



2025 FORMULARY

(LIST OF COVERED DRUGS)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

FORMULARY ID 25256, VERSION 8

ASTIVA HEALTH MEMBER SERVICES

1-866-688-9021 (TTY: 711)

Hours of Operation are:

8:00AM to 8:00PM, seven days a week, from October 1 - March 31

8:00AM to 8:00PM, Monday to Friday, April 1 - September 30

Visit our website: www.astivahealth.com

PHARMACY HELP DESK

1-833-697-6561

Hours of Operation are:

24 hours a day, 7 days a week

THIS FORMULARY WAS UPDATED ON 01/01/2025. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, PLEASE CONTACT ASTIVA HEALTH INC'S MEMBER SERVICES AT 1-866-688-9021, (TTY USERS SHOULD CALL 711), SEVEN DAYS A WEEK, OCTOBER 1ST – MARCH 31ST 8:00AM TO 8:00PM, MONDAY – FRIDAY, EXCEPT MAJOR HOLIDAYS, APRIL 1ST – SEPTEMBER 30TH 8:00 AM TO 8:00 PM, OR VISIT WWW.ASTIVAHEALTH.COM.

H1993_Formulary_2025_C

2025 Part D Comprehensive Formulary

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to “we,” “us”, or “our,” it means Astiva Health. When it refers to “plan” or “our plan,” it means Astiva Health Savings Plan (HMO) 001, Astiva Health Savings Plan - NorCal (HMO) 011, Astiva Health Premier Plan (HMO) 010, Astiva Health Premier Plan (HMO) - NorCal 012, Astiva Health C-SNP Deluxe (HMO C-SNP) 007, Astiva Health C-SNP WOW (HMO C-SNP) 008, or Astiva Health C-SNP WOW - NorCal (HMO C-SNP) 013.

This document includes list of the drugs (formulary) for our plan which is current as of **01/01/2025**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Astiva Health, Inc Formulary?

A formulary is a list of covered drugs selected by Astiva Health, Inc 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. Astiva Health, Inc will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at Astiva Health, Inc network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Astiva Health, Inc may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the 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. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Astiva Health, Inc’s 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Astiva Health's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **01/01/2025**. To get updated information about the drugs covered by Astiva Health, Inc, please contact us. Our contact information appears on the front and back cover pages. In the case of non-maintenance changes to the formulary throughout the plan year, Astiva Health, Inc. may make changes via errata sheets mailed to you.

How do I use the Formulary? There are two ways to find your drug within the formulary:

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, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Formulary 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 I-1. 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?

Astiva Health, Inc 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:** Astiva Health, Inc requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Astiva Health, Inc before you fill your prescriptions. If you don't get approval, Astiva Health, Inc may not cover the drug.
- **Quantity Limits:** For certain drugs, Astiva Health, Inc limits the amount of the drug that Astiva Health, Inc will cover. For example, Astiva Health, Inc provides 9 tablets per prescription for sumatriptan. This may be in addition to a standard one month or three-month supply.
- **Step Therapy:** In some cases, Astiva Health, Inc 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, Astiva Health, Inc may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Astiva Health, Inc 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. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Astiva Health, Inc to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Astiva Health, Inc formulary?" on page "v" for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Astiva Health, Inc does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Astiva Health, Inc. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Astiva Health, Inc.
- You can ask Astiva Health, Inc to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Astiva Health, Inc's Formulary?

You can ask Astiva Health, Inc to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Astiva Health, Inc limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For members who are outside their transition period, and experience a level of care change, in which member is changing from one treatment setting to another (example: LTC to hospital to LTC, hospital to home, home to LTC), upon admission or discharge from a treatment setting or LTC, Astiva Health Inc. will allow the member access to a refill equal to a one-month supply for formulary medications and an emergency one month supply transition fill for non-formulary medications (including Part D drugs that are on Astiva Health's formulary but require prior authorization or step therapy).

This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.

To the extent that an enrollee is outside his or her 90-day transition period, and is in the outpatient setting, The Organization will still provide an emergency supply of non-formulary medications (including Part D drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), on a case by case basis, while an exception request is being processed. To the extent that an enrollee is outside his or her 90-day transition period, and is in the LTC setting, The Organization will still provide an emergency supply of Part D covered non-formulary medications (including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), while an exception request is being processed.

For more information

For more detailed information about your Astiva Health, Inc prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Astiva Health, Inc, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Astiva Health, Inc Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Astiva Health, Inc. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1. The first column of the chart lists the drug name. Brand name drugs

are capitalized (e.g., IBU ORAL TABLET) and generic drugs are listed in lower-case italics

(e.g., *ibuprofen oral tablet*).

Astiva CSNP 2025 6-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

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Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

6: Select Care

EX: Excluded Drug; Enhancement Covered; Quantity Limit (amount per days); This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you may not be eligible to receive extra help to pay for this drug through other programs.

HI: Home Infusion - This prescription drug is covered under our medical benefit. For more information, call Member Services at 1-833-697-6561, 7 days a week, 24 hours a day. TTY/TDD users should call 711.

MO: Mail Order Eligible - This prescription may also be available via mail.

NDS: Non-Extended Day Supply - This medication is limited to a 30 days supply per fill, including mail order.

PA: Prior Authorization - You (or your physician) are required to get prior authorization from Astiva Health Plan before you fill your prescription for this drug. Without prior approval, Astiva Health Plan may not cover this drug.

PA BvD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

setting of the drug to make the determination.

PA NSO: Prior Authorization - New Starts - A member new to a drug therapy. The first time a member has taken that specific drug with utilization management (UM) that specifies a process that requires members to obtain advanced approval for coverage from the plan before a service is rendered or a prescription is filled.

PA-HRM: Prior Authorization - High Risk Medications - High Risk medications that require a prior authorization.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------------|
| ANALGESICS | | |
| <i>Analgesics, Miscellaneous</i> | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml</i> | 1 | QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | 1 | QL (360 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | 1 | QL (180 per 30 days) |
| <i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i> (Butrans) | 2 | QL (4 per 28 days) |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> | 2 | PA; PA-HRM; QL (180 per 30 days) |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i> (Fioricet) | 4 | PA; NDS; PA-HRM; QL (180 per 30 days) |
| <i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> (Esgic) | 4 | PA; NDS; PA-HRM; QL (180 per 30 days) |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i> (Bac) | 1 | PA; PA-HRM; QL (180 per 30 days) |
| <i>endocet oral tablet 10-325 mg</i> (Endocet) | 2 | QL (180 per 30 days) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2 | QL (360 per 30 days) |
| <i>endocet oral tablet 7.5-325 mg</i> (Endocet) | 2 | QL (240 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i> | 5 | PA; NDS; QL (120 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle 200 mcg</i> | 2 | PA; QL (120 per 30 days) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 2 | QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i> | 2 | QL (2700 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i> | 1 | QL (180 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> | 1 | QL (240 per 30 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i> (Dilaudid) | 1 | QL (180 per 30 days) |
| <i>hydromorphone hcl oral tablet 8 mg</i> (Dilaudid) | 2 | QL (180 per 30 days) |
| <i>methadone hcl oral tablet 10 mg</i> | 1 | QL (120 per 30 days) |
| <i>methadone hcl oral tablet 5 mg</i> | 1 | QL (180 per 30 days) |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | 1 | PA; QL (180 per 30 days) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin) | 2 | QL (60 per 30 days) |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i> (MS Contin) | 2 | QL (90 per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML | 1 | QL (700 per 30 days) |
| MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML | 1 | QL (300 per 30 days) |
| MORPHINE SULFATE ORAL TABLET 15 MG | 4 | NDS; QL (180 per 30 days) |
| MORPHINE SULFATE ORAL TABLET 30 MG | 4 | NDS; QL (120 per 30 days) |
| <i>oxycodone hcl oral capsule 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone hcl oral tablet 10 mg, 5 mg</i> | 2 | QL (180 per 30 days) |
| <i>oxycodone hcl oral tablet 15 mg, 30 mg</i> (Roxicodone) | 2 | QL (120 per 30 days) |
| <i>oxycodone hcl oral tablet 20 mg</i> | 2 | QL (120 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet) | 2 | QL (180 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet) | 2 | QL (360 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet) | 2 | QL (240 per 30 days) |
| <i>tramadol hcl oral tablet 50 mg</i> | 1 | QL (240 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 1 | QL (300 per 30 days) |
| Nonsteroidal Anti-Inflammatory Agents | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (CeleBREX) | 2 | MO; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | 2 | MO; QL (120 per 30 days) |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i> | 2 | MO |
| <i>diclofenac sodium external gel 1 %</i> (Aleve Arthritis Pain) | 1 | QL (1000 per 30 days) |
| <i>diclofenac sodium external solution 1.5 %</i> | 2 | QL (300 per 30 days) |
| <i>diclofenac sodium external solution 2 %</i> (Pennsaid) | 5 | PA; NDS; QL (224 per 28 days) |
| <i>diclofenac sodium oral tablet delayed release 25 mg</i> | 1 | MO |
| <i>diclofenac sodium oral tablet delayed release 50 mg</i> | 1 | MO; QL (120 per 30 days) |
| <i>diclofenac sodium oral tablet delayed release 75 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> (Arthrotec) | 2 | MO |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 2 | MO |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | 2 | MO |
| <i>etodolac oral tablet 500 mg</i> | 2 | MO |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | MO |
| FLURBIPROFEN ORAL TABLET 50 MG | 1 | MO |
| <i>ibu oral tablet 400 mg</i> (IBU) | 1 | MO; QL (240 per 30 days) |
| <i>ibu oral tablet 600 mg, 800 mg</i> (IBU) | 1 | MO |
| <i>ibuprofen oral tablet 400 mg</i> (IBU) | 1 | MO; QL (240 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU) | 1 | MO |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 1 | PA; MO; PA-HRM |
| <i>ketorolac tromethamine oral tablet 10 mg</i> | 1 | PA; PA-HRM; QL (20 per 30 days) |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | MO |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 1 | MO |
| <i>naproxen oral tablet 250 mg, 375 mg</i> | 1 | MO |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | 1 | MO |
| <i>naproxen oral tablet delayed release 375 mg</i> (EC-Naprosyn) | 1 | MO |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | MO |
| ANESTHETICS | | |
| Local Anesthetics | | |
| <i>glydo external prefilled syringe 2 %</i> (Glydo) | 1 | QL (30 per 30 days) |
| <i>lidocaine external ointment 5 %</i> | 2 | PA; QL (240 per 30 days) |
| <i>lidocaine external patch 5 %</i> (Lidocan) | 2 | PA; QL (90 per 30 days) |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i> (Glydo) | 1 | QL (30 per 30 days) |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i> | 1 | |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i> | 1 | PA; QL (30 per 30 days) |
| <i>lidocan external patch 5 %</i> (Lidocan) | 2 | PA; QL (90 per 30 days) |
| ZTLIDO EXTERNAL PATCH 1.8 % | 3 | PA; QL (90 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | | |
| <i>Anti-Addiction/Substance Abuse Treatment Agents</i> | | |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i> | 2 | MO |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i> | 2 | QL (90 per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> (Suboxone) | 4 | NDS; QL (60 per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone) | 4 | NDS; QL (90 per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i> | 1 | QL (90 per 30 days) |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i> | 1 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 2 | MO |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML | 3 | QL (4 per 30 days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | 1 | |
| <i>naloxone hcl injection solution cartridge 0.4 mg/ml</i> | 2 | |
| <i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i> | 2 | |
| <i>naloxone hcl nasal liquid 4 mg/0.1ml</i> (Narcan) | 2 | QL (4 per 30 days) |
| <i>naltrexone hcl oral tablet 50 mg</i> | 2 | |
| NICOTROL NS NASAL SOLUTION 10 MG/ML | 4 | NDS; QL (240 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i> | 2 | |
| <i>varenicline tartrate oral tablet 0.5 mg</i> | 2 | QL (336 per 365 days) |
| VARENICLINE TARTRATE ORAL TABLET 1 MG | 2 | QL (336 per 365 days) |
| <i>varenicline tartrate oral tablet 1 mg (56 pack)</i> (Chantix) | 2 | QL (336 per 365 days) |
| ANTI-ANXIETY AGENTS | | |
| Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax) | 1 | QL (120 per 30 days) |
| <i>alprazolam oral tablet 2 mg</i> (Xanax) | 1 | QL (150 per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | QL (120 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> (KlonoPIN) | 1 | QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> (KlonoPIN) | 1 | QL (300 per 30 days) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 2 | QL (90 per 30 days) |
| <i>clonazepam oral tablet dispersible 2 mg</i> | 2 | QL (300 per 30 days) |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 4 | NDS; QL (180 per 30 days) |
| <i>diazepam injection solution 5 mg/ml</i> | 1 | QL (10 per 28 days) |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | 2 | QL (1200 per 30 days) |
| <i>diazepam oral solution 5 mg/5ml</i> | 2 | QL (1200 per 30 days) |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | 1 | QL (120 per 30 days) |
| <i>lorazepam injection solution 2 mg/ml</i> (Ativan) | 1 | QL (2 per 30 days) |
| <i>lorazepam injection solution 4 mg/ml</i> (Ativan) | 4 | NDS; QL (2 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 1 | QL (150 per 30 days) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan) | 1 | QL (90 per 30 days) |
| <i>lorazepam oral tablet 2 mg</i> (Ativan) | 1 | QL (150 per 30 days) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril) | 1 | QL (30 per 30 days) |
| <i>temazepam oral capsule 22.5 mg</i> (Restoril) | 2 | QL (30 per 30 days) |
| <i>temazepam oral capsule 7.5 mg</i> (Restoril) | 2 | QL (120 per 30 days) |
| <i>triazolam oral tablet 0.125 mg</i> | 2 | QL (120 per 30 days) |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion) | 2 | QL (60 per 30 days) |
| ANTIBACTERIALS | | |
| Aminoglycosides | | |
| <i>amikacin sulfate injection solution 500 mg/2ml</i> | 2 | HI |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML | 5 | PA; NDS; QL (235.2 per 28 days) |
| <i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | 2 | HI |
| <i>neomycin sulfate oral tablet 500 mg</i> | 2 | |
| <i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i> | 5 | NDS |
| TOBI PODHALER INHALATION CAPSULE 28 MG | 5 | NDS; QL (224 per 28 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak) | 5 | PA BvD; NDS |
| <i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak) | 5 | PA BvD; NDS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i> | 2 | HI |
| Antibacterials, Miscellaneous | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>clindamycin phosphate injection</i> (Cleocin Phosphate) <i>solution 300 mg/2ml, 600 mg/4ml,</i> <i>900 mg/6ml, 9000 mg/60ml</i> | 2 | HI |
| <i>colistimethate sodium (cba)</i> (Coly-Mycin M) <i>injection solution reconstituted</i> <i>150 mg</i> | 5 | HI; NDS |
| DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG | 5 | HI; NDS |
| <i>daptomycin intravenous solution</i> <i>reconstituted 500 mg</i> | 5 | HI; NDS |
| <i>linezolid intravenous solution 600</i> (Zyvox) <i>mg/300ml</i> | 2 | HI |
| <i>linezolid oral suspension</i> (Zyvox) <i>reconstituted 100 mg/5ml</i> | 5 | NDS |
| <i>linezolid oral tablet 600 mg</i> (Zyvox) | 2 | |
| <i>methenamine hippurate oral</i> (Hiprex) <i>tablet 1 gm</i> | 2 | |
| <i>metronidazole intravenous</i> <i>solution 500 mg/100ml</i> | 1 | HI |
| <i>metronidazole oral tablet 250 mg,</i> <i>500 mg</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral</i> (Macrochantin) <i>capsule 100 mg, 50 mg</i> | 1 | QL (120 per 30 days) |
| <i>nitrofurantoin monohyd macro</i> (Macrobid) <i>oral capsule 100 mg</i> | 1 | QL (60 per 30 days) |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| <i>vancomycin hcl intravenous</i> <i>solution reconstituted 1 gm, 10</i> <i>gm, 5 gm, 500 mg, 750 mg</i> | 2 | |
| VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM | 2 | |
| <i>vancomycin hcl oral capsule 125</i> (Vancocin) <i>mg</i> | 2 | QL (56 per 14 days) |
| <i>vancomycin hcl oral capsule 250</i> (Vancocin) <i>mg</i> | 2 | QL (112 per 14 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 5 | PA; NDS; QL (90 per 30 days) |
| Cephalosporins | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i> | 2 | |
| <i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i> | 2 | HI |
| <i>cefdinir oral capsule 300 mg</i> | 1 | |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>cefepime hcl injection solution reconstituted 1 gm</i> | 2 | HI |
| <i>cefepime hcl intravenous solution reconstituted 2 gm</i> | 2 | HI |
| <i>cefixime oral capsule 400 mg</i> | 4 | NDS |
| <i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i> | 2 | HI |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i> | 4 | NDS |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | 2 | |
| <i>ceftazidime injection solution (Tazicef) reconstituted 1 gm</i> | 2 | HI |
| <i>ceftazidime injection solution reconstituted 6 gm</i> | 2 | HI |
| <i>ceftazidime intravenous solution (Tazicef) reconstituted 2 gm</i> | 2 | HI |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i> | 2 | HI |
| <i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i> | 2 | HI |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>cefuroxime sodium injection solution reconstituted 750 mg</i> | 2 | HI |
| <i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i> | 2 | HI |
| <i>cephalexin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| <i>tazicef injection solution reconstituted 1 gm</i> (Tazicef) | 2 | HI |
| <i>tazicef intravenous solution reconstituted 2 gm</i> (Tazicef) | 2 | HI |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM | 2 | HI |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG | 5 | HI; NDS |
| Macrolides | | |
| <i>azithromycin intravenous solution reconstituted 500 mg</i> (Zithromax) | 2 | HI |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> (Zithromax) | 2 | |
| <i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i> (Zithromax) | 1 | |
| <i>azithromycin oral tablet 600 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i> | 2 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| DIFICID ORAL TABLET 200 MG | 5 | NDS; QL (20 per 10 days) |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i> | 4 | NDS |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> (E.E.S. Granules) | 4 | NDS |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> (EryPed 400) | 4 | NDS |
| Miscellaneous B-Lactam Antibiotics | | |
| <i>aztreonam injection solution reconstituted 1 gm, 2 gm</i> (Azactam) | 2 | HI |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG | 5 | PA; NDS |
| <i>ertapenem sodium injection solution reconstituted 1 gm</i> | 2 | HI |
| <i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i> | 2 | HI |
| <i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i> (Primaxin IV) | 2 | HI |
| <i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i> | 2 | HI |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i> (Augmentin ES-600) | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i> | 4 | NDS |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| <i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i> | 2 | HI |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i> | 2 | HI |
| <i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> (Unasyn) | 2 | HI |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i> (Unasyn) | 2 | HI |
| BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML | 4 | NDS |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT | 4 | NDS |
| LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT | 4 | NDS |
| <i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i> | 2 | HI |
| <i>nafcillin sodium intravenous solution reconstituted 10 gm</i> | 2 | HI |
| <i>penicillin g potassium injection (Pfizerpen) solution reconstituted 20000000 unit</i> | 2 | HI |
| <i>penicillin g procaine intramuscular suspension 600000 unit/ml</i> | 2 | |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i> | 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i> | 2 | HI |
| Quinolones | | |
| <i>ciprofloxacin hcl oral tablet 250 (Cipro) mg, 500 mg</i> | 1 | |
| <i>ciprofloxacin hcl oral tablet 750 mg</i> | 1 | |
| <i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i> | 2 | HI |
| <i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i> | 2 | HI |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levofloxacin oral solution 25 mg/ml</i> | 4 | NDS |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML | 2 | HI |
| <i>moxifloxacin hcl oral tablet 400 mg</i> | 2 | |
| Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> (Sulfatrim Pediatric) | 2 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | 1 | |
| Tetracyclines | | |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i> | 4 | NDS |
| <i>doxy 100 intravenous solution reconstituted 100 mg</i> (Doxy 100) | 2 | HI |
| <i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> (Doxy 100) | 2 | HI |
| <i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin) | 2 | |
| <i>doxycycline hyclate oral capsule 50 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet 50 mg</i> (TargaDOX) | 2 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | 1 | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | 1 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>doxycycline monohydrate oral capsule 50 mg</i> | 1 | |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i> | 2 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i> | 2 | |
| <i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i> | 4 | NDS |
| TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | 5 | HI; NDS |
| ANTICANCER AGENTS | | |
| <i>Anticancer Agents</i> | | |
| <i>abiraterone acetate oral tablet 250 mg, 500 mg</i> (Zytiga) | 5 | PA NSO; NDS; QL (120 per 30 days) |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ALECENSA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG | 5 | PA NSO; NDS |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | 1 | MO |
| ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML | 5 | PA NSO; NDS; QL (1.6 per 28 days) |
| AUGTYRO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>azacitidine injection suspension</i> (Vidaza) <i>reconstituted 100 mg</i> | 5 | NDS |
| BALVERSA ORAL TABLET 3 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| BALVERSA ORAL TABLET 4 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| BALVERSA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| BENDAMUSTINE HCL (bendamustine hcl) INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS |
| <i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i> (Treanda) | 5 | PA NSO; NDS |
| BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl) | 5 | PA NSO; NDS |
| <i>bexarotene external gel 1 %</i> (Targretin) | 5 | PA NSO; NDS |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | 5 | PA NSO; NDS |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | 1 | |
| <i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i> | 1 | |
| <i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i> | 4 | PA NSO; NDS |
| <i>bortezomib injection solution reconstituted 3.5 mg</i> (Velcade) | 4 | PA NSO; HI; NDS |
| BOSULIF ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BOSULIF ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| BRUKINSA ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| CABOMETYX ORAL TABLET 20 MG, 60 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CALQUENCE ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG | 5 | PA NSO; NDS |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG | 5 | PA NSO; NDS |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| COTELLIC ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (63 per 28 days) |
| <i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i> | 5 | PA BvD; NDS |
| <i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i> | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML | 5 | PA BvD; NDS |
| CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG | 2 | PA BvD; ST |
| <i>cyclophosphamide oral capsule 50 mg</i> | 2 | PA BvD; ST |
| <i>cyclophosphamide oral tablet 25 mg</i> | 3 | PA BvD; ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | PA BvD; ST |
| DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML | 5 | PA NSO; NDS; QL (120 per 28 days) |
| <i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel) | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>dasatinib oral tablet 20 mg</i> (Sprycel) | 5 | PA NSO; NDS; QL (90 per 30 days) |
| DAURISMO ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>decitabine intravenous solution reconstituted 50 mg</i> | 5 | HI; NDS |
| <i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i> (Doxil) | 5 | PA BvD; NDS |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG | 4 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML | 5 | PA NSO; NDS |
| ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML | 5 | PA NSO; NDS; QL (9.5 per 28 days) |
| EMCYT ORAL CAPSULE 140 MG | 5 | NDS |
| EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML | 5 | PA NSO; NDS |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML | 5 | PA NSO; HI; NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| ERLEADA ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ERLEADA ORAL TABLET 60 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| <i>erlotinib hcl oral tablet 100 mg</i> (Tarceva) | 5 | PA NSO; NDS; QL (60 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| <i>erlotinib hcl oral tablet 150 mg</i> (Tarceva) | 5 | PA NSO; NDS; QL (90 per 30 days) |
| <i>erlotinib hcl oral tablet 25 mg</i> | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 4 | HI; NDS |
| <i>etoposide intravenous solution 100 mg/5ml</i> | 2 | HI |
| <i>everolimus oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (56 per 28 days) |
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (28 per 28 days) |
| <i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | 5 | PA NSO; NDS; QL (112 per 28 days) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | 2 | MO |
| EXKIVITY ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL | 5 | PA BvD; NDS |
| FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG | 3 | PA BvD |
| <i>floxuridine injection solution reconstituted 0.5 gm</i> | 1 | PA BvD |
| <i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i> | 2 | PA BvD |
| FLUTAMIDE ORAL CAPSULE 125 MG | 2 | |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| FRUZAQLA ORAL CAPSULE 1 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| FRUZAQLA ORAL CAPSULE 5 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------------|
| <i>fulvestrant intramuscular solution (Faslodex) prefilled syringe 250 mg/5ml</i> | 5 | NDS |
| FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA NSO; NDS |
| GAVRETO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| <i>gefitinib oral tablet 250 mg (Iressa)</i> | 5 | PA NSO; NDS; QL (60 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| GLEOSTINE ORAL CAPSULE 10 MG | 4 | NDS |
| GLEOSTINE ORAL CAPSULE 100 MG, 40 MG | 5 | NDS |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML | 5 | PA NSO; NDS; QL (5 per 21 days) |
| HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| <i>hydroxyurea oral capsule 500 mg (Hydrea)</i> | 1 | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i> | 2 | |
| <i>ifosfamide intravenous solution reconstituted 1 gm (Ifex)</i> | 2 | |
| <i>imatinib mesylate oral tablet 100 mg (Gleevec)</i> | 2 | PA NSO; QL (180 per 30 days) |
| <i>imatinib mesylate oral tablet 400 mg (Gleevec)</i> | 2 | PA NSO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| IMBRUVICA ORAL CAPSULE 140 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 5 | PA NSO; NDS; QL (216 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG | 5 | PA NSO; NDS |
| IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML | 5 | PA NSO; NDS |
| INLYTA ORAL TABLET 1 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| INQOVI ORAL TABLET 35-100 MG | 5 | PA NSO; NDS; QL (5 per 28 days) |
| INREBIC ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| IWILFIN ORAL TABLET 192 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| JAYPIRCA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML | 5 | PA NSO; NDS |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 4 | PA BvD; ST; NDS |
| KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML | 5 | PA NSO; NDS; QL (8 per 21 days) |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML | 5 | PA NSO; NDS; QL (2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (42 per 28 days) |
| KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (63 per 28 days) |
| KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (49 per 28 days) |
| KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (70 per 28 days) |
| KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG | 5 | PA NSO; NDS; QL (91 per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| KOSELUGO ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| KRAZATI ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>lapatinib ditosylate oral tablet 250 mg</i> (Tykerb) | 5 | PA NSO; NDS |
| LAZCLUZE ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| LAZCLUZE ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | 5 | PA NSO; NDS; QL (28 per 28 days) |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG | 5 | PA NSO; NDS |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG | 5 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG | 5 | PA NSO; NDS |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG | 5 | PA NSO; NDS |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG | 5 | PA NSO; NDS |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG | 5 | PA NSO; NDS |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG | 5 | PA NSO; NDS |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG | 5 | PA NSO; NDS |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | 1 | MO |
| LEUKERAN ORAL TABLET 2 MG | 5 | NDS |
| LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG | 4 | PA NSO; NDS |
| <i>leuprolide acetate injection kit 1 mg/0.2ml</i> | 2 | PA NSO |
| LONSURF ORAL TABLET 15- 6.14 MG | 5 | PA NSO; NDS; QL (100 per 28 days) |
| LONSURF ORAL TABLET 20- 8.19 MG | 5 | PA NSO; NDS; QL (80 per 28 days) |
| LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML | 5 | PA NSO; NDS |
| LORBRENA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUMAKRAS ORAL TABLET 120 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| LUMAKRAS ORAL TABLET 320 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML | 5 | PA NSO; NDS |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA NSO; NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| LYSODREN ORAL TABLET 500 MG | 5 | NDS |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG | 5 | PA NSO; NDS; QL (140 per 28 days) |
| MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML | 5 | PA NSO; NDS |
| MATULANE ORAL CAPSULE 50 MG | 5 | NDS |
| <i>megestrol acetate oral tablet 20 mg, 40 mg</i> | 1 | PA NSO; PA-HRM |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML | 5 | PA NSO; NDS; QL (1260 per 30 days) |
| MEKINIST ORAL TABLET 0.5 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| MEKTOVI ORAL TABLET 15 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>mercaptopurine oral tablet 50 mg</i> | 2 | |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i> | 1 | |
| <i>methotrexate sodium injection solution 50 mg/2ml</i> | 1 | |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i> | 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | PA BvD; ST |
| <i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i> | 1 | HI |
| MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; HI; NDS |
| NERLYNX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | 5 | NDS |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (3 per 28 days) |
| NUBEQA ORAL TABLET 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | 5 | PA NSO; NDS |
| OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| OGSIVEO ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML | 5 | PA NSO; NDS; QL (96 per 28 days) |
| OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK) | 5 | PA NSO; NDS; QL (24 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| ONUREG ORAL TABLET 200 MG, 300 MG | 5 | PA NSO; NDS; QL (14 per 28 days) |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML | 5 | PA NSO; NDS |
| OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML | 5 | PA NSO; NDS |
| ORSERDU ORAL TABLET 345 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ORSERDU ORAL TABLET 86 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG | 5 | PA BvD; HI; NDS |
| <i>pazopanib hcl oral tablet 200 mg</i> (Votrient) | 5 | PA NSO; NDS; QL (120 per 30 days) |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML | 5 | HI; NDS |
| <i>pemetrexed disodium intravenous solution 850 mg/34ml</i> | 5 | NDS |
| <i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i> | 5 | HI; NDS |
| <i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i> | 5 | HI; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | HI; NDS |
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG | 5 | PA NSO; NDS; QL (28 per 28 days) |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 5 | PA NSO; NDS; QL (21 per 28 days) |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML | 5 | NDS |
| QINLOCK ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| RETEVMO ORAL TABLET 120 MG, 160 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| RETEVMO ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| RETEVMO ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| REZLIDHIA ORAL CAPSULE 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |
| RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML | 5 | PA NSO; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| ROZLYTREK ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ROZLYTREK ORAL PACKET 50 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |
| RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML | 5 | PA NSO; NDS |
| RYDAPT ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (224 per 28 days) |
| RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG | 5 | PA NSO; NDS |
| SCEMBLIX ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| SCEMBLIX ORAL TABLET 20 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| SCEMBLIX ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| SOLTAMOX ORAL SOLUTION 10 MG/5ML | 5 | NDS |
| <i>sorafenib tosylate oral tablet 200 mg</i> (NexAVAR) | 5 | PA NSO; NDS; QL (120 per 30 days) |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib) | 5 | PA NSO; NDS; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG (dasatinib) | 5 | PA NSO; NDS; QL (90 per 30 days) |
| STIVARGA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | 5 | PA NSO; NDS; QL (28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG | 5 | PA NSO; NDS |
| TABLOID ORAL TABLET 40 MG | 4 | NDS |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG | 5 | PA NSO; NDS; QL (900 per 30 days) |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML | 5 | PA NSO; NDS |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>tamoxifen citrate oral tablet 10 mg, 20 mg</i> | 1 | MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 5 | PA NSO; NDS; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| TAZVERIK ORAL TABLET 200 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML | 5 | PA NSO; NDS |
| TEPMETKO ORAL TABLET 225 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA NSO; NDS |
| TIBSOVO ORAL TABLET 250 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG | 5 | PA NSO; NDS; QL (5 per 21 days) |
| <i>toposar intravenous solution 100 mg/5ml</i> | 2 | HI |
| <i>toremifene citrate oral tablet 60 mg</i> (Fareston) | 5 | NDS |
| <i>torpenz oral tablet 10 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz) | 5 | PA NSO; NDS; QL (30 per 30 days) |
| TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG | 5 | PA NSO; NDS |
| TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG | 4 | PA NSO; NDS |
| <i>tretinoin oral capsule 10 mg</i> | 5 | NDS |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 5 | PA NSO; NDS; QL (64 per 28 days) |
| TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA NSO; NDS |
| TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG | 5 | PA NSO; NDS |
| TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML | 5 | PA NSO; HI; NDS |
| TUKYSA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| TUKYSA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (300 per 30 days) |
| TURALIO ORAL CAPSULE 125 MG, 200 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 5 | PA NSO; NDS |
| VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG | 3 | PA NSO; QL (60 per 30 days) |
| VENCLEXTA ORAL TABLET 100 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| VENCLEXTA ORAL TABLET 50 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG | 5 | PA NSO; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| <i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i> | 2 | HI |
| VITRAKVI ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| VITRAKVI ORAL CAPSULE 25 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 5 | PA NSO; NDS; QL (300 per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| VONJO ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 5 | PA NSO; NDS |
| WELIREG ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| XALKORI ORAL CAPSULE SPRINKLE 150 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 20 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| XALKORI ORAL CAPSULE SPRINKLE 50 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA BvD; ST; NDS |
| XOSPATA ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG | 5 | PA NSO; NDS; QL (4 per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (24 per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG | 5 | PA NSO; NDS; QL (8 per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | 5 | PA NSO; NDS; QL (32 per 28 days) |
| XTANDI ORAL CAPSULE 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML | 5 | PA NSO; NDS |
| YONSA ORAL TABLET 125 MG | 5 | PA NSO; NDS; QL (120 per 30 days) |
| ZEJULA ORAL CAPSULE 100 MG | 5 | PA NSO; NDS; QL (90 per 30 days) |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | 5 | PA NSO; NDS; QL (240 per 30 days) |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML | 5 | PA NSO; HI; NDS |
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG | 4 | PA NSO; NDS |
| ZOLINZA ORAL CAPSULE 100 MG | 5 | NDS |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET 150 MG | 5 | PA NSO; NDS; QL (84 per 28 days) |
| ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG | 5 | PA NSO; NDS |
| ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML | 5 | PA NSO; NDS; QL (20 per 28 days) |
| ANTICONVULSANTS | | |
| <i>Anticonvulsants</i> | | |
| APTIOM ORAL TABLET 200 MG, 400 MG | 5 | ST; NDS; QL (30 per 30 days) |
| APTIOM ORAL TABLET 600 MG, 800 MG | 5 | ST; NDS; QL (60 per 30 days) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML | 3 | QL (80 per 30 days) |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | MO; QL (600 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | MO; QL (60 per 30 days) |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> (Carbatrol) | 2 | MO |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> (TEGretol-XR) | 2 | MO |
| <i>carbamazepine oral suspension 100 mg/5ml</i> (TEGretol) | 2 | MO |
| <i>carbamazepine oral tablet 200 mg</i> (Epiol) | 2 | MO |
| <i>carbamazepine oral tablet chewable 100 mg</i> | 2 | MO |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | 2 | MO; QL (480 per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | 2 | MO; QL (60 per 30 days) |
| DIACOMIT ORAL CAPSULE 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| DIACOMIT ORAL PACKET 250 MG | 5 | PA NSO; NDS; QL (360 per 30 days) |
| DIACOMIT ORAL PACKET 500 MG | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i> | 4 | NDS |
| <i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> (Depakote ER) | 2 | MO |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> (Depakote Sprinkles) | 2 | MO |
| <i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> (Depakote) | 2 | MO |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 5 | PA NSO; NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>epitol oral tablet 200 mg</i> (Epitol) | 2 | MO |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 4 | ST; NDS |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | 2 | MO |
| <i>ethosuximide oral solution 250 mg/5ml</i> (Zarontin) | 2 | MO |
| <i>felbamate oral suspension 600 mg/5ml</i> | 2 | MO |
| <i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol) | 2 | MO |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 5 | PA NSO; NDS |
| <i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i> (Cerebyx) | 2 | HI |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 5 | ST; NDS; QL (720 per 30 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | 5 | ST; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | 4 | ST; NDS; QL (30 per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG | 5 | ST; NDS; QL (60 per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin) | 1 | MO; QL (360 per 30 days) |
| <i>gabapentin oral capsule 400 mg</i> (Neurontin) | 1 | MO; QL (270 per 30 days) |
| <i>gabapentin oral solution 250 mg/5ml</i> (Neurontin) | 2 | MO; QL (2160 per 30 days) |
| <i>gabapentin oral tablet 600 mg</i> (Neurontin) | 1 | MO; QL (180 per 30 days) |
| <i>gabapentin oral tablet 800 mg</i> (Neurontin) | 1 | MO; QL (120 per 30 days) |
| <i>lacosamide intravenous solution 200 mg/20ml</i> (Vimpat) | 2 | QL (200 per 5 days) |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | 2 | MO; QL (1200 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | 2 | MO; QL (60 per 30 days) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | MO |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> (LaMICtal) | 2 | MO |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> (LaMICtal ODT) | 2 | MO |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> (Keppra XR) | 2 | MO |
| <i>levetiracetam intravenous solution 500 mg/5ml</i> (Keppra) | 2 | HI |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | 2 | MO |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | 2 | MO |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG | 4 | NDS; QL (10 per 30 days) |
| <i>methsuximide oral capsule 300 mg</i> (Celontin) | 2 | MO |
| NAYZILAM NASAL SOLUTION 5 MG/0.1ML | 4 | NDS; QL (10 per 30 days) |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i> (Trileptal) | 2 | MO |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | 2 | MO |
| <i>phenobarbital oral elixir 20 mg/5ml</i> | 2 | PA NSO; MO; PA-HRM |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 2 | PA NSO; MO; PA-HRM |
| <i>phenytoin oral suspension 125 mg/5ml</i> (Dilantin) | 1 | MO |
| <i>phenytoin oral tablet chewable 50 mg</i> (Dilantin Infatabs) | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin) | 2 | MO |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek) | 2 | MO |
| <i>phenytoin sodium injection solution 50 mg/ml</i> | 1 | HI |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica) | 2 | MO; QL (90 per 30 days) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica) | 2 | MO; QL (60 per 30 days) |
| <i>pregabalin oral solution 20 mg/ml</i> (Lyrica) | 2 | MO; QL (900 per 30 days) |
| <i>primidone oral tablet 125 mg</i> | 2 | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline) | 1 | MO |
| <i>rufinamide oral suspension 40 mg/ml</i> (Banzel) | 5 | ST; NDS |
| <i>rufinamide oral tablet 200 mg</i> (Banzel) | 2 | ST; MO |
| <i>rufinamide oral tablet 400 mg</i> (Banzel) | 5 | ST; NDS |
| SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA BvD; NDS |
| SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG | 4 | ST; NDS |
| <i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | 1 | MO |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 5 | PA NSO; NDS; QL (60 per 30 days) |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | MO |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> (Topamax Sprinkle) | 2 | MO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| <i>valproate sodium intravenous solution 100 mg/ml</i> | 2 | HI |
| <i>valproic acid oral capsule 250 mg</i> | 2 | MO |
| <i>valproic acid oral solution 250 mg/5ml</i> | 2 | MO |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML | 5 | NDS; QL (10 per 30 days) |
| <i>vigabatrin oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigabatrin oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigadrone oral tablet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 per 30 days) |
| <i>vigpoder oral packet 500 mg</i> (Vigadrone) | 5 | PA NSO; NDS; QL (180 per 30 days) |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG | 4 | ST; NDS; QL (56 per 28 days) |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG | 4 | ST; NDS; QL (56 per 28 days) |
| XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG | 4 | ST; NDS; QL (30 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 4 | ST; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------------|
| XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG | 4 | ST; NDS |
| ZONISADE ORAL SUSPENSION 100 MG/5ML | 4 | NDS |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | 1 | MO |
| <i>zonisamide oral capsule 50 mg</i> | 1 | MO |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 5 | PA NSO; NDS; QL (1080 per 30 days) |

ANTIDEMENTIA AGENTS

| <i>Antidementia Agents</i> | | |
|--|---|-----------------------------|
| <i>donepezil hcl oral tablet 10 mg, 5 mg</i> (Aricept) | 1 | MO; QL (30 per 30 days) |
| <i>donepezil hcl oral tablet 23 mg</i> (Aricept) | 2 | MO; QL (30 per 30 days) |
| <i>donepezil hcl oral tablet dispersible 10 mg</i> | 1 | MO |
| <i>donepezil hcl oral tablet dispersible 5 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>ergoloid mesylates oral tablet 1 mg</i> | 2 | MO |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i> | 2 | MO; QL (30 per 30 days) |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i> | 2 | MO; QL (200 per 30 days) |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg</i> (Namenda XR) | 2 | ST; MO; QL (30 per 30 days) |
| <i>memantine hcl er oral capsule extended release 24 hour 7 mg</i> | 2 | ST; MO; QL (30 per 30 days) |
| <i>memantine hcl oral solution 2 mg/ml</i> | 2 | MO; QL (300 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>memantine hcl oral tablet 10 mg, 5 mg</i> | 2 | MO; QL (60 per 30 days) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | MO |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> (Exelon) | 2 | MO; QL (30 per 30 days) |
| ANTIDEPRESSANTS | | |
| Antidepressants | | |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | MO |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 2 | MO |
| AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG | 5 | ST; NDS |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | 1 | MO |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> (Wellbutrin XL) | 1 | MO |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | MO |
| <i>citalopram hydrobromide oral solution 10 mg/5ml</i> | 2 | MO |
| <i>citalopram hydrobromide oral tablet 10 mg</i> (CeleXA) | 1 | MO; QL (120 per 30 days) |
| <i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i> (CeleXA) | 1 | MO; QL (30 per 30 days) |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | 4 | NDS |
| <i>desipramine hcl oral tablet 10 mg, 25 mg</i> (Norpramin) | 4 | NDS |
| <i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> (Pristiq) | 2 | MO; QL (30 per 30 days) |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | MO |
| <i>doxepin hcl oral concentrate 10 mg/ml</i> | 1 | MO |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG | 4 | ST; NDS; QL (60 per 30 days) |
| DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG | 4 | ST; NDS; QL (30 per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> (Cymbalta) | 1 | MO; QL (60 per 30 days) |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR | 5 | ST; NDS; QL (30 per 30 days) |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i> | 2 | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | 1 | MO |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG | 4 | ST; NDS; QL (30 per 30 days) |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG | 4 | ST; NDS |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> (PROzac) | 1 | MO |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i> | 2 | MO |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | MO |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| MARPLAN ORAL TABLET 10 MG | 4 | NDS |
| <i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron) | 1 | MO |
| <i>mirtazapine oral tablet 45 mg, 7.5 mg</i> | 1 | MO |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> (Remeron SolTab) | 2 | MO |
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | MO |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | 1 | MO |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i> | 4 | NDS |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | 4 | NDS |
| <i>paroxetine hcl oral suspension 10 mg/5ml</i> (Paxil) | 4 | PA NSO; NDS; PA-HRM |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | 1 | PA NSO; MO; PA-HRM |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 2 | MO |
| <i>phenelzine sulfate oral tablet 15 mg</i> (Nardil) | 2 | MO |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i> | 4 | NDS |
| <i>sertraline hcl oral concentrate 20 mg/ml</i> (Zoloft) | 2 | MO |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | 1 | MO |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE | 5 | PA NSO; NDS |
| <i>tranylcypromine sulfate oral tablet</i> (Parnate) 10 mg | 4 | NDS |
| <i>trazodone hcl oral tablet</i> 100 mg, 150 mg, 300 mg, 50 mg | 1 | MO |
| <i>trimipramine maleate oral capsule</i> 100 mg, 25 mg, 50 mg | 4 | NDS |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | MO; QL (30 per 30 days) |
| <i>venlafaxine hcl er oral capsule</i> (Effexor XR) <i>extended release 24 hour</i> 150 mg | 1 | MO; QL (30 per 30 days) |
| <i>venlafaxine hcl er oral capsule</i> (Effexor XR) <i>extended release 24 hour</i> 37.5 mg, 75 mg | 1 | MO; QL (90 per 30 days) |
| <i>venlafaxine hcl oral tablet</i> 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | 1 | MO |
| <i>vilazodone hcl oral tablet</i> 10 mg, (Viibryd) 20 mg, 40 mg | 2 | MO; QL (30 per 30 days) |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG | 5 | PA NSO; NDS; QL (28 per 14 days) |
| ZURZUVAE ORAL CAPSULE 30 MG | 5 | PA NSO; NDS; QL (14 per 14 days) |
| ANTIDIABETIC AGENTS | | |
| <i>Antidiabetic Agents, Miscellaneous</i> | | |
| <i>acarbose oral tablet</i> 100 mg, 25 mg, 50 mg | 2 | MO |
| FARXIGA ORAL TABLET 10 MG, (dapagliflozin 5 MG propanediol) | 3 | MO; QL (30 per 30 days) |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 3 | MO; QL (30 per 30 days) |
| JANUMET ORAL TABLET 50- 1000 MG, 50-500 MG | 3 | MO; QL (60 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | 3 | MO; QL (30 per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | 3 | MO; QL (60 per 30 days) |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | MO; QL (30 per 30 days) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | MO; QL (30 per 30 days) |
| JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5- 850 MG | 3 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | 3 | MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG | 3 | MO; QL (30 per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | 6 | MO; QL (120 per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | 6 | MO; QL (60 per 30 days) |
| <i>metformin hcl oral solution 500 (Riomet) mg/5ml</i> | 4 | NDS; QL (765 per 30 days) |
| <i>metformin hcl oral tablet 1000 mg</i> | 6 | MO; QL (75 per 30 days) |
| <i>metformin hcl oral tablet 500 mg</i> | 6 | MO; QL (150 per 30 days) |
| <i>metformin hcl oral tablet 850 mg</i> | 6 | MO; QL (90 per 30 days) |
| <i>mifepristone oral tablet 300 mg (Korlym)</i> | 5 | PA; NDS; QL (112 per 28 days) |
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML | 3 | PA; MO; QL (2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML | 3 | PA; QL (2 per 28 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 6 | MO; QL (90 per 30 days) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML | 3 | PA; MO; QL (3 per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML | 3 | PA; MO; QL (3 per 28 days) |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML | 3 | PA; MO; QL (3 per 28 days) |
| <i>pioglitazone hcl oral tablet 15 mg, (Actos) 30 mg, 45 mg</i> | 6 | MO; QL (30 per 30 days) |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i> | 6 | MO; QL (90 per 30 days) |
| <i>pioglitazone hcl-metformin hcl (Actoplus Met) oral tablet 15-850 mg</i> | 6 | MO; QL (90 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | 6 | MO; QL (120 per 30 days) |
| <i>repaglinide oral tablet 2 mg</i> | 6 | MO; QL (240 per 30 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 3 | PA; MO; QL (30 per 30 days) |
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG | 3 | MO; QL (60 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG | 3 | MO; QL (30 per 30 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG | 3 | MO; QL (60 per 30 days) |
| TRADJENTA ORAL TABLET 5 MG | 3 | MO; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG | 3 | MO; QL (30 per 30 days) |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG | 3 | MO; QL (60 per 30 days) |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML | 3 | PA; MO; QL (2 per 28 days) |
| XIGDUO XR ORAL TABLET (dapagliflozin pro- EXTENDED RELEASE 24 HOUR metformin er) 10-1000 MG | 3 | MO; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG | 3 | MO; QL (30 per 30 days) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG | 3 | MO; QL (60 per 30 days) |
| XIGDUO XR ORAL TABLET (dapagliflozin pro- EXTENDED RELEASE 24 HOUR metformin er) 5-1000 MG | 3 | MO; QL (60 per 30 days) |
| Insulins | | |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| FIASP INJECTION SOLUTION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 per 28 days) |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|--|--|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (24 per 28 days) |
| <i>insulin asp prot & asp flexpen subcutaneous suspension pen- injector (70-30) 100 unit/ml</i> | (NovoLOG 70/30 FlexPen ReliOn) 2 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (40 per 28 days) |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | 2 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| <i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i> | (NovoLOG Mix 70/30) 2 | MO; max \$35 copay per month supply; QL (40 per 28 days) |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML | (insulin glargine solostar) 3 | MO; max \$35 copay per month supply |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML | (insulin glargine) 3 | MO; max \$35 copay per month supply |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 per 28 days) |
| NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 3 | MO; max \$35 copay per month supply; QL (40 per 28 days) |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn) | 3 | MO; max \$35 copay per month supply |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (insulin glargine-yfgn) | 3 | MO; max \$35 copay per month supply; QL (30 per 28 days) |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML | 3 | MO; max \$35 copay per month supply; QL (30 per 30 days) |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine max solostar) | 3 | MO; max \$35 copay per month supply |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (insulin glargine solostar) | 3 | MO; max \$35 copay per month supply |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (insulin degludec flextouch) | 3 | MO; max \$35 copay per month supply |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec) | 3 | MO; max \$35 copay per month supply |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML | 3 | MO; max \$35 copay per month supply; QL (15 per 28 days) |
| Sulfonylureas | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | 6 | MO; QL (30 per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | 6 | MO; QL (60 per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> (Glucotrol XL) | 6 | MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg</i> | 6 | MO; QL (30 per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 5 mg</i> (Glucotrol XL) | 6 | MO; QL (30 per 30 days) |
| <i>glipizide oral tablet 10 mg</i> | 6 | MO; QL (120 per 30 days) |
| <i>glipizide oral tablet 2.5 mg</i> | 6 | MO; QL (60 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | 6 | MO; QL (240 per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg</i> | 6 | MO; QL (240 per 30 days) |
| <i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i> | 6 | MO; QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 6 | PA; MO; PA-HRM |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 6 | PA; MO; PA-HRM |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 6 | PA; MO; PA-HRM |

ANTIFUNGALS

Antifungals

| | | |
|--|---|---------------------------|
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | 4 | PA BvD; NDS |
| <i>amphotericin b intravenous solution reconstituted 50 mg</i> | 2 | PA BvD |
| <i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i> (AmBisome) | 5 | PA BvD; NDS |
| <i>ciclopirox external solution 8 %</i> (Ciclodan) | 1 | QL (19.8 per 30 days) |
| <i>ciclopirox olamine external cream 0.77 %</i> | 1 | QL (180 per 30 days) |
| <i>ciclopirox olamine external suspension 0.77 %</i> | 4 | NDS; QL (180 per 30 days) |
| <i>clotrimazole external cream 1 %</i> (Desenex) | 1 | |
| <i>clotrimazole external solution 1 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clotrimazole mouth/throat troche 10 mg</i> | 2 | |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i> | 1 | QL (90 per 30 days) |
| <i>econazole nitrate external cream 1 %</i> | 2 | QL (170 per 30 days) |
| <i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i> | 2 | HI |
| <i>fluconazole oral suspension reconstituted 10 mg/ml</i> | 2 | |
| <i>fluconazole oral suspension reconstituted 40 mg/ml</i> (Diflucan) | 2 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg</i> (Diflucan) | 1 | |
| <i>fluconazole oral tablet 50 mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon) | 5 | NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 4 | NDS |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 4 | NDS |
| <i>itraconazole oral capsule 100 mg</i> (Sporanox) | 2 | |
| <i>ketoconazole external cream 2 %</i> | 2 | QL (180 per 30 days) |
| <i>ketoconazole external shampoo 2 %</i> | 1 | QL (360 per 30 days) |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |
| <i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i> (Mycamine) | 2 | HI |
| MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG | 2 | |
| <i>nyamyc external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>nystatin external cream 100000 unit/gm</i> | 1 | QL (60 per 30 days) |
| <i>nystatin external ointment 100000 unit/gm</i> | 1 | QL (60 per 30 days) |
| <i>nystatin external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 per 30 days) |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i> | 2 | |
| <i>nystatin oral tablet 500000 unit</i> | 2 | |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i> | 2 | |
| <i>nystop external powder 100000 unit/gm</i> (Nyamyc) | 2 | QL (60 per 30 days) |
| <i>posaconazole oral tablet delayed release 100 mg</i> (Noxafil) | 5 | PA; NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| VORICONAZOLE INTRAVENOUS SOLUTION RECONSTITUTED 200 MG | 5 | PA BvD; HI; NDS |
| <i>voriconazole oral suspension reconstituted 40 mg/ml</i> (Vfend) | 5 | PA; NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend) | 4 | NDS |
| ANTIGOUT AGENTS | | |
| <i>Antigout Agents, Other</i> | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | MO |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | 2 | QL (60 per 30 days) |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | QL (120 per 30 days) |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i> | 2 | MO |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | 4 | ST; NDS; QL (30 per 30 days) |
| <i>probenecid oral tablet 500 mg</i> | 2 | MO |
| ANTI-HISTAMINES | | |
| <i>Antihistamines</i> | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i> (Xyzal Allergy 24HR) | 1 | |
| ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE) | | |
| Anti-Infectives (Skin And Mucous Membrane) | | |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | 4 | NDS |
| <i>metronidazole vaginal gel 0.75 %</i> (Vandazole) | 4 | NDS |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 2 | |
| <i>terconazole vaginal suppository 80 mg</i> | 4 | NDS |
| ANTIMIGRAINE AGENTS | | |
| Antimigraine Agents | | |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML | 3 | PA; MO; QL (1.5 per 30 days) |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML | 3 | PA; MO; QL (1.5 per 30 days) |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> (Migranal) | 5 | ST; NDS; QL (8 per 28 days) |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 3 | PA; MO; QL (3 per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | 3 | PA; MO; QL (2 per 30 days) |
| <i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i> | 2 | QL (9 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| NURTEC ORAL TABLET DISPERSIBLE 75 MG | 3 | PA; QL (18 per 30 days) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; MO; QL (30 per 30 days) |
| <i>rizatriptan benzoate oral tablet 10 mg</i> (Maxalt) | 1 | QL (18 per 30 days) |
| <i>rizatriptan benzoate oral tablet 5 mg</i> | 1 | QL (18 per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg</i> (Maxalt-MLT) | 2 | QL (18 per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible 5 mg</i> | 2 | QL (18 per 30 days) |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i> | 2 | QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | 1 | QL (9 per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | 1 | QL (18 per 30 days) |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> (Imitrex STATdose Refill) | 4 | NDS; QL (4 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | 2 | QL (5 per 28 days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> (Imitrex STATdose System) | 4 | NDS; QL (4 per 28 days) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (16 per 30 days) |
| ANTIMYCOBACTERIALS | | |
| <i>Antimycobacterials</i> | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | MO |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| PRIFTIN ORAL TABLET 150 MG | 4 | NDS |
| <i>pyrazinamide oral tablet 500 mg</i> | 2 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | 4 | NDS |
| <i>rifampin intravenous solution reconstituted 600 mg</i> (Rifadin) | 2 | HI |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 2 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 5 | PA; NDS |
| TRECTOR ORAL TABLET 250 MG | 4 | NDS |
| ANTINAUSEA AGENTS | | |
| <i>Antinausea Agents</i> | | |
| <i>aprepitant oral capsule 125 mg</i> | 2 | PA BvD; QL (2 per 28 days) |
| <i>aprepitant oral capsule 40 mg</i> | 2 | PA BvD; QL (1 per 28 days) |
| <i>aprepitant oral capsule 80 & 125 mg</i> (Emend Tri-Pack) | 2 | PA BvD |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | 2 | PA BvD; QL (4 per 28 days) |
| <i>compro rectal suppository 25 mg</i> (Compro) | 2 | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | 4 | PA; NDS; QL (60 per 30 days) |
| <i>meclizine hcl oral tablet 12.5 mg</i> | 1 | |
| <i>meclizine hcl oral tablet 25 mg</i> (Dramamine) | 1 | |
| <i>ondansetron hcl oral tablet 24 mg</i> | 4 | PA BvD; NDS |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | PA BvD |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i> | 2 | PA BvD |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i> | 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | 2 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | PA; PA-HRM |
| <i>promethegan rectal suppository 12.5 mg, 25 mg</i> | 2 | PA; PA-HRM |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i> (Transderm-Scop) | 4 | PA; NDS; PA-HRM; QL (10 per 30 days) |
| ANTIPARASITE AGENTS | | |
| Antiparasite Agents | | |
| <i>albendazole oral tablet 200 mg</i> | 5 | NDS |
| <i>atovaquone oral suspension 750 mg/5ml</i> (Mepron) | 2 | |
| <i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone) | 2 | |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 2 | MO |
| COARTEM ORAL TABLET 20-120 MG | 4 | NDS |
| <i>hydroxychloroquine sulfate oral tablet 100 mg</i> | 2 | MO; QL (180 per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> (Plaquenil) | 2 | MO; QL (90 per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 300 mg</i> (Sovuna) | 2 | MO; QL (60 per 30 days) |
| <i>hydroxychloroquine sulfate oral tablet 400 mg</i> | 2 | MO; QL (60 per 30 days) |
| IMPAVIDO ORAL CAPSULE 50 MG | 5 | PA; NDS; QL (84 per 28 days) |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | 2 | |
| <i>mefloquine hcl oral tablet 250 mg</i> | 2 | MO |
| <i>nitazoxanide oral tablet 500 mg</i> | 5 | NDS; QL (60 per 30 days) |
| <i>paromomycin sulfate oral capsule 250 mg</i> (Humatin) | 2 | |
| <i>pentamidine isethionate inhalation solution reconstituted 300 mg</i> (Nebupent) | 2 | PA BvD |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>pentamidine isethionate injection</i> (Pentam) <i>solution reconstituted 300 mg</i> | 2 | HI |
| <i>praziquantel oral tablet 600 mg</i> (Biltricide) | 2 | |
| PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG | 4 | NDS |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | 5 | PA; NDS |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | 2 | PA |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 2 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>Antiparkinsonian Agents</i> | | |
| <i>amantadine hcl oral capsule 100 mg</i> | 2 | MO |
| <i>amantadine hcl oral solution 50 mg/5ml</i> | 1 | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | 2 | MO |
| <i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | MO |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i> (Parlodel) | 2 | MO |
| <i>cabergoline oral tablet 0.5 mg</i> | 2 | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | 2 | MO |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | 1 | MO |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | 1 | MO |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | 1 | MO |
| <i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i> | 2 | MO |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg</i> | 4 | NDS |
| <i>entacapone oral tablet 200 mg</i> | 2 | MO |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS; QL (150 per 30 days) |
| KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG | 5 | PA; NDS |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | 1 | MO |
| <i>rasagiline mesylate oral tablet 0.5 (Azilect) mg, 1 mg</i> | 4 | NDS |
| <i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i> | 2 | MO |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | 1 | MO |
| <i>selegiline hcl oral capsule 5 mg</i> | 2 | MO |
| <i>selegiline hcl oral tablet 5 mg</i> | 4 | NDS |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i> | 1 | MO |

ANTIPSYCHOTIC AGENTS

Antipsychotic Agents

| | | |
|---|---|---------------------------|
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML | 5 | NDS; QL (2.4 per 42 days) |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML | 5 | NDS; QL (3.2 per 42 days) |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG | 5 | NDS; QL (1 per 26 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG | 5 | NDS; QL (1 per 26 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | MO |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | 2 | MO |
| <i>aripiprazole oral tablet dispersible 10 mg</i> | 4 | ST; NDS; QL (90 per 30 days) |
| <i>aripiprazole oral tablet dispersible 15 mg</i> | 4 | ST; NDS; QL (60 per 30 days) |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML | 5 | NDS; QL (4.8 per 365 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML | 5 | NDS; QL (3.9 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML | 5 | NDS; QL (1.6 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML | 5 | NDS; QL (2.4 per 14 days) |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML | 5 | NDS; QL (3.2 per 14 days) |
| <i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i> (Saphris) | 4 | NDS; QL (60 per 30 days) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 5 | ST; NDS; QL (30 per 30 days) |
| <i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i> | 2 | |
| <i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i> | 2 | MO |
| <i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 4 | NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril) | 2 | |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i> | 4 | ST; NDS; QL (90 per 30 days) |
| <i>clozapine oral tablet dispersible 150 mg</i> | 4 | ST; NDS; QL (180 per 30 days) |
| <i>clozapine oral tablet dispersible 200 mg</i> | 4 | ST; NDS; QL (120 per 30 days) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 5 | ST; NDS; QL (60 per 30 days) |
| FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG | 4 | ST; NDS |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | 2 | |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | 2 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 2 | MO |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i> | 2 | MO |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 4 | NDS |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i> (Haldol Decanoate) | 2 | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | 2 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | MO |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 2 | MO |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML | 5 | NDS; QL (3.5 per 166 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML | 5 | NDS; QL (5 per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML | 5 | NDS; QL (0.75 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML | 5 | NDS; QL (1 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML | 5 | NDS; QL (1.5 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML | 3 | QL (0.25 per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML | 5 | NDS; QL (0.5 per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML | 5 | NDS; QL (0.88 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML | 5 | NDS; QL (1.32 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML | 5 | NDS; QL (1.75 per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML | 5 | NDS; QL (2.63 per 70 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg | 2 | MO |
| <i>lurasidone hcl oral tablet 120 mg,</i> (Latuda) <i>20 mg, 40 mg, 60 mg</i> | 2 | MO; QL (30 per 30 days) |
| <i>lurasidone hcl oral tablet 80 mg</i> (Latuda) | 2 | MO; QL (60 per 30 days) |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>molindone hcl oral tablet 10 mg</i> | 2 | MO; QL (240 per 30 days) |
| <i>molindone hcl oral tablet 25 mg</i> | 2 | MO; QL (270 per 30 days) |
| <i>molindone hcl oral tablet 5 mg</i> | 5 | NDS; QL (120 per 30 days) |
| NUPLAZID ORAL CAPSULE 34 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 5 | PA NSO; NDS; QL (30 per 30 days) |
| <i>olanzapine intramuscular solution</i> (ZyPREXA) <i>reconstituted 10 mg</i> | 2 | QL (30 per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg,</i> (ZyPREXA) <i>2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 2 | MO |
| <i>olanzapine oral tablet dispersible</i> (ZyPREXA Zydys) <i>10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | MO |
| <i>paliperidone er oral tablet</i> <i>extended release 24 hour 1.5 mg</i> | 4 | NDS; QL (30 per 30 days) |
| <i>paliperidone er oral tablet</i> (Invega) <i>extended release 24 hour 3 mg, 9 mg</i> | 4 | NDS; QL (30 per 30 days) |
| <i>paliperidone er oral tablet</i> (Invega) <i>extended release 24 hour 6 mg</i> | 4 | NDS; QL (60 per 30 days) |
| <i>perphenazine oral tablet 16 mg, 2 mg,</i> <i>4 mg, 8 mg</i> | 2 | MO |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG | 5 | NDS; QL (1 per 30 days) |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | MO |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel XR) | 2 | MO |
| <i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel) | 2 | MO |
| <i>quetiapine fumarate oral tablet 150 mg</i> | 2 | MO; QL (30 per 30 days) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 5 | ST; NDS; QL (30 per 30 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i> (RisperDAL Consta) | 2 | QL (2 per 28 days) |
| <i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i> (RisperDAL Consta) | 5 | NDS; QL (2 per 28 days) |
| <i>risperidone oral solution 1 mg/ml</i> (RisperDAL) | 2 | MO |
| <i>risperidone oral tablet 0.25 mg</i> | 1 | MO |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (RisperDAL) | 1 | MO |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 4 | NDS |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR | 5 | ST; NDS; QL (30 per 30 days) |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | MO |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | MO |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 2 | MO |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML | 5 | NDS; QL (0.28 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML | 5 | NDS; QL (0.35 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML | 5 | NDS; QL (0.42 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML | 5 | NDS; QL (0.56 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML | 5 | NDS; QL (0.7 per 56 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML | 5 | NDS; QL (0.14 per 28 days) |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML | 5 | NDS; QL (0.21 per 28 days) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 5 | ST; NDS; QL (540 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | 5 | ST; NDS; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG | 4 | ST; NDS |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | 2 | MO |
| <i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i> (Geodon) | 2 | QL (6 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG | 4 | NDS; QL (2 per 28 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG | 5 | NDS; QL (2 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG | 5 | NDS; QL (1 per 28 days) |
| ANTIVIRALS (SYSTEMIC) | | |
| Antiretrovirals | | |
| <i>abacavir sulfate oral solution 20 mg/ml</i> (Ziagen) | 2 | MO |
| <i>abacavir sulfate oral tablet 300 mg</i> | 2 | MO |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i> (Epzicom) | 2 | MO |
| APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML | 5 | NDS; QL (24 per 365 days) |
| APTIVUS ORAL CAPSULE 250 MG | 5 | NDS |
| <i>atazanavir sulfate oral capsule 150 mg</i> | 2 | MO |
| <i>atazanavir sulfate oral capsule 200 mg, 300 mg</i> (Reyataz) | 2 | MO |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 5 | NDS; QL (30 per 30 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML | 5 | NDS |
| CIMDUO ORAL TABLET 300-300 MG | 5 | NDS |
| COMPLERA ORAL TABLET 200-25-300 MG | 5 | NDS |
| <i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista) | 5 | NDS |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 5 | NDS |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | 5 | NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>didanosine oral capsule delayed release 250 mg, 400 mg</i> | 2 | MO |
| DOVATO ORAL TABLET 50-300 MG | 5 | NDS |
| EDURANT ORAL TABLET 25 MG | 5 | NDS |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | MO |
| <i>efavirenz oral tablet 600 mg</i> (Sustiva) | 2 | MO |
| <i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i> (Atripla) | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i> (Symfi Lo) | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> (Symfi) | 5 | NDS |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | 2 | MO |
| <i>emtricitabine-tenofovir oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | 5 | NDS |
| <i>emtricitabine-tenofovir oral tablet 200-300 mg</i> (Truvada) | 2 | MO |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 4 | NDS |
| EPIVIR HBV ORAL SOLUTION 5 MG/ML | 4 | NDS |
| <i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence) | 5 | NDS |
| EVOTAZ ORAL TABLET 300-150 MG | 5 | NDS |
| <i>fosamprenavir calcium oral tablet 700 mg</i> (Lexiva) | 5 | NDS |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG | 5 | NDS |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 5 | NDS |
| INTELENCE ORAL TABLET 25 MG | 4 | NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ISENTRESS HD ORAL TABLET 600 MG | 5 | NDS |
| ISENTRESS ORAL PACKET 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET 400 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG | 5 | NDS |
| ISENTRESS ORAL TABLET CHEWABLE 25 MG | 3 | MO |
| JULUCA ORAL TABLET 50-25 MG | 5 | NDS |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | 2 | MO |
| <i>lamivudine oral tablet 100 mg</i> | 2 | MO |
| <i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir) | 2 | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 2 | MO |
| LEXIVA ORAL SUSPENSION 50 MG/ML | 4 | NDS |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> (Kaletra) | 2 | MO; QL (480 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | 2 | MO; QL (300 per 30 days) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | 2 | MO; QL (120 per 30 days) |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry) | 5 | NDS |
| <i>nevirapine er oral tablet extended release 24 hour 100 mg</i> | 2 | MO; QL (90 per 30 days) |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i> | 2 | MO; QL (30 per 30 days) |
| <i>nevirapine oral suspension 50 mg/5ml</i> | 2 | MO; QL (1200 per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> | 2 | MO; QL (60 per 30 days) |
| NORVIR ORAL PACKET 100 MG | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NORVIR ORAL SOLUTION 80 MG/ML | 4 | NDS |
| ODEFSEY ORAL TABLET 200-25-25 MG | 5 | NDS |
| PIFELTRO ORAL TABLET 100 MG | 5 | NDS |
| PREZCOBIX ORAL TABLET 800-150 MG | 5 | NDS |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 5 | NDS |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 5 | NDS |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | 4 | HI; NDS |
| REYATAZ ORAL PACKET 50 MG | 5 | NDS |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | 2 | MO |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG | 5 | NDS |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 5 | NDS |
| SELZENTRY ORAL TABLET 25 MG | 3 | MO |
| SELZENTRY ORAL TABLET 75 MG | 5 | NDS |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | 2 | MO |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 5 | NDS |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG | 5 | NDS |
| SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML | 5 | PA BvD; NDS |
| SYM TUZA ORAL TABLET 800-150-200-10 MG | 5 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| TEMIXYS ORAL TABLET 300-300 MG | 5 | NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | 2 | MO |
| TIVICAY ORAL TABLET 10 MG | 4 | NDS |
| TIVICAY ORAL TABLET 25 MG, 50 MG | 5 | NDS |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG | 5 | NDS |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 5 | NDS; QL (30 per 30 days) |
| TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG | 4 | NDS |
| TRIZIVIR ORAL TABLET 300-150-300 MG | 5 | NDS |
| TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML | 5 | NDS |
| VEMLIDY ORAL TABLET 25 MG | 5 | ST; NDS; QL (30 per 30 days) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 5 | NDS |
| VIREAD ORAL POWDER 40 MG/GM | 5 | NDS |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 5 | NDS |
| VOCABRIA ORAL TABLET 30 MG | 4 | NDS |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | 2 | MO |
| <i>zidovudine oral syrup 50 mg/5ml</i> (Retrovir) | 2 | MO |
| <i>zidovudine oral tablet 300 mg</i> | 2 | MO |
| Antivirals, Miscellaneous | | |
| LIVTENCITY ORAL TABLET 200 MG | 5 | PA; NDS |
| <i>oseltamivir phosphate oral capsule 30 mg</i> (Tamiflu) | 2 | QL (84 per 180 days) |
| <i>oseltamivir phosphate oral capsule 45 mg</i> (Tamiflu) | 2 | QL (48 per 180 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>oseltamivir phosphate oral capsule 75 mg</i> (Tamiflu) | 2 | QL (42 per 180 days) |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> (Tamiflu) | 2 | QL (540 per 180 days) |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG | 2 | QL (20 per 5 days) |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG | 2 | QL (30 per 5 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 5 | PA; NDS; QL (28 per 28 days) |
| RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | 4 | NDS; QL (60 per 180 days) |
| Hcv Antivirals | | |
| EPCLUSA ORAL PACKET 150-37.5 MG | 5 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL PACKET 200-50 MG | 5 | PA; NDS; QL (56 per 28 days) |
| EPCLUSA ORAL TABLET 200-50 MG | 5 | PA; NDS; QL (28 per 28 days) |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PACKET 33.75-150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL PACKET 45-200 MG | 5 | PA; NDS; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 5 | PA; NDS; QL (28 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | 5 | PA; NDS; QL (28 per 28 days) |
| VOSEVI ORAL TABLET 400-100-100 MG | 5 | PA; NDS; QL (28 per 28 days) |
| Interferons | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT | 5 | NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 5 | PA; NDS |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML | 5 | PA; NDS |
| Nucleosides And Nucleotides | | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |
| <i>acyclovir oral suspension 200 mg/5ml</i> | 4 | NDS |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | 2 | PA BvD |
| <i>adefovir dipivoxil oral tablet 10 mg</i> | 2 | MO |
| <i>entecavir oral tablet 0.5 mg, 1 mg (Baraclude)</i> | 2 | MO |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 2 | |
| <i>ribavirin oral tablet 200 mg</i> | 2 | |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg (Valtrex)</i> | 2 | |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml (Valcyte)</i> | 5 | NDS |
| <i>valganciclovir hcl oral tablet 450 mg (Valcyte)</i> | 2 | MO |
| BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS | | |
| Anticoagulants | | |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)</i> | 2 | MO; QL (60 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG | 3 | |
| ELIQUIS ORAL TABLET 2.5 MG | 3 | MO; QL (60 per 30 days) |
| ELIQUIS ORAL TABLET 5 MG | 3 | MO; QL (74 per 30 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i> (Lovenox) | 2 | QL (60 per 30 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i> (Lovenox) | 2 | QL (48 per 30 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i> (Lovenox) | 2 | QL (18 per 30 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i> (Lovenox) | 2 | QL (24 per 30 days) |
| <i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i> (Lovenox) | 2 | QL (36 per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i> (Arixtra) | 5 | NDS; QL (24 per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> (Arixtra) | 2 | QL (15 per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i> (Arixtra) | 5 | NDS; QL (12 per 30 days) |
| <i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> (Arixtra) | 5 | NDS; QL (18 per 30 days) |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i> | 2 | HI |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | MO |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | 1 | MO |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML | 3 | MO; QL (600 per 30 days) |
| XARELTO ORAL TABLET 10 MG, 20 MG | 3 | MO; QL (30 per 30 days) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | 3 | MO; QL (60 per 30 days) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG | 3 | |
| Blood Formation Modifiers | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 5 | PA; NDS; QL (60 per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | 5 | PA; NDS; QL (30 per 30 days) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | 5 | PA; NDS; QL (20 per 30 days) |
| NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML | 5 | PA; NDS |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | 5 | PA; NDS |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML | 5 | PA; NDS |
| NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML | 5 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| PROMACTA ORAL PACKET 12.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL PACKET 25 MG | 5 | PA; NDS; QL (180 per 30 days) |
| PROMACTA ORAL TABLET 12.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| PROMACTA ORAL TABLET 25 MG | 5 | PA; NDS; QL (30 per 30 days) |
| PROMACTA ORAL TABLET 50 MG, 75 MG | 5 | PA; NDS; QL (60 per 30 days) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | 3 | PA; QL (12 per 28 days) |
| RETACRIT INJECTION SOLUTION 40000 UNIT/ML | 3 | PA; QL (4 per 28 days) |
| Hematologic Agents, Miscellaneous | | |
| <i>anagrelide hcl oral capsule 0.5 mg</i> (Agrylin) | 2 | MO |
| <i>anagrelide hcl oral capsule 1 mg</i> | 2 | MO |
| <i>tranexamic acid oral tablet 650 mg</i> | 2 | |
| Platelet-Aggregation Inhibitors | | |
| <i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i> | 2 | MO |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | MO |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | MO |
| <i>clopidogrel bisulfate oral tablet 75 mg</i> (Plavix) | 1 | MO |
| <i>dipyridamole oral tablet 50 mg, 75 mg</i> | 2 | PA; MO; PA-HRM |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>pentoxifylline er oral tablet extended release 400 mg</i> | 1 | MO |
| <i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient) | 2 | MO; QL (30 per 30 days) |
| CALORIC AGENTS | | |
| Caloric Agents | | |
| CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 % | 4 | PA BvD; NDS |
| <i>dextrose intravenous solution 5 %</i> | 2 | |
| PROCALAMINE INTRAVENOUS SOLUTION 3 % | 4 | PA BvD; NDS |
| CARDIOVASCULAR AGENTS | | |
| Alpha-Adrenergic Agents | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | MO |
| <i>clonidine transdermal patch weekly 0.1 mg/24hr</i> (Catapres-TTS-1) | 2 | MO |
| <i>clonidine transdermal patch weekly 0.2 mg/24hr</i> (Catapres-TTS-2) | 2 | MO |
| <i>clonidine transdermal patch weekly 0.3 mg/24hr</i> (Catapres-TTS-3) | 2 | MO |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura) | 1 | MO |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | 5 | PA; NDS; QL (180 per 30 days) |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i> | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i> | 2 | MO |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand) | 6 | MO |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT) | 6 | MO |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG | 3 | MO; QL (240 per 30 days) |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | MO; QL (60 per 30 days) |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | 6 | MO |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide) | 6 | MO |
| <i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | 6 | MO |
| <i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar) | 6 | MO |
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | 6 | MO |
| <i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT) | 6 | MO |
| <i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor) | 6 | MO |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | 6 | MO |
| <i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT) | 6 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | 6 | MO |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT) | 6 | MO |
| Angiotensin-Converting Enzyme Inhibitors | | |
| <i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin) | 6 | MO |
| <i>benazepril hcl oral tablet 5 mg</i> | 6 | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i> (Lotensin HCT) | 6 | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | 6 | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | 6 | MO |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 6 | MO |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec) | 6 | MO |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | 6 | MO |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | 6 | MO |
| <i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | MO |
| <i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i> | 6 | MO |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril) | 6 | MO |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic) | 6 | MO |
| <i>moexipril hcl oral tablet 15 mg, 7.5 mg</i> | 6 | MO |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 6 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril) | 6 | MO |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic) | 6 | MO |
| <i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i> | 6 | MO |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace) | 6 | MO |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 6 | MO |
| <i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 6 | MO |
| Antiarrhythmic Agents | | |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | MO |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | 2 | MO |
| <i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i> | 2 | MO |
| MULTAQ ORAL TABLET 400 MG | 3 | MO |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | 2 | MO |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i> | 2 | MO |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i> | 2 | MO |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 2 | MO |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i> | 1 | MO |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 100) 100-25 mg | 1 | MO |
| <i>atenolol-chlorthalidone oral tablet</i> (Tenoretic 50) 50-25 mg | 1 | MO |
| <i>bisoprolol fumarate oral tablet</i> 10 mg, 5 mg | 1 | MO |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg | 1 | MO |
| <i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg) | 1 | MO |
| <i>labetalol hcl oral tablet</i> 100 mg, 200 mg, 300 mg | 1 | MO |
| <i>metoprolol succinate er oral tablet</i> (Toprol XL) extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg | 1 | MO |
| <i>metoprolol tartrate oral tablet</i> 100 mg, 50 mg (Lopressor) | 1 | MO |
| <i>metoprolol tartrate oral tablet</i> 25 mg | 1 | MO |
| <i>nebivolol hcl oral tablet</i> 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic) | 2 | MO |
| <i>propranolol hcl er oral capsule</i> (Inderal LA) extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg | 2 | MO |
| <i>propranolol hcl oral tablet</i> 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | 1 | MO |
| <i>sorine oral tablet</i> 120 mg, 160 mg, 80 mg (Betapace) | 1 | MO |
| <i>sorine oral tablet</i> 240 mg | 1 | MO |
| <i>sotalol hcl (af) oral tablet</i> 120 mg, 160 mg, 80 mg (Betapace AF) | 1 | MO |
| <i>sotalol hcl oral tablet</i> 120 mg, 160 mg, 80 mg (Betapace) | 1 | MO |
| <i>sotalol hcl oral tablet</i> 240 mg | 1 | MO |
| <i>timolol maleate oral tablet</i> 10 mg, 20 mg, 5 mg | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Calcium-Channel Blocking Agents | | |
| <i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | MO |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER) | 2 | MO |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | 1 | MO |
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i> | 4 | NDS |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | 1 | MO |
| <i>diltiazem hcl oral tablet 90 mg</i> | 1 | MO |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> | 1 | MO |
| <i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | MO |
| <i>taztia xt oral capsule extended release 24 hour 360 mg</i> (Tiadylt ER) | 1 | MO |
| <i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | MO |
| <i>tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER) | 1 | MO |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i> (Verelan) | 2 | MO |
| <i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i> (Verelan) | 4 | NDS |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| verapamil hcl oral tablet 120 mg, 40 mg, 80 mg | 1 | MO |
| Cardiovascular Agents, Miscellaneous | | |
| CORLANOR ORAL SOLUTION 5 MG/5ML | 3 | MO; QL (600 per 30 days) |
| digoxin oral tablet 125 mcg, 250 mcg (Digox) | 1 | MO |
| digoxin oral tablet 62.5 mcg (Lanoxin) | 1 | MO |
| epinephrine injection solution 0.3 mg/0.3ml | 3 | QL (4 per 30 days) |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml (Auvi-Q) | 3 | QL (4 per 30 days) |
| epinephrine injection solution auto-injector 0.15 mg/0.3ml (EpiPen Jr 2-Pak) | 2 | QL (4 per 30 days) |
| epinephrine injection solution auto-injector 0.3 mg/0.3ml (Auvi-Q) | 2 | QL (4 per 30 days) |
| hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg | 1 | MO |
| icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml (Firazyr) | 5 | PA; NDS; QL (18 per 30 days) |
| ivabradine hcl oral tablet 5 mg, 7.5 mg (Corlanor) | 3 | MO; QL (60 per 30 days) |
| metyrosine oral capsule 250 mg (Demser) | 5 | NDS |
| ranolazine er oral tablet extended release 12 hour 1000 mg | 2 | MO; QL (60 per 30 days) |
| ranolazine er oral tablet extended release 12 hour 500 mg | 2 | MO; QL (120 per 30 days) |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA; NDS; QL (30 per 30 days) |
| Dihydropyridines | | |
| amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel) | 6 | MO |
| amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg | 6 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc) | 1 | MO |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge) | 6 | MO |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor) | 6 | MO |
| <i>amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> (Exforge HCT) | 2 | MO |
| <i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i> | 1 | MO |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> | 2 | MO |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> (Procardia XL) | 1 | MO |
| Diuretics | | |
| <i>amiloride hcl oral tablet 5 mg</i> | 1 | MO |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | MO |
| <i>bumetanide oral tablet 0.5 mg</i> (Bumex) | 2 | MO |
| <i>bumetanide oral tablet 1 mg, 2 mg</i> | 2 | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | MO |
| <i>furosemide injection solution 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | 1 | MO |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix) | 1 | MO |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | MO |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | MO |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | MO |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone) | 1 | MO |
| <i>spironolactone-hctz oral tablet 25-25 mg</i> | 1 | MO |
| <i>toremide oral tablet 10 mg, 100 mg, 5 mg</i> | 1 | MO |
| <i>toremide oral tablet 20 mg</i> (Soaanz) | 1 | MO |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | 1 | MO |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | MO |
| Dyslipidemics | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet) | 6 | MO |
| <i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | 6 | MO; QL (30 per 30 days) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | 6 | MO |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor) | 6 | MO; QL (30 per 30 days) |
| <i>cholestyramine light oral packet 4 gm</i> (Prevalite) | 2 | MO |
| <i>cholestyramine oral packet 4 gm</i> (Questran) | 2 | MO |
| <i>colesevelam hcl oral packet 3.75 gm</i> (Welchol) | 4 | NDS |
| <i>colesevelam hcl oral tablet 625 mg</i> (Welchol) | 2 | MO |
| <i>colestipol hcl oral packet 5 gm</i> | 2 | MO |
| <i>colestipol hcl oral tablet 1 gm</i> (Colestid) | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | 1 | MO; QL (30 per 30 days) |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> (Vytorin) | 6 | MO; QL (30 per 30 days) |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 2 | MO |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide) | 1 | MO |
| <i>fenofibrate oral tablet 145 mg, 48 mg</i> (Tricor) | 1 | MO |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | MO |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> (Lescol XL) | 6 | MO |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i> | 6 | MO; QL (60 per 30 days) |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | 1 | MO |
| <i>icosapent ethyl oral capsule 0.5 gm</i> (Vascepa) | 2 | MO; QL (240 per 30 days) |
| <i>icosapent ethyl oral capsule 1 gm</i> (Vascepa) | 2 | MO; QL (120 per 30 days) |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 6 | MO |
| NEXLETOL ORAL TABLET 180 MG | 3 | ST; MO; QL (30 per 30 days) |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | ST; MO; QL (30 per 30 days) |
| NIACIN (ANTHYPERLIPIDEMIC) ORAL TABLET 500 MG (niacin (antihyperlipidemic)) | 4 | NDS |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i> | 2 | MO |
| NIACOR ORAL TABLET 500 MG (niacin (antihyperlipidemic)) | 4 | NDS |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i> (Lovaza) | 2 | ST; MO; QL (120 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo) | 2 | MO; QL (30 per 30 days) |
| <i>pravastatin sodium oral tablet 10 mg, 80 mg</i> | 6 | MO |
| <i>pravastatin sodium oral tablet 20 mg, 40 mg</i> | 6 | MO; QL (30 per 30 days) |
| <i>prevalite oral packet 4 gm</i> (Prevalite) | 2 | MO |
| REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML | 3 | ST; MO; QL (7 per 28 days) |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML | 3 | ST; MO; QL (6 per 28 days) |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | ST; MO; QL (6 per 28 days) |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor) | 6 | MO; QL (30 per 30 days) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | 6 | MO; QL (30 per 30 days) |
| <i>simvastatin oral tablet 5 mg, 80 mg</i> | 6 | MO; QL (30 per 30 days) |
| Renin-Angiotensin-Aldosterone System Inhibitors | | |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> (Tekturna) | 2 | MO |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra) | 2 | MO |
| KERENDIA ORAL TABLET 10 MG, 20 MG | 3 | PA; MO; QL (30 per 30 days) |
| Vasodilators | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | 2 | MO |
| <i>isosorbide dinitrate oral tablet 40 mg, 5 mg</i> (Isordil Titradoso) | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i> | 1 | MO |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | MO |
| <i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 | MO |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | MO |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | 1 | MO |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | 2 | MO |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| Central Nervous System Agents | | |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> (Adderall XR) | 2 | MO; QL (30 per 30 days) |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> (Adderall XR) | 2 | MO; QL (60 per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | 2 | MO; QL (60 per 30 days) |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | 2 | MO; QL (60 per 30 days) |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | 2 | MO; QL (30 per 30 days) |
| AUSTEDO ORAL TABLET 12 MG, 9 MG | 5 | PA; NDS; QL (120 per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | 5 | PA; NDS; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG | 5 | PA; NDS; QL (90 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG | 5 | PA; NDS; QL (60 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG | 5 | PA; NDS; QL (30 per 30 days) |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG | 5 | PA; NDS; QL (210 per 30 days) |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG | 5 | PA; NDS |
| AVONEX PEN INTRAMUSCULAR AUTO- INJECTOR KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 5 | PA; NDS; QL (15 per 30 days) |
| <i>dalfampridine er oral tablet</i> (Ampyra) <i>extended release 12 hour 10 mg</i> | 2 | PA; MO; QL (60 per 30 days) |
| <i>dimethyl fumarate oral capsule</i> (Tecfidera) <i>delayed release 120 mg</i> | 5 | PA; NDS; QL (14 per 7 days) |
| <i>dimethyl fumarate oral capsule</i> (Tecfidera) <i>delayed release 240 mg</i> | 5 | PA; NDS; QL (60 per 30 days) |
| <i>dimethyl fumarate starter pack</i> (Tecfidera) <i>oral capsule delayed release</i> <i>therapy pack 120 & 240 mg</i> | 5 | PA; NDS |
| <i>fingolimod hcl oral capsule 0.5 mg</i> (Gilenya) | 5 | PA; NDS; QL (30 per 30 days) |
| <i>glatiramer acetate subcutaneous</i> (Glatopa) <i>solution prefilled syringe 20 mg/ml</i> | 5 | PA; NDS; QL (30 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (12 per 28 days) |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (30 per 30 days) |
| <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa) | 5 | PA; NDS; QL (12 per 28 days) |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv) | 2 | MO |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG | 5 | PA; NDS; QL (30 per 30 days) |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG | 5 | PA; NDS |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML | 5 | PA; NDS; QL (1.2 per 28 days) |
| <i>lithium carbonate er oral tablet extended release 300 mg</i> (Lithobid) | 1 | MO |
| <i>lithium carbonate er oral tablet extended release 450 mg</i> | 1 | MO |
| <i>lithium carbonate oral capsule 150 mg, 300 mg</i> | 1 | MO |
| LITHIUM CARBONATE ORAL CAPSULE 600 MG | 1 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | MO |
| <i>lithium oral solution 8 meq/5ml</i> | 2 | MO |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG | 5 | PA; NDS |
| MAYZENT ORAL TABLET 0.25 MG | 5 | PA; NDS; QL (112 per 28 days) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 5 | PA; NDS; QL (30 per 30 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 5 | PA; NDS |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | 3 | PA |
| <i>methylphenidate hcl oral solution</i> (Methylin) 10 mg/5ml | 2 | MO; QL (900 per 30 days) |
| <i>methylphenidate hcl oral tablet</i> 10 mg, 20 mg, 5 mg (Ritalin) | 2 | MO; QL (90 per 30 days) |
| OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML | 5 | PA; NDS; QL (20 per 180 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML | 5 | PA; NDS |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML | 5 | PA; NDS |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML | 5 | PA; NDS; QL (1 per 28 days) |
| <i>riluzole oral tablet</i> 50 mg | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | MO; QL (60 per 30 days) |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG | 3 | |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | 5 | PA; NDS; QL (112 per 28 days) |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG | 5 | PA; NDS; QL (120 per 30 days) |
| CONTRACEPTIVES | | |
| Contraceptives | | |
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>altavera oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>amethyst oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>apri oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 1 | MO |
| <i>aurovela 1/20 oral tablet 1-20 mg-mcg</i> | 1 | MO |
| <i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>ayuna oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>camila oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>chateal eq oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>cryselle-28 oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 2 | MO |
| <i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>cyred eq oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>dasetta 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |
| <i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>deblitane oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>delyla oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>dolishale oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>eluryng vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 per 28 days) |
| <i>emoquette oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>emzahh oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>enilloring vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 4 | NDS; QL (1 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i> (Enpresse-28) | 1 | MO |
| <i>enskyce oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>errin oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35) | 1 | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50) | 1 | MO |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 per 28 days) |
| <i>falmina oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>femynor oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>haloette vaginal ring 0.12-0.015 mg/24hr</i> (EluRyng) | 2 | MO; QL (1 per 28 days) |
| <i>heather oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>iclevia oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 per 84 days) |
| <i>incassia oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>introvale oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 per 84 days) |
| <i>isibloom oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>jencycla oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>jolessa oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 per 84 days) |
| <i>juleber oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>junel 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>kelnor 1/35 oral tablet 1-35 mg-mcg</i> (Kelnor 1/35) | 1 | MO |
| <i>kelnor 1/50 oral tablet 1-50 mg-mcg</i> (Kelnor 1/50) | 1 | MO |
| <i>kurvelo oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG | 4 | NDS |
| <i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>larin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>larissia oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>levonest oral tablet 50-30/75-40/125-30 mcg</i> (Enpresse-28) | 1 | MO |
| <i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 per 84 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> (Balcoltra) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst) | 1 | MO |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> (Enpresse-28) | 1 | MO |
| <i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY | 3 | |
| <i>lillow oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>low-ogestrel oral tablet 0.3-30 mg-mcg</i> | 1 | MO |
| <i>lutera oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>lyleq oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>lyza oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i> | 2 | MO |
| <i>microgestin 1/20 oral tablet 1-20 mg-mcg</i> | 2 | MO |
| <i>microgestin 24 fe oral tablet 1-20 mg-mcg</i> | 1 | MO |
| <i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>mili oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY | 4 | NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG | 3 | |
| <i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> (Xulane) | 2 | MO; QL (3 per 28 days) |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30) | 1 | MO |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>norethindrone oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |
| <i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>norlyda oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>norlyroc oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |
| <i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>nylia 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |
| <i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| <i>pirmella 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35) | 1 | MO |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7) | 1 | MO |
| <i>portia-28 oral tablet 0.15-30 mg-mcg</i> (Altavera) | 1 | MO |
| <i>previfem oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>reclipsen oral tablet 0.15-30 mg-mcg</i> (Apri) | 1 | MO |
| <i>setlakin oral tablet 0.15-0.03 mg</i> (Iclevia) | 1 | MO; QL (91 per 84 days) |
| <i>sharobel oral tablet 0.35 mg</i> (Camila) | 1 | MO |
| <i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette) | 2 | MO |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG | 4 | NDS |
| <i>sprintec 28 oral tablet 0.25-35 mg-mcg</i> (Estarylla) | 1 | MO |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | 1 | MO |
| <i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i> | 1 | MO |
| <i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20) | 1 | MO |
| <i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe) | 1 | MO |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor) | 1 | MO |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla) | 1 | MO |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>tri-lo-mili oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg | 1 | MO |
| <i>tri-lo-sprintec oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg | 1 | MO |
| <i>tri-mili oral tablet</i> 0.18/0.215/0.25 (Tri Femynor) mg-35 mcg | 1 | MO |
| <i>tri-nymyo oral tablet</i> (Tri Femynor) 0.18/0.215/0.25 mg-35 mcg | 1 | MO |
| <i>tri-previfem oral tablet</i> (Tri Femynor) 0.18/0.215/0.25 mg-35 mcg | 1 | MO |
| <i>tri-sprintec oral tablet</i> (Tri Femynor) 0.18/0.215/0.25 mg-35 mcg | 1 | MO |
| <i>trivora (28) oral tablet</i> 50-30/75-40/ 125-30 mcg (Enpresse-28) | 1 | MO |
| <i>tri-vylibra lo oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg | 1 | MO |
| <i>tri-vylibra oral tablet</i> (Tri Femynor) 0.18/0.215/0.25 mg-35 mcg | 1 | MO |
| <i>turqoz oral tablet</i> 0.3-30 mg-mcg | 1 | MO |
| <i>vienva oral tablet</i> 0.1-20 mg-mcg (Afirmelle) | 1 | MO |
| <i>viorele oral tablet</i> 0.15-0.02/0.01 mg (21/5) (Azurette) | 2 | MO |
| <i>volnea oral tablet</i> 0.15-0.02/0.01 mg (21/5) (Azurette) | 2 | MO |
| <i>vylibra oral tablet</i> 0.25-35 mg-mcg (Estarylla) | 1 | MO |
| <i>xulane transdermal patch weekly</i> (Xulane) 150-35 mcg/24hr | 2 | MO; QL (3 per 28 days) |
| <i>zafemy transdermal patch weekly</i> (Xulane) 150-35 mcg/24hr | 2 | MO; QL (3 per 28 days) |
| <i>zovia 1/35 (28) oral tablet</i> 1-35 mg-mcg (Kelnor 1/35) | 1 | MO |
| DENTAL AND ORAL AGENTS | | |
| Dental And Oral Agents | | |
| <i>cevimeline hcl oral capsule</i> 30 mg (Evovac) | 2 | MO |
| <i>chlorhexidine gluconate mouth/throat solution</i> 0.12 % (Periogard) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------|
| <i>periogard mouth/throat solution</i> (Periogard) 0.12 % | 1 | |
| <i>pilocarpine hcl oral tablet 5 mg,</i> (Salagen) 7.5 mg | 2 | MO |
| <i>triamcinolone acetonide</i> (Kourzeq) <i>mouth/throat paste 0.1 %</i> | 2 | |
| DERMATOLOGICAL AGENTS | | |
| <i>Dermatological Agents, Other</i> | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 2 | |
| <i>acyclovir external ointment 5 %</i> (Zovirax) | 4 | NDS; QL (30 per 30 days) |
| <i>ammonium lactate external cream 12 %</i> | 1 | |
| <i>ammonium lactate external lotion 12 %</i> (AL12) | 1 | |
| <i>calcipotriene external cream 0.005 %</i> | 2 | QL (120 per 30 days) |
| <i>calcipotriene external ointment 0.005 %</i> (Calcitrene) | 2 | QL (120 per 30 days) |
| <i>calcipotriene external solution 0.005 %</i> | 2 | QL (120 per 30 days) |
| <i>fluorouracil external cream 5 %</i> (Efudex) | 2 | |
| <i>fluorouracil external solution 2 %</i> | 2 | |
| <i>fluorouracil external solution 5 %</i> | 4 | NDS |
| <i>imiquimod external cream 5 %</i> | 2 | QL (24 per 30 days) |
| KLISYRI EXTERNAL OINTMENT 1 % | 3 | QL (5 per 5 days) |
| <i>methoxsalen rapid oral capsule 10 mg</i> | 5 | NDS |
| PANRETIN EXTERNAL GEL 0.1 % | 5 | NDS; QL (60 per 28 days) |
| <i>podofilox external solution 0.5 %</i> | 2 | |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM | 4 | NDS; QL (180 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| VALCHLOR EXTERNAL GEL 0.016 % | 5 | PA NSO; NDS |
| zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg | 2 | |
| Dermatological Antibacterials | | |
| clindamycin phos-benzoyl perox external gel 1-5 % | 4 | NDS |
| clindamycin phosphate external solution 1 % | 1 | QL (180 per 30 days) |
| clindamycin phosphate external (Clindacin ETZ) swab 1 % | 1 | |
| erythromycin external solution 2 % | 2 | |
| gentamicin sulfate external cream 0.1 % | 2 | QL (90 per 30 days) |
| gentamicin sulfate external ointment 0.1 % | 2 | QL (120 per 30 days) |
| metronidazole external cream (MetroCream) 0.75 % | 2 | |
| metronidazole external gel 0.75 % | 2 | |
| metronidazole external gel 1 % (Metrogel) | 4 | NDS |
| mupirocin external ointment 2 % | 1 | QL (220 per 30 days) |
| neuac external gel 1.2-5 % | 1 | |
| rosadan external cream 0.75 % (MetroCream) | 2 | |
| selenium sulfide external lotion 2.5 % | 1 | |
| silver sulfadiazine external cream (SSD) 1 % | 1 | |
| ssd external cream 1 % (SSD) | 4 | NDS |
| Dermatological Anti-Inflammatory Agents | | |
| ala-cort external cream 1 % (Aveeno Anti-Itch Max St) | 1 | |
| betamethasone dipropionate aug external cream 0.05 % | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>betamethasone dipropionate aug external gel 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i> (Diprolene) | 2 | |
| <i>betamethasone dipropionate external cream 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external lotion 0.05 %</i> | 2 | |
| <i>betamethasone dipropionate external ointment 0.05 %</i> | 2 | |
| <i>betamethasone valerate external cream 0.1 %</i> | 2 | |
| <i>betamethasone valerate external lotion 0.1 %</i> | 2 | |
| <i>betamethasone valerate external ointment 0.1 %</i> | 1 | |
| <i>clobetasol propionate e external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate emulsion external foam 0.05 %</i> (Tovet) | 4 | NDS |
| <i>clobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>clobetasol propionate external gel 0.05 %</i> | 2 | |
| <i>clobetasol propionate external lotion 0.05 %</i> (Clobex) | 4 | NDS |
| <i>clobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>clobetasol propionate external shampoo 0.05 %</i> (Clobex) | 2 | |
| <i>clobetasol propionate external solution 0.05 %</i> | 2 | |
| EUCRISA EXTERNAL OINTMENT 2 % | 3 | |
| <i>fluocinolone acetonide external cream 0.01 %</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluocinolone acetonide external cream 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinolone acetonide external ointment 0.025 %</i> (Synalar) | 2 | |
| <i>fluocinonide external cream 0.05 %</i> | 2 | |
| <i>fluocinonide external cream 0.1 %</i> (Vanos) | 2 | |
| <i>fluocinonide external gel 0.05 %</i> | 2 | |
| <i>fluocinonide external ointment 0.05 %</i> | 2 | |
| <i>fluocinonide external solution 0.05 %</i> | 2 | |
| <i>fluticasone propionate external cream 0.05 %</i> | 1 | |
| <i>halobetasol propionate external cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate external ointment 0.05 %</i> | 2 | |
| <i>hydrocortisone (perianal) external cream 2.5 %</i> (Procto-Med HC) | 1 | |
| <i>hydrocortisone external cream 1 %</i> (Aveeno Anti-Itch Max St) | 1 | |
| <i>hydrocortisone external lotion 2.5 %</i> | 1 | |
| <i>hydrocortisone external ointment 1 %</i> (Aquaphor Itch Relief Children) | 1 | |
| <i>hydrocortisone external ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate external cream 0.2 %</i> | 2 | |
| <i>mometasone furoate external cream 0.1 %</i> | 1 | |
| <i>mometasone furoate external ointment 0.1 %</i> | 1 | |
| <i>mometasone furoate external solution 0.1 %</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>pimecrolimus external cream 1 %</i> (Elidel) | 4 | NDS; QL (100 per 30 days) |
| <i>procto-med hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>proctosol hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>proctozone-hc external cream 2.5 %</i> (Procto-Med HC) | 2 | |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i> | 2 | QL (100 per 30 days) |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i> | 1 | |
| <i>triamcinolone acetonide external cream 0.5 %</i> (Triderm) | 1 | |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i> | 2 | |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 1 | |
| Dermatological Retinoids | | |
| <i>adapalene external cream 0.1 %</i> (Differin) | 4 | NDS |
| <i>tazarotene external cream 0.1 %</i> (Tazorac) | 2 | |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A) | 2 | PA |
| Scabicides And Pediculicides | | |
| <i>malathion external lotion 0.5 %</i> (Ovide) | 4 | NDS |
| <i>permethrin external cream 5 %</i> | 2 | QL (60 per 30 days) |
| DEVICES | | |
| Devices | | |
| COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML (aq insulin syringe) | 1 | PA; ST |
| CVS GAUZE STERILE PAD 2"X2" | 1 | PA; ST |
| EXEL COMFORT POINT PEN NEEDLE 29G X 12MM (1st tier unifine pentips) | 1 | PA; ST |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GLOBAL ALCOHOL PREP EASE PAD 70 % | 1 | PA; ST |
| PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | 1 | PA; ST |
| QC ALCOHOL EXTERNAL 70 % | 1 | PA; ST |
| <i>ra isopropyl alcohol wipes external 70 %</i> | 1 | PA; ST |
| RELI-ON INSULIN SYRINGE 29G 0.3 ML | 1 | PA; ST |
| ULTICARE INSULIN SYRINGE (aq insulin syringe) 30G X 5/16" 0.5 ML | 1 | PA; ST |
| ENZYME REPLACEMENT/MODIFIERS | | |
| <i>Enzyme Replacement/Modifiers</i> | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000- 19000 UNIT | 3 | MO |
| <i>javygtor oral tablet 100 mg (Javygtor)</i> | 5 | PA; NDS |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg (Orfadin)</i> | 5 | PA; NDS |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML | 5 | PA BvD; NDS |
| <i>sapropterin dihydrochloride oral tablet 100 mg (Javygtor)</i> | 5 | PA; NDS |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML | 5 | PA; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000- 10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000- 189600 UNIT | 3 | MO |
| EYE, EAR, NOSE, THROAT AGENTS | | |
| Eye, Ear, Nose, Throat Agents, Miscellaneous | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | 2 | MO |
| <i>azelastine hcl nasal solution 0.1 %</i> | 1 | QL (60 per 30 days) |
| <i>azelastine hcl nasal solution 0.15 % (Astepro)</i> | 1 | QL (30 per 25 days) |
| <i>azelastine hcl ophthalmic solution 0.05 %</i> | 2 | |
| <i>cromolyn sodium ophthalmic solution 4 %</i> | 1 | |
| <i>epinastine hcl ophthalmic solution 0.05 %</i> | 4 | NDS |
| <i>ipratropium bromide nasal solution 0.03 %</i> | 2 | MO; QL (30 per 28 days) |
| <i>ipratropium bromide nasal solution 0.06 %</i> | 2 | MO; QL (15 per 10 days) |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 % (Pataday)</i> | 1 | |
| Eye, Ear, Nose, Throat Anti-Infectives Agents | | |
| <i>acetic acid otic solution 2 %</i> | 1 | |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i> | 2 | |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm (Polycin)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> (Neo-Polycin HC) | 2 | |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i> | 1 | |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i> | 2 | QL (7.5 per 7 days) |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i> | 1 | QL (3.5 per 4 days) |
| GENTAK OPHTHALMIC OINTMENT 0.3 % | 2 | |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i> | 2 | |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i> | 2 | |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i> (Vigamox) | 2 | |
| NATACYN OPHTHALMIC SUSPENSION 5 % | 4 | NDS |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> (Neo-Polycin) | 2 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> (Maxitrol) | 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | 2 | |
| <i>neomycin-polymyxin-hc otic solution 1 %</i> | 2 | |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i> | 2 | |
| <i>neo-polycin hc ophthalmic ointment 1 %</i> (Neo-Polycin HC) | 2 | |
| <i>neo-polycin ophthalmic ointment 3.5-400-10000</i> (Neo-Polycin) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>ofloxacin ophthalmic solution 0.3 %</i> (Ocuflox) | 1 | |
| <i>ofloxacin otic solution 0.3 %</i> | 2 | |
| <i>polycin ophthalmic ointment 500-10000 unit/gm</i> (Polycin) | 1 | |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i> | 2 | |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i> | 2 | |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i> | 1 | |
| <i>tobramycin ophthalmic solution 0.3 %</i> | 1 | |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i> | 2 | |
| <i>trifluridine ophthalmic solution 1 %</i> | 2 | |
| XDEMVI OPHTHALMIC SOLUTION 0.25 % | 5 | PA; NDS; QL (10 per 42 days) |
| ZIRGAN OPHTHALMIC GEL 0.15 % | 4 | NDS |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % | 3 | |
| Eye, Ear, Nose, Throat Anti-Inflammatory Agents | | |
| <i>alrex ophthalmic suspension 0.2 %</i> (Alrex) | 3 | ST |
| <i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i> | 4 | NDS |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i> (Prolensa) | 2 | |
| <i>bromfenac sodium ophthalmic solution 0.075 %</i> (BromSite) | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>cyclosporine ophthalmic emulsion</i> (Restasis) 0.05 % | 2 | MO; QL (60 per 30 days) |
| <i>dexamethasone sodium phosphate ophthalmic solution</i> 0.1 % | 2 | |
| <i>diclofenac sodium ophthalmic solution</i> 0.1 % | 1 | |
| <i>difluprednate ophthalmic emulsion</i> 0.05 % (Durezol) | 4 | NDS |
| EYSUVIS OPHTHALMIC SUSPENSION 0.25 % | 3 | QL (8.3 per 14 days) |
| <i>flunisolide nasal solution</i> 25 mcg/act (0.025%) | 4 | NDS; QL (50 per 25 days) |
| <i>fluocinolone acetonide otic oil</i> 0.01 % (DermOtic) | 2 | |
| <i>fluorometholone ophthalmic suspension</i> 0.1 % (FML Liquifilm) | 4 | NDS |
| <i>flurbiprofen sodium ophthalmic solution</i> 0.03 % | 2 | |
| <i>fluticasone propionate nasal suspension</i> 50 mcg/act (ClariSpray) | 1 | QL (16 per 30 days) |
| ILEVRO OPHTHALMIC SUSPENSION 0.3 % | 3 | |
| INVELTYS OPHTHALMIC SUSPENSION 1 % | 3 | QL (5.6 per 14 days) |
| <i>ketorolac tromethamine ophthalmic solution</i> 0.5 % (Acular) | 1 | QL (10 per 25 days) |
| LOTEMAX OPHTHALMIC OINTMENT 0.5 % | 3 | QL (3.5 per 14 days) |
| LOTEMAX SM OPHTHALMIC GEL 0.38 % | 3 | QL (5 per 16 days) |
| <i>loteprednol etabonate ophthalmic gel</i> 0.5 % (Lotemax) | 4 | NDS; QL (10 per 14 days) |
| <i>loteprednol etabonate ophthalmic suspension</i> 0.2 % (Alrex) | 2 | ST |
| <i>loteprednol etabonate ophthalmic suspension</i> 0.5 % (Lotemax) | 4 | NDS; QL (15 per 19 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>mometasone furoate nasal suspension 50 mcg/act</i> (Nasonex 24HR) | 4 | NDS; QL (34 per 30 days) |
| <i>prednisolone acetate ophthalmic suspension 1 %</i> (Pred Forte) | 4 | NDS |
| XIIDRA OPTHALMIC SOLUTION 5 % | 3 | MO; QL (60 per 30 days) |
| GASTROINTESTINAL AGENTS | | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i> | 4 | NDS |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | 2 | MO |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg</i> (GoodSense Esomeprazole) | 2 | MO; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</i> (NexIUM) | 2 | MO; QL (60 per 30 days) |
| <i>esomeprazole magnesium oral packet 10 mg, 20 mg</i> (NexIUM) | 4 | ST; NDS; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral packet 40 mg</i> (NexIUM) | 4 | ST; NDS; QL (60 per 30 days) |
| <i>famotidine oral tablet 20 mg</i> (MM Acid-Pep Maximum Strength) | 1 | MO |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | 1 | MO |
| <i>lansoprazole oral capsule delayed release 15 mg</i> (Prevacid 24HR) | 2 | MO; QL (30 per 30 days) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> (Prevacid) | 2 | MO; QL (60 per 30 days) |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | 2 | MO |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i> | 1 | MO |
| <i>pantoprazole sodium oral tablet delayed release 20 mg</i> (Protonix) | 1 | MO; QL (30 per 30 days) |
| <i>pantoprazole sodium oral tablet delayed release 40 mg</i> (Protonix) | 1 | MO; QL (60 per 30 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i> (Aciphex) | 2 | MO; QL (30 per 30 days) |
| <i>sucralfate oral tablet 1 gm</i> (Carafate) | 1 | MO |
| Gastrointestinal Agents, Other | | |
| <i>carglumic acid oral tablet soluble 200 mg</i> (Carbaglu) | 5 | PA; NDS |
| <i>constulose oral solution 10 gm/15ml</i> | 1 | MO |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i> (Gastrocrom) | 2 | MO |
| <i>dicyclomine hcl oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i> | 2 | |
| <i>dicyclomine hcl oral tablet 20 mg</i> | 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | 1 | PA; PA-HRM |
| <i>enulose oral solution 10 gm/15ml</i> | 1 | MO |
| <i>generlac oral solution 10 gm/15ml</i> | 1 | MO |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | 2 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul-Forte) | 2 | |
| <i>kionex oral suspension 15 gm/60ml</i> | 2 | |
| <i>lactulose oral solution 10 gm/15ml</i> | 1 | MO |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 3 | MO; QL (30 per 30 days) |
| LOKELMA ORAL PACKET 10 GM, 5 GM | 3 | MO |
| <i>loperamide hcl oral capsule 2 mg</i> (Imodium A-D) | 1 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | 2 | MO; QL (60 per 30 days) |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | QL (30 per 30 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | |
| <i>sps oral suspension 15 gm/60ml</i> | 2 | |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | 5 | NDS |
| <i>ursodiol oral capsule 300 mg</i> | 2 | MO |
| <i>ursodiol oral tablet 250 mg</i> | 2 | MO |
| <i>ursodiol oral tablet 500 mg</i> (Urso Forte) | 2 | MO |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM | 3 | MO |
| XERMELO ORAL TABLET 250 MG | 5 | PA; NDS; QL (84 per 28 days) |
| Laxatives | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML | 3 | |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM | 1 | |
| <i>gavilyte-g oral solution reconstituted 236 gm</i> (GaviLyte-G) | 1 | |
| <i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i> (GaviLyte-N with Flavor Pack) | 2 | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i> (Suprep Bowel Prep Kit) | 3 | |
| <i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i> (Suprep Bowel Prep Kit) | 2 | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i> (GaviLyte-N with Flavor Pack) | 1 | |
| <i>peg-3350/electrolytes oral solution reconstituted 236 gm</i> (GaviLyte-G) | 1 | |
| SUTAB ORAL TABLET 1479-225-188 MG | 3 | |
| GENITOURINARY AGENTS | | |
| Antispasmodics, Urinary | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 2 | |
| <i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i> (Toviaz) | 2 | MO |
| <i>flavoxate hcl oral tablet 100 mg</i> | 2 | MO |
| <i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i> (Myrbetriq) | 2 | MO |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i> | 1 | MO |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i> | 1 | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i> | 1 | MO |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i> (VESIcare) | 1 | MO |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i> (Detrol LA) | 2 | MO |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i> (Detrol) | 2 | MO |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | 4 | NDS |
| <i>tropium chloride oral tablet 20 mg</i> | 2 | MO |
| Genitourinary Agents, Miscellaneous | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> (Uroxatral) | 1 | MO; QL (30 per 30 days) |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | 1 | MO |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | 1 | MO |
| <i>tamsulosin hcl oral capsule 0.4 mg</i> (Flomax) | 1 | MO |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| HEAVY METAL ANTAGONISTS | | |
| Heavy Metal Antagonists | | |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu) | 2 | PA; MO |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | 5 | PA; NDS |
| <i>trientine hcl oral capsule 250 mg</i> (Syprine) | 5 | PA; NDS; QL (240 per 30 days) |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING | | |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | 2 | PA |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> (Depo-Testosterone) | 1 | PA; MO |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i> | 2 | PA; MO; QL (5 per 28 days) |
| <i>testosterone transdermal gel 12.5 mg/act (1%)</i> (Vogelxo Pump) | 4 | PA; NDS; QL (300 per 30 days) |
| <i>testosterone transdermal gel 20.25 mg/act (1.62%)</i> (AndroGel Pump) | 4 | PA; NDS; QL (150 per 30 days) |
| <i>testosterone transdermal gel 25 mg/2.5gm (1%)</i> | 4 | PA; NDS; QL (300 per 30 days) |
| <i>testosterone transdermal gel 50 mg/5gm (1%)</i> (Testim) | 4 | PA; NDS; QL (300 per 30 days) |
| XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML | 3 | PA; MO; QL (2 per 28 days) |
| Estrogens And Antiestrogens | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------------|
| DUAVEE ORAL TABLET 0.45-20 MG | 3 | PA; MO; PA-HRM |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace) | 1 | PA; MO; PA-HRM |
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Alora) | 2 | PA; MO; PA-HRM; QL (8 per 28 days) |
| <i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i> (Dotti) | 2 | PA; MO; PA-HRM; QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Climara) | 2 | PA; MO; PA-HRM; QL (4 per 28 days) |
| <i>estradiol vaginal cream 0.1 mg/gm</i> (Estrace) | 2 | MO |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvafem) | 4 | NDS; QL (18 per 28 days) |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> | 2 | PA; MO; PA-HRM |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey) | 2 | PA; MO; PA-HRM |
| <i>mimvey oral tablet 1-0.5 mg</i> (Mimvey) | 2 | PA; MO; PA-HRM |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | PA; MO; PA-HRM |
| PREMARIN VAGINAL CREAM 0.625 MG/GM | 3 | MO |
| PREMPHASE ORAL TABLET 0.625-5 MG | 3 | PA; MO; PA-HRM |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 3 | PA; MO; PA-HRM |
| <i>raloxifene hcl oral tablet 60 mg</i> (Evista) | 2 | MO |
| <i>yuvafem vaginal tablet 10 mcg</i> (Yuvafem) | 4 | NDS; QL (18 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Glucocorticoids/Mineralocorticoids | | |
| <i>dexamethasone oral solution 0.5 mg/5ml</i> | 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml</i> | 1 | HI |
| <i>dexamethasone sodium phosphate injection solution 120 mg/30ml, 4 mg/ml</i> | 1 | |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i> | 1 | MO |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | 1 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | 1 | |
| <i>methylprednisolone oral tablet 32 mg</i> | 1 | |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i> (Medrol) | 1 | |
| <i>prednisolone oral solution 15 mg/5ml</i> | 1 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 25 mg/5ml</i> | 2 | PA BvD |
| <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i> (Pediapred) | 2 | PA BvD |
| <i>prednisone oral solution 5 mg/5ml</i> | 2 | PA BvD |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | PA BvD |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i> | 1 | |
| <i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog-40) | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------------|
| Pituitary | | |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML | 5 | PA; NDS; QL (15 per 30 days) |
| ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML | 5 | PA; NDS; QL (30 per 30 days) |
| ACTHAR INJECTION GEL 80 UNIT/ML | 5 | PA; NDS; QL (35 per 28 days) |
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i> | 2 | MO |
| <i>desmopressin acetate oral tablet (DDAVP) 0.1 mg, 0.2 mg</i> | 2 | MO |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML | 5 | PA; NDS |
| LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML | 5 | PA NSO; NDS; QL (0.5 per 28 days) |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | 5 | PA NSO; NDS |
| LUPRON DEPOT-PED (3- MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG | 5 | PA; NDS |
| LUPRON DEPOT-PED (6- MONTH) INTRAMUSCULAR KIT 45 MG | 5 | PA; NDS |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML | 5 | PA; NDS |
| <i>octreotide acetate injection (SandoSTATIN) solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 4 | NDS |
| <i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i> | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------------|
| ORGOVYX ORAL TABLET 120 MG | 5 | PA NSO; NDS |
| ORILISSA ORAL TABLET 150 MG | 5 | PA; NDS; QL (28 per 28 days) |
| ORILISSA ORAL TABLET 200 MG | 5 | PA; NDS; QL (56 per 28 days) |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | 5 | PA; NDS |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML | 5 | PA; NDS; QL (60 per 30 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML | 5 | PA NSO; NDS; QL (0.2 per 28 days) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML | 5 | PA NSO; NDS; QL (0.3 per 28 days) |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 5 | PA; NDS |
| Progestins | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML | 3 | QL (0.65 per 84 days) |
| <i>gallifrey oral tablet 5 mg</i> (Gallifrey) | 2 | |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> (Depo-Provera) | 1 | QL (1 per 84 days) |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera) | 1 | MO |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | 2 | PA; PA-HRM |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | 2 | PA; MO; PA-HRM |
| <i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey) | 2 | MO |
| <i>progesterone oral capsule 100 mg, 200 mg</i> (Prometrium) | 2 | MO |
| Thyroid And Antithyroid Agents | | |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | 1 | MO |
| <i>levothyroxine sodium oral tablet 300 mcg</i> (Levo-T) | 1 | MO |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | 2 | MO |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | 2 | MO |
| IMMUNOLOGICAL AGENTS | | |
| Immunological Agents | | |
| ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML | 5 | PA; NDS |
| ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML | 5 | PA; NDS |
| ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML | 5 | PA; NDS |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG | 5 | PA; NDS |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG | 4 | PA BvD; NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | 5 | PA BvD; NDS |
| <i>azathioprine oral tablet 50 mg</i> (Imuran) | 2 | PA BvD; MO |
| <i>azathioprine sodium injection solution reconstituted 100 mg</i> | 1 | PA BvD |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | 5 | PA; NDS; QL (8 per 28 days) |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML | 5 | PA NSO; NDS; QL (2 per 28 days) |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML | 5 | PA; NDS |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 5 | PA; NDS |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 5 | PA; NDS |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | 5 | PA; NDS |
| <i>cyclosporine intravenous solution</i> (SandIMMUNE) <i>50 mg/ml</i> | 2 | PA BvD |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf) | 2 | PA BvD; MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>cyclosporine modified oral capsule 50 mg</i> | 2 | PA BvD; MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf) | 2 | PA BvD; MO |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> (SandIMMUNE) | 2 | PA BvD; MO |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML | 5 | PA; NDS |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML | 5 | PA; NDS |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG | 5 | PA; NDS |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | 5 | PA; NDS |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress) | 5 | PA BvD; NDS |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML | 5 | PA BvD; NDS |
| <i>gengraf oral capsule 100 mg, 25 mg</i> (Gengraf) | 2 | PA BvD; MO |
| <i>gengraf oral solution 100 mg/ml</i> (Gengraf) | 2 | PA BvD; MO |
| HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | 5 | PA; NDS; Only NDCs starting with 00074 |
| <i>infliximab intravenous solution</i> <i>reconstituted 100 mg</i> (Remicade) | 5 | PA; NDS |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 5 | PA; NDS |
| <i>leflunomide oral tablet 10 mg, 20</i> <i>mg</i> (Arava) | 2 | MO |
| <i>mycophenolate mofetil hcl</i> <i>intravenous solution reconstituted</i> <i>500 mg</i> (CellCept Intravenous) | 2 | PA BvD |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | 2 | PA BvD; MO |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i> (CellCept) | 5 | PA BvD; NDS |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | 2 | PA BvD; MO |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i> (Myfortic) | 4 | PA BvD; NDS |
| NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA BvD; NDS |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML | 5 | PA; NDS |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG | 5 | PA; NDS |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML | 5 | PA; NDS |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 5 | PA; NDS |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X 20 MG | 5 | PA; NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | 4 | PA BvD; NDS |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG | 4 | PA BvD; ST; NDS |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 4 | ST; NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| REZUROCK ORAL TABLET 200 MG | 5 | PA NSO; NDS |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS; QL (360 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG | 5 | PA; NDS |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune) | 5 | PA BvD; NDS |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune) | 2 | PA BvD; MO |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML | 5 | PA; NDS |
| SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML | 5 | PA; NDS |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML | 5 | PA; NDS |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 5 | PA; NDS |
| STELARA INTRAVENOUS SOLUTION 130 MG/26ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML | 5 | PA; NDS |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML | 5 | PA; NDS |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | 2 | PA BvD; MO |
| TAVNEOS ORAL CAPSULE 10 MG | 5 | PA; NDS; QL (180 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML | 5 | PA; NDS |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; NDS |
| XELJANZ ORAL SOLUTION 1 MG/ML | 5 | PA; NDS |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 5 | PA; NDS |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | 5 | PA; NDS |
| Vaccines | | |
| ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML | 3 | \$0 copay |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5 | 3 | \$0 copay |
| AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML | 3 | \$0 copay |
| BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG | 3 | \$0 copay |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 | 3 | \$0 copay |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 | 3 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 | 3 | |
| DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | QL (3 per 365 days) |
| DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML | 3 | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | 3 | PA BvD; \$0 copay |
| ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML | 3 | PA BvD; \$0 copay |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | 3 | \$0 copay |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML | 3 | \$0 copay |
| HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML | 3 | |
| HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML | 3 | PA BvD; \$0 copay |
| HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG | 3 | |
| IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML | 3 | PA BvD; \$0 copay |
| INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 | 3 | |
| IPOLE INJECTION INJECTABLE | 3 | \$0 copay |
| IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| IXIARO INTRAMUSCULAR SUSPENSION | 3 | \$0 copay |
| JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML | 3 | \$0 copay |
| KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | |
| MENACTRA INTRAMUSCULAR SOLUTION | 3 | \$0 copay |
| MENQUADFI INTRAMUSCULAR SOLUTION | 3 | \$0 copay |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | 3 | \$0 copay |
| M-M-R II INJECTION SOLUTION RECONSTITUTED | 3 | \$0 copay |
| MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML | 3 | \$0 copay |
| PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 3 | |
| PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | \$0 copay |
| PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | |
| PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML | 3 | PA BvD; \$0 copay |
| PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | \$0 copay |
| PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML) | 3 | |
| QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | 3 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; \$0 copay |
| RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML | 3 | PA BvD; \$0 copay |
| ROTARIX ORAL SUSPENSION | 3 | |
| ROTARIX ORAL SUSPENSION RECONSTITUTED | 3 | |
| ROTATEQ ORAL SOLUTION | 3 | |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | 3 | \$0 copay; QL (2 per 365 days) |
| TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (tetanus-diphtheria toxoids td) | 3 | \$0 copay |
| TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION) | 3 | \$0 copay |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML | 3 | |
| TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML | 3 | \$0 copay |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | \$0 copay |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | 3 | \$0 copay |
| TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML | 3 | \$0 copay |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML | 3 | |
| VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML | 3 | \$0 copay |
| VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML | 3 | \$0 copay |
| VAXCHORA ORAL SUSPENSION RECONSTITUTED | 3 | \$0 copay |
| YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE) | 3 | \$0 copay |
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| <i>Inflammatory Bowel Disease Agents</i> | | |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i> (Lotronex) | 2 | MO |
| <i>balsalazide disodium oral capsule 750 mg</i> (Colazal) | 2 | |
| <i>budesonide oral capsule delayed release particles 3 mg</i> | 4 | NDS |
| <i>budesonide rectal foam 2 mg</i> (Uceris) | 2 | |
| <i>hydrocortisone rectal enema 100 mg/60ml</i> (Cortenema) | 2 | |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> (Apriso) | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| <i>mesalamine er oral capsule extended release 500 mg</i> (Pentasa) | 2 | MO |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> (Lialda) | 4 | NDS; QL (120 per 30 days) |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | 1 | MO |
| <i>sulfasalazine oral tablet delayed release 500 mg</i> (Azulfidine EN-tabs) | 4 | NDS |

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

| | | |
|--|---|-----------------------------|
| <i>alendronate sodium oral solution 70 mg/75ml</i> | 4 | NDS; QL (300 per 28 days) |
| <i>alendronate sodium oral tablet 10 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>alendronate sodium oral tablet 35 mg</i> | 1 | MO; QL (4 per 28 days) |
| <i>alendronate sodium oral tablet 70 mg</i> (Fosamax) | 1 | MO; QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i> | 2 | MO |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | 1 | MO |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg</i> (Sensipar) | 2 | MO; QL (60 per 30 days) |
| <i>cinacalcet hcl oral tablet 90 mg</i> (Sensipar) | 5 | NDS; QL (120 per 30 days) |
| <i>ibandronate sodium oral tablet 150 mg</i> | 1 | MO; QL (1 per 28 days) |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG | 5 | PA; NDS; QL (2 per 28 days) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | 4 | NDS |
| <i>paricalcitol oral capsule 4 mcg</i> | 4 | NDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML | 4 | NDS; QL (1 per 180 days) |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG | 3 | MO; QL (60 per 30 days) |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | 5 | PA; NDS; QL (2.48 per 28 days) |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML | 5 | PA; NDS; QL (1.56 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML | 5 | PA; NDS |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| <i>Miscellaneous Therapeutic Agents</i> | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML | 5 | PA; NDS |
| <i>betaine oral powder</i> (Cystadane) | 5 | PA; NDS |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML | 5 | PA; NDS |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | 2 | MO |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |
| GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML | 3 | |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril) | 1 | |
| <i>hydroxyzine pamoate oral capsule 50 mg</i> | 1 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 2 | |
| <i>l-glutamine oral packet 5 gm</i> (Endari) | 5 | PA; NDS; QL (180 per 30 days) |
| MESNEX ORAL TABLET 400 MG | 5 | NDS |
| <i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv) | 2 | QL (30 per 30 days) |
| <i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon) | 2 | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | 5 | PA NSO; NDS; QL (56 per 28 days) |
| TYBOST ORAL TABLET 150 MG | 3 | MO; QL (30 per 30 days) |
| VEOZAH ORAL TABLET 45 MG | 4 | PA; NDS; QL (30 per 30 days) |
| VOWST ORAL CAPSULE | 5 | PA; NDS; QL (12 per 30 days) |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML | 3 | |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML | 3 | |
| OPHTHALMIC AGENTS | | |
| Antiglaucoma Agents | | |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i> | 2 | MO |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 2 | MO |
| <i>acetazolamide sodium injection solution reconstituted 500 mg</i> | 1 | |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>bimatoprost ophthalmic solution 0.03 %</i> | 4 | NDS; QL (2.5 per 25 days) |
| <i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i> (Alphagan P) | 2 | MO |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i> | 2 | MO |
| <i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> (Combigan) | 4 | NDS |
| <i>brinzolamide ophthalmic suspension 1 %</i> (Azopt) | 2 | MO |
| <i>carteolol hcl ophthalmic solution 1 %</i> | 1 | MO |
| <i>dorzolamide hcl ophthalmic solution 2 %</i> | 1 | MO |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i> (Cosopt) | 1 | MO |
| <i>latanoprost ophthalmic solution 0.005 %</i> (Xalatan) | 1 | MO; QL (2.5 per 25 days) |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | 1 | MO |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 3 | MO; QL (2.5 per 25 days) |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 4 | NDS |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | 2 | MO |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % | 3 | MO; QL (2.5 per 25 days) |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % | 3 | MO; QL (2.5 per 25 days) |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % | 3 | MO |
| <i>tafluprost (pf) ophthalmic solution 0.0015 %</i> (Zioptan) | 4 | NDS; QL (30 per 30 days) |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i> | 1 | MO |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i> (Travatan Z) | 4 | NDS; QL (2.5 per 25 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| VYZULTA OPHTHALMIC SOLUTION 0.024 % | 4 | NDS; QL (5 per 30 days) |
| REPLACEMENT PREPARATIONS | | |
| <i>Replacement Preparations</i> | | |
| <i>dextrose-sodium chloride intravenous solution 5-0.45 %</i> | 2 | |
| <i>dextrose-sodium chloride intravenous solution 5-0.9 %</i> | 1 | HI |
| <i>klor-con m10 oral tablet extended release 10 meq</i> (Klor-Con M10) | 1 | MO |
| <i>klor-con m15 oral tablet extended release 15 meq</i> (Klor-Con M15) | 1 | MO |
| <i>klor-con m20 oral tablet extended release 20 meq</i> (Klor-Con M20) | 1 | MO |
| <i>magnesium sulfate injection solution 50 %</i> | 4 | HI; NDS |
| <i>magnesium sulfate injection solution 50 % (10ml syringe)</i> | 2 | HI |
| <i>potassium chloride crys er oral tablet extended release 10 meq</i> (Klor-Con M10) | 1 | MO |
| <i>potassium chloride crys er oral tablet extended release 15 meq</i> (Klor-Con M15) | 1 | MO |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i> (Klor-Con M20) | 1 | MO |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i> | 1 | MO |
| <i>potassium chloride er oral tablet extended release 10 meq</i> (Klor-Con 10) | 1 | MO |
| <i>potassium chloride er oral tablet extended release 20 meq</i> (K-Tab) | 1 | MO |
| <i>potassium chloride er oral tablet extended release 8 meq</i> (Klor-Con) | 1 | MO |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | 2 | PA BvD; HI |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i> | 4 | NDS |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i> (Urocit-K 10) | 2 | |
| <i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i> (Urocit-K 15) | 2 | |
| <i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i> | 2 | |
| <i>sodium chloride intravenous solution 0.45 %</i> | 2 | |
| <i>sodium chloride intravenous solution 0.9 %</i> | 2 | HI |
| RESPIRATORY TRACT AGENTS | | |
| <i>Anti-Inflammatories, Inhaled Corticosteroids</i> | | |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol) | 3 | MO; QL (12 per 30 days) |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT | 3 | QL (32.1 per 30 days) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | 3 | MO; QL (30 per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (fluticasone furoate-vilanterol) | 3 | MO; QL (60 per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH | 3 | MO; QL (60 per 30 days) |
| <i>breyana inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyana) | 1 | MO; QL (30.9 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| <i>budesonide inhalation suspension</i> (Pulmicort) 0.25 mg/2ml, 0.5 mg/2ml | 2 | PA BvD; MO; QL (120 per 30 days) |
| <i>budesonide inhalation suspension</i> (Pulmicort) 1 mg/2ml | 2 | PA BvD; MO; QL (60 per 30 days) |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna) | 1 | MO; QL (30.6 per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i> | 1 | MO; QL (12 per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i> | 1 | MO; QL (24 per 30 days) |
| <i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i> | 1 | MO; QL (21.2 per 30 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub) | 1 | MO; QL (60 per 30 days) |
| <i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub) | 1 | MO; QL (60 per 30 days) |
| Antileukotrienes | | |
| <i>montelukast sodium oral tablet 10 mg</i> (Singulair) | 1 | MO |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> (Singulair) | 1 | MO |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | 4 | NDS |
| Bronchodilators | | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> (Proventil HFA) | 2 | MO; QL (17 per 30 days) |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i> (Proventil HFA) | 2 | MO; QL (13.4 per 30 days) |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i> (Proventil HFA) | 2 | MO; QL (36 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i> | 1 | PA BvD; MO |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT | 3 | MO; QL (60 per 30 days) |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT | 4 | NDS; QL (25.8 per 28 days) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | 3 | MO; QL (10.7 per 30 days) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT | 3 | MO; QL (8 per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | PA BvD; MO |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i> | 1 | PA BvD; MO; QL (540 per 30 days) |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | 3 | MO; QL (60 per 30 days) |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT | 3 | MO; QL (4 per 30 days) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 3 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 3 | MO; QL (4 per 28 days) |
| <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i> | 4 | NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i> | 2 | MO |
| <i>theophylline oral solution 80 mg/15ml</i> | 2 | MO |
| <i>tiotropium bromide monohydrate (Spiriva HandiHaler) inhalation capsule 18 mcg</i> | 2 | MO; QL (30 per 30 days) |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT | 3 | MO; QL (60 per 30 days) |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine inhalation solution 10 %, 20 %</i> | 2 | PA BvD |
| BRONCHITOL INHALATION CAPSULE 40 MG | 5 | NDS; QL (560 per 28 days) |
| CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML | 5 | PA; NDS |
| <i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i> | 2 | PA BvD; MO |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML | 5 | PA; NDS; QL (1 per 28 days) |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 5 | PA; NDS; QL (56 per 28 days) |
| KALYDECO ORAL TABLET 150 MG | 5 | PA; NDS; QL (56 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | 5 | PA; NDS; QL (3 per 28 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 5 | PA; NDS; QL (3 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 5 | PA; NDS; QL (0.4 per 28 days) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG | 5 | PA; NDS; QL (3 per 28 days) |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 5 | PA; NDS; QL (60 per 30 days) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 5 | PA; NDS; QL (112 per 28 days) |
| <i>pirfenidone oral capsule 267 mg</i> (Esbriet) | 5 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 267 mg</i> (Esbriet) | 5 | PA; NDS; QL (270 per 30 days) |
| <i>pirfenidone oral tablet 534 mg</i> | 5 | PA; NDS; QL (90 per 30 days) |
| <i>pirfenidone oral tablet 801 mg</i> (Esbriet) | 5 | PA; NDS; QL (90 per 30 days) |
| <i>roflumilast oral tablet 250 mcg</i> (Daliresp) | 2 | MO; QL (28 per 28 days) |
| <i>roflumilast oral tablet 500 mcg</i> (Daliresp) | 2 | MO; QL (30 per 30 days) |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG | 5 | PA; NDS; QL (1 per 21 days) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML | 5 | PA; NDS |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG | 5 | PA; NDS |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| SKELETAL MUSCLE RELAXANTS | | |
| <i>Skeletal Muscle Relaxants</i> | | |
| <i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | 1 | PA; PA-HRM |
| <i>dantrolene sodium oral capsule 100 mg, 50 mg</i> | 4 | NDS |
| <i>dantrolene sodium oral capsule 25 mg</i> (Dantrium) | 4 | NDS |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | PA; PA-HRM |
| <i>tizanidine hcl oral tablet 2 mg</i> | 1 | |
| <i>tizanidine hcl oral tablet 4 mg</i> (Zanaflex) | 1 | |
| SLEEP DISORDER AGENTS | | |
| <i>Sleep Disorder Agents</i> | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil) | 2 | PA; MO; QL (30 per 30 days) |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | QL (30 per 30 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | 2 | QL (30 per 30 days) |
| <i>modafinil oral tablet 100 mg</i> (Provigil) | 2 | PA; MO; QL (30 per 30 days) |
| <i>modafinil oral tablet 200 mg</i> (Provigil) | 2 | PA; MO; QL (60 per 30 days) |
| <i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem) | 5 | PA; NDS; QL (540 per 30 days) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (30 per 30 days) |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> (Ambien CR) | 1 | QL (30 per 30 days) |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> (Ambien) | 1 | QL (30 per 30 days) |

You can find information on the symbols and abbreviations on this table by going to page 10 of the introduction. 2025 Astiva, Formulary ID 25256

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| VASODILATING AGENTS | | |
| <i>Vasodilating Agents</i> | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 5 | PA; NDS; QL (90 per 30 days) |
| <i>alyq oral tablet 20 mg</i> | 2 | PA; MO; QL (60 per 30 days) |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | 5 | PA; NDS; QL (60 per 30 days) |
| OPSUMIT ORAL TABLET 10 MG | 5 | PA; NDS; QL (30 per 30 days) |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra) | 2 | EX; QL (6 per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> (Revatio) | 2 | PA; MO; QL (360 per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | 2 | PA; MO |
| <i>tadalafil oral tablet 5 mg</i> (Cialis) | 2 | PA; MO |
| UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG | 5 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG | 5 | PA; NDS; QL (60 per 30 days) |
| UPTRAVI ORAL TABLET 200 MCG | 5 | PA; NDS; QL (240 per 30 days) |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG | 5 | PA; NDS |
| VITAMINS AND MINERALS | | |
| <i>Vitamins And Minerals</i> | | |
| PRENATAL ORAL TABLET 27-1 MG | 1 | |

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This formulary was updated on **01/01/2025**. For more recent information or other questions,

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