide</i> SOLN .05%	1B	QL (240mL / 25 days); \$0*
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1B	QL (240g / 25 days); \$0*
<i>fluticasone propionate</i> LOTN .05%	1B	QL (300mL / 25 days); \$0*

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1B	QL (240g / 25 days); \$0*
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; OINT 2.5%	1A	QL (300g / 25 days); \$0*
<i>hydrocortisone (topical)</i> LOTN 2.5%	1A	QL (300mL / 25 days); \$0*
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	1B	QL (240g / 25 days); \$0*
<i>hydrocortisone butyrate</i> SOLN .1%	1B	QL (240mL / 25 days); \$0*
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1B	QL (240g / 25 days); \$0*
<i>mometasone furoate</i> CREA .1%; OINT .1%	1B	QL (240g / 25 days); \$0*
<i>mometasone furoate</i> SOLN .1%	1B	QL (240mL / 25 days); \$0*
<i>prednicarbate</i> CREA .1%; OINT .1%	1B	QL (240g / 25 days); \$0*
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; OINT .025%, .1%, .5%	1B	QL (240g / 25 days); \$0*
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	1B	QL (240mL / 25 days); \$0*
<i>triderm</i> CREA .1%	1B	QL (240g / 25 days); \$0*

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine</i> PTCH 5%	2	PA, QL (90 patches / 25 days)
<i>lidocaine hcl</i> GEL 2%; PRSY 2%	1B	QL (60mL / 25 days); \$0*
<i>lidocaine hcl</i> SOLN 4%	1B	QL (50mL / 25 days); \$0*
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1B	QL (30gm / 25 days); \$0*
<i>lidocaine-prilocaine cream kit</i> 2.5-2.5%	1B	\$0*
<i>pramox gel</i> GEL 1%	1B	\$0*
SYNERA DIS 70-70MG	3	QL (2 patches / 25 days)
<i>7t lido gel</i> GEL 2%	1B	QL (30gm / 25 days); \$0*

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

CONDYLOX GEL .5%	3	
DENAVIR CREA 1%	3	
<i>diclofenac sodium (topical)</i> GEL 1%	1B	QL (300g / 25 days); \$0*
EUCRISA OINT 2%	2	PA, QL (60 grams / 25 days)

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply 90

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 10%, 12%	1B	\$0*
<i>podofilox</i> SOLN .5%	1B	\$0*
RECTIV OINT .4%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	3	
TARGRETIN GEL 1%	4	PA
VOLTAREN GEL 1%	1B	QL (300g / 25 days), OTC; \$0*
DERMATOLOGY, ROSACEA		
<i>azelaic acid</i> GEL 15%	1B	PA; \$0*
FINACEA AER 15% FOAM 15%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1B	\$0*
<i>metronidazole (topical)</i> LOTN .75%	2	
MIRVASO GEL .33%	3	
<i>rosadan</i> CREA .75%	1B	\$0*
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10%	1B	\$0*
EURAX CREA 10%	3	
<i>lindane</i> SHAM 1%	1B	\$0*
<i>malathion</i> LOTN .5%	1B	\$0*
<i>permethrin</i> CREA 5%	1B	\$0*
SKLICE LOTN .5%	3	PA
<i>spinosad</i> SUSP .9%	1B	\$0*
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1B	\$0*
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1B	\$0*
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1A	\$0*
<i>clotrimazole</i> TROC 10mg	1B	\$0*
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%, 4%	1B	\$0*
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1B	\$0*
<i>oralone dental paste</i> PSTE .1%	1B	\$0*
ORAVIG TABS 50mg	3	QL (14 tabs / 25 days)
<i>periogard</i> SOLN .12%	1A	\$0*
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1B	\$0*
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1B	\$0*
OTIC		
<i>acetic acid (otic)</i> SOLN 2%	1B	\$0*

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Drug Name	Drug Tier	Requirements/Limits
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1B	\$0*
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1B	\$0*
<i>neomycin-polymyxin-hc otic soln 1%</i>	1B	\$0*
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1B	\$0*
<i>ofloxacin (otic) SOLN .3%</i>	1B	\$0*

\$0* - \$0 when prescribed by an Oscar Virtual Care provider **OTC** - Over the counter **PA** - Prior Authorization **PA**** - PA Applies if Step is Not Met **QL** - Quantity Limits **ST** - Step Therapy **^**-Insulin Cost-Sharing cap will apply

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<i>AMITIZA</i>	66	<i>160 mg</i>	30
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<i>amlodipine besylate</i>	36	<i>320 mg</i>	30
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<i>calcium tab 10-10 mg</i>	35	<i>160 mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab 5-</i>	
<i>calcium tab 10-20 mg</i>	35	<i>320 mg</i>	30
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 10-40 mg</i>	35	<i>hydrochlorothiazide tab 10-160-12.5</i>	
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<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 10-160-25</i>	
<i>calcium tab 2.5-10 mg</i>	35	<i>mg</i>	31
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine-valsartan-</i>	
<i>calcium tab 2.5-20 mg</i>	35	<i>hydrochlorothiazide tab 10-320-25</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>mg</i>	31
<i>calcium tab 2.5-40 mg</i>	35	<i>amlodipine-valsartan-</i>	
<i>amlodipine besylate-atorvastatin</i>		<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>calcium tab 5-10 mg</i>	35	<i>mg</i>	30
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<i>amlodipine besylate-atorvastatin</i>		<i>amoxicillin</i>	20
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<i>amlodipine besylate-benazepril hcl cap</i>		<i>200-28.5 mg</i>	20
<i>10-20 mg</i>	28	<i>amoxicillin & k clavulanate chew tab</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>400-57 mg</i>	20
<i>10-40 mg</i>	28	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>200-28.5 mg/5ml</i>	20
<i>2.5-10 mg</i>	28	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>250-62.5 mg/5ml</i>	20
<i>5-10 mg</i>	28	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>400-57 mg/5ml</i>	20
<i>5-20 mg</i>	28	<i>amoxicillin & k clavulanate for susp</i>	
<i>amlodipine besylate-benazepril hcl cap</i>		<i>600-42.9 mg/5ml</i>	20
<i>5-40 mg</i>	28	<i>amoxicillin & k clavulanate tab 250-125</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	20
<i>medoxomil tab 10-20 mg</i>	30	<i>amoxicillin & k clavulanate tab 500-125</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	20
<i>medoxomil tab 10-40 mg</i>	30	<i>amoxicillin & k clavulanate tab 875-125</i>	
<i>amlodipine besylate-olmesartan</i>		<i>mg</i>	20
<i>medoxomil tab 5-20 mg</i>	30	<i>amoxicillin & k clavulanate tab er 12hr</i>	
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<i>amphetamine-dextroamphetamine tab</i>		<i>atazanavir sulfate</i>	14
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<i>bacitracin-polymyxin-neomycin-hc</i>		10-6.25 mg	34
<i>ophth oint 1%</i>	79	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>baclofen</i>	51	2.5-6.25 mg	34
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<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>brompheniramine tannate</i>	82
3%.....	86	<i>budesonide</i>	65
<i>benztropine mesylate</i>	44	<i>budesonide (inhalation)</i>	85
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<i>betamethasone dipropionate (topical)</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
.....	89	12-3 mg (base equiv).....	2
<i>betamethasone dipropionate</i>		<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>augmented</i>	89	2-0.5 mg (base equiv).....	2
<i>betamethasone valerate</i>	89	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BETASERON.....	50	4-1 mg (base equiv)	2
<i>betaxolol hcl</i>	34	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>betaxolol hcl (ophth)</i>	80	8-2 mg (base equiv)	2
<i>bethanechol chloride</i>	68	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BETIMOL	80	2-0.5 mg (base equiv).....	2
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<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv)	2
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<i>butalbital-acetaminophen-caffeine cap</i>	
50-300-40 mg	1
<i>butalbital-acetaminophen-caffeine cap</i>	
50-325-40 mg	1
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg	1
<i>butalbital-aspirin-caffeine cap</i> 50-325-	
40 mg	1
<i>butorphanol tartrate</i>	3
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<i>captopril & hydrochlorothiazide tab</i> 25-	
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<i>carbidopa & levodopa tab er</i> 25-100	
mg	45
<i>carbidopa & levodopa tab er</i> 50-200	
mg	45
<i>carbidopa-levodopa-entacapone tabs</i>	
12.5-50-200 mg	45
<i>carbidopa-levodopa-entacapone tabs</i>	
18.75-75-200 mg	45
<i>carbidopa-levodopa-entacapone tabs</i>	
25-100-200 mg	45
<i>carbidopa-levodopa-entacapone tabs</i>	
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diclofenac sodium	1	doxepin hcl (antipruritic)	88
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