Essential Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA). We're here to help. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Member Services number on your ID card.

The product names to which this formulary applies are shown below.

$5/$15/$25/$45/30% to $250
$5/$15/$30/$50/30% to $250
$5/$15/$40/$60/30% to $250
$5/$15/$50/$65/30% to $250 after deductible
$5/$20/$30/$50/30% to $250
$5/$20/$40/$60/30% to $250
$5/$20/$40/$60/30% to $250 Rx ded $150
$5/$20/$40/$75/30% to $250
$5/$20/$40/$75/30% to $250 Rx ded $250
$5/$20/$50/$65/30% to $250 Rx ded $500
$5/$20/$50/$70/30% to $250
$5/$20/$50/$70/30% to $250 after deductible

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca/pharmacyinformation. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at anthem.com/ca/pharmacyinformation.
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

Essential Drug List

Four-Tier

Table of Contents

Essential Drug List – Informational Section

Definitions

"$0" next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

"BRAND name drug" means a drug that is marketed under a proprietary, trademark-protected name. A BRAND name drug is listed in this formulary in all **CAPITAL** letters.

"**Coinsurance**" means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

"**Copayment**" means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

"**Deductible**" means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

"**Dose Optimization (DO)**" means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

"**Drug Tier**" means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

"**Exception request**" means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

"**Exigent circumstances**" means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

"**Formulary**" or "**prescription drug list**" means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

"**Generic drug**" means a drug that is the same as its BRAND name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in *italicized lowercase letters*.

"**Limited Distribution (LD)**" means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

"**Medically Necessary**" means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

"**Non-formulary drug**" means a prescription drug that is not listed on this formulary.

"**Oral Chemotherapy (OC)"** Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

"**Out-of-pocket costs**" means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

"**Prescribing provider**" means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

"**Prescription**" means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

"Prescription drug" means a drug that by law requires a prescription.

"**Prior Authorization (PA)**" means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

"**Quantity limit (QL)**" means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

"Specialty Drugs (SP)" means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

"**Step therapy (ST)**" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Frequently Asked Questions

How do I know what drugs are covered under my benefits?
This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

How can I find a drug on the list?
(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the **BRAND** name or *generic* name of the drug in the alphabetical index; and
(B) If a generic equivalent for a **BRAND** name drug is not available on the market or is not covered, the drug will not be separately listed by its *generic* name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

How are drugs shown on the list?
- A drug is listed alphabetically by its **BRAND** name and generic names in the therapeutic category and class to which it belongs;
- The *generic* name for a **BRAND** name drug is included after the **BRAND** name in parentheses and all *lowercase italicized letters*;

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)

- If a *generic* equivalent for a **BRAND** name drug is both available and covered, the *generic* drug will be listed separately from the **BRAND** name drug in all *lowercase italicized letters*; and

codeine sulfate oral tablet 15 mg, 30 mg

- If a *generic* drug is marketed under a proprietary, trademark-protected **BRAND** name, the **BRAND** name will be listed after the *generic* name in parentheses and regular typeface with the first letter of each word capitalized.

levonorgestrel-ethinyl estrad (Portia Oral Tablet 0.15-0.03 Mg)

The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

> *Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition*.

What are my options for getting my prescriptions?
You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 833-236-6196. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?
We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to https://www.covermymeds.com/main/partners/anthem.
2. Log in at anthem.com/ca and choose **Pharmacy**.
    - Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
    - Choose the correct medication strength and form.
    - Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
    - Your doctor completes and faxes the form to us at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

Who decides what drugs are on the list?
The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

What is a specialty drug and how do I get them?
If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

Does the drug list change, and how will I know if it does?
Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at anthem.com/ca.

What kind of drugs can I find on the formulary?
We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?
We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier 1 drugs have the lowest cost share for you. These are usually *generic* drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:

  - Tier 1a drugs have the lowest cost share. These are often *generic* drugs that offer the greatest value compared to others that treat the same conditions.
  - Tier 1b drugs have a low cost share. These are typically *generic* drugs that offer the greatest value compared to others that treat the same conditions.

- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

- Tier 3 drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs recently approved by the FDA.

- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?
Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars ($200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?
When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.[1]

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

How does my doctor start the Prior Authorization process?
If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to https://www.covermymeds.com/main/partners/anthem.
2. Log in at anthem.com/ca and choose Pharmacy.
    - Go to Pharmacy Resources and Search Your Drug List for your medication.
    - Choose the correct medication strength and form.
    - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
    - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

What is Step Therapy? How does it work?
Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.[1]

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.

- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

[1] If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

KEY

Here are some terms and notes you'll find on the drug list.

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

$0 = preventive drugs. For some members, this product may be covered at 100% with $0 cost share with a prescription from your provider if specified criteria are met.

DO = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

LD = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

OC = oral chemotherapy. These drugs after deductible shall not exceed $200 per an individual prescription for up to a 30 day supply.

PA = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

QL = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

SP = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

ST = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = drugs have a higher cost share. They often include brand and generic drugs that may cost more than drugs on lower tiers that are used to treat the same condition.

Tier 4 = drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Four-Tier

CURRENT AS OF 10/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR ATTENTION DEFICIT DISORDER**		
clonidine hcl er oral tablet extended release 12 hour	1 or 1b*	PA; QL (4 tablets per 1 day)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg	1 or 1b*	PA
guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR - DRUGS FOR ATTENTION DEFICIT DISORDER**		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1 or 1b*	PA
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
AMPHETAMINE MIXTURES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1 or 1b*	PA
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	1 or 1b*	PA
amphetamine-dextroamphetamine oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (*amphetamine-dextroamphetamine*)	3	ST; QL (1 capsule per 1 day)
AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
amphetamine er oral suspension extended release	1 or 1b*	QL (15 mL per 1 day)
amphetamine sulfate oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
amphetamine sulfate oral tablet 5 mg	1 or 1b*	
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	1 or 1b*	PA; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1 or 1b*	PA
dextroamphetamine sulfate oral solution	1 or 1b*	PA; QL (60 mL per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1 or 1b*	PA
procentra oral solution	1 or 1b*	PA; QL (60 mL per 1 day)

BRAND=Brand drug *generic*=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	2	PA
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	2	PA
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	2	PA; QL (1 tablet per 1 day)
zenzedi oral tablet 10 mg, 7.5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
zenzedi oral tablet 15 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
zenzedi oral tablet 2.5 mg, 5 mg	1 or 1b*	PA
zenzedi oral tablet 20 mg, 30 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
ANALEPTICS - DRUGS FOR THE NERVOUS SYSTEM**		
caffeine citrate intravenous solution	2	
caffeine citrate oral solution	2	
ANOREXIANTS NON-AMPHETAMINE - DRUGS FOR THE NERVOUS SYSTEM**		
benzphetamine hcl oral tablet 25 mg	1 or 1b*	
benzphetamine hcl oral tablet 50 mg	1 or 1b*	PA
diethylpropion hcl er oral tablet extended release 24 hour	1 or 1b*	PA
diethylpropion hcl oral tablet	1 or 1b*	PA
phendimetrazine tartrate er oral capsule extended release 24 hour	1 or 1b*	PA
phendimetrazine tartrate oral tablet	1 or 1b*	PA
phentermine hcl oral capsule	1 or 1b*	PA
phentermine hcl oral tablet	1 or 1b*	PA
STIMULANTS - MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER**		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	PA; QL (1 tablet per 1 day)
armodafinil oral tablet 50 mg	2	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	1 or 1b*	PA
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
dexmethylphenidate hcl oral tablet 10 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	1 or 1b*	PA
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	1 or 1b*	PA
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	1 or 1b*	PA
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1 or 1b*	PA; QL (2 capsules per 1 day)

BRAND=Brand drug *generic*=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg	1 or 1b*	PA
methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg	1 or 1b*	PA; QL (1 capsule per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg	1 or 1b*	PA
methylphenidate hcl er oral tablet extended release 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour	1 or 1b*	PA
methylphenidate hcl er oral tablet extended release 36 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 54 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	1 or 1b*	PA; QL (30 mL per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	1 or 1b*	PA; QL (60 mL per 1 day)
methylphenidate hcl oral tablet 10 mg, 5 mg	1 or 1b*	PA
methylphenidate hcl oral tablet 20 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg	1 or 1b*	ST
methylphenidate hcl oral tablet chewable 5 mg	1 or 1b*	PA
modafinil oral tablet 100 mg	2	PA
modafinil oral tablet 200 mg	2	PA; QL (1 tablet per 1 day)
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
AMINOGLYCOSIDES - ANTIBIOTICS**		
amikacin sulfate injection solution	2	
gentamicin in saline intravenous solution	2	
gentamicin sulfate injection solution	2	
neomycin sulfate oral tablet	1 or 1a*	
paromomycin sulfate oral capsule	1 or 1b*	
streptomycin sulfate intramuscular solution reconstituted	1 or 1b*	
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL (224 mL per 28 days)
tobramycin inhalation nebulization solution 300 mg/5ml	4	SP; QL (9.4 mL per 1 day)
tobramycin sulfate injection solution 1.2 gm/30ml	2	QL (900 mL per 30 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	QL (180 mL per 30 days)
tobramycin sulfate injection solution 2 gm/50ml	2	QL (1500 mL per 30 days)
tobramycin sulfate injection solution reconstituted	2	QL (30 vials per 30 days)
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (*upadacitinib*)	4	PA; LD; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL SOLUTION (*tofacitinib citrate*)	4	PA; SP; QL (10 mL per 1 day)
XELJANZ ORAL TABLET (*tofacitinib citrate*)	4	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	4	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	4	PA; QL (1 tablet per 1 day)
ANTIRHEUMATIC ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS**		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*methotrexate (anti-rheumatic)*)	4	PA; SP; QL (4 auto-injector per 28 days)
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (*adalimumab*)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (*adalimumab*)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	PA; SP; QL (1 pen per 310 days (QL exception needed for maintenance therapys)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (*adalimumab*)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT (*adalimumab*)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (*adalimumab*)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT (*adalimumab*)	4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab*)	4	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (*golimumab*)	4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*golimumab*)	4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*golimumab*)	4	PA; SP; QL (1 syringe per 28 days)
CYCLOOXYGENASE 2 (COX-2) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	2	ST; QL (2 capsules per 1 day)
celecoxib oral capsule 400 mg	2	ST; QL (1 capsule per 1 day)
GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS**		
RIDAURA ORAL CAPSULE (*auranofin*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg	2	ST; QL (4 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 75-0.2 mg	2	ST; QL (2 tablets per 1 day)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - ARTHRITIS AND PAIN DRUGS**		
cataflam oral tablet	1 or 1b*	
diclofenac potassium oral tablet	1 or 1b*	
diclofenac sodium er oral tablet extended release 24 hour	1 or 1b*	QL (2 tablets per 1 day)
diclofenac sodium oral tablet delayed release 25 mg	1 or 1b*	QL (5 tablets per 1 day)
diclofenac sodium oral tablet delayed release 50 mg	1 or 1b*	QL (4 tablets per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	1 or 1b*	QL (2 tablets per 1 day)
ec-naproxen oral tablet delayed release	1 or 1b*	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg	1 or 1b*	QL (2 tablets per 1 day)
etodolac er oral tablet extended release 24 hour 600 mg	1 or 1b*	QL (1 tablet per 1 day)
etodolac oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
etodolac oral capsule 300 mg	1 or 1b*	QL (3 capsules per 1 day)
etodolac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
flurbiprofen oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
flurbiprofen oral tablet 50 mg	1 or 1b*	QL (4 tablets per 1 day)
ibu oral tablet	1 or 1a*	QL (4 tablets per 1 day)
ibuprofen oral tablet	1 or 1a*	QL (4 tablets per 1 day)
indomethacin er oral capsule extended release	1 or 1b*	QL (2 capsules per 1 day)
indomethacin oral capsule 25 mg	1 or 1b*	QL (3 capsule per 1 day)
indomethacin oral capsule 50 mg	1 or 1b*	QL (4 capsule per 1 day)
indomethacin sodium intravenous solution reconstituted	2	
ketoprofen er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
ketoprofen oral capsule 50 mg	1 or 1b*	
ketoprofen oral capsule 75 mg	1 or 1b*	QL (4 capsules per 1 day)
ketorolac tromethamine injection solution 15 mg/ml	2	QL (4 ML per 30 days)
ketorolac tromethamine injection solution 30 mg/ml	2	QL (2 mL per 30 days)
ketorolac tromethamine intramuscular solution	2	QL (2 mL per 30 days)
ketorolac tromethamine oral tablet	1 or 1a*	QL (20 tablets per 30 days)
meclofenamate sodium oral capsule	1 or 1b*	QL (4 capsules per 1 day)
mefenamic acid oral capsule	1 or 1b*	QL (29 capsule per 1 fill)
meloxicam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
nabumetone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
nabumetone oral tablet 750 mg	1 or 1b*	QL (2 tablets per 1 day)
naproxen oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet delayed release	1 or 1b*	
naproxen sodium oral tablet 275 mg	1 or 1b*	QL (4 tablets per 1 day)
naproxen sodium oral tablet 550 mg	1 or 1b*	QL (2 tablets per 1 day)
oxaprozin oral tablet	1 or 1b*	QL (2 tablets per 1 day)
piroxicam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
relafen oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
relafen oral tablet 750 mg	1 or 1b*	QL (2 tablets per 1 day)
sulindac oral tablet	1 or 1b*	QL (2 tablets per 1 day)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OTEZLA ORAL TABLET (*apremilast*)	4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (*apremilast*)	4	PA; SP; QL (1 pack per 365 days)
PYRIMIDINE SYNTHESIS INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
leflunomide oral tablet	2	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - ARTHRITIS AND PAIN DRUGS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (*etanercept*)	4	PA; SP; QL (4 cartridge per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (*etanercept*)	4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*etanercept*)	4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (*etanercept*)	4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (*etanercept*)	4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*etanercept*)	4	PA; SP; QL (4 pens per 28 days)
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ANALGESICS OTHER - ARTHRITIS AND PAIN DRUGS**		
acetaminophen intravenous solution	1 or 1b*	
clonidine hcl (analgesia) epidural solution	1 or 1b*	
ANALGESICS-SEDATIVES - ARTHRITIS AND PAIN DRUGS**		
bac oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-acetaminophen oral capsule	1 or 1b*	QL (6 capsules per 1 day)
butalbital-acetaminophen oral tablet 25-325 mg	1 or 1b*	QL (12 tablets per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	1 or 1b*	QL (6 tablets per 1 day)
butalbital-apap-caffeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tencon oral tablet	1 or 1b*	QL (6 tablets per 1 day)
zebutal oral capsule	2	QL (6 capsules per 1 day)
SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
sm aspirin tri-buffered oral tablet	1 or 1b*; $0	
tri-buffered aspirin oral tablet	1 or 1b*; $0	
SALICYLATES - ARTHRITIS AND PAIN DRUGS**		
adult aspirin regimen oral tablet delayed release	1 or 1a*; $0	
aspirin 81 oral tablet chewable	1 or 1a*; $0	
aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
aspirin childrens oral tablet chewable	1 or 1a*; $0	
aspirin ec adult low strength oral tablet delayed release	1 or 1a*; $0	
aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
aspirin ec low strength oral tablet delayed release	1 or 1a*; $0	
aspirin ec oral tablet delayed release	1 or 1a*; $0	
aspirin low dose oral tablet chewable	1 or 1a*; $0	
aspirin low dose oral tablet delayed release	1 or 1a*; $0	
aspirin low strength oral tablet chewable	1 or 1a*; $0	
aspirin oral tablet	1 or 1a*; $0	
aspirin oral tablet chewable	1 or 1a*; $0	
aspirin oral tablet delayed release	1 or 1a*; $0	
bayer advanced aspirin reg st oral tablet	1 or 1a*; $0	
bayer aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
bayer aspirin oral tablet	1 or 1a*; $0	
bayer aspirin oral tablet delayed release	1 or 1a*; $0	
bayer low dose oral tablet chewable	1 or 1a*; $0	
bayer low dose oral tablet delayed release	1 or 1a*; $0	
childrens aspirin oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
cvs aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
cvs aspirin ec oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low dose oral tablet delayed release	1 or 1a*; $0	
cvs aspirin low strength oral tablet delayed release	1 or 1a*; $0	
cvs aspirin oral tablet	1 or 1a*; $0	
diflunisal oral tablet	1 or 1b*	
ecotrin low strength oral tablet delayed release	1 or 1a*; $0	
eq aspirin adult low dose oral tablet delayed release	1 or 1a*; $0	
eq aspirin low dose oral tablet chewable	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq aspirin oral tablet	1 or 1a*; $0	
eql aspirin ec oral tablet delayed release	1 or 1a*; $0	
eql aspirin low dose oral tablet chewable	1 or 1a*; $0	
eql aspirin low dose oral tablet delayed release	1 or 1a*; $0	
gnp adult aspirin low strength oral tablet chewable	1 or 1a*; $0	
gnp aspirin low dose oral tablet delayed release	1 or 1a*; $0	
gnp aspirin oral tablet	1 or 1a*; $0	
gnp aspirin oral tablet delayed release	1 or 1a*; $0	
goodsense aspirin adult low st oral tablet chewable	1 or 1a*; $0	
goodsense aspirin adults oral tablet	1 or 1a*; $0	
goodsense aspirin low dose oral tablet delayed release	1 or 1a*; $0	
goodsense aspirin oral tablet	1 or 1a*; $0	
goodsense aspirin oral tablet chewable	1 or 1a*; $0	
goodsense aspirin oral tablet delayed release	1 or 1a*; $0	
h-e-b aspirin oral tablet delayed release	1 or 1a*; $0	
hm adult aspirin oral tablet	1 or 1a*; $0	
hm aspirin ec low dose oral tablet delayed release	1 or 1a*; $0	
hm aspirin ec oral tablet delayed release	1 or 1a*; $0	
hm aspirin oral tablet	1 or 1a*; $0	
hm aspirin oral tablet chewable	1 or 1a*; $0	
hm aspirin oral tablet delayed release	1 or 1a*; $0	
kls aspirin low dose oral tablet delayed release	1 or 1a*; $0	
kp aspirin oral tablet delayed release	1 or 1a*; $0	
meijer aspirin ec oral tablet delayed release	1 or 1a*; $0	
px aspirin oral tablet	1 or 1a*; $0	
px aspirin oral tablet chewable	1 or 1a*; $0	
px enteric aspirin oral tablet delayed release	1 or 1a*; $0	
qc aspirin low dose oral tablet chewable	1 or 1a*; $0	
qc aspirin low dose oral tablet delayed release	1 or 1a*; $0	
qc aspirin oral tablet	1 or 1a*; $0	
qc aspirin oral tablet delayed release	1 or 1a*; $0	
qc childrens aspirin oral tablet chewable	1 or 1a*; $0	
qc enteric aspirin oral tablet delayed release	1 or 1a*; $0	
ra aspirin adult low dose oral tablet chewable	1 or 1a*; $0	
ra aspirin adult low strength oral tablet chewable	1 or 1a*; $0	
ra aspirin childrens oral tablet chewable	1 or 1a*; $0	
ra aspirin ec adult low st oral tablet delayed release	1 or 1a*; $0	
ra aspirin ec oral tablet delayed release	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra aspirin oral tablet	1 or 1a*; $0	
ra pain relief aspirin oral tablet	1 or 1a*; $0	
sb aspirin ec oral tablet delayed release	1 or 1a*; $0	
sb aspirin oral tablet	1 or 1a*; $0	
sb childrens aspirin oral tablet chewable	1 or 1a*; $0	
sb low dose asa ec oral tablet delayed release	1 or 1a*; $0	
sm aspirin adult low strength oral tablet chewable	1 or 1a*; $0	
sm aspirin adult low strength oral tablet delayed release	1 or 1a*; $0	
sm aspirin ec low strength oral tablet delayed release	1 or 1a*; $0	
sm aspirin ec oral tablet delayed release	1 or 1a*; $0	
sm aspirin low dose oral tablet chewable	1 or 1a*; $0	
sm aspirin oral tablet	1 or 1a*; $0	
sm childrens aspirin oral tablet chewable	1 or 1a*; $0	
st joseph aspirin oral tablet delayed release	1 or 1a*; $0	
st joseph low dose oral tablet chewable	1 or 1a*; $0	
st joseph low dose oral tablet delayed release	1 or 1a*; $0	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
acetaminophen-codeine #2 oral tablet	1 or 1a*	QL (6 tablets per 1 day)
acetaminophen-codeine #3 oral tablet	1 or 1a*	QL (6 tablet per 1 day)
acetaminophen-codeine #4 oral tablet	1 or 1a*	QL (6 tablet per 1 day)
acetaminophen-codeine oral solution	1 or 1a*	QL (30 mL per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	1 or 1a*	QL (6 tablets per 1 day)
acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg	1 or 1a*	QL (6 tablet per 1 day)
ascomp-codeine oral capsule	1 or 1b*	QL (6 capsule per 1 day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1 or 1b*	QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1 or 1b*	QL (6 capsule per 1 day)
butalbital-asa-caff-codeine oral capsule	1 or 1b*	QL (6 capsule per 1 day)
DIHYDROCODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
apap-caff-dihydrocodeine oral capsule	1 or 1b*	QL (6 capsules per 1 day)
apap-caff-dihydrocodeine oral tablet	1 or 1b*	QL (6 tablets per 1 day)
trezix oral capsule	1 or 1b*	QL (6 capsules per 1 day)
HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
hydrocodone-acetaminophen oral solution	1 or 1b*	QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet	1 or 1b*	QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet	1 or 1b*	QL (5 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS**		
codeine sulfate oral tablet	2	QL (6 tablets per 1 day)
duramorph injection solution	1 or 1b*	QL (6 mL per 1 day)
fentanyl citrate (pf) injection solution	1 or 1b*	
fentanyl citrate (pf) injection solution cartridge	1 or 1b*	
fentanyl citrate buccal lozenge on a handle	2	PA; QL (4 lozenge per 1 day)
fentanyl citrate buccal tablet	2	PA; QL (4 tablet per 1 day)
fentanyl transdermal patch 72 hour	2	PA; QL (15 patches per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1 or 1b*	PA; QL (1 tablet per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour	2	PA; QL (1 tablet per 1 day)
hydromorphone hcl injection solution	1 or 1b*	QL (2 mL per 1 day)
hydromorphone hcl oral liquid	1 or 1b*	QL (24 mL per 1 day)
hydromorphone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
hydromorphone hcl pf injection solution	1 or 1b*	QL (1 injection per 30 days)
levorphanol tartrate oral tablet	2	PA; QL (6 tablets per 1 day)
meperidine hcl injection solution	1 or 1b*	QL (4 mL per 1 day)
meperidine hcl oral solution	1 or 1b*	QL (7 days per 1 fill)
meperidine hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
methadone hcl intensol oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral concentrate	1 or 1b*	PA; QL (6 mL per 1 day)
methadone hcl oral solution 10 mg/5ml	1 or 1b*	PA; QL (30 mL per 1 day)
methadone hcl oral solution 5 mg/5ml	1 or 1b*	PA; QL (60 mL per 1 day)
methadone hcl oral tablet 10 mg	1 or 1b*	PA; QL (6 tablet per 1 day)
methadone hcl oral tablet 5 mg	1 or 1b*	PA; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)
methadose oral tablet soluble	1 or 1b*	PA; QL (1 tablet per 1 day)
mitigo injection solution	2	QL (2 vials per 30 days)
morphine sulfate (concentrate) oral solution	1 or 1b*	QL (6 mL per 1 day)
morphine sulfate (pf) injection solution	1 or 1b*	QL (6 mL per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour	2	PA; QL (1 capsule per 1 day)
morphine sulfate er oral capsule extended release 24 hour	2	PA; QL (2 capsules per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	2	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (3 tablet per 1 day)
morphine sulfate oral solution	1 or 1b*	QL (30 mL per 1 day)
morphine sulfate oral tablet	1 or 1b*	QL (6 tablets per 1 day)
oxycodone hcl oral capsule	2	QL (7 days per 1 fill)
oxycodone hcl oral concentrate	2	QL (6 mL per 1 day)
oxycodone hcl oral solution	2	QL (30 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone hcl oral tablet	2	QL (6 tablets per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour	2	PA; QL (2 tablets per 1 day)
oxymorphone hcl oral tablet 10 mg	2	QL (6 tablet per 1 day)
oxymorphone hcl oral tablet 5 mg	2	QL (6 tablets per 1 day)
remifentanil hcl intravenous solution reconstituted	1 or 1b*	
tramadol hcl er (biphasic) oral tablet extended release 24 hour	2	PA; QL (1 tablet per 1 day)
tramadol hcl er oral capsule extended release 24 hour	2	PA; QL (1 capsule per 1 day)
tramadol hcl er oral tablet extended release 24 hour	2	PA; QL (1 tablet per 1 day)
tramadol hcl oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
tramadol hcl oral tablet 50 mg	1 or 1b*	QL (8 tablet per 1 day)
OPIOID COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
endocet oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1 or 1b*	QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1 or 1b*	QL (6 tablet per 1 day)
OPIOID PARTIAL AGONISTS - ARTHRITIS AND PAIN DRUGS**		
buprenorphine hcl injection solution	2	QL (3 mL per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg	1 or 1b*	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1 or 1b*	QL (3 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1 or 1b*	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1 or 1b*	QL (12 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1 or 1b*	QL (6 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1 or 1b*	QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1 or 1b*	QL (3 tablets per 1 day)
buprenorphine transdermal patch weekly	2	PA; QL (1 package per 28 days)
butorphanol tartrate injection solution 1 mg/ml	2	QL (8 mL per 1 day)
butorphanol tartrate injection solution 2 mg/ml	2	QL (4 mL per 1 day)
butorphanol tartrate nasal solution	1 or 1b*	QL (2 bottles per 30 days)
nalbuphine hcl injection solution	2	QL (2 mL per 1 day)
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL (6 tablets per 1 day)
TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
tramadol-acetaminophen oral tablet	1 or 1b*	QL (8 tablet per 1 day)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANABOLIC STEROIDS - DRUGS FOR MEN**		
oxandrolone oral tablet	2	PA
ANDROGENS - DRUGS FOR MEN**		
danazol oral capsule	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone cypionate intramuscular solution	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	2	PA; QL (2 bottle per 30 days)
testosterone transdermal gel 10 mg/act (2%)	2	PA; QL (1 pump per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	2	PA; QL (1 bottle per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	2	PA; QL (1 packet per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	2	PA; QL (2 packet per 1 day)
testosterone transdermal solution	2	PA; QL (1 pump bottle per 30 days)
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS**		
INTRARECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone rectal enema	1 or 1b*	
RECTAL ANESTHETIC/STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone ace-pramoxine external cream	1 or 1b*	
RECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone (perianal) external cream	1 or 1b*	
procto-med hc external cream	1 or 1b*	
procto-pak external cream	1 or 1b*	
proctozone-hc external cream	1 or 1b*	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
ANTHELMINTICS - DRUGS FOR PARASITES**		
albendazole oral tablet	1 or 1b*	PA; QL (4 tablets per 1 day)
ivermectin oral tablet	1 or 1b*	PA; QL (9 tablets per 1 fill)
praziquantel oral tablet	2	
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
ANTIANGINALS-OTHER - DRUGS FOR ANGINA**		
ranolazine er oral tablet extended release 12 hour	2	
NITRATES - DRUGS FOR ANGINA**		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1 or 1b*	
isosorbide dinitrate oral tablet 40 mg	2	
isosorbide mononitrate er oral tablet extended release 24 hour	1 or 1b*	
isosorbide mononitrate oral tablet	1 or 1b*	
minitran transdermal patch 24 hour	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR (*nitroglycerin*)	2	
nitroglycerin in d5w intravenous solution	1 or 1b*	
nitroglycerin sublingual tablet sublingual	1 or 1b*	
nitroglycerin transdermal patch 24 hour	1 or 1b*	
nitroglycerin translingual solution	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIANXIETY AGENTS - MISC. - DRUGS FOR ANXIETY**		
buspirone hcl oral tablet	1 or 1b*	
droperidol injection solution	1 or 1b*	
hydroxyzine hcl intramuscular solution	1 or 1b*	
hydroxyzine hcl oral syrup	1 or 1b*	
hydroxyzine hcl oral tablet	1 or 1b*	
hydroxyzine pamoate oral capsule	1 or 1a*	
meprobamate oral tablet	3	
BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
alprazolam er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
alprazolam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
alprazolam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
chlordiazepoxide hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
clorazepate dipotassium oral tablet	1 or 1b*	QL (4 tablets per 1 day)
diazepam injection solution	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral solution	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL (4 tablets per 1 day)
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
oxazepam oral capsule	2	QL (4 capsules per 1 day)
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
ANTIARRHYTHMICS - MISC. - DRUGS FOR ABNORMAL HEART RHYTHMS**		
adenosine intravenous solution	1 or 1b*	
ANTIARRHYTHMICS TYPE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS**		
disopyramide phosphate oral capsule	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (*disopyramide phosphate*)	2	
procainamide hcl injection solution	2	
quinidine gluconate er oral tablet extended release	2	
quinidine sulfate oral tablet	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIARRHYTHMICS TYPE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS**		
lidocaine hcl (cardiac) intravenous solution prefilled syringe	1 or 1b*	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1 or 1b*	
lidocaine in d5w intravenous solution	1 or 1b*	
mexiletine hcl oral capsule	2	
ANTIARRHYTHMICS TYPE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS**		
flecainide acetate oral tablet 100 mg	2	QL (4 tablets per 1 day)
flecainide acetate oral tablet 150 mg	2	QL (2 tablets per 1 day)
flecainide acetate oral tablet 50 mg	2	QL (3 tablets per 1 day)
propafenone hcl er oral capsule extended release 12 hour	2	
propafenone hcl oral tablet	2	
ANTIARRHYTHMICS TYPE III - DRUGS FOR ABNORMAL HEART RHYTHMS**		
amiodarone hcl intravenous solution	1 or 1b*	
amiodarone hcl oral tablet 100 mg, 400 mg	1 or 1b*	
amiodarone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
dofetilide oral capsule	4	
ibutilide fumarate intravenous solution	1 or 1b*	
pacerone oral tablet 100 mg, 400 mg	1 or 1b*	
pacerone oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
ADRENERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD**		
ADVAIR HFA INHALATION AEROSOL (*fluticasone-salmeterol*)	2	QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*umeclidinium-vilanterol*)	2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone furoate-vilanterol*)	2	QL (1 inhaler per 30 days)
budesonide-formoterol fumarate inhalation aerosol	1 or 1b*	QL (3 inhalers per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (*ipratropium-albuterol*)	2	QL (2 inhalers per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1 or 1b*	QL (1 package per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	1 or 1b*	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (*tiotropium bromide-olodaterol*)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (*budesonide-formoterol fumarate*)	2	QL (3 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone-umeclidin-vilant*)	2	QL (1 inhaler per 30 days)
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	QL (1 package per 30 days)
ANTI-INFLAMMATORY AGENTS - DRUGS FOR ASTHMA/COPD**		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
BETA ADRENERGICS - DRUGS FOR ASTHMA/COPD**		
albuterol sulfate hfa inhalation aerosol solution	1 or 1b*	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1 or 1b*	QL (360 mL per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml	1 or 1b*	QL (60 mL per 30 days)
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	2	QL (60 vial per 30 days)
formoterol fumarate inhalation nebulization solution	2	QL (120 ML per 30 days)
levalbuterol hcl inhalation nebulization solution	2	QL (90 mL per 30 days)
levalbuterol tartrate inhalation aerosol	1 or 1b*	QL (2 inhalers per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION (*albuterol sulfate*)	2	ST; QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (*albuterol sulfate*)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (*salmeterol xinafoate*)	2	QL (1 inhaler per 30 days)
terbutaline sulfate injection solution	1 or 1b*	
terbutaline sulfate oral tablet	1 or 1b*	
BRONCHODILATORS - ANTICHOLINERGICS - DRUGS FOR ASTHMA/COPD**		
ATROVENT HFA INHALATION AEROSOL SOLUTION (*ipratropium bromide hfa*)	2	QL (2 inhalers per 30 days)
ipratropium bromide inhalation solution	1 or 1b*	QL (378 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (*tiotropium bromide monohydrate*)	2	QL (30 capsules per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (*tiotropium bromide monohydrate*)	2	QL (1 inhaler per 30 days)
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
montelukast sodium oral packet	1 or 1b*	QL (1 packet per 1 day)
montelukast sodium oral tablet	1 or 1b*	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable	1 or 1b*	QL (1 tablet per 1 day)
zafirlukast oral tablet	1 or 1b*	QL (2 tablets per 1 day)
STEROID INHALANTS - DRUGS FOR ASTHMA/COPD**		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (*fluticasone furoate*)	2	QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1 or 1b*	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	1 or 1b*	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (*fluticasone propionate (inhal)*)	2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (*fluticasone propionate (inhal)*)	2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (*fluticasone propionate hfa*)	2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (*fluticasone propionate hfa*)	2	QL (2 inhalers per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	2	QL (1 inhaler per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	2	QL (2 inhalers per 30 days)
XANTHINES - DRUGS FOR ASTHMA/COPD**		
aminophylline intravenous solution	1 or 1b*	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (*theophylline*)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (*theophylline*)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (*theophylline*)	2	QL (2 capsules per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg	1 or 1b*	QL (2 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 450 mg	1 or 1b*	QL (1 tablet per 1 day)
theophylline er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
theophylline oral solution	1 or 1b*	QL (112.5 mL per 1 day)
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
COUMARIN ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**		
jantoven oral tablet	1 or 1a*	
warfarin sodium oral tablet	1 or 1a*	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (*apixaban*)	2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (*apixaban*)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (*apixaban*)	2	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (*rivaroxaban*)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (*rivaroxaban*)	2	QL (42 tablet per 1 fill)
XARELTO ORAL TABLET 2.5 MG (*rivaroxaban*)	2	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (*rivaroxaban*)	2	QL (1 pack per 365 days)
HEPARINS AND HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
heparin (porcine) in nacl intravenous solution	2	
heparin lock flush intravenous solution	2	
heparin sod (porcine) in d5w intravenous solution	2	
heparin sodium (porcine) injection solution	2	
heparin sodium (porcine) pf injection solution	2	
heparin sodium lock flush intravenous solution	2	
LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS**		
enoxaparin sodium injection solution	4	QL (30 syringes per 30 days)
enoxaparin sodium subcutaneous solution	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*)	4	QL (6 vials per 30 days)
SYNTHETIC HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
fondaparinux sodium subcutaneous solution	4	QL (30 syringes per 30 days)
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTICONVULSANTS - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
clobazam oral suspension	2	QL (16 mL per 1 day)
clobazam oral tablet	2	QL (2 tablets per 1 day)
clonazepam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
clonazepam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
diazepam rectal gel	1 or 1b*	QL (2 syringes per 1 fill)
ANTICONVULSANTS - MISC. - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 300 mg	1 or 1b*	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
carbamazepine er oral tablet extended release 12 hour 400 mg	1 or 1b*	QL (4 tablets per 1 day)
carbamazepine oral suspension	1 or 1b*	QL (50 mL per 1 day)
carbamazepine oral tablet	1 or 1b*	QL (8 tablets per 1 day)
carbamazepine oral tablet chewable	1 or 1b*	QL (10 tablets per 1 day)
epitol oral tablet	1 or 1b*	QL (8 tablets per 1 day)
gabapentin oral capsule 100 mg, 400 mg	2	QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral capsule 300 mg	2	QL (9 capsules per 1 day)
gabapentin oral solution	2	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	2	QL (6 tablets per 1 day)
gabapentin oral tablet 800 mg	2	QL (4 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine oral kit	1 or 1b*	QL (1 kit per 35 days)
lamotrigine oral tablet	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 25 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine oral tablet dispersible 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet dispersible 25 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
lamotrigine starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
lamotrigine starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
levetiracetam er oral tablet extended release 24 hour 500 mg	2	QL (6 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (4 tablets per 1 day)
levetiracetam intravenous solution	2	
levetiracetam oral solution	2	
levetiracetam oral tablet 1000 mg	2	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg	2	QL (2 tablets per 1 day)
levetiracetam oral tablet 500 mg	2	QL (6 tablets per 1 day)
levetiracetam oral tablet 750 mg	2	QL (4 tablets per 1 day)
oxcarbazepine oral suspension	1 or 1b*	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	1 or 1b*	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	2	QL (3 capsule per 1 day)
pregabalin oral capsule 225 mg, 300 mg, 75 mg	2	QL (2 capsules per 1 day)
pregabalin oral solution	2	QL (30 mL per 1 day)
primidone oral tablet	1 or 1b*	
roweepra oral tablet	2	QL (6 tablets per 1 day)
rufinamide oral suspension	2	QL (80 mL per 1 day)
rufinamide oral tablet 200 mg	2	QL (6 tablets per 1 day)
rufinamide oral tablet 400 mg	2	QL (8 tablets per 1 day)
subvenite oral tablet	1 or 1b*	QL (2 tablets per 1 day)
subvenite starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
subvenite starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
subvenite starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg	1 or 1b*	QL (1 capsule per 1 day)
topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
topiramate oral capsule sprinkle	1 or 1b*	QL (2 capsules per 1 day)
topiramate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
zonisamide oral capsule	2	QL (6 capsule per 1 day)
CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
felbamate oral suspension	2	
felbamate oral tablet	2	
GABA MODULATORS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
tiagabine hcl oral tablet	2	
vigabatrin oral packet	4	LD; SP; QL (6 packets per 1 day)
vigabatrin oral tablet	4	LD; SP; QL (6 tablets per 1 day)
vigadrone oral packet	4	LD; QL (6 packets per 1 day)
HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
DILANTIN ORAL CAPSULE (*phenytoin sodium extended*)	2	
fosphenytoin sodium injection solution	2	
phenytoin infatabs oral tablet chewable	1 or 1b*	
phenytoin oral suspension	1 or 1b*	
phenytoin oral tablet chewable	1 or 1b*	
phenytoin sodium extended oral capsule	1 or 1b*	
phenytoin sodium injection solution	1 or 1b*	
SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
ethosuximide oral capsule	1 or 1b*	
ethosuximide oral solution	1 or 1b*	
VALPROIC ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
divalproex sodium er oral tablet extended release 24 hour 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (7 tablets per 1 day)
divalproex sodium oral capsule delayed release sprinkle	1 or 1b*	QL (8 capsules per 1 day)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
divalproex sodium oral tablet delayed release 500 mg	1 or 1b*	QL (7 tablets per 1 day)
valproate sodium intravenous solution	1 or 1b*	
valproic acid oral capsule	1 or 1b*	QL (4 capsules per 1 day)
valproic acid oral solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - DRUGS FOR DEPRESSION**		
mirtazapine oral tablet	1 or 1b*	
mirtazapine oral tablet dispersible	1 or 1b*	
ANTIDEPRESSANTS - MISC. - DRUGS FOR DEPRESSION**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	1 or 1b*	QL (4.5 tablet per 1 day)
bupropion hcl oral tablet 75 mg	1 or 1b*	
MONOAMINE OXIDASE INHIBITORS (MAOIS) - DRUGS FOR DEPRESSION**		
phenelzine sulfate oral tablet	1 or 1b*	
tranylcypromine sulfate oral tablet	1 or 1b*	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION**		
citalopram hydrobromide oral solution	1 or 1b*	QL (20 mL per 1 day)
citalopram hydrobromide oral tablet 10 mg, 20 mg	1 or 1b*	
citalopram hydrobromide oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
escitalopram oxalate oral solution	1 or 1b*	QL (20 mL per 1 day)
escitalopram oxalate oral tablet 10 mg, 5 mg	1 or 1b*	
escitalopram oxalate oral tablet 20 mg	1 or 1b*	QL (1 tablet per 1 day)
fluoxetine hcl oral capsule 10 mg	1 or 1b*	
fluoxetine hcl oral capsule 20 mg	1 or 1b*	QL (4 capsules per 1 day)
fluoxetine hcl oral capsule 40 mg	1 or 1b*	QL (2 capsules per 1 day)
fluoxetine hcl oral capsule delayed release	1 or 1b*	QL (4 capsules per 28 days)
fluoxetine hcl oral solution	1 or 1b*	QL (20 mL per 1 day)
fluoxetine hcl oral tablet 10 mg	1 or 1b*	
fluoxetine hcl oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
fluvoxamine maleate er oral capsule extended release 24 hour	1 or 1b*	QL (2 capsules per 1 day)
fluvoxamine maleate oral tablet 100 mg	1 or 1b*	QL (3 tablet per 1 day)
fluvoxamine maleate oral tablet 25 mg, 50 mg	1 or 1b*	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1 or 1b*	
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1 or 1b*	QL (2 tablets per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg	1 or 1b*	
paroxetine hcl oral tablet 30 mg	1 or 1b*	QL (2 tablets per 1 day)
paroxetine hcl oral tablet 40 mg	1 or 1b*	QL (1.5 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sertraline hcl oral concentrate	1 or 1b*	QL (10 mL per 1 day)
sertraline hcl oral tablet 100 mg	1 or 1b*	QL (2 tablets per 1 day)
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	
SEROTONIN MODULATORS - DRUGS FOR DEPRESSION**		
nefazodone hcl oral tablet	1 or 1b*	
trazodone hcl oral tablet	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (*vortioxetine hbr*)	3	
TRINTELLIX ORAL TABLET 20 MG (*vortioxetine hbr*)	3	QL (1 tablet per 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1 or 1b*	QL (1 tablet per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1 or 1b*	
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	2	QL (2 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	2	QL (3 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1 or 1b*	QL (1 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	1 or 1b*	QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	
venlafaxine hcl oral tablet	1 or 1b*	QL (3 tablet per 1 day)
TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
amitriptyline hcl oral tablet	1 or 1a*	
amoxapine oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
amoxapine oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	
clomipramine hcl oral capsule	1 or 1b*	
desipramine hcl oral tablet	2	
doxepin hcl oral capsule	1 or 1b*	
doxepin hcl oral concentrate	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
nortriptyline hcl oral capsule	1 or 1b*	
nortriptyline hcl oral solution	1 or 1b*	
protriptyline hcl oral tablet	2	
trimipramine maleate oral capsule	1 or 1b*	
***ANTIDIABETICS* - HORMONES**		
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES**		
acarbose oral tablet	1 or 1b*	QL (3 tablets per 1 day)
miglitol oral tablet	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETIC - AMYLIN ANALOGS - DRUGS FOR DIABETES**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*pramlintide acetate*)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*pramlintide acetate*)	2	QL (2 boxes per 30 days)
BIGUANIDES - DRUGS FOR DIABETES**		
metformin hcl er oral tablet extended release 24 hour	1 or 1b*	
metformin hcl oral solution	3	PA; QL (2 bottles per 30 days)
metformin hcl oral tablet	1 or 1b*	
DIABETIC OTHER - DRUGS FOR DIABETES**		
diazoxide oral suspension	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (*glucagon hcl (rdna)*)	2	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES**		
alogliptin benzoate oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (*sitagliptin phosphate*)	2	ST; QL (1 tablet per 1 day)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-metformin hcl oral tablet	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (*sitagliptin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (*sitagliptin-metformin hcl*)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (*sitagliptin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
alogliptin-pioglitazone oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
HUMAN INSULIN - DRUGS FOR DIABETES**		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (*insulin lispro prot & lispro*)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG SUBCUTANEOUS SOLUTION (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (*insulin lispro*)	2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph isophane & regular*)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (*insulin nph isophane & regular*)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (*insulin nph human (isophane)*)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (*insulin nph human (isophane)*)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (*insulin regular human*)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (*insulin regular human*)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin regular human*)	2	PA; QL (18 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (*insulin glargine*)	2	QL (30 mL per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin detemir*)	2	QL (30 mL per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION (*insulin detemir*)	2	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION (*insulin glargine*)	3	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	3	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (*insulin glargine*)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin degludec*)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (*insulin degludec*)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (*insulin degludec*)	2	QL (30 mL per 30 days)
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (*semaglutide*)	2	ST; QL (1 pen per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (*semaglutide*)	2	ST; QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	2	ST; QL (1 unit per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG (*semaglutide*)	2	ST; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (*semaglutide*)	2	ST; QL (1 carton per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	2	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	2	ST; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*liraglutide*)	2	ST; QL (1 box per 30 days)
MEGLITINIDE ANALOGUES - DRUGS FOR DIABETES**		
nateglinide oral tablet	2	QL (3 tablets per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg	2	QL (4 tablets per 1 day)
repaglinide oral tablet 2 mg	2	QL (8 tablets per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES**		
FARXIGA ORAL TABLET (*dapagliflozin propanediol*)	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (*empagliflozin*)	2	ST; QL (1 tablet per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - DRUGS FOR DIABETES**		
SYNJARDY ORAL TABLET (*empagliflozin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (*empagliflozin-metformin hcl*)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (*dapagliflozin-metformin hcl*)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*dapagliflozin-metformin hcl*)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*dapagliflozin-metformin hcl*)	2	ST; QL (2 tablets per 1 day)
SULFONYLUREA-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
glipizide-metformin hcl oral tablet	1 or 1b*	ST
glyburide-metformin oral tablet	1 or 1b*	ST
SULFONYLUREAS - DRUGS FOR DIABETES**		
glimepiride oral tablet	1 or 1b*	ST
glipizide er oral tablet extended release 24 hour	1 or 1a*	ST
glipizide oral tablet	1 or 1a*	ST
glipizide xl oral tablet extended release 24 hour	1 or 1a*	ST
glyburide micronized oral tablet	1 or 1b*	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide oral tablet	1 or 1b*	ST
tolbutamide oral tablet	2	ST
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS - DRUGS FOR DIABETES**		
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)
THIAZOLIDINEDIONES - DRUGS FOR DIABETES**		
pioglitazone hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH**		
ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA**		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
loperamide hcl oral capsule	1 or 1b*	
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING**		
ANTIDOTES - CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**		
deferasirox granules oral packet	4	PA; SP
deferasirox oral packet	4	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
deferiprone oral tablet	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
acetylcysteine intravenous solution	2	
fomepizole intravenous solution	1 or 1b*	
BENZODIAZEPINE ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
flumazenil intravenous solution	1 or 1b*	
OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
naloxone hcl injection solution	1 or 1b*	QL (6 vial per 90 days)
naloxone hcl injection solution cartridge	1 or 1b*	QL (6 syringe per 90 days)
naloxone hcl injection solution prefilled syringe	1 or 1b*	QL (6 syringe per 90 days)
naltrexone hcl oral tablet	1 or 1b*	
NARCAN NASAL LIQUID (*naloxone hcl*)	2	QL (6 nasal spray per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
granisetron hcl intravenous solution	2	
granisetron hcl oral tablet	2	QL (10 tablets per 30 days)
ondansetron hcl injection solution	2	
ondansetron hcl oral solution	2	QL (8 mL per 1 day)
ondansetron hcl oral tablet 24 mg	2	QL (8 tablet per 30 days)
ondansetron hcl oral tablet 4 mg	2	QL (48 tablets per 30 days)
ondansetron hcl oral tablet 8 mg	2	QL (24 tablets per 30 days)
ondansetron oral tablet dispersible 4 mg	2	QL (48 tablets per 30 days)
ondansetron oral tablet dispersible 8 mg	2	QL (24 tablets per 30 days)
palonosetron hcl intravenous solution	2	PA
palonosetron hcl intravenous solution prefilled syringe	2	PA
ANTIEMETIC COMBINATIONS - DRUGS FOR VOMITING AND NAUSEA**		
doxylamine-pyridoxine oral tablet delayed release	1 or 1b*	PA; QL (4 tablet per 1 day)
ANTIEMETICS - ANTICHOLINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
meclizine hcl oral tablet	1 or 1a*	
scopolamine transdermal patch 72 hour	1 or 1b*	
trimethobenzamide hcl oral capsule	1 or 1b*	
ANTIEMETICS - MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA**		
dronabinol oral capsule	2	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
aprepitant oral	2	QL (15 capsules per 25 days)
aprepitant oral capsule 125 mg	2	QL (5 capsules per 25 days)
aprepitant oral capsule 40 mg	2	QL (1 capsule per 1 fill)
aprepitant oral capsule 80 & 125 mg	2	QL (15 capsules per 25 days)
aprepitant oral capsule 80 mg	2	QL (10 capsules per 25 days)
fosaprepitant dimeglumine intravenous solution reconstituted	2	PA; QL (5 vial per 30 days)
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) - ANTIBIOTICS**		
micafungin sodium intravenous solution reconstituted	2	
ANTIFUNGALS - DRUGS FOR FUNGUS**		
amphotericin b intravenous solution reconstituted	2	
flucytosine oral capsule	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL (1 tablet per 1 day)
IMIDAZOLES - DRUGS FOR FUNGUS**		
ketoconazole oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TRIAZOLES - DRUGS FOR FUNGUS**		
fluconazole in sodium chloride intravenous solution	1 or 1b*	
fluconazole oral suspension reconstituted 10 mg/ml	1 or 1b*	QL (40 mL per 1 day)
fluconazole oral suspension reconstituted 40 mg/ml	1 or 1b*	QL (10 mL per 1 day)
fluconazole oral tablet 100 mg	1 or 1b*	QL (4 tablet per 1 day)
fluconazole oral tablet 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
fluconazole oral tablet 50 mg	1 or 1b*	QL (8 tablet per 1 day)
itraconazole oral capsule	2	PA; QL (4.2 capsules per 1 day)
itraconazole oral solution	2	PA; QL (20 mL per 1 day)
posaconazole oral tablet delayed release	2	PA; QL (8 tablet per 1 day)
voriconazole intravenous solution reconstituted	2	
voriconazole oral suspension reconstituted	2	PA; QL (10 mL per 1 day)
voriconazole oral tablet 200 mg	2	PA; QL (2 tablets per 1 day)
voriconazole oral tablet 50 mg	2	PA; QL (4 tablet per 1 day)
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ANTIHISTAMINES - ALKYLAMINES - DRUGS FOR ALLERGIES**		
ryclora oral solution	1 or 1b*	
ANTIHISTAMINES - ETHANOLAMINES - DRUGS FOR ALLERGIES**		
carbinoxamine maleate oral solution	1 or 1b*	
carbinoxamine maleate oral tablet	1 or 1b*	
clemastine fumarate oral tablet	1 or 1b*	
diphenhydramine hcl injection solution	2	
RYVENT ORAL TABLET (*carbinoxamine maleate*)	1 or 1b*	QL (4 tablets per 1 day)
ANTIHISTAMINES - NON-SEDATING - DRUGS FOR ALLERGIES**		
desloratadine oral tablet	3	QL (1 tablet per 1 day)
desloratadine oral tablet dispersible	3	QL (1 tablet per 1 day)
ANTIHISTAMINES - PHENOTHIAZINES - DRUGS FOR ALLERGIES**		
promethazine hcl injection solution	1 or 1a*	
promethazine hcl oral solution	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl oral syrup	1 or 1a*	
promethazine hcl oral tablet 12.5 mg, 50 mg	1 or 1a*	
promethazine hcl oral tablet 25 mg	1 or 1a*	QL (4 tablets per 1 day)
promethazine hcl rectal suppository	2	
promethegan rectal suppository	2	
ANTIHISTAMINES - PIPERIDINES - DRUGS FOR ALLERGIES**		
cyproheptadine hcl oral syrup	1 or 1b*	
cyproheptadine hcl oral tablet	1 or 1b*	
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ANTIHYPERLIPIDEMICS - MISC. - DRUGS FOR CHOLESTEROL**		
icosapent ethyl oral capsule	2	PA; QL (4 capsule per 1 day)
omega-3-acid ethyl esters oral capsule	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	2	PA; QL (4 capsule per 1 day)
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL**		
cholestyramine light oral packet	2	QL (24 grams per 1 day)
cholestyramine light oral powder	2	QL (24 grams per 1 day)
cholestyramine oral packet	2	QL (6 packets per 1 day)
cholestyramine oral powder	2	QL (54 gm per 1 day)
colesevelam hcl oral packet	3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	2	QL (6 tablets per 1 day)
colestipol hcl oral granules	1 or 1b*	QL (30 grams per 1 day)
colestipol hcl oral packet	1 or 1b*	QL (30 grams per 1 day)
colestipol hcl oral tablet	1 or 1b*	QL (16 tablets per 1 day)
prevalite oral packet	2	QL (24 grams per 1 day)
prevalite oral powder	2	QL (24 grams per 1 day)
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
fenofibrate micronized oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral capsule	1 or 1b*	QL (1 capsule per 1 day)
fenofibrate oral tablet 120 mg, 40 mg	3	ST; QL (1 tablet per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1 or 1b*	QL (1 tablet per 1 day)
fenofibric acid oral capsule delayed release	1 or 1b*	QL (1 capsule per 1 day)
fenofibric acid oral tablet	1 or 1b*	QL (1 tablet per 1 day)
gemfibrozil oral tablet	1 or 1b*	QL (2 tablets per 1 day)
HMG COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL**		
atorvastatin calcium oral tablet 10 mg, 20 mg	1 or 1b*; $0	
atorvastatin calcium oral tablet 40 mg	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	1 or 1b*; $0	
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*; $0	
lovastatin oral tablet 40 mg	1 or 1b*; $0	QL (2 tablets per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*; $0	
pravastatin sodium oral tablet 80 mg	1 or 1b*; $0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	2; $0	
rosuvastatin calcium oral tablet 20 mg	2	
rosuvastatin calcium oral tablet 40 mg	2	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1 or 1b*; $0	
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB - DRUGS FOR CHOLESTEROL**		
ezetimibe-simvastatin oral tablet	2	ST; QL (1 tablet per 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL**		
ezetimibe oral tablet	2	ST; QL (1 tablet per 1 day)
NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
niacor oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*alirocumab*)	3	PA; QL (2 injection per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (*evolocumab*)	3	PA; QL (1 injector per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*evolocumab*)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*evolocumab*)	3	PA; QL (2 syringe per 28 days)
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1 or 1b*	QL (1 tablet per 1 day)
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 5-6.25 MG	1 or 1b*	
enalapril-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 20-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg	1 or 1b*	
lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg	1 or 1b*	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1 or 1b*	QL (2 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril hcl oral tablet	1 or 1a*	QL (2 tablets per 1 day)
captopril oral tablet	1 or 1b*	QL (3 tablets per 1 day)
enalapril maleate oral solution	2	QL (40 mg per 1 day)
enalapril maleate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
enalaprilat intravenous injectable	1 or 1b*	
fosinopril sodium oral tablet	1 or 1b*	QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1 or 1a*	
lisinopril oral tablet 30 mg, 40 mg	1 or 1a*	QL (2 tablets per 1 day)
moexipril hcl oral tablet 15 mg	1 or 1b*	QL (4 tablets per 1 day)
moexipril hcl oral tablet 7.5 mg	1 or 1b*	QL (2 tablets per 1 day)
perindopril erbumine oral tablet	1 or 1b*	QL (2 tablets per 1 day)
quinapril hcl oral tablet	1 or 1b*	QL (2 tablets per 1 day)
ramipril oral capsule	1 or 1b*	QL (2 capsules per 1 day)
trandolapril oral tablet	1 or 1b*	QL (2 tablets per 1 day)
AGENTS FOR PHEOCHROMOCYTOMA - DRUGS FOR HIGH BLOOD PRESSURE**		
metyrosine oral capsule	1 or 1b*	PA; QL (16 capsules per 1 day)
phenoxybenzamine hcl oral capsule	2	PA; QL (12 capsules per 1 day)
phentolamine mesylate injection solution reconstituted	1 or 1b*	
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate-valsartan oral tablet 5-160 mg	1 or 1b*	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-olmesartan oral tablet 5-20 mg	1 or 1b*	
telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-amlodipine oral tablet 40-5 mg	1 or 1b*	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1 or 1b*	QL (1 tablet per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 50-12.5 mg	1 or 1b*	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1 or 1b*	
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg	1 or 1b*	
telmisartan-hctz oral tablet 80-12.5 mg	1 or 1b*	QL (2 tablets per 1 day)
telmisartan-hctz oral tablet 80-25 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1 or 1b*	
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1 or 1b*	QL (1 tablet per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil oral tablet 32 mg	1 or 1b*	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	
irbesartan oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg, 50 mg	1 or 1b*	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg	1 or 1b*	
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
olmesartan medoxomil oral tablet 5 mg	1 or 1b*	QL (2 tablets per 1 day)
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	
telmisartan oral tablet 80 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 160 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	QL (3 tablet per 1 day)
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIADRENERGICS - CENTRALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
clonidine hcl oral tablet	1 or 1a*	QL (4 tablets per 1 day)
clonidine transdermal patch weekly	2	
guanfacine hcl oral tablet	1 or 1b*	
METHYLDOPA ORAL TABLET 250 MG	1 or 1b*	
METHYLDOPA ORAL TABLET 500 MG	1 or 1b*	QL (6 tablets per 1 day)
ANTIADRENERGICS - PERIPHERALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	1 or 1b*	QL (1 tablet per 1 day)
doxazosin mesylate oral tablet 8 mg	1 or 1b*	QL (2 tablets per 1 day)
prazosin hcl oral capsule	1 or 1b*	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1 or 1b*	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	1 or 1b*	QL (2 capsules per 1 day)
BETA BLOCKER & DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
atenolol-chlorthalidone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
bisoprolol-hydrochlorothiazide oral tablet	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	1 or 1b*	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	1 or 1b*	QL (1 tablet per 1 day)
DIRECT RENIN INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
aliskiren fumarate oral tablet 150 mg	2	
aliskiren fumarate oral tablet 300 mg	2	QL (1 tablet per 1 day)
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) - DRUGS FOR HIGH BLOOD PRESSURE**		
eplerenone oral tablet	2	
VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
hydralazine hcl injection solution	2	
hydralazine hcl oral tablet	1 or 1b*	
minoxidil oral tablet	1 or 1b*	
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS**		
bacitracin intramuscular solution reconstituted	2	
metronidazole in nacl intravenous solution	1 or 1b*	
metronidazole oral capsule	1 or 1a*	
metronidazole oral tablet	1 or 1a*	
pentamidine isethionate inhalation solution reconstituted	2	
pentamidine isethionate injection solution reconstituted	4	
tinidazole oral tablet 250 mg	1 or 1b*	QL (5 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tinidazole oral tablet 500 mg	1 or 1b*	QL (20 tablets per 1 fill)
trimethoprim oral tablet	1 or 1a*	
ANTI-INFECTIVE MISC. - COMBINATIONS - ANTIBIOTICS**		
sulfamethoxazole-trimethoprim intravenous solution	2	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
ANTIPROTOZOAL AGENTS - DRUGS FOR PARASITES**		
atovaquone oral suspension	2	
nitazoxanide oral tablet	2	
CARBAPENEM COMBINATIONS - ANTIBIOTICS**		
imipenem-cilastatin intravenous solution reconstituted	2	
CARBAPENEMS - ANTIBIOTICS**		
meropenem intravenous solution reconstituted	2	
CHLORAMPHENICALS - ANTIBIOTICS**		
chloramphenicol sod succinate intravenous solution reconstituted	2	
CYCLIC LIPOPEPTIDES - ANTIBIOTICS**		
daptomycin intravenous solution reconstituted	2	
GLYCOPEPTIDES - ANTIBIOTICS**		
vancomycin hcl intravenous solution reconstituted 1 gm, 1000 mg, 500 mg, 750 mg	2	QL (2 vials per 1 day)
vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 5 gm	2	QL (1 vial per 30 days)
vancomycin hcl oral capsule	2	PA; QL (240 capsules per 30 days)
LEPROSTATICS - ANTIBIOTICS**		
dapsone oral tablet	2	
LINCOSAMIDES - ANTIBIOTICS**		
clindamycin hcl oral capsule 150 mg	1 or 1b*	QL (12 capsules per 1 day)
clindamycin hcl oral capsule 300 mg	1 or 1b*	QL (8 capsules per 1 day)
clindamycin hcl oral capsule 75 mg	1 or 1b*	QL (4 capsules per 1 day)
clindamycin palmitate hcl oral solution reconstituted	1 or 1b*	
clindamycin phosphate in d5w intravenous solution	1 or 1b*	
clindamycin phosphate injection solution	1 or 1b*	QL (20 mL per 1 day)
MONOBACTAMS - ANTIBIOTICS**		
aztreonam injection solution reconstituted	2	
OXAZOLIDINONES - ANTIBIOTICS**		
linezolid in sodium chloride intravenous solution	1 or 1b*	
linezolid intravenous solution	1 or 1b*	
linezolid oral suspension reconstituted	1 or 1b*	PA; QL (900 mL per 30 days)
linezolid oral tablet	1 or 1b*	PA; QL (28 tablet per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYMYXINS - ANTIBIOTICS**		
colistimethate sodium (cba) injection solution reconstituted	2	
polymyxin b sulfate injection solution reconstituted	2	
URINARY ANTI-INFECTIVES - ANTIBIOTICS**		
fosfomycin tromethamine oral packet	1 or 1b*	QL (1 pack per 1 fill)
methenamine hippurate oral tablet	2	
nitrofurantoin macrocrystal oral capsule	1 or 1b*	QL (4 capsules per 1 day)
nitrofurantoin monohyd macro oral capsule	1 or 1b*	QL (14 capsules per 1 fill)
nitrofurantoin oral suspension	1 or 1b*	QL (80 mL per 1 day)
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES**		
atovaquone-proguanil hcl oral tablet	1 or 1b*	
ANTIMALARIALS - DRUGS FOR PARASITES**		
chloroquine phosphate oral tablet	1 or 1a*	
hydroxychloroquine sulfate oral tablet	1 or 1b*	QL (90 tablets per 30 days)
mefloquine hcl oral tablet	1 or 1b*	QL (5 tablets per 28 days)
pyrimethamine oral tablet	1 or 1b*	PA; QL (3 tablets per 1 day)
quinine sulfate oral capsule	1 or 1b*	PA; QL (60 capsule per 365 days)
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral solution	2	
pyridostigmine bromide oral tablet	2	
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
ANTIMYCOBACTERIAL AGENTS - ANTIBIOTICS**		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	2	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
PRIFTIN ORAL TABLET (*rifapentine*)	2	
pyrazinamide oral tablet	2	
rifabutin oral capsule	2	
rifampin intravenous solution reconstituted	2	
rifampin oral capsule	2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
ALKYLATING AGENTS - DRUGS FOR CANCER**		
MYLERAN ORAL TABLET (*busulfan*)	4; OC	
ANDROGEN BIOSYNTHESIS INHIBITORS - DRUGS FOR CANCER**		
abiraterone acetate oral tablet 250 mg	4; OC	PA; SP; QL (4 tablet per 1 day)
abiraterone acetate oral tablet 500 mg	4; OC	PA; SP; QL (2 tablets per 1 day)
ANTIADRENALS - DRUGS FOR CANCER**		
LYSODREN ORAL TABLET (*mitotane*)	4; OC	QL (38 tablet per 1 day)
ANTIANDROGENS - DRUGS FOR CANCER**		
bicalutamide oral tablet	2; OC	
ERLEADA ORAL TABLET (*apalutamide*)	4; OC	PA; LD; SP; QL (4 tablets per 1 day)
flutamide oral capsule	2; OC	
nilutamide oral tablet	4; OC	QL (1 tablet per 1 day)
XTANDI ORAL CAPSULE (*enzalutamide*)	4; OC	PA; LD; SP; QL (4 capsules per 1 day)
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	4; OC	PA; LD; SP; QL (4 tablets per 1 day)
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	4; OC	PA; LD; SP; QL (2 tablets per 1 day)
ANTIESTROGENS - DRUGS FOR CANCER**		
SOLTAMOX ORAL SOLUTION (*tamoxifen citrate*)	2; OC; $0	
tamoxifen citrate oral tablet	2; OC; $0	
toremifene citrate oral tablet	4; OC	QL (1 tablet per 1 day)
ANTIMETABOLITES - DRUGS FOR CANCER**		
capecitabine oral tablet	4; OC	PA; SP
mercaptopurine oral tablet	2; OC	
methotrexate oral tablet	2; OC	
methotrexate sodium (pf) injection solution	4	
methotrexate sodium injection solution	4	
methotrexate sodium injection solution reconstituted	4	
methotrexate sodium oral tablet	2; OC	
TABLOID ORAL TABLET (*thioguanine*)	2; OC	
TREXALL ORAL TABLET (*methotrexate sodium*)	2; OC	
ANTINEOPLASTIC - ALK INHIBITORS - DRUGS FOR CANCER**		
XALKORI ORAL CAPSULE (*crizotinib*)	4; OC	PA; LD; SP; QL (4 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS - DRUGS FOR CANCER**		
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	4; OC	PA; SP; QL (4 tablet per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	4; OC	PA; SP; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (*ponatinib hcl*)	4; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (*ponatinib hcl*)	4; OC	PA; LD; QL (2 tablets per 1 day)
imatinib mesylate oral tablet	4; OC	PA; SP; QL (2 tablets per 1 day)
SPRYCEL ORAL TABLET (*dasatinib*)	4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE (*nilotinib hcl*)	4; OC	PA; SP; QL (4 capsules per 1 day)
ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER**		
TAFINLAR ORAL CAPSULE (*dabrafenib mesylate*)	4; OC	PA; LD; SP; QL (4 capsule per 1 day)
ZELBORAF ORAL TABLET (*vemurafenib*)	4; OC	PA; LD; SP; QL (8 tablet per 1 day)
ANTINEOPLASTIC - EGFR INHIBITORS - DRUGS FOR CANCER**		
erlotinib hcl oral tablet 100 mg, 150 mg	4; OC	PA; SP; QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	4; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET (*afatinib dimaleate*)	4; OC	PA; LD; QL (1 tablet per 1 day)
IRESSA ORAL TABLET (*gefitinib*)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - DRUGS FOR CANCER**		
ERIVEDGE ORAL CAPSULE (*vismodegib*)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS - DRUGS FOR CANCER**		
ZOLINZA ORAL CAPSULE (*vorinostat*)	4; OC	PA; SP; QL (4 capsule per 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS - DRUGS FOR CANCER**		
POMALYST ORAL CAPSULE (*pomalidomide*)	4; OC	PA; LD; SP; QL (21 capsules per 28 days)
ANTINEOPLASTIC - MEK INHIBITORS - DRUGS FOR CANCER**		
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	4; OC	PA; LD; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)
ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (*everolimus*)	4; OC	PA; SP
AFINITOR ORAL TABLET (*everolimus*)	4; OC	PA; SP
everolimus oral tablet	4; OC	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER**		
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	4; OC	PA; LD; QL (3 tablet per 1 day)
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	4; OC	PA; LD; SP; QL (1 dose-pack per 56 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	4; OC	PA; LD; SP; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (*cabozantinib s-malate*)	4; OC	PA; LD; SP; QL (1 dose pack per 28 days)
lapatinib ditosylate oral tablet	4; OC	PA; SP; QL (6 tablet per 1 day)
NEXAVAR ORAL TABLET (*sorafenib tosylate*)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
STIVARGA ORAL TABLET (*regorafenib*)	4; OC	PA; LD; SP; QL (84 tablets per 28 days)
sunitinib malate oral capsule	4; OC	PA; SP; QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE (*sunitinib malate*)	4; OC	PA; SP; QL (1 capsule per 1 day)
VOTRIENT ORAL TABLET (*pazopanib hcl*)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
ANTINEOPLASTIC COMBINATIONS - DRUGS FOR CANCER**		
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib-letrozole*)	4; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib-letrozole*)	4; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib-letrozole*)	4; OC	PA; SP; QL (0.04 unit per 1 day)
ANTINEOPLASTICS MISC. - DRUGS FOR CANCER**		
ACTIMMUNE SUBCUTANEOUS SOLUTION (*interferon gamma-1b*)	4	PA; LD; SP
hydroxyurea oral capsule	2; OC	
INTRON A INJECTION SOLUTION (*interferon alfa-2b*)	4	LD; SP
INTRON A INJECTION SOLUTION RECONSTITUTED (*interferon alfa-2b*)	4	LD; SP
MATULANE ORAL CAPSULE (*procarbazine hcl*)	4; OC	LD
AROMATASE INHIBITORS - DRUGS FOR CANCER**		
anastrozole oral tablet	2; OC; $0	QL (1 tablet per 1 day)
exemestane oral tablet	2; OC; $0	QL (2 tablets per 1 day)
letrozole oral tablet	2; OC; $0	QL (1 tablet per 1 day)
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
IBRANCE ORAL CAPSULE (*palbociclib*)	4; OC	PA; LD; SP; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 75 MG (*palbociclib*)	4; OC	PA; LD; SP; QL (21 tablets per 28 days)
IBRANCE ORAL TABLET 125 MG (*palbociclib*)	4; OC	PA; LD; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	4; OC	PA; SP; QL (3 tablets per 1 day)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	4; OC	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (*ribociclib succinate*)	4; OC	PA; SP; QL (3 tablets per 1 day)
ESTROGENS-ANTINEOPLASTIC - DRUGS FOR CANCER**		
EMCYT ORAL CAPSULE (*estramustine phosphate sodium*)	4; OC	PA
FOLIC ACID ANTAGONISTS RESCUE AGENTS - DRUGS FOR CANCER**		
leucovorin calcium injection solution	4	
leucovorin calcium injection solution reconstituted	1 or 1b*	
leucovorin calcium oral tablet	2	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS - DRUGS FOR CANCER**		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (*degarelix acetate*)	4	PA; SP; QL (2 units per 310 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (*degarelix acetate*)	4	PA; SP; QL (1 kit per 28 days)
IMIDAZOTETRAZINES - DRUGS FOR CANCER**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg	4; OC	PA; SP; QL (2 capsules per 1 day)
temozolomide oral capsule 20 mg	4; OC	PA; SP; QL (4 capsule per 1 day)
temozolomide oral capsule 5 mg	4; OC	PA; SP; QL (3 capsule per 1 day)
JANUS ASSOCIATED KINASE (JAK) INHIBITORS - DRUGS FOR CANCER**		
JAKAFI ORAL TABLET (*ruxolitinib phosphate*)	4; OC	PA; LD; SP; QL (2 tablets per 1 day)
LHRH ANALOGS - DRUGS FOR CANCER**		
leuprolide acetate injection kit	4	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (*triptorelin pamoate*)	4	PA; SP; QL (1 vial per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (*triptorelin pamoate*)	4	PA; SP; QL (1 syringe per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (*triptorelin pamoate*)	4	PA; SP; QL (1 kit per 28 days)
MITOTIC INHIBITORS - DRUGS FOR CANCER**		
etoposide oral capsule	4; OC	SP
NITROGEN MUSTARDS - DRUGS FOR CANCER**		
cyclophosphamide oral capsule	4; OC	SP
LEUKERAN ORAL TABLET (*chlorambucil*)	2; OC	
melphalan oral tablet	4; OC	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGESTINS-ANTINEOPLASTIC - DRUGS FOR CANCER**		
hydroxyprogesterone caproate intramuscular solution	1 or 1b*	PA
megestrol acetate oral suspension	1 or 1b*; OC	
megestrol acetate oral tablet	1 or 1b*; OC	
RETINOIDS - DRUGS FOR CANCER**		
tretinoin oral capsule	2; OC	
SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER**		
bexarotene oral capsule	4; OC	PA; SP; QL (10 capsules per 1 day)
TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER**		
HYCAMTIN ORAL CAPSULE (*topotecan hcl*)	4; OC	PA; SP
URINARY TRACT PROTECTIVE AGENTS - DRUGS FOR CANCER**		
mesna intravenous solution	1 or 1b*	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS - DRUGS FOR CANCER**		
INLYTA ORAL TABLET 1 MG (*axitinib*)	4; OC	PA; LD; SP; QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (*axitinib*)	4; OC	PA; LD; SP; QL (4 tablet per 1 day)
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIPARKINSON ANTICHOLINERGICS - DRUGS FOR PARKINSON**		
benztropine mesylate injection solution	1 or 1a*	
benztropine mesylate oral tablet	1 or 1a*	
trihexyphenidyl hcl oral solution	1 or 1a*	
trihexyphenidyl hcl oral tablet	1 or 1a*	
ANTIPARKINSON DOPAMINERGICS - DRUGS FOR PARKINSON**		
amantadine hcl oral capsule	1 or 1b*	QL (4 capsule per 1 day)
amantadine hcl oral syrup	1 or 1b*	QL (40 mL per 1 day)
amantadine hcl oral tablet	1 or 1b*	QL (4 tablet per 1 day)
bromocriptine mesylate oral capsule	1 or 1b*	
bromocriptine mesylate oral tablet	1 or 1b*	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - DRUGS FOR PARKINSON**		
rasagiline mesylate oral tablet	2	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRAL/PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
tolcapone oral tablet	2	PA; QL (6 tablet per 1 day)
DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON**		
carbidopa oral tablet	2	
LEVODOPA COMBINATIONS - DRUGS FOR PARKINSON**		
carbidopa-levodopa er oral tablet extended release	2	
carbidopa-levodopa oral tablet	1 or 1b*	
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE	2	
carbidopa-levodopa-entacapone oral tablet	2	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON**		
pramipexole dihydrochloride er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
pramipexole dihydrochloride oral tablet	1 or 1b*	QL (3 tablet per 1 day)
ropinirole hcl er oral tablet extended release 24 hour	1 or 1b*	
ropinirole hcl oral tablet	1 or 1b*	
PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
entacapone oral tablet	2	QL (8 tablet per 1 day)
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIMANIC AGENTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
lithium carbonate er oral tablet extended release	1 or 1a*	
lithium carbonate oral capsule	1 or 1a*	
lithium carbonate oral tablet	1 or 1a*	
ANTIPSYCHOTICS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
LATUDA ORAL TABLET 120 MG (*lurasidone hcl*)	3	QL (1 tablet per 1 day)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (*lurasidone hcl*)	3	
LATUDA ORAL TABLET 80 MG (*lurasidone hcl*)	3	QL (2 tablets per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg	2	
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL (2 capsules per 1 day)
ziprasidone mesylate intramuscular solution reconstituted	2	
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (2 tablets per 1 day)
paliperidone er oral tablet extended release 24 hour 9 mg	2	QL (1 tablet per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (*risperidone microspheres*)	2	QL (2 injections per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	2	QL (2 injections per 28 days)
risperidone oral solution	1 or 1b*	ST; QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1 or 1b*	
risperidone oral tablet 3 mg, 4 mg	1 or 1b*	QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg	2	PA
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg	2	
risperidone oral tablet dispersible 3 mg, 4 mg	2	QL (4 tablets per 1 day)
BUTYROPHENONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
haloperidol decanoate intramuscular solution 100 mg/ml	1 or 1b*	QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 50 mg/ml	1 or 1b*	QL (5 ampules per 30 days)
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet	1 or 1b*	
DIBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
clozapine oral tablet 100 mg	2	QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	2	QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	2	
clozapine oral tablet dispersible 100 mg	2	QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	2	
clozapine oral tablet dispersible 150 mg	2	QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	2	QL (4 tablets per 1 day)
DIBENZO-OXEPINO PYRROLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
asenapine maleate sublingual tablet sublingual 10 mg	2	QL (2 tablets per 1 day)
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	2	
DIBENZOTHIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	QL (2 tablets per 1 day)
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	2	
quetiapine fumarate oral tablet 200 mg	2	QL (3 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	2	QL (2 tablets per 1 day)
DIBENZOXAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
loxapine succinate oral capsule	1 or 1b*	

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DIHYDROINDOLONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
molindone hcl oral tablet	2	
PHENOTHIAZINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
chlorpromazine hcl injection solution	1 or 1b*	
chlorpromazine hcl oral tablet	1 or 1b*	
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	
fluphenazine hcl oral elixir	1 or 1b*	
fluphenazine hcl oral tablet	1 or 1b*	
perphenazine oral tablet	1 or 1b*	
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	
prochlorperazine rectal suppository	1 or 1b*	
thioridazine hcl oral tablet	1 or 1b*	
trifluoperazine hcl oral tablet	1 or 1b*	
QUINOLINONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS**		
aripiprazole oral solution	2	QL (30 mL per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	
aripiprazole oral tablet 20 mg, 30 mg	2	QL (1 tablet per 1 day)
aripiprazole oral tablet dispersible 10 mg	2	QL (3 tablets per 1 day)
aripiprazole oral tablet dispersible 15 mg	2	QL (2 tablets per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*brexpiprazole*)	3	ST
REXULTI ORAL TABLET 3 MG, 4 MG (*brexpiprazole*)	3	ST; QL (1 tablet per 1 day)
THIENBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine intramuscular solution reconstituted	2	PA
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	
olanzapine oral tablet 15 mg, 20 mg	2	QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	2	
olanzapine oral tablet dispersible 15 mg	2	QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 20 mg	2	QL (1 tablet per 1 day)
THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS**		
thiothixene oral capsule	1 or 1b*	PA

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***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
ANTIRETROVIRAL COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate-lamivudine oral tablet	2	QL (1 tablet per 1 day)
abacavir-lamivudine-zidovudine oral tablet	2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET (*bictegravir-emtricitab-tenofov*)	4	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET (*lamivudine-tenofovir*)	4	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET (*emtricitabine-tenofovir af*)	4; $0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (*dolutegravir-lamivudine*)	4	QL (1 tablet per 1 day)
efavirenz-emtricitab-tenofovir oral tablet	4	QL (1 tablet per 1 day)
efavirenz-lamivudine-tenofovir oral tablet	4	QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	2; $0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (*elviteg-cobic-emtricit-tenofaf*)	4	QL (1 tablet per 1 day)
KALETRA ORAL TABLET 100-25 MG (*lopinavir-ritonavir*)	4	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (*lopinavir-ritonavir*)	4	QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet	2	QL (2 tablets per 1 day)
lopinavir-ritonavir oral solution	4	QL (16 mL per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (10 tablets per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (*elviteg-cobic-emtricit-tenofdf*)	4	QL (1 tablet per 1 day)
TEMIXYS ORAL TABLET (*lamivudine-tenofovir*)	4	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (*abacavir-dolutegravir-lamivud*)	4	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET (*emtricitabine-tenofovir df*)	4	ST; QL (1 tablet per 1 day)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS**		
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	4	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (*maraviroc*)	4	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (*maraviroc*)	4	QL (2 tablets per 1 day)
ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (*enfuvirtide*)	4	PA; QL (60 vials per 30 days)
ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
ISENTRESS ORAL TABLET (*raltegravir potassium*)	4	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (*raltegravir potassium*)	4	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (*raltegravir potassium*)	4	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG (*dolutegravir sodium*)	4	LD; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIVICAY ORAL TABLET 25 MG, 50 MG (*dolutegravir sodium*)	4	LD; QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (*dolutegravir sodium*)	4	LD; QL (12 tablets per 1 day)
ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APTIVUS ORAL CAPSULE (*tipranavir*)	4	PA; QL (4 capsules per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	4	QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	4	QL (1 capsule per 1 day)
fosamprenavir calcium oral tablet	4	QL (4 tablets per 1 day)
NORVIR ORAL SOLUTION (*ritonavir*)	4	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION (*darunavir ethanolate*)	4	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (*darunavir ethanolate*)	4	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (*darunavir ethanolate*)	4	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (*darunavir ethanolate*)	4	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (*darunavir ethanolate*)	4	QL (1 tablet per 1 day)
REYATAZ ORAL PACKET (*atazanavir sulfate*)	4	QL (5 packets per 1 day)
ritonavir oral tablet	4	QL (12 tablets per 1 day)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
EDURANT ORAL TABLET (*rilpivirine hcl*)	4	PA; QL (1 tablet per 1 day)
efavirenz oral capsule 200 mg	4	QL (4 capsules per 1 day)
efavirenz oral capsule 50 mg	4	QL (12 capsules per 1 day)
efavirenz oral tablet	4	QL (1 tablet per 1 day)
etravirine oral tablet 100 mg	4	PA; QL (4 tablets per 1 day)
etravirine oral tablet 200 mg	4	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (*etravirine*)	4	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (*etravirine*)	4	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (*etravirine*)	4	PA; QL (16 tablets per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	4	QL (3 tablets per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	4	QL (1 tablet per 1 day)
nevirapine oral suspension	4	QL (40 mL per 1 day)
nevirapine oral tablet	4	QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate oral solution	4	QL (32 mL per 1 day)
abacavir sulfate oral tablet	4	QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES - DRUGS FOR VIRAL INFECTIONS**		
emtricitabine oral capsule	4; $0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (*emtricitabine*)	4	QL (29 mL per 1 day)
lamivudine oral tablet 150 mg	4	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral tablet 300 mg	4	QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES - DRUGS FOR VIRAL INFECTIONS**		
stavudine oral capsule 15 mg, 20 mg	4	QL (4 capsules per 1 day)
stavudine oral capsule 30 mg, 40 mg	4	QL (2 capsules per 1 day)
zidovudine oral capsule	4	QL (6 capsules per 1 day)
zidovudine oral syrup	4	QL (64 mL per 1 day)
zidovudine oral tablet	4	QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
tenofovir disoproxil fumarate oral tablet	4; $0	QL (1 tablet per 1 day)
VIREAD ORAL TABLET (*tenofovir disoproxil fumarate*)	4	QL (1 tablet per 1 day)
CMV AGENTS - DRUGS FOR VIRAL INFECTIONS**		
valganciclovir hcl oral solution reconstituted	4	
valganciclovir hcl oral tablet	4	
HEPATITIS B AGENTS - DRUGS FOR VIRAL INFECTIONS**		
adefovir dipivoxil oral tablet	4	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (*entecavir*)	4	QL (20 mL per 1 day)
entecavir oral tablet	4	QL (1 tablet per 1 day)
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
EPCLUSA ORAL TABLET (*sofosbuvir-velpatasvir*)	4	PA; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (*ledipasvir-sofosbuvir*)	4	PA; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (*ledipasvir-sofosbuvir*)	4	PA; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	4	PA; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	4	PA; SP; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET (*sofosbuv-velpatasv-voxilaprev*)	4	PA; SP; QL (1 tablet per 1 day)
HEPATITIS C AGENTS - DRUGS FOR VIRAL INFECTIONS**		
ribavirin oral capsule	4	SP
ribavirin oral tablet	4	SP
HERPES AGENTS - PURINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
valacyclovir hcl oral tablet 1 gm	1 or 1b*	QL (30 tablets per 1 fill)
valacyclovir hcl oral tablet 500 mg	1 or 1b*	QL (60 tablets per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HERPES AGENTS - THYMIDINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
famciclovir oral tablet 125 mg, 250 mg	1 or 1b*	QL (60 tablets per 1 fill)
famciclovir oral tablet 500 mg	1 or 1b*	QL (21 tablets per 1 fill)
INFLUENZA AGENTS - DRUGS FOR VIRAL INFECTIONS**		
rimantadine hcl oral tablet	1 or 1b*	
NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
oseltamivir phosphate oral capsule 30 mg	1 or 1b*	QL (20 capsule per 90 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1 or 1b*	QL (10 capsule per 90 days)
oseltamivir phosphate oral suspension reconstituted	1 or 1b*	QL (20 Ml per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (*zanamivir*)	2	QL (1 package per 90 days)
PA ENDONUCLEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (*baloxavir marboxil*)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (*baloxavir marboxil*)	3	QL (1 dose pack per 90 days)
RSV AGENTS - NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
ribavirin inhalation solution reconstituted	2	
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	1 or 1b*	QL (2 tablets per 1 day)
carvedilol oral tablet 25 mg	1 or 1b*	QL (4 tablets per 1 day)
carvedilol phosphate er oral capsule extended release 24 hour	2	QL (1 capsule per 1 day)
labetalol hcl oral tablet	1 or 1b*	QL (8 tablets per 1 day)
BETA BLOCKERS CARDIO-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
acebutolol hcl oral capsule 200 mg	1 or 1b*	QL (6 capsules per 1 day)
acebutolol hcl oral capsule 400 mg	1 or 1b*	QL (3 capsules per 1 day)
atenolol oral tablet	1 or 1a*	QL (2 tablets per 1 day)
betaxolol hcl oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
betaxolol hcl oral tablet 20 mg	1 or 1b*	QL (2 tablets per 1 day)
bisoprolol fumarate oral tablet 10 mg	1 or 1b*	QL (2 tablets per 1 day)
bisoprolol fumarate oral tablet 5 mg	1 or 1b*	QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*nebivolol hcl*)	2	QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (*nebivolol hcl*)	2	QL (2 tablets per 1 day)
esmolol hcl intravenous solution	1 or 1b*	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate oral tablet 100 mg	1 or 1a*	QL (4 tablets per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg	1 or 1a*	QL (2 tablets per 1 day)
BETA BLOCKERS NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
nadolol oral tablet 20 mg	2	QL (1 tablet per 1 day)
nadolol oral tablet 40 mg	2	QL (3 tablets per 1 day)
nadolol oral tablet 80 mg	2	QL (4 tablets per 1 day)
pindolol oral tablet	2	QL (6 tablets per 1 day)
propranolol hcl er oral capsule extended release 24 hour 120 mg	1 or 1b*	QL (2 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL (4 capsules per 1 day)
propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg	1 or 1b*	QL (1 capsule per 1 day)
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution 20 mg/5ml	1 or 1b*	QL (20 mL per 1 day)
propranolol hcl oral solution 40 mg/5ml	1 or 1b*	QL (80 mL per 1 day)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	1 or 1b*	QL (4 tablets per 1 day)
propranolol hcl oral tablet 80 mg	1 or 1b*	QL (8 tablets per 1 day)
sorine oral tablet 120 mg, 80 mg	2	QL (3 tablets per 1 day)
sorine oral tablet 160 mg	2	QL (4 tablets per 1 day)
sorine oral tablet 240 mg	2	QL (2 tablets per 1 day)
sotalol hcl (af) oral tablet	2	
sotalol hcl oral tablet 120 mg, 80 mg	2	QL (3 tablets per 1 day)
sotalol hcl oral tablet 160 mg	2	QL (4 tablets per 1 day)
sotalol hcl oral tablet 240 mg	2	QL (2 tablets per 1 day)
timolol maleate oral tablet 10 mg, 5 mg	1 or 1b*	QL (6 tablets per 1 day)
timolol maleate oral tablet 20 mg	1 or 1b*	QL (3 tablets per 1 day)
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate oral tablet 10 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 2.5 mg, 5 mg	1 or 1b*	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
cartia xt oral capsule extended release 24 hour 240 mg, 300 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg	1 or 1b*	
diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)
diltiazem hcl er oral capsule extended release 12 hour	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl intravenous solution	1 or 1b*	
diltiazem hcl oral tablet 120 mg	1 or 1b*	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	1 or 1b*	
diltiazem hcl oral tablet 90 mg	1 or 1b*	QL (4 tablet per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (1 capsule per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	
isradipine oral capsule 2.5 mg	1 or 1b*	QL (2 capsules per 1 day)
isradipine oral capsule 5 mg	1 or 1b*	QL (4 capsule per 1 day)
matzim la oral tablet extended release 24 hour 180 mg	1 or 1b*	
matzim la oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 tablet per 1 day)
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule 20 mg	1 or 1b*	QL (6 capsule per 1 day)
nicardipine hcl oral capsule 30 mg	1 or 1b*	QL (4 capsule per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg	2	
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	2	QL (1 tablet per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	2	
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	2	QL (1 tablet per 1 day)
nifedipine oral capsule	2	QL (4 capsule per 1 day)
nimodipine oral capsule	2	QL (12 capsule per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL (1 tablet per 1 day)
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
taztia xt oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	
tiadylt er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	1 or 1b*	
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
verapamil hcl er oral tablet extended release	1 or 1b*	QL (2 tablets per 1 day)
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg, 80 mg	1 or 1b*	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg	1 or 1b*	QL (3 tablet per 1 day)
***CARDIOTONICS* - DRUGS FOR THE HEART**		
CARDIAC GLYCOSIDES - DRUGS FOR THE HEART**		
digitek oral tablet	1 or 1b*	
digox oral tablet	1 or 1b*	
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	
digoxin oral tablet	1 or 1b*	
LANOXIN ORAL TABLET (*digoxin*)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION (*digoxin*)	2	
INOTROPES - DRUGS FOR SERIOUS ALLERGIC REACTION**		
dobutamine hcl intravenous solution	1 or 1b*	
dopamine hcl intravenous solution	1 or 1b*	
milrinone lactate in dextrose intravenous solution	1 or 1b*	
milrinone lactate intravenous solution	1 or 1b*	
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB - DRUGS FOR CHOLESTEROL**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	1 or 1b*	
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
ENTRESTO ORAL TABLET (*sacubitril-valsartan*)	3	QL (6 tablets per 1 day)
NITRATE & VASODILATOR COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
BIDIL ORAL TABLET (*isosorb dinitrate-hydralazine*)	2	
PROSTAGLANDIN VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
treprostinil injection solution	4	PA; SP
VENTAVIS INHALATION SOLUTION (*iloprost*)	4	PA; LD; SP; QL (9 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ambrisentan oral tablet	4	PA; LD; SP; QL (1 tablet per 1 day)
bosentan oral tablet	4	PA; LD; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (*bosentan*)	4	PA; LD; SP; QL (2 tablets per 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
alyq oral tablet	4	PA; SP; QL (2 tablets per 1 day)
sildenafil citrate oral suspension reconstituted	4	PA; SP; QL (6 mL per 1 day)
sildenafil citrate oral tablet	4	PA; SP; QL (3 tablets per 1 day)
tadalafil (pah) oral tablet	4	PA; SP; QL (2 tablets per 1 day)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART**		
sildenafil citrate oral tablet	1 or 1b*	PA
tadalafil oral tablet 10 mg, 20 mg	1 or 1b*	PA
tadalafil oral tablet 2.5 mg, 5 mg	1 or 1b*	PA; QL (30 tablets per 30 days)
vardenafil hcl oral tablet dispersible	1 or 1b*	PA
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
CEPHALOSPORINS - 1ST GENERATION - ANTIBIOTICS**		
cefadroxil oral capsule	1 or 1b*	
cefadroxil oral suspension reconstituted	1 or 1b*	
cefadroxil oral tablet	1 or 1b*	
cefazolin sodium injection solution reconstituted	2	
cefazolin sodium intravenous solution reconstituted	2	
cephalexin oral capsule	1 or 1a*	
cephalexin oral suspension reconstituted	1 or 1a*	
cephalexin oral tablet	1 or 1a*	
CEPHALOSPORINS - 2ND GENERATION - ANTIBIOTICS**		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
cefaclor oral capsule	1 or 1b*	
cefaclor oral suspension reconstituted	1 or 1b*	
cefotetan disodium injection solution reconstituted	2	
cefoxitin sodium injection solution reconstituted	2	
cefoxitin sodium intravenous solution reconstituted	2	
cefprozil oral suspension reconstituted	1 or 1b*	
cefprozil oral tablet	1 or 1b*	
cefuroxime axetil oral tablet	1 or 1b*	
cefuroxime sodium injection solution reconstituted	2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefuroxime sodium intravenous solution reconstituted	2	
CEPHALOSPORINS - 3RD GENERATION - ANTIBIOTICS**		
cefdinir oral capsule	1 or 1b*	QL (20 capsules per 1 fill)
cefdinir oral suspension reconstituted 125 mg/5ml	1 or 1b*	QL (240 mL per 1 fill)
cefdinir oral suspension reconstituted 250 mg/5ml	1 or 1b*	QL (120 mL per 1 fill)
cefixime oral capsule	2	QL (10 capsules per 1 fill)
cefixime oral suspension reconstituted 100 mg/5ml	2	QL (200 mL per 1 fill)
cefixime oral suspension reconstituted 200 mg/5ml	2	QL (100 mL per 1 fill)
cefotaxime sodium injection solution reconstituted	2	
cefpodoxime proxetil oral suspension reconstituted	2	
cefpodoxime proxetil oral tablet	2	
ceftazidime injection solution reconstituted	2	
ceftriaxone sodium in dextrose intravenous solution	2	QL (3000 mL per 30 days)
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	2	QL (60 vials per 30 fills)
ceftriaxone sodium injection solution reconstituted 250 mg	2	QL (1 vial per 30 fills)
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	2	QL (60 vials per 30 days)
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	QL (1 vial per 30 days)
tazicef injection solution reconstituted	2	
tazicef intravenous solution reconstituted	2	
CEPHALOSPORINS - 4TH GENERATION - ANTIBIOTICS**		
cefepime hcl injection solution reconstituted	2	
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
BIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
azurette oral tablet	1 or 1b*; $0	
desogestrel-ethinyl estradiol oral tablet	1 or 1b*; $0	
kariva oral tablet	1 or 1b*; $0	
LO LOESTRIN FE ORAL TABLET (*norethin-eth estrad-fe biphas*)	2	$0
pimtrea oral tablet	1 or 1b*; $0	
simliya oral tablet	1 or 1b*; $0	
viorele oral tablet	1 or 1b*; $0	
volnea oral tablet	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
afirmelle oral tablet	1 or 1a*; $0	
altavera oral tablet	1 or 1a*; $0	
alyacen 1/35 oral tablet	1 or 1a*; $0	
apri oral tablet	1 or 1a*; $0	
aubra eq oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aubra oral tablet	1 or 1a*; $0	
aurovela 1.5/30 oral tablet	1 or 1a*; $0	
aurovela 1/20 oral tablet	1 or 1a*; $0	
aurovela 24 fe oral tablet	1 or 1a*; $0	
aurovela fe 1.5/30 oral tablet	1 or 1a*; $0	
aurovela fe 1/20 oral tablet	1 or 1a*; $0	
aviane oral tablet	1 or 1a*; $0	
ayuna oral tablet	1 or 1a*; $0	
balziva oral tablet	1 or 1a*; $0	
blisovi 24 fe oral tablet	1 or 1a*; $0	
blisovi fe 1.5/30 oral tablet	1 or 1a*; $0	
blisovi fe 1/20 oral tablet	1 or 1a*; $0	
briellyn oral tablet	1 or 1a*; $0	
charlotte 24 fe oral tablet chewable	1 or 1a*; $0	
chateal eq oral tablet	1 or 1a*; $0	
chateal oral tablet	1 or 1a*; $0	
cryselle-28 oral tablet	1 or 1a*; $0	
cyclafem 1/35 oral tablet	1 or 1a*; $0	
cyred eq oral tablet	1 or 1a*; $0	
cyred oral tablet	1 or 1a*; $0	
dasetta 1/35 oral tablet	1 or 1a*; $0	
delyla oral tablet	1 or 1a*; $0	
desogestrel-ethinyl estradiol oral tablet	1 or 1a*; $0	
drospiren-eth estrad-levomefol oral tablet	1 or 1b*; $0	
drospirenone-ethinyl estradiol oral tablet	1 or 1b*; $0	
elinest oral tablet	1 or 1a*; $0	
emoquette oral tablet	1 or 1a*; $0	
enskyce oral tablet	1 or 1a*; $0	
estarylla oral tablet	1 or 1a*; $0	
ethynodiol diac-eth estradiol oral tablet	1 or 1a*; $0	
falmina oral tablet	1 or 1a*; $0	
femynor oral tablet	1 or 1a*; $0	
gemmily oral capsule	1 or 1b*; $0	
hailey 1.5/30 oral tablet	1 or 1a*; $0	
hailey 24 fe oral tablet	1 or 1a*; $0	
hailey fe 1.5/30 oral tablet	1 or 1a*; $0	
hailey fe 1/20 oral tablet	1 or 1a*; $0	
isibloom oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jasmiel oral tablet	1 or 1b*; $0	
juleber oral tablet	1 or 1a*; $0	
junel 1.5/30 oral tablet	1 or 1a*; $0	
junel 1/20 oral tablet	1 or 1a*; $0	
junel fe 1.5/30 oral tablet	1 or 1a*; $0	
junel fe 1/20 oral tablet	1 or 1a*; $0	
junel fe 24 oral tablet	1 or 1a*; $0	
kaitlib fe oral tablet chewable	1 or 1b*; $0	
kalliga oral tablet	1 or 1a*; $0	
kelnor 1/35 oral tablet	1 or 1a*; $0	
kelnor 1/50 oral tablet	1 or 1a*; $0	
kurvelo oral tablet	1 or 1a*; $0	
larin 1.5/30 oral tablet	1 or 1a*; $0	
larin 1/20 oral tablet	1 or 1a*; $0	
larin 24 fe oral tablet	1 or 1a*; $0	
larin fe 1.5/30 oral tablet	1 or 1a*; $0	
larin fe 1/20 oral tablet	1 or 1a*; $0	
larissia oral tablet	1 or 1a*; $0	
layolis fe oral tablet chewable	1 or 1b*; $0	
lessina oral tablet	1 or 1a*; $0	
levonorgestrel-ethinyl estrad oral tablet	1 or 1a*; $0	
levora 0.15/30 (28) oral tablet	1 or 1a*; $0	
lillow oral tablet	1 or 1a*; $0	
loestrin 1.5/30 (21) oral tablet	1 or 1a*; $0	
loestrin 1/20 (21) oral tablet	1 or 1a*; $0	
loestrin fe 1.5/30 oral tablet	1 or 1a*; $0	
loestrin fe 1/20 oral tablet	1 or 1a*; $0	
loryna oral tablet	1 or 1b*; $0	
low-ogestrel oral tablet	1 or 1a*; $0	
lo-zumandimine oral tablet	1 or 1b*; $0	
lutera oral tablet	1 or 1a*; $0	
marlissa oral tablet	1 or 1a*; $0	
merzee oral capsule	1 or 1b*; $0	
mibelas 24 fe oral tablet chewable	1 or 1a*; $0	
microgestin 1.5/30 oral tablet	1 or 1a*; $0	
microgestin 1/20 oral tablet	1 or 1a*; $0	
microgestin 24 fe oral tablet	1 or 1a*; $0	
microgestin fe 1.5/30 oral tablet	1 or 1a*; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
microgestin fe 1/20 oral tablet	1 or 1a*; $0	
mili oral tablet	1 or 1a*; $0	
mono-linyah oral tablet	1 or 1a*; $0	
necon 0.5/35 (28) oral tablet	1 or 1a*; $0	
nikki oral tablet	1 or 1b*; $0	
norethin ace-eth estrad-fe oral capsule	1 or 1b*; $0	
norethin ace-eth estrad-fe oral tablet	1 or 1a*; $0	
norethin ace-eth estrad-fe oral tablet chewable	1 or 1a*; $0	
norethindrone acet-ethinyl est oral tablet	1 or 1a*; $0	
norethin-eth estradiol-fe oral tablet chewable	1 or 1b*; $0	
norgestimate-eth estradiol oral tablet	1 or 1a*; $0	
nortrel 0.5/35 (28) oral tablet	1 or 1a*; $0	
nortrel 1/35 (21) oral tablet	1 or 1a*; $0	
nortrel 1/35 (28) oral tablet	1 or 1a*; $0	
nymyo oral tablet	1 or 1a*; $0	
ocella oral tablet	1 or 1b*; $0	
orsythia oral tablet	1 or 1a*; $0	
philith oral tablet	1 or 1a*; $0	
pirmella 1/35 oral tablet	1 or 1a*; $0	
portia-28 oral tablet	1 or 1a*; $0	
previfem oral tablet	1 or 1a*; $0	
reclipsen oral tablet	1 or 1a*; $0	
sprintec 28 oral tablet	1 or 1a*; $0	
sronyx oral tablet	1 or 1a*; $0	
syeda oral tablet	1 or 1b*; $0	
tarina 24 fe oral tablet	1 or 1a*; $0	
tarina fe 1/20 eq oral tablet	1 or 1a*; $0	
tarina fe 1/20 oral tablet	1 or 1a*; $0	
taysofy oral capsule	1 or 1b*; $0	
tydemy oral tablet	1 or 1b*; $0	
vestura oral tablet	1 or 1b*; $0	
vienva oral tablet	1 or 1a*; $0	
vyfemla oral tablet	1 or 1a*; $0	
vylibra oral tablet	1 or 1a*; $0	
wera oral tablet	1 or 1a*; $0	
wymzya fe oral tablet chewable	1 or 1b*; $0	
zarah oral tablet	1 or 1b*; $0	
zovia 1/35 (28) oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zovia 1/35e (28) oral tablet	1 or 1a*; $0	
zumandimine oral tablet	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL - BIRTH CONTROL PILLS**		
xulane transdermal patch weekly	1 or 1b*; $0	
zafemy transdermal patch weekly	1 or 1b*; $0	
COMBINATION CONTRACEPTIVES - VAGINAL - BIRTH CONTROL PILLS**		
eluryng vaginal ring	1 or 1b*; $0	
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*; $0	
CONTINUOUS CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
amethyst oral tablet	1 or 1b*; $0	
dolishale oral tablet	1 or 1b*; $0	
levonorgestrel-ethinyl estrad oral tablet	1 or 1b*; $0	
EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS**		
aftera oral tablet	1 or 1b*; $0	
afterpill oral tablet	1 or 1b*; $0	
econtra ez oral tablet	1 or 1b*; $0	
econtra one-step oral tablet	1 or 1b*; $0	
ELLA ORAL TABLET (*ulipristal acetate*)	2; $0	
levonorgestrel oral tablet	1 or 1b*; $0	
my choice oral tablet	1 or 1b*; $0	
my way oral tablet	1 or 1b*; $0	
new day oral tablet	1 or 1b*; $0	
opcicon one-step oral tablet	1 or 1b*; $0	
option 2 oral tablet	1 or 1b*; $0	
preventeza oral tablet	1 or 1b*; $0	
react oral tablet	1 or 1b*; $0	
take action oral tablet	1 or 1b*; $0	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
amethia oral tablet	1 or 1b*; $0	
ashlyna oral tablet	1 or 1b*; $0	
camrese lo oral tablet	1 or 1b*; $0	
camrese oral tablet	1 or 1b*; $0	
daysee oral tablet	1 or 1b*; $0	
fayosim oral tablet	1 or 1b*; $0	
iclevia oral tablet	1 or 1b*; $0	
introvale oral tablet	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
jaimiess oral tablet	1 or 1b*; $0	
jolessa oral tablet	1 or 1b*; $0	
levonorgest-eth est & eth est oral tablet	1 or 1b*; $0	
levonorgest-eth estrad 91-day oral tablet	1 or 1b*; $0	
lojaimiess oral tablet	1 or 1b*; $0	
rivelsa oral tablet	1 or 1b*; $0	
setlakin oral tablet	1 or 1b*; $0	
simpesse oral tablet	1 or 1b*; $0	
PROGESTIN CONTRACEPTIVES - INJECTABLE - BIRTH CONTROL PILLS**		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (*medroxyprogesterone acetate*)	2; $0	
medroxyprogesterone acetate intramuscular suspension	1 or 1b*; $0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*; $0	
PROGESTIN CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
camila oral tablet	1 or 1b*; $0	
deblitane oral tablet	1 or 1b*; $0	
errin oral tablet	1 or 1b*; $0	
heather oral tablet	1 or 1b*; $0	
incassia oral tablet	1 or 1b*; $0	
jencycla oral tablet	1 or 1b*; $0	
lyleq oral tablet	1 or 1b*; $0	
lyza oral tablet	1 or 1b*; $0	
nora-be oral tablet	1 or 1b*; $0	
norethindrone oral tablet	1 or 1b*; $0	
norlyda oral tablet	1 or 1b*; $0	
norlyroc oral tablet	1 or 1b*; $0	
sharobel oral tablet	1 or 1b*; $0	
tulana oral tablet	1 or 1b*; $0	
TRIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
alyacen 7/7/7 oral tablet	1 or 1a*; $0	
aranelle oral tablet	1 or 1a*; $0	
caziant oral tablet	1 or 1a*; $0	
cyclafem 7/7/7 oral tablet	1 or 1a*; $0	
dasetta 7/7/7 oral tablet	1 or 1a*; $0	
enpresse-28 oral tablet	1 or 1a*; $0	
leena oral tablet	1 or 1a*; $0	
levonest oral tablet	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorg-eth estrad triphasic oral tablet	1 or 1a*; $0	
norgestim-eth estrad triphasic oral tablet	1 or 1b*; $0	
nortrel 7/7/7 oral tablet	1 or 1a*; $0	
nylia 7/7/7 oral tablet	1 or 1a*; $0	
pirmella 7/7/7 oral tablet	1 or 1a*; $0	
tilia fe oral tablet	1 or 1b*; $0	
tri femynor oral tablet	1 or 1b*; $0	
tri-estarylla oral tablet	1 or 1b*; $0	
tri-legest fe oral tablet	1 or 1b*; $0	
tri-linyah oral tablet	1 or 1b*; $0	
tri-lo-estarylla oral tablet	1 or 1b*; $0	
tri-lo-marzia oral tablet	1 or 1b*; $0	
tri-lo-mili oral tablet	1 or 1b*; $0	
tri-lo-sprintec oral tablet	1 or 1b*; $0	
tri-mili oral tablet	1 or 1b*; $0	
tri-nymyo oral tablet	1 or 1b*; $0	
tri-previfem oral tablet	1 or 1b*; $0	
tri-sprintec oral tablet	1 or 1b*; $0	
trivora (28) oral tablet	1 or 1a*; $0	
tri-vylibra lo oral tablet	1 or 1b*; $0	
tri-vylibra oral tablet	1 or 1b*; $0	
velivet oral tablet	1 or 1a*; $0	
***CORTICOSTEROIDS* - HORMONES**		
GLUCOCORTICOSTEROIDS - DRUGS FOR INFLAMMATION**		
budesonide er oral tablet extended release 24 hour	2	QL (1 tablet per 1 day)
budesonide oral capsule delayed release particles	2	QL (3 capsule per 1 day)
decadron oral tablet	1 or 1a*	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (*dexamethasone*)	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
dexamethasone sodium phosphate injection solution	1 or 1b*	
hydrocortisone oral tablet	1 or 1b*	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral solution	1 or 1a*	
prednisolone sodium phosphate oral solution	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL (2 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack	1 or 1b*	
MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION**		
fludrocortisone acetate oral tablet	1 or 1b*	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
ANTITUSSIVE - NONNARCOTIC - DRUGS FOR ALLERGIES**		
benzonatate oral capsule	1 or 1b*	
ANTITUSSIVE - OPIOID - DRUGS FOR COUGH AND COLD**		
hydrocodone-homatropine oral syrup	1 or 1a*	
hydrocodone-homatropine oral tablet	1 or 1a*	
hydromet oral syrup	1 or 1a*	
ANTITUSSIVE-EXPECTORANT - DRUGS FOR COUGH AND COLD**		
g tussin ac oral solution	1 or 1a*	
guaiatussin ac oral syrup	1 or 1a*	
guaifenesin ac oral syrup	1 or 1a*	
trymine cg oral liquid	1 or 1a*	
virtussin a/c oral solution	1 or 1a*	
DECONGESTANT & ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine vc oral syrup	1 or 1b*	QL (120 mL per 1 fill)
promethazine-phenylephrine oral syrup	1 or 1b*	QL (120 mL per 1 fill)
MISC. RESPIRATORY INHALANTS - DRUGS FOR ALLERGIES**		
sodium chloride inhalation nebulization solution	2	
MUCOLYTICS - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution	2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine-dm oral syrup	1 or 1a*	QL (120 mL per 1 fill)
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
pseudoeph-bromphen-dm oral syrup	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
hydrocod polst-cpm polst er oral suspension extended release	1 or 1b*	QL (120 mL per 1 fill)
promethazine-codeine oral solution	1 or 1a*	QL (120 mL per 1 fill)
promethazine-codeine oral syrup	1 or 1a*	QL (120 mL per 1 fill)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR (*hydrocod polst-chlorphen polst*)	2	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
POLY-TUSSIN AC ORAL LIQUID	2	
promethazine vc/codeine oral syrup	1 or 1b*	QL (120 mL per 1 fill)
promethazine-phenyleph-codeine oral syrup	1 or 1b*	QL (120 mL per 1 fill)
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ACNE ANTIBIOTICS - DRUGS FOR THE SKIN**		
clindacin etz external swab	1 or 1b*	QL (2 pads per 1 day)
clindacin-p external swab	1 or 1b*	QL (2 pads per 1 day)
clindamycin phosphate external foam	1 or 1b*	QL (100 grams per 30 days)
clindamycin phosphate external gel	1 or 1b*	QL (60 grams per 30 days)
clindamycin phosphate external lotion	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external solution	1 or 1b*	QL (4 mL per 1 day)
clindamycin phosphate external swab	1 or 1b*	QL (2 pads per 1 day)
dapsone external gel 5 %	1 or 1b*	ST; QL (60 grams per 30 days)
dapsone external gel 7.5 %	3	ST; QL (60 grams per 30 days)
ery external pad	1 or 1b*	QL (2 pads per 1 day)
erythromycin external gel	1 or 1b*	QL (60 grams per 30 days)
erythromycin external solution	1 or 1b*	
sulfacetamide sodium (acne) external lotion	1 or 1b*	
ACNE COMBINATIONS - DRUGS FOR THE SKIN**		
adapalene-benzoyl peroxide external gel	1 or 1b*	PA; QL (45 grams per 30 days)
benzoyl peroxide-erythromycin external gel	1 or 1b*	QL (2 packets per 1 day)
clindamycin phos-benzoyl perox external gel 1.2-5 %	1 or 1b*	QL (45 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1 or 1b*	QL (50 grams per 30 days)
clindamycin-tretinoin external gel	3	ST
neuac external gel	1 or 1b*	QL (45 grams per 30 days)
sulfacetamide sod-sulfur wash external liquid	1 or 1b*	PA
ACNE PRODUCTS - DRUGS FOR THE SKIN**		
accutane oral capsule	2	PA
adapalene external cream	1 or 1b*	PA; QL (1.5 grams per 1 day)
adapalene external gel	1 or 1b*	PA; QL (45 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene external pad	1 or 1b*	PA
amnesteem oral capsule	2	PA
avita external cream	1 or 1b*	ST; QL (45 grams per 30 days)
avita external gel	1 or 1b*	ST; QL (45 grams per 30 days)
bp wash external liquid	1 or 1b*	
claravis oral capsule	2	PA
isotretinoin oral capsule	2	PA
myorisan oral capsule	2	PA
tretinoin external cream	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin external gel	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin microsphere external gel	1 or 1b*	PA; QL (45 grams per 30 days)
tretinoin microsphere pump external gel	1 or 1b*	PA; QL (45 grams per 30 days)
zenatane oral capsule	2	PA
AGENTS FOR FACIAL WRINKLES - RETINOIDS - DRUGS FOR THE SKIN**		
refissa external cream	1 or 1b*	PA; QL (40 grams per 30 days)
tretinoin (emollient) external cream	1 or 1b*	PA; QL (40 grams per 30 days)
ANTIBIOTICS - TOPICAL - DRUGS FOR THE SKIN**		
ALTABAX EXTERNAL OINTMENT (*retapamulin*)	2	QL (30 grams per 1 fill)
gentamicin sulfate external cream	1 or 1b*	QL (30 grams per 1 fill)
gentamicin sulfate external ointment	1 or 1b*	QL (30 grams per 1 fill)
mupirocin external ointment	1 or 1b*	QL (30 grams per 1 fill)
ANTIFUNGALS - TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
clotrimazole-betamethasone external cream	1 or 1b*	QL (120 grams per 30 days)
clotrimazole-betamethasone external lotion	1 or 1b*	QL (120 mL per 30 days)
corti-sav external cream	1 or 1b*	
nystatin-triamcinolone external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin-triamcinolone external ointment	1 or 1b*	QL (120 grams per 30 days)
ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
ciclopirox external gel	1 or 1b*	QL (100 grams per 30 days)
ciclopirox external shampoo	1 or 1b*	QL (120 mL per 30 days)
ciclopirox external solution	1 or 1b*	QL (7 mL per 30 days)
ciclopirox olamine external cream	1 or 1b*	QL (90 grams per 30 days)
ciclopirox olamine external suspension	1 or 1b*	QL (60 mL per 30 days)
naftifine hcl external cream 1 %	2	ST; QL (90 grams per 30 days)
naftifine hcl external cream 2 %	2	ST; QL (60 grams per 30 days)
naftifine hcl external gel	1 or 1b*	ST; QL (90 grams per 30 days)
nyamyc external powder	1 or 1b*	QL (30 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin external cream	1 or 1b*	QL (120 grams per 30 days)
nystatin external ointment	1 or 1b*	QL (120 grams per 30 days)
nystatin external powder	1 or 1b*	QL (30 grams per 30 days)
nystop external powder	1 or 1b*	QL (30 grams per 30 days)
ANTI-INFLAMMATORY AGENTS - TOPICAL - DRUGS FOR THE SKIN**		
diclofenac sodium external gel	2	QL (1000 gm per 30 days)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL - DRUGS FOR THE SKIN**		
fluorouracil external cream 0.5 %	1 or 1b*	ST; QL (30 gm per 365 days)
fluorouracil external cream 5 %	1 or 1b*	QL (40 gm per 365 days)
fluorouracil external solution	1 or 1b*	QL (10 mL per 365 days)
ANTIPRURITICS - TOPICAL - DRUGS FOR THE SKIN**		
doxepin hcl external cream	2	PA; QL (1 tube per 1 fill)
ANTIPSORIATICS - SYSTEMIC - DRUGS FOR THE SKIN**		
acitretin oral capsule	2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*secukinumab*)	4	PA; LD; SP; QL (2 syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*secukinumab*)	4	PA; LD; SP; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*secukinumab*)	4	PA; LD; SP; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*secukinumab*)	4	PA; LD; SP; QL (1 syringe per 28 days)
methoxsalen rapid oral capsule	4	SP
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (*risankizumab-rzaa*)	4	PA; SP; QL (2 syringes per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*risankizumab-rzaa*)	4	PA; SP; QL (1 carton per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*risankizumab-rzaa*)	4	PA; SP; QL (1 carton per 84 days)
STELARA SUBCUTANEOUS SOLUTION (*ustekinumab*)	4	PA; SP; QL (1 vial per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ustekinumab*)	4	PA; SP; QL (1 syringe per 84 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*ixekizumab*)	4	PA; LD; SP; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*ixekizumab*)	4	PA; LD; SP; QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (*guselkumab*)	4	PA; SP; QL (1 autoinjector per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*guselkumab*)	4	PA; SP; QL (1 syringe per 47 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSORIATICS - DRUGS FOR THE SKIN**		
calcipotriene external cream	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external foam	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external solution	1 or 1b*	QL (60 mL per 30 days)
calcitrene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcitriol external ointment	1 or 1b*	QL (800 grams per 28 days)
tazarotene external cream	1 or 1b*	QL (30 grams per 30 days)
TAZORAC EXTERNAL CREAM (*tazarotene*)	2	QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL 0.05 % (*tazarotene*)	2	QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL 0.1 % (*tazarotene*)	2	QL (1 gram per 1 day)
ANTISEBORRHEIC PRODUCTS - DRUGS FOR THE SKIN**		
selenium sulfide external lotion	1 or 1a*	QL (120 mL per 30 days)
ANTIVIRALS - TOPICAL - DRUGS FOR THE SKIN**		
acyclovir external cream	1 or 1b*	PA; QL (5 gm per 30 days)
acyclovir external ointment	1 or 1b*	QL (30 gm per 30 days)
BURN PRODUCTS - DRUGS FOR THE SKIN**		
mafenide acetate external packet	2	
silver sulfadiazine external cream	1 or 1a*	
ssd external cream	1 or 1a*	
CORTICOSTEROIDS - TOPICAL - DRUGS FOR THE SKIN**		
ala-cort external cream	1 or 1a*	QL (454 grams per 30 days)
alclometasone dipropionate external cream	1 or 1b*	QL (60 grams per 30 days)
alclometasone dipropionate external ointment	1 or 1b*	QL (2 grams per 1 day)
beser external lotion	1 or 1b*	QL (120 mL per 30 days)
betamethasone dipropionate aug external cream	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external gel	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate aug external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate aug external ointment	1 or 1b*	QL (50 grams per 30 days)
betamethasone dipropionate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone dipropionate external lotion	1 or 1b*	QL (60 mL per 30 days)
betamethasone dipropionate external ointment	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external cream	1 or 1b*	QL (45 grams per 30 days)
betamethasone valerate external lotion	1 or 1b*	ST; QL (60 mL per 30 days)
betamethasone valerate external ointment	1 or 1b*	QL (45 grams per 30 days)
clobetasol prop emollient base external cream	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate e external cream	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate emulsion external foam	1 or 1b*	QL (100 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external cream	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external foam	1 or 1b*	QL (100 mL per 30 days)
clobetasol propionate external gel	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external liquid	1 or 1b*	QL (125 mL per 30 days)
clobetasol propionate external lotion	1 or 1b*	QL (118 mL per 30 days)
clobetasol propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
clobetasol propionate external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
clobetasol propionate external solution	1 or 1b*	QL (50 mL per 30 days)
clodan external shampoo	1 or 1b*	QL (3.94 mL per 1 day)
desonide external cream	1 or 1b*	QL (60 grams per 30 days)
desonide external gel	1 or 1b*	QL (2 grams per 1 day)
desonide external lotion	1 or 1b*	QL (118 mL per 30 days)
desonide external ointment	1 or 1b*	QL (60 grams per 30 days)
desrx external gel	1 or 1b*	QL (2 grams per 1 day)
fluocinolone acetonide body external oil	1 or 1b*	ST; QL (120 mL per 30 days)
fluocinolone acetonide external cream 0.01 %	1 or 1b*	QL (60 grams per 30 days)
fluocinolone acetonide external cream 0.025 %	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external ointment	1 or 1b*	QL (120 grams per 30 days)
fluocinolone acetonide external solution	1 or 1b*	QL (90 mL per 30 days)
fluocinolone acetonide scalp external oil	1 or 1b*	QL (120 mL per 30 days)
fluocinonide emulsified base external cream	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external cream	1 or 1b*	QL (120 grams per 30 days)
fluocinonide external gel	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external ointment	1 or 1b*	QL (60 grams per 30 days)
fluocinonide external solution	1 or 1b*	QL (60 mL per 30 days)
fluticasone propionate external cream	1 or 1b*	QL (60 grams per 30 days)
fluticasone propionate external lotion	1 or 1b*	QL (120 mL per 30 days)
fluticasone propionate external ointment	1 or 1b*	QL (60 grams per 30 days)
halobetasol propionate external cream	1 or 1b*	QL (50 grams per 30 days)
halobetasol propionate external ointment	1 or 1b*	QL (50 grams per 30 days)
hydrocortisone external cream	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone external lotion	1 or 1a*	QL (118 mL per 30 days)
hydrocortisone external ointment	1 or 1a*	QL (454 grams per 30 days)
mometasone furoate external cream	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external ointment	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external solution	1 or 1b*	QL (60 mL per 30 days)
prednicarbate external ointment	1 or 1b*	QL (60 grams per 30 days)
tovet external foam	1 or 1b*	QL (100 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external cream	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	1 or 1a*	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	1 or 1a*	QL (30 grams per 30 days)
triderm external cream	1 or 1a*	QL (454 grams per 30 days)
DEPIGMENTING AGENTS - DRUGS FOR THE SKIN**		
blanche external cream	1 or 1b*	
EMOLLIENT/KERATOLYTIC AGENTS - DRUGS FOR THE SKIN**		
CEROVEL EXTERNAL LOTION (*urea*)	1 or 1b*	
EMOLLIENTS - DRUGS FOR THE SKIN**		
ammonium lactate external cream	1 or 1b*	QL (450 grams per 30 days)
ammonium lactate external lotion	1 or 1b*	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
clotrimazole external solution	1 or 1b*	QL (60 mL per 30 days)
econazole nitrate external cream	1 or 1b*	QL (85 grams per 30 days)
ketoconazole external cream	1 or 1b*	QL (120 grams per 30 days)
ketoconazole external foam	3	QL (100 grams per 30 days)
ketoconazole external shampoo	1 or 1b*	QL (120 mL per 30 days)
luliconazole external cream	1 or 1b*	ST; QL (60 grams per 30 days)
oxiconazole nitrate external cream	3	ST; QL (60 grams per 30 days)
sulconazole nitrate external cream	1 or 1b*	ST; QL (60 grams per 30 days)
sulconazole nitrate external solution	1 or 1b*	ST; QL (60 mL per 30 days)
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL - DRUGS FOR THE SKIN**		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL (28 units per 28 days)
imiquimod external cream 5 %	1 or 1b*	QL (48 packet per 365 days)
imiquimod pump external cream	1 or 1b*	ST; QL (1 pump bottle per 28 days)
KERATOLYTIC/ANTIMITOTIC AGENTS - DRUGS FOR THE SKIN**		
podofilox external solution	1 or 1b*	
LOCAL ANESTHETICS - TOPICAL - DRUGS FOR THE SKIN**		
glydo external prefilled syringe	2	
lidocaine external ointment	2	QL (5 grams per 1 day)
lidocaine external patch	2	PA; QL (3 patches per 1 day)
lidocaine hcl external solution	2	QL (10 mL per 1 day)
lidocaine hcl urethral/mucosal external gel	2	
lidocaine hcl urethral/mucosal external prefilled syringe	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL - DRUGS FOR THE SKIN**		
pimecrolimus external cream	1 or 1b*	ST; QL (100 grams per 90 days)
tacrolimus external ointment	1 or 1b*	ST; QL (100 grams per 90 days)
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
tavaborole external solution	2	ST; QL (1 bottle per 30 days)
ROSACEA AGENTS - DRUGS FOR THE SKIN**		
azelaic acid external gel	1 or 1b*	QL (50 grams per 30 days)
ivermectin external cream	2	QL (45 grams per 30 days)
metronidazole external cream	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 0.75 %	1 or 1b*	QL (45 grams per 30 days)
metronidazole external gel 1 %	1 or 1b*	QL (55 grams per 30 days)
metronidazole external lotion	1 or 1b*	QL (59 mL per 30 days)
rosadan external cream	1 or 1b*	QL (45 grams per 30 days)
rosadan external gel	1 or 1b*	QL (45 grams per 30 days)
SCABICIDES & PEDICULICIDES - DRUGS FOR THE SKIN**		
crotan external lotion	2	QL (60 mL per 30 days)
ivermectin external lotion	1 or 1b*	QL (120 grams per 30 days)
lindane external shampoo	1 or 1b*	QL (60 mL per 30 days)
malathion external lotion	1 or 1b*	QL (4 mL per 1 day)
permethrin external cream	1 or 1b*	QL (120 grams per 30 days)
spinosad external suspension	1 or 1b*	QL (120 mL per 7 days)
STEROID-LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
PRAMOSONE EXTERNAL CREAM (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL LOTION (*pramoxine-hc*)	2	
TAR PRODUCTS - DRUGS FOR THE SKIN**		
coal tar external solution	1 or 1b*	
TOPICAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
lidocaine-prilocaine external kit	2	QL (1 kit per 30 days)
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR THE SKIN**		
TARGRETIN EXTERNAL GEL (*bexarotene*)	4	PA; SP
TOPICAL STEROID COMBINATIONS - DRUGS FOR THE SKIN**		
calcipotriene-betameth diprop external ointment	3	ST; QL (400 grams per 28 days)
calcipotriene-betameth diprop external suspension	3	ST; QL (420 grams per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE SKIN**		
finasteride oral tablet	1 or 1b*	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	2	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	2	ST; QL (204 strips per 30 days)
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	2	QL (25 capsules per 1 day)
VIOKACE ORAL TABLET (*pancrelipase (lip-prot-amyl)*)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (*pancrelipase (lip-prot-amyl)*)	2	QL (25 capsules per 1 day)
***DIURETICS* - DRUGS FOR THE HEART**		
CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
methazolamide oral tablet	2	
DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
LOOP DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
ethacrynic acid oral tablet	2	
furosemide injection solution	1 or 1a*	
furosemide oral solution	1 or 1a*	
furosemide oral tablet	1 or 1a*	
torsemide oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSMOTIC DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
mannitol intravenous solution	1 or 1b*	
osmitrol intravenous solution	1 or 1b*	
POTASSIUM SPARING DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride hcl oral tablet	2	
spironolactone oral tablet 100 mg	1 or 1a*	QL (4 tablets per 1 day)
spironolactone oral tablet 25 mg, 50 mg	1 or 1a*	
triamterene oral capsule	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
chlorothiazide sodium intravenous solution reconstituted	1 or 1b*	
chlorthalidone oral tablet	1 or 1a*	
hydrochlorothiazide oral capsule	1 or 1a*	
hydrochlorothiazide oral tablet	1 or 1a*	
indapamide oral tablet	1 or 1b*	
metolazone oral tablet	1 or 1b*	
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR WOMEN**		
mifepristone oral tablet	1 or 1b*	
BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
alendronate sodium oral solution	1 or 1b*	QL (10.72 mg per 1 day)
alendronate sodium oral tablet 10 mg, 5 mg	1 or 1b*	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	1 or 1b*	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (*alendronate-cholecalciferol*)	2	QL (4 tablets per 28 days)
ibandronate sodium oral tablet	1 or 1b*	QL (1 tablet per 28 days)
risedronate sodium oral tablet 150 mg	1 or 1b*	QL (1 tablet per 30 days)
risedronate sodium oral tablet 30 mg, 5 mg	1 or 1b*	QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	1 or 1b*	QL (4 tablets per 28 days)
risedronate sodium oral tablet delayed release	1 or 1b*	QL (4 tablets per 28 days)
CALCIMIMETIC AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
cinacalcet hcl oral tablet 30 mg, 60 mg	4	PA; QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	4	PA; QL (4 tablets per 1 day)
CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitonin (salmon) injection solution	4	
calcitonin (salmon) nasal solution	2	QL (1 bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARNITINE REPLENISHER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
levocarnitine oral solution	2	
levocarnitine oral tablet	2	
levocarnitine sf oral solution	2	
DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN**		
cabergoline oral tablet	1 or 1b*	QL (16 tablets per 28 days)
GROWTH HORMONE RECEPTOR ANTAGONISTS - DRUGS FOR GROWTH**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (*pegvisomant*)	4	PA; LD; SP; QL (1 vial per 1 day)
GROWTH HORMONES - DRUGS FOR GROWTH**		
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 6 MG (*somatropin*)	4	PA; SP; QL (1 vial per 1 day)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG (*somatropin*)	4	PA; SP; QL (1 injection per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	4	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (*somatropin*)	4	PA; SP; QL (1 vial per 1 day)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
nitisinone oral capsule	4	PA; SP
ORFADIN ORAL CAPSULE (*nitisinone*)	4	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
CYSTADANE ORAL POWDER (*betaine*)	4	LD
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitriol intravenous solution	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	2	PA
doxercalciferol intravenous solution	2	PA
doxercalciferol oral capsule	2	PA
paricalcitol oral capsule	2	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN**		
SYNAREL NASAL SOLUTION (*nafarelin acetate*)	4	PA; SP; QL (5 bottle per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVULATION STIMULANTS-GONADOTROPINS - DRUGS FOR WOMEN**		
GONAL-F INJECTION SOLUTION RECONSTITUTED (*follitropin alfa*)	4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION (*follitropin alfa*)	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (*follitropin alfa*)	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (*chorionic gonadotropin*)	4	PA; SP
OVULATION STIMULANTS-SYNTHETIC - DRUGS FOR WOMEN**		
clomiphene citrate oral tablet	1 or 1b*	PA
PARATHYROID HORMONE AND DERIVATIVES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (*teriparatide (recombinant)*)	4	PA; SP; QL (1 pen per 28 days)
PHENYLKETONURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sapropterin dihydrochloride oral packet	4	PA; SP
sapropterin dihydrochloride oral tablet	4	PA; SP
RANK LIGAND (RANKL) INHIBITORS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*denosumab*)	4	PA; SP; QL (2 injections per 365 days)
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS**		
raloxifene hcl oral tablet	1 or 1b*; $0	
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS - HORMONES**		
tolvaptan oral tablet 15 mg	4	PA; QL (1 tablet per 1 day)
tolvaptan oral tablet 30 mg	4	PA; QL (2 tablets per 1 day)
SOMATOSTATIC AGENTS - DRUGS FOR GROWTH**		
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (*lanreotide acetate*)	4	PA; LD; SP; QL (1 syringe/vial per 28 days)
UREA CYCLE DISORDER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sodium phenylbutyrate oral powder	4	PA; QL (25 GM per 1 day)
sodium phenylbutyrate oral tablet	4	PA; QL (40 tablets per 1 day)
VASOPRESSIN - HORMONES**		
desmopressin ace spray refrig nasal solution	1 or 1b*	
desmopressin acetate injection solution	1 or 1b*	
desmopressin acetate oral tablet 0.1 mg	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desmopressin acetate oral tablet 0.2 mg	1 or 1b*	QL (6 tablets per 1 day)
desmopressin acetate pf injection solution	1 or 1b*	
desmopressin acetate spray nasal solution	1 or 1b*	
***ESTROGENS* - HORMONES**		
ESTROGEN & ANDROGEN - DRUGS FOR WOMEN**		
est estrogens-methyltest oral tablet	1 or 1b*	
ESTROGEN & PROGESTIN - DRUGS FOR WOMEN**		
amabelz oral tablet	1 or 1b*	
BIJUVA ORAL CAPSULE (*estradiol-progesterone*)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (*estradiol-levonorgestrel*)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (*estradiol-norethindrone acet*)	2	QL (8 patch per 28 days)
estradiol-norethindrone acet oral tablet	1 or 1b*	
fyavolv oral tablet	1 or 1b*	
jinteli oral tablet	1 or 1b*	
mimvey oral tablet	1 or 1b*	
norethindrone-eth estradiol oral tablet	1 or 1b*	
PREMPHASE ORAL TABLET (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET (*conj estrog-medroxyprogest ace*)	2	
ESTROGENS - DRUGS FOR WOMEN**		
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (*estradiol*)	2	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (*estradiol*)	2	QL (30 packets per 30 days)
dotti transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
estradiol oral tablet	1 or 1b*	
estradiol transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
estradiol transdermal patch weekly	1 or 1b*	QL (4 patches per 28 days)
estradiol valerate intramuscular oil	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION (*estradiol*)	2	QL (2 bottles per 30 days)
lyllana transdermal patch twice weekly	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (*esterified estrogens*)	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED (*estrogens conjugated*)	2	
PREMARIN ORAL TABLET (*estrogens conjugated*)	2	QL (1 tablet per 1 day)
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
FLUOROQUINOLONES - ANTIBIOTICS**		
ciprofloxacin hcl oral tablet	1 or 1b*	QL (28 tablets per 30 days)
ciprofloxacin in d5w intravenous solution	2	
levofloxacin in d5w intravenous solution	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levofloxacin intravenous solution	2	
levofloxacin oral solution	2	QL (480 mL per 30 days)
levofloxacin oral tablet	1 or 1b*	QL (14 tablets per 30 days)
moxifloxacin hcl oral tablet	2	QL (21 tablet per 30 days)
ofloxacin oral tablet	1 or 1b*	QL (28 tablet per 30 days)
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
GALLSTONE SOLUBILIZING AGENTS - DRUGS FOR THE STOMACH**		
ursodiol oral capsule	2	
ursodiol oral tablet	2	
GASTROINTESTINAL ANTIALLERGY AGENTS - DRUGS FOR THE STOMACH**		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
lubiprostone oral capsule	2	QL (2 capsules per 1 day)
GASTROINTESTINAL STIMULANTS - DRUGS FOR THE STOMACH**		
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	QL (60 mL per 1 day)
metoclopramide hcl oral tablet 10 mg	1 or 1a*	QL (6 tablets per 1 day)
metoclopramide hcl oral tablet 5 mg	1 or 1a*	QL (12 tablets per 1 day)
metoclopramide hcl oral tablet dispersible	1 or 1a*	ST; QL (12 tablets per 1 day)
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS - DRUGS FOR CONSTIPATION**		
LINZESS ORAL CAPSULE (*linaclotide*)	2	QL (1 capsule per 1 day)
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
alosetron hcl oral tablet	2	PA; QL (2 tablets per 1 day)
INFLAMMATORY BOWEL AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
balsalazide disodium oral capsule	1 or 1b*	QL (9 capsule per 1 day)
mesalamine er oral capsule extended release 24 hour	2	QL (4 capsules per 1 day)
mesalamine oral capsule delayed release	2	QL (6 tablets per 1 day)
mesalamine oral tablet delayed release 1.2 gm	2	QL (4 tablets per 1 day)
mesalamine oral tablet delayed release 800 mg	2	QL (6 tablet per 1 day)
mesalamine rectal enema	2	QL (60 mL per 1 day)
mesalamine rectal suppository	2	QL (1 suppository per 1 day)
mesalamine-cleanser rectal kit	2	QL (1 kit per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (*mesalamine*)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (*mesalamine*)	2	QL (8 capsule per 1 day)
sulfasalazine oral tablet	1 or 1b*	QL (8 tablet per 1 day)
sulfasalazine oral tablet delayed release	1 or 1b*	QL (8 tablet per 1 day)
INTEGRIN RECEPTOR ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (*vedolizumab*)	4	PA; SP; QL (1 vial per 56 days)
INTERLEUKIN ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
STELARA INTRAVENOUS SOLUTION (*ustekinumab*)	4	PA; SP; QL (4 vial per 365 days)
INTESTINAL ACIDIFIERS - DRUGS FOR THE STOMACH**		
enulose oral solution	1 or 1b*	
generlac oral solution	1 or 1b*	
lactulose encephalopathy oral solution	1 or 1b*	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS - DRUGS FOR THE STOMACH**		
alvimopan oral capsule	1 or 1b*	
PHOSPHATE BINDER AGENTS - DRUGS FOR THE STOMACH**		
calcium acetate (phos binder) oral capsule	2	QL (12 capsules per 1 day)
calcium acetate (phos binder) oral tablet	2	QL (12 tablets per 1 day)
calcium acetate oral tablet	2	QL (12 tablets per 1 day)
lanthanum carbonate oral tablet chewable	2	QL (3 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	2	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	2	QL (3 packets per 1 day)
sevelamer carbonate oral tablet	2	QL (9 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	2	QL (15 tablets per 1 day)
sevelamer hcl oral tablet 800 mg	2	QL (9 tablets per 1 day)
TUMOR NECROSIS FACTOR ALPHA BLOCKERS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab-dyyb*)	4	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (*infliximab*)	4	PA; SP
***GENERAL ANESTHETICS* - DRUGS FOR PAIN AND FEVER**		
ANESTHETICS - MISC. - DRUGS FOR SEDATION**		
etomidate intravenous solution	1 or 1b*	
fresenius propoven intravenous emulsion	1 or 1b*	
ketamine hcl injection solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propofol intravenous emulsion	1 or 1b*	
propofol-lipuro intravenous emulsion	1 or 1b*	
VOLATILE ANESTHETICS - DRUGS FOR SEDATION**		
desflurane inhalation solution	1 or 1b*	
isoflurane inhalation solution	1 or 1b*	
sevoflurane inhalation solution	1 or 1b*	
terrell inhalation solution	1 or 1b*	
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE**		
dutasteride oral capsule	1 or 1b*	QL (1 capsule per 1 day)
finasteride oral tablet	1 or 1b*	QL (1 tablet per 1 day)
ALPHA 1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE**		
alfuzosin hcl er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
silodosin oral capsule	2	QL (1 capsule per 1 day)
tamsulosin hcl oral capsule	1 or 1b*	QL (2 capsules per 1 day)
ANTI-INFECTIVE GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
neomycin-polymyxin b gu irrigation solution	2	
CITRATES - DRUGS FOR INFECTIONS**		
pot & sod cit-cit ac oral solution	1 or 1b*	
potassium citrate er oral tablet extended release	1 or 1b*	
GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
acetic acid irrigation solution	1 or 1b*	
curity sterile saline irrigation solution	2	
glycine irrigation solution	1 or 1b*	
glycine urologic irrigation solution	1 or 1b*	
sodium chloride irrigation solution	2	
PROSTATIC HYPERTROPHY AGENT COMBINATIONS - DRUGS FOR THE PROSTATE**		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
URINARY STONE AGENTS - DRUGS FOR THE URINARY SYSTEM**		
tiopronin oral tablet	2	PA; QL (10 tablet per 1 day)
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
GOUT AGENT COMBINATIONS - GOUT DRUGS**		
colchicine-probenecid oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT AGENTS - GOUT DRUGS**		
allopurinol oral tablet	1 or 1a*	
allopurinol sodium intravenous solution reconstituted	1 or 1b*	
colchicine oral tablet	2	QL (2.3 tablet per 1 day)
febuxostat oral tablet	2	ST; QL (1 tablet per 1 day)
URICOSURICS - GOUT DRUGS**		
probenecid oral tablet	1 or 1b*	
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
BRADYKININ B2 RECEPTOR ANTAGONISTS - DRUGS FOR THE BLOOD**		
icatibant acetate subcutaneous solution	4	PA; LD; SP; QL (24 syringes per 30 days)
sajazir subcutaneous solution	4	PA; SP; QL (24 syringes per 30 days)
C1 INHIBITORS - DRUGS FOR THE BLOOD**		
BERINERT INTRAVENOUS KIT (*c1 esterase inhibitor (human)*)	4	PA; LD; SP; QL (24 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (*c1 esterase inhibitor (human)*)	4	PA; LD; SP; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (*c1 esterase inhibitor (human)*)	4	PA; LD; SP; QL (16 vials per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (*c1 esterase inhibitor (recomb)*)	4	PA; LD; SP; QL (16 vials per 30 days)
DIRECT-ACTING P2Y12 INHIBITORS - DRUGS FOR THE BLOOD**		
BRILINTA ORAL TABLET (*ticagrelor*)	2	QL (2 tablets per 1 day)
GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS - DRUGS FOR THE BLOOD**		
eptifibatide intravenous solution	2	
HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD**		
pentoxifylline er oral tablet extended release	1 or 1b*	
PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD**		
cilostazol oral tablet	2	
PLASMA EXPANDERS - DRUGS FOR THE BLOOD**		
hetastarch-nacl intravenous solution	1 or 1b*	
lmd in d5w intravenous solution	1 or 1b*	
lmd in nacl intravenous solution	1 or 1b*	
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES - DRUGS FOR THE BLOOD**		
TAKHZYRO SUBCUTANEOUS SOLUTION (*lanadelumab-flyo*)	4	PA; LD; SP; QL (1 syringe per 28 days)

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PLASMA KALLIKREIN INHIBITORS - DRUGS FOR THE BLOOD**		
KALBITOR SUBCUTANEOUS SOLUTION (*ecallantide*)	4	PA; LD; SP; QL (48 vials per 30 days)
PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD**		
aspirin-dipyridamole er oral capsule extended release 12 hour	1 or 1b*	QL (2 capsules per 1 day)
PLATELET AGGREGATION INHIBITORS - DRUGS FOR THE BLOOD**		
dipyridamole oral tablet	2	
PROTAMINE - DRUGS FOR THE BLOOD**		
protamine sulfate intravenous solution	1 or 1b*	
QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD**		
anagrelide hcl oral capsule	1 or 1b*	
THIENOPYRIDINE DERIVATIVES - DRUGS FOR THE BLOOD**		
clopidogrel bisulfate oral tablet 300 mg	1 or 1b*	
clopidogrel bisulfate oral tablet 75 mg	1 or 1b*	QL (1 tablet per 1 day)
prasugrel hcl oral tablet 10 mg	2	QL (1 tablet per 1 day)
prasugrel hcl oral tablet 5 mg	2	
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
AGENTS FOR GAUCHER DISEASE - DRUGS FOR NUTRITION**		
miglustat oral capsule	4	PA; SP
COBALAMINS - DRUGS FOR NUTRITION**		
cyanocobalamin injection solution	1 or 1a*	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
CYTOTOXIC AGENTS - DRUGS FOR NUTRITION**		
DROXIA ORAL CAPSULE (*hydroxyurea*)	2	
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) - DRUGS FOR NUTRITION**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (*darbepoetin alfa*)	4	PA; SP; QL (4 vials per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (*darbepoetin alfa*)	4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	4	PA; SP; QL (4 syringes per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	4	PA; SP; QL (12 mL per 28 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML (*epoetin alfa*)	4	PA; SP; QL (24 vials per 28 days)
RETACRIT INJECTION SOLUTION (*epoetin alfa-epbx*)	4	PA; SP; QL (12 mL per 28 days)

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FOLIC ACID/FOLATE COMBINATIONS - DRUGS FOR NUTRITION**		
fa-vitamin b-6-vitamin b-12 oral tablet	1 or 1b*	
foltabs 800 oral tablet	1 or 1b*; $0	
millguard oral tablet	1 or 1b*; $0	
FOLIC ACID/FOLATES - DRUGS FOR NUTRITION**		
cvs folic acid oral tablet	1 or 1a*; $0	
fa-8 oral capsule	1 or 1b*; $0	
folate oral tablet	1 or 1a*; $0	
folic acid injection solution	1 or 1a*	
folic acid oral capsule	1 or 1b*; $0	
folic acid oral tablet 1 mg	1 or 1a*	
folic acid oral tablet 400 mcg, 800 mcg	1 or 1a*; $0	
gnp folic acid oral tablet	1 or 1a*; $0	
hm folic acid oral tablet	1 or 1a*; $0	
kp folic acid oral tablet	1 or 1a*; $0	
px folic acid oral tablet	1 or 1a*; $0	
qc folic acid oral tablet	1 or 1a*; $0	
ra folic acid oral tablet	1 or 1a*; $0	
sm folic acid oral tablet	1 or 1a*; $0	
yl folic acid oral tablet	1 or 1a*; $0	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) - DRUGS FOR NUTRITION**		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (*pegfilgrastim*)	4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim*)	4	PA; SP; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*pegfilgrastim-cbqv*)	4	PA; SP; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (*filgrastim-sndz*)	4	PA; SP
IRON COMBINATIONS - DRUGS FOR NUTRITION**		
foltrin oral capsule	1 or 1b*	
IRON - DRUGS FOR NUTRITION**		
na ferric gluc cplx in sucrose intravenous solution	4	SP
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS - DRUGS FOR NUTRITION**		
PROMACTA ORAL TABLET 12.5 MG, 25 MG (*eltrombopag olamine*)	4	PA; LD; SP
PROMACTA ORAL TABLET 50 MG (*eltrombopag olamine*)	4	PA; LD; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (*eltrombopag olamine*)	4	PA; LD; SP; QL (1 tablet per 1 day)

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***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
HEMOSTATICS - SYSTEMIC - DRUGS TO PREVENT BLEEDING**		
aminocaproic acid intravenous solution	1 or 1b*	
aminocaproic acid oral solution	2	QL (120 mL per 1 day)
aminocaproic acid oral tablet 1000 mg	2	
aminocaproic acid oral tablet 500 mg	2	QL (60 tablets per 1 day)
tranexamic acid intravenous solution	2	
tranexamic acid oral tablet	1 or 1b*	QL (6 tablets per 1 day)
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
BARBITURATE HYPNOTICS - DRUGS FOR INSOMNIA**		
pentobarbital sodium injection solution	1 or 1b*	
phenobarbital oral elixir	1 or 1b*	QL (100 mL per 1 day)
phenobarbital oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
phenobarbital oral tablet 15 mg	1 or 1b*	QL (800 tablets per 30 days)
phenobarbital oral tablet 16.2 mg	1 or 1b*	QL (741 tablets per 30 days)
phenobarbital oral tablet 30 mg	1 or 1b*	QL (400 tablets per 30 days)
phenobarbital oral tablet 32.4 mg	1 or 1b*	QL (370 tablets per 30 days)
phenobarbital oral tablet 60 mg	1 or 1b*	QL (200 tablets per 30 days)
phenobarbital oral tablet 64.8 mg	1 or 1b*	QL (185 tablets per 30 days)
phenobarbital oral tablet 97.2 mg	1 or 1b*	QL (123 tablets per 30 days)
phenobarbital sodium injection solution	1 or 1b*	
BENZODIAZEPINE HYPNOTICS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
estazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
flurazepam hcl oral capsule	1 or 1b*	QL (1 capsule per 1 day)
midazolam hcl (pf) injection solution	1 or 1b*	
midazolam hcl injection solution	1 or 1b*	
midazolam hcl oral syrup	1 or 1b*	QL (10 mL per 1 fill)
quazepam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
temazepam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
triazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
HYPNOTICS - TRICYCLIC AGENTS - DRUGS FOR INSOMNIA**		
doxepin hcl oral tablet	2	ST; QL (1 tablet per 1 day)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA**		
eszopiclone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
zaleplon oral capsule	1 or 1b*	QL (1 capsule per 1 day)
zolpidem tartrate oral tablet	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem tartrate sublingual tablet sublingual	2	ST; QL (1 tablet per 1 day)
SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES - DRUGS FOR INSOMNIA**		
dexmedetomidine hcl in nacl intravenous solution	1 or 1b*	
dexmedetomidine hcl intravenous solution	1 or 1b*	
SELECTIVE MELATONIN RECEPTOR AGONISTS - DRUGS FOR INSOMNIA**		
ramelteon oral tablet	2	ST; QL (1 tablet per 1 day)
***LAXATIVES* - DRUGS FOR THE STOMACH**		
BOWEL EVACUANT COMBINATIONS - DRUGS TO PREVENT CONSTIPATION**		
gavilyte-c oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
gavilyte-g oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
gavilyte-n with flavor pack oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes oral solution reconstituted	1 or 1a*; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes/ascorbat oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1 or 1b*; $0	QL (1 gram per 30 days)
peg-prep oral kit	1 or 1b*; $0	QL (1 kit per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (*na sulfate-k sulfate-mg sulf*)	2	QL (1 kit per 30 days)
LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**		
clearlax oral powder	1 or 1b*; $0	
constulose oral solution	1 or 1b*	
cvs purelax oral packet	1 or 1b*; $0	
cvs purelax oral powder	1 or 1b*; $0	
eq clearlax oral powder	1 or 1b*; $0	
eql clearlax oral powder	1 or 1b*; $0	
gavilax oral powder	1 or 1b*; $0	
gentlelax oral powder	1 or 1b*; $0	
glycolax oral powder	1 or 1b*; $0	
gnp clearlax oral packet	1 or 1b*; $0	
gnp clearlax oral powder	1 or 1b*; $0	
goodsense clearlax oral powder	1 or 1b*; $0	
healthylax oral packet	1 or 1b*; $0	
hm clearlax oral packet	1 or 1b*; $0	
hm clearlax oral powder	1 or 1b*; $0	
kls laxaclear oral powder	1 or 1b*; $0	
lactulose oral solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350 oral packet	1 or 1b*; $0	
peg 3350 oral powder	1 or 1b*; $0	
polyethylene glycol 3350 oral packet	1 or 1b*; $0	
polyethylene glycol 3350 oral powder	1 or 1b*; $0	
qc natura-lax oral powder	1 or 1b*; $0	
ra laxative oral powder	1 or 1b*; $0	
sb polyethylene glycol 3350 oral powder	1 or 1b*; $0	
sm clearlax oral powder	1 or 1b*; $0	
smooth lax oral packet	1 or 1b*; $0	
smooth lax oral powder	1 or 1b*; $0	
SALINE LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
citrate of magnesia oral solution	1 or 1a*; $0	
citroma oral solution	1 or 1a*; $0	
cvs citrate of magnesia oral solution	1 or 1a*; $0	
cvs magnesium citrate oral solution	1 or 1a*; $0	
cvs milk of magnesia oral suspension	1 or 1b*; $0	
eq magnesium citrate oral solution	1 or 1a*; $0	
eql magnesium citrate oral solution	1 or 1a*; $0	
eql milk of magnesia oral suspension	1 or 1b*; $0	
gnp milk of magnesia oral suspension	1 or 1b*; $0	
goodsense magnesium citrate oral solution	1 or 1a*; $0	
hm magnesium citrate oral solution	1 or 1a*; $0	
hm milk of magnesia oral suspension	1 or 1b*; $0	
magnesium citrate oral solution	1 or 1a*; $0	
milk of magnesia concentrate oral suspension	1 or 1b*; $0	
milk of magnesia oral suspension	1 or 1b*; $0	
phillips milk of magnesia oral suspension	1 or 1b*; $0	
px milk of magnesia oral suspension	1 or 1b*; $0	
qc magnesium citrate oral solution	1 or 1a*; $0	
qc milk of magnesia oral suspension	1 or 1b*; $0	
ra milk of magnesia oral suspension	1 or 1b*; $0	
sb magnesium citrate oral solution	1 or 1a*; $0	
sb milk of magnesia oral suspension	1 or 1b*; $0	
sm magnesium citrate oral solution	1 or 1a*; $0	
sm milk of magnesia oral suspension	1 or 1b*; $0	
STIMULANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
alophen oral tablet delayed release	1 or 1a*; $0	
bisacodyl ec oral tablet delayed release	1 or 1a*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs bisacodyl oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative oral tablet delayed release	1 or 1a*; $0	
cvs gentle laxative womens oral tablet delayed release	1 or 1a*; $0	
eq gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql gentle laxative oral tablet delayed release	1 or 1a*; $0	
eql laxative oral tablet delayed release	1 or 1a*; $0	
gentle laxative oral tablet delayed release	1 or 1a*; $0	
gnp womens gentle laxative oral tablet delayed release	1 or 1a*; $0	
goodsense bisacodyl ec oral tablet delayed release	1 or 1a*; $0	
goodsense womens laxative oral tablet delayed release	1 or 1a*; $0	
hm laxative oral tablet delayed release	1 or 1a*; $0	
kp bisacodyl oral tablet delayed release	1 or 1a*; $0	
laxative oral tablet delayed release	1 or 1a*; $0	
px laxative oral tablet delayed release	1 or 1a*; $0	
ra laxative oral tablet delayed release	1 or 1a*; $0	
ra womens laxative oral tablet delayed release	1 or 1a*; $0	
sb bisacodyl laxative ec oral tablet delayed release	1 or 1a*; $0	
sb gentle lax-women oral tablet delayed release	1 or 1a*; $0	
sm gentle laxative oral tablet delayed release	1 or 1a*; $0	
womans laxative oral tablet delayed release	1 or 1a*; $0	
womens laxative oral tablet delayed release	1 or 1a*; $0	
***LOCAL ANESTHETICS-PARENTERAL* - DRUGS FOR PAIN AND FEVER**		
LOCAL ANESTHETIC & SYMPATHOMIMETIC - DRUGS FOR SEDATION**		
bupivacaine-epinephrine (pf) injection solution	1 or 1b*	
bupivacaine-epinephrine injection solution	1 or 1b*	
lidocaine-epinephrine injection solution	1 or 1b*	
sensorcaine/epinephrine injection solution	1 or 1b*	
sensorcaine-mpf/epinephrine injection solution	1 or 1b*	
LOCAL ANESTHETICS - AMIDES - DRUGS FOR SEDATION**		
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution	1 or 1b*	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
lidocaine hcl (pf) injection solution	1 or 1b*	
lidocaine hcl injection solution	1 or 1b*	
lidocaine hcl intradermal jet-injector	1 or 1b*	
polocaine injection solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
polocaine-mpf injection solution	1 or 1b*	
ropivacaine hcl injection solution	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
LOCAL ANESTHETICS - ESTERS - DRUGS FOR SEDATION**		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
***MACROLIDES* - DRUGS FOR INFECTIONS**		
AZITHROMYCIN - ANTIBIOTICS**		
azithromycin intravenous solution reconstituted	2	
azithromycin oral packet	1 or 1b*	QL (2 packets per 30 days)
azithromycin oral suspension reconstituted 100 mg/5ml	1 or 1b*	QL (15 ML per 30 days)
azithromycin oral suspension reconstituted 200 mg/5ml	1 or 1b*	QL (15 mL per 30 days)
azithromycin oral tablet 250 mg	1 or 1b*	QL (6 tablets per 30 days)
azithromycin oral tablet 500 mg	1 or 1b*	QL (3 tablets per 30 days)
azithromycin oral tablet 600 mg	1 or 1b*	QL (8 tablet per 28 days)
CLARITHROMYCIN - ANTIBIOTICS**		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	QL (300 mL per 1 fill)
clarithromycin oral tablet	1 or 1b*	QL (28 tablets per 1 fill)
ERYTHROMYCINS - ANTIBIOTICS**		
e.e.s. 400 oral tablet	1 or 1b*	
ery-tab oral tablet delayed release	1 or 1b*	
erythrocin stearate oral tablet	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	
erythromycin ethylsuccinate oral suspension reconstituted	2	
erythromycin ethylsuccinate oral tablet	1 or 1b*	
erythromycin oral tablet delayed release	1 or 1b*	
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FEMCAP VAGINAL DEVICE (*cervical caps*)	2; $0	
CONDOMS - FEMALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FC FEMALE CONDOM (*condoms - female*)	2; $0	
FC2 FEMALE CONDOM (*condoms - female*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	2; $0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (*diaphragm wide seal*)	2; $0	
GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ACCU-CHEK FASTCLIX LANCET KIT (*lancets misc.*)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACCU-CHEK MULTICLIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (*lancets misc.*)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G4 PLAT PED RECEIVER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G4 PLATINUM RECEIVER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G4 PLATINUM TRANSMITTER (*continuous blood gluc transmit*)	2	PA
DEXCOM G4 SENSOR (*continuous blood gluc sensor*)	2	PA
DEXCOM G5 MOB/G4 PLAT SENSOR (*continuous blood gluc sensor*)	2	PA; QL (5 units per 30 days)
DEXCOM G5 MOBILE RECEIVER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G5 MOBILE TRANSMITTER (*continuous blood gluc transmit*)	2	PA; QL (1 unit per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G5 RECEIVER KIT DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 RECEIVER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (*continuous blood gluc sensor*)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (*continuous blood gluc transmit*)	2	PA; QL (1 unit per 90 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (*continuous blood gluc sensor*)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (*continuous blood gluc sensor*)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE READER DEVICE (*continuous blood gluc receiver*)	2	PA; QL (1 unit per 365 days)
LIFESCAN UNISTIK 2 (*lancets*)	2	QL (204 lancets per 30 days)
LIFESCAN UNISTIK II LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH CLUB LANCETS FINE PT (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA LANCETS 30G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA LANCETS 33G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA LANCING DEV (*lancet devices*)	2	
ONETOUCH DELICA PLUS LANCET30G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	2	
ONETOUCH DELICA SAFETY LANCING (*lancet devices*)	2	
ONETOUCH FINEPOINT LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
ONETOUCH SURESOFT LANCING DEV (*lancets misc.*)	2	QL (200 units per 30 days)
ONETOUCH ULTRASOFT LANCETS (*lancets*)	2	QL (204 lancets per 30 days)
PENLET II BLOOD SAMPLER KIT (*lancets misc.*)	2	QL (200 units per 30 days)
PENLET II REPLACEMENT CAP (*lancets misc.*)	2	QL (200 units per 30 days)
INSULIN ADMINISTRATION SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
OMNIPOD 5 PACK (*insulin disposable pump*)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH 5 PACK PODS (*insulin disposable pump*)	2	PA; QL (15 pods per 30 days)
OMNIPOD STARTER KIT (*insulin disposable pump*)	2	PA; QL (1 unit per 4 yearss)
NEEDLES & SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ABOUTTIME PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AURORA UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (*insulin syringe/needle u-500*)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (*insulin pen needle*)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (*insulin syringe-needle u-100*)	2	ST; QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (*insulin syringe-needle u-100*)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
DROPLET MICRON (*insulin pen needle*)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EQL INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL (200 needles per 30 days)
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
INSUPEN SENSITIVE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
INSUPEN ULTRAFIN (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	3	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXI-COMFORT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
NOVOFINE PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
NOVOTWIST PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 1/2"	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	3	ST; QL (200 needles per 30 days)
PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PRECISION SUREDOSE PLUS SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PRECISION SURE-DOSE SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX SHORTLENGTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SAFETY INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (*insulin pen needle*)	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPACK PEN NEEDLE	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PEN NEEDLES (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
VALUMARK PEN NEEDLES	3	ST; QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (*insulin syringe-needle u-100*)	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (*insulin syringe-needle u-100*)	3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS (*insulin pen needle*)	3	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ZEVRX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEVRX PEN NEEDLES	3	ST; QL (200 needles per 30 days)
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM**		
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP) - DRUGS FOR MIGRAINE HEADACHES**		
NURTEC ORAL TABLET DISPERSIBLE (*rimegepant sulfate*)	2	PA; QL (8 tablets per 30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES - DRUGS FOR MIGRAINE HEADACHES**		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*erenumab-aooe*)	3	PA; QL (1 autoinjector per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*galcanezumab-gnlm*)	3	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*galcanezumab-gnlm*)	3	PA; QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*galcanezumab-gnlm*)	3	PA; QL (1 syringe per 30 days)
ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
ergotamine-caffeine oral tablet	1 or 1b*	
migergot rectal suppository	1 or 1b*	
MIGRAINE PRODUCTS - DRUGS FOR MIGRAINE HEADACHES**		
dihydroergotamine mesylate injection solution	1 or 1b*	PA
SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES**		
almotriptan malate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
eletriptan hydrobromide oral tablet	1 or 1b*	QL (9 tablets per 30 days)
frovatriptan succinate oral tablet	1 or 1b*	ST; QL (9 tablets per 30 days)
naratriptan hcl oral tablet	1 or 1b*	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan nasal solution	1 or 1b*	QL (6 nasal inhalers per 30 days)
sumatriptan succinate oral tablet	1 or 1b*	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	2	QL (6 cartridges per 30 days)
sumatriptan succinate subcutaneous solution	2	QL (5 vials per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	2	QL (6 syringes (2 ML) per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	2	QL (6 cartridges (2ml) per 30 days)
zolmitriptan nasal solution	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
zolmitriptan oral tablet	1 or 1b*	QL (9 tablets per 30 days)
zolmitriptan oral tablet dispersible	1 or 1b*	QL (9 tablets per 30 days)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
BICARBONATES - DRUGS FOR NUTRITION**		
sodium bicarbonate intravenous solution	2	
ELECTROLYTES & DEXTROSE - DRUGS FOR NUTRITION**		
dextrose in lactated ringers intravenous solution	1 or 1b*	
dextrose-nacl intravenous solution	1 or 1b*	
dextrose-sodium chloride intravenous solution	1 or 1b*	
kcl in dextrose-nacl intravenous solution	1 or 1b*	
potassium chloride in dextrose intravenous solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELECTROLYTES PARENTERAL - DRUGS FOR NUTRITION**		
lactated ringers intravenous solution	1 or 1b*	
potassium chloride in nacl intravenous solution	1 or 1b*	
ringers intravenous solution	1 or 1b*	
FLUORIDE - DRUGS FOR NUTRITION**		
fluoritab oral solution	1 or 1a*; $0	
nafrinse drops oral solution	1 or 1a*; $0	
nafrinse oral tablet chewable	1 or 1a*; $0	
sodium fluoride oral solution	1 or 1a*; $0	
sodium fluoride oral tablet	1 or 1a*; $0	
sodium fluoride oral tablet chewable	1 or 1a*; $0	
MANGANESE - DRUGS FOR NUTRITION**		
manganese chloride intravenous solution	1 or 1b*	
PHOSPHATE - DRUGS FOR NUTRITION**		
K-PHOS ORAL TABLET (*potassium phosphate monobasic*)	2	
phosphorous oral tablet	1 or 1b*	
potassium phosphates intravenous solution	1 or 1b*	
potassium phosphates(66 meq k) intravenous solution	1 or 1b*	
sodium phosphates intravenous solution	1 or 1b*	
virt-phos 250 neutral oral tablet	1 or 1b*	
POTASSIUM - DRUGS FOR NUTRITION**		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
potassium acetate intravenous solution	1 or 1b*	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
potassium chloride intravenous solution	1 or 1b*	
potassium chloride oral packet	1 or 1b*	
potassium chloride oral solution	1 or 1b*	
SODIUM - DRUGS FOR NUTRITION**		
monoject flush syringe intravenous solution	2	QL (200 syringes per 30 days)
monoject sodium chloride flush intravenous solution	2	
normal saline flush intravenous solution	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride flush intravenous solution	2	
sodium chloride injection solution	2	
sodium chloride intravenous solution	2	
TRACE MINERALS - DRUGS FOR NUTRITION**		
chromic chloride intravenous solution	1 or 1b*	
cupric chloride intravenous solution	1 or 1b*	
ZINC - DRUGS FOR NUTRITION**		
zinc chloride intravenous solution	1 or 1b*	
zinc sulfate intravenous solution	1 or 1b*	
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS**		
ANTILEPROTICS - VITAMINS AND MINERALS**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	4; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (*thalidomide*)	4; OC	PA; SP; QL (2 capsules per 1 day)
CHELATING AGENTS - VITAMINS AND MINERALS**		
clovique oral capsule	4	PA; SP; QL (8 capsules per 1 day)
penicillamine oral capsule	2	PA; QL (8 capsules per 1 day)
penicillamine oral tablet	2	PA; QL (8 tablets per 1 day)
trientine hcl oral capsule	4	PA; SP; QL (8 capsules per 1 day)
CYCLOSPORINE ANALOGS - VITAMINS AND MINERALS**		
cyclosporine modified oral capsule	4	
cyclosporine modified oral solution	4	
cyclosporine oral capsule	4	
gengraf oral capsule	4	
gengraf oral solution	4	
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES - VITAMINS AND MINERALS**		
REVLIMID ORAL CAPSULE (*lenalidomide*)	4; OC	PA; LD; SP; QL (1 capsule per 1 day)
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - VITAMINS AND MINERALS**		
mycophenolate mofetil oral capsule	4	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	4	
mycophenolate sodium oral tablet delayed release	4	
IRRIGATION SOLUTIONS - VITAMINS AND MINERALS**		
lactated ringers irrigation solution	1 or 1b*	
physiolyte irrigation solution	1 or 1b*	
physiosol irrigation irrigation solution	1 or 1b*	
ringers irrigation irrigation solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sterile water for irrigation irrigation solution	1 or 1b*	
tis-u-sol irrigation solution	1 or 1b*	
water for irrigation, sterile irrigation solution	1 or 1b*	
MACROLIDE IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
everolimus oral tablet	4	
sirolimus oral solution	4	
sirolimus oral tablet	4	
tacrolimus oral capsule	4	
POTASSIUM REMOVING AGENTS - VITAMINS AND MINERALS**		
sodium polystyrene sulfonate oral powder	2	
sps oral suspension	2	
PROSTAGLANDINS - VITAMINS AND MINERALS**		
alprostadil injection solution	1 or 1b*	
PURINE ANALOGS - VITAMINS AND MINERALS**		
azathioprine oral tablet	1 or 1b*	
SCLEROSING AGENTS - VITAMINS AND MINERALS**		
sodium tetradecyl sulfate intravenous solution	1 or 1b*	
sotradecol intravenous solution	1 or 1b*	
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
ANESTHETICS TOPICAL ORAL - DRUGS FOR THE MOUTH AND THROAT**		
lidocaine hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
lidocaine viscous hcl mouth/throat solution	1 or 1a*	QL (10 mL per 1 day)
ANTI-INFECTIVES - THROAT - DRUGS FOR THE MOUTH AND THROAT**		
clotrimazole mouth/throat troche	1 or 1b*	QL (5 tablet per 1 day)
nystatin mouth/throat suspension	1 or 1b*	QL (750 mL per 30 days)
ANTISEPTICS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
chlorhexidine gluconate mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)
periogard mouth/throat solution	1 or 1a*	QL (480 mL per 30 days)
DENTAL PRODUCTS - COMBINATIONS - DRUGS FOR THE MOUTH AND THROAT**		
fluoridex sensitivity relief dental paste	1 or 1b*	
sodium fluoride 5000 enamel dental paste	1 or 1b*	
sodium fluoride 5000 sensitive dental paste	1 or 1b*	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUORIDE DENTAL PRODUCTS - DRUGS FOR THE MOUTH AND THROAT**		
cavarest dental gel	1 or 1b*	
clinpro 5000 dental paste	1 or 1b*	
denta 5000 plus dental cream	1 or 1b*	
dentagel dental gel	1 or 1a*	
easygel dental gel	1 or 1b*	
fluoridex daily renewal mouth/throat concentrate	1 or 1b*	
fluoridex dental paste	1 or 1b*	
fluoridex enhanced whitening dental paste	1 or 1b*	
sf 5000 plus dental cream	1 or 1b*	
sf dental gel	1 or 1a*	
sodium fluoride 5000 plus dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental cream	1 or 1b*	
sodium fluoride 5000 ppm dental paste	1 or 1b*	
sodium fluoride dental cream	1 or 1b*	
sodium fluoride dental gel	1 or 1b*	
sodium fluoride mouth/throat solution	1 or 1a*	
SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule	2	
pilocarpine hcl oral tablet	2	QL (4 tablets per 1 day)
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
B-COMPLEX VITAMINS - DRUGS FOR NUTRITION**		
b complex-b12 oral tablet	1 or 1b*; $0	
b-complex plus b-12 oral tablet	1 or 1b*; $0	
b-complex/b-12 oral tablet	1 or 1b*; $0	
ra b-complex oral tablet	1 or 1b*; $0	
ra b-complex with b-12 oral tablet	1 or 1b*; $0	
vitamin b complex oral tablet	1 or 1b*; $0	
vitamin b-complex oral tablet	1 or 1b*; $0	
vitamin-b complex oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C & CALCIUM - DRUGS FOR NUTRITION**		
gnp b-complex plus vitamin c oral tablet	1 or 1b*; $0	
qc b-complex/vitamin c oral tablet	1 or 1b*; $0	

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B-COMPLEX W/ C & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex-c-folic acid oral tablet	1 or 1b*; $0	
b-complex balanced oral tablet	1 or 1b*; $0	
b-complex/vitamin c oral tablet	1 or 1b*; $0	
b-complex-c (w/folic acid) oral tablet	1 or 1b*; $0	
dialyvite 800 oral tablet	1 or 1b*; $0	
eql super b complex/vitamin c oral tablet	1 or 1b*; $0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2; $0	
hm vitamin b complex/vitamin c oral tablet	1 or 1b*; $0	
kp b complex-c oral tablet	1 or 1b*; $0	
nephro vitamins oral tablet	1 or 1b*; $0	
NEPHRO-VITE ORAL TABLET (*b complex-c-folic acid*)	2; $0	
px b complex/vitamin c oral tablet	1 or 1b*; $0	
renal multivitamin formula oral tablet	1 or 1b*; $0	
renal vitamin oral tablet	1 or 1b*; $0	
renal-vite oral tablet	1 or 1b*; $0	
rena-vite oral tablet	1 or 1b*; $0	
sm b super vitamin complex oral tablet	1 or 1b*; $0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; $0	
stress formula (folic acid) oral tablet	1 or 1b*; $0	
super b complex/fa/vit c oral tablet	1 or 1b*; $0	
super b-complex/vit c/fa oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C - DRUGS FOR NUTRITION**		
allbee/c oral tablet	1 or 1b*; $0	
b complex-c oral tablet	1 or 1b*; $0	
b-complex-c oral tablet	1 or 1b*; $0	
better b complex oral tablet	1 or 1b*; $0	
cvs b complex plus c oral tablet	1 or 1b*; $0	
cvs super b complex/c oral tablet	1 or 1b*; $0	
hm b complex/c oral tablet	1 or 1b*; $0	
sm super b complex/c oral tablet	1 or 1b*; $0	
sm vitamin b complex/vitamin c oral tablet	1 or 1b*; $0	
super b complex/vitamin c oral tablet	1 or 1b*; $0	
super b-complex + vitamin c oral tablet	1 or 1b*; $0	
vitamin b + c complex oral tablet	1 or 1b*; $0	
B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID - DRUGS FOR NUTRITION**		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-COMPLEX W/ FOLIC ACID - DRUGS FOR NUTRITION**		
b complex (folic acid) oral tablet	1 or 1b*; $0	
b complex formula 1 (w/ fa) oral tablet	1 or 1b*; $0	
b complex plus oral tablet	1 or 1b*; $0	
b-complex (folic acid) oral tablet	1 or 1b*; $0	
big 100 oral tablet	1 or 1b*; $0	
kobee oral tablet	1 or 1b*; $0	
sm balanced b-100 oral tablet	1 or 1b*; $0	
sm balanced b-50 oral tablet	1 or 1b*; $0	
super b complex maxi oral tablet	1 or 1b*; $0	
B-COMPLEX W/BIOTIN & FOLIC ACID - DRUGS FOR NUTRITION**		
b complex 100 tr oral tablet extended release	1 or 1b*; $0	
b complex-biotin-fa oral tablet	1 or 1b*; $0	
b-100 b-complex oral tablet	1 or 1b*; $0	
b-100 complex cr oral tablet extended release	1 or 1b*; $0	
b-100 tr oral tablet extended release	1 or 1b*; $0	
b-50 complex oral tablet extended release	1 or 1b*; $0	
balance b-50 oral tablet	1 or 1b*; $0	
balanced b complex oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet	1 or 1b*; $0	
balanced b-100 oral tablet extended release	1 or 1b*; $0	
balanced b-50/fa oral tablet	1 or 1b*; $0	
b-compleet-100 oral tablet	1 or 1b*; $0	
b-compleet-50 oral tablet	1 or 1b*; $0	
b-complex oral tablet	1 or 1b*; $0	
big 100 (biotin) oral tablet	1 or 1b*; $0	
complex b-100 oral tablet extended release	1 or 1b*; $0	
complex b-50 prolonged release oral tablet extended release	1 or 1b*; $0	
endur-b oral tablet extended release	1 or 1b*; $0	
eql b complex 50 oral tablet	1 or 1b*; $0	
eql b-100 complex oral tablet extended release	1 or 1b*; $0	
gnp b-100 complex oral tablet extended release	1 or 1b*; $0	
gnp b-50 complex oral tablet extended release	1 or 1b*; $0	
hm vitamin b100 complex oral tablet	1 or 1b*; $0	
hm vitamin b50 complex oral tablet	1 or 1b*; $0	
qc b50 prolonged release oral tablet extended release	1 or 1b*; $0	
quin b strong b-25 oral tablet	1 or 1b*; $0	
ra balanced b-100 cr oral tablet extended release	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra balanced b-100 oral tablet	1 or 1b*; $0	
ra balanced b-50 oral tablet	1 or 1b*; $0	
ra balanced b-50 tr oral tablet extended release	1 or 1b*; $0	
sm b100 complex oral tablet	1 or 1b*; $0	
sm b-complex oral tablet	1 or 1b*; $0	
super b-100 oral tablet	1 or 1b*; $0	
super b-50 oral tablet	1 or 1b*; $0	
super b-complex oral tablet	1 or 1b*; $0	
super dec b-100 oral tablet	1 or 1b*; $0	
super quints b-50 oral tablet	1 or 1b*; $0	
yl balanced b-100 oral tablet	1 or 1b*; $0	
MULTIVITAMINS - DRUGS FOR NUTRITION**		
stress formula oral tablet	1 or 1b*; $0	
PED MULTI VITAMINS W/FL & FE - DRUGS FOR NUTRITION**		
multi-vitamin/fluoride/iron oral solution	1 or 1b*	
PED MV W/ FLUORIDE - DRUGS FOR NUTRITION**		
multi-vitamin/fluoride oral solution	1 or 1b*; $0	
multivitamin/fluoride oral tablet chewable	1 or 1b*; $0	
PED VITAMINS ACD W/ FLUORIDE - DRUGS FOR NUTRITION**		
adc/f (0.5mg/ml) oral solution	1 or 1b*; $0	
tri-vite/fluoride oral solution	1 or 1b*; $0	
vitamins acd-fluoride oral solution	1 or 1b*; $0	
PRENATAL MV & MIN W/FE-FA - DRUGS FOR NUTRITION**		
CLASSIC PRENATAL ORAL TABLET	2; $0	
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
elite-ob oral tablet	1 or 1b*	QL (1 tablet per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; $0	
FOLIVANE-OB ORAL CAPSULE (*prenat w/o a vit-fefum-fepo-fa*)	2	QL (1 capsule per 1 day)
GNP PRENATAL ORAL TABLET	2; $0	
HM PRENATAL ORAL TABLET	2; $0	
inatal gt oral tablet	1 or 1b*	QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	1 or 1b*	QL (1 tablet per 1 day)
MYNATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MYNATAL-Z ORAL TABLET	2	QL (1 tablet per 1 day)
PERRY PRENATAL ORAL CAPSULE (*prenatal vit-fe fumarate-fa*)	2; $0	
PNV TABS 29-1 ORAL TABLET	2	ST; QL (1 tablet per 1 day)
pnv-select oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
prenatabs rx oral tablet	1 or 1a*	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL (W/IRON & FA) ORAL TABLET	2; $0	
PRENATAL COMPLETE ORAL TABLET	2; $0	
PRENATAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS IRON ORAL TABLET	2	ST; QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; $0	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET	2; $0	
PRENATAL-U ORAL CAPSULE (*prenatal w/o a vit-fe fum-fa*)	2	QL (1 capsule per 1 day)
PREPLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRETAB ORAL TABLET	2	QL (1 tablet per 1 day)
QC PRENATAL ORAL TABLET	2; $0	
RA PRENATAL ORAL TABLET	2; $0	
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
SM PRENATAL VITAMINS ORAL TABLET	2; $0	
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
trinate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
VINATE II ORAL TABLET (*prenatal vit w/ fe bisg-fa*)	2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	2	QL (1 tablet per 1 day)
PRENATAL MV & MIN W/FE-FA-DHA - DRUGS FOR NUTRITION**		
ENFAMIL EXPECTA ORAL (*prenatal mv-min-fe fum-fa-dha*)	2; $0	
pnv-dha oral capsule	1 or 1b*	QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (*prenatal mv-min-fe fum-fa-dha*)	2; $0	
PRENATAL VITAMINS - DRUGS FOR NUTRITION**		
PREMESISRX ORAL TABLET (*prenatal ca-b6-b12-fa-ginger*)	2	ST; QL (1 tablet per 1 day)
PRENA1 ORAL TABLET CHEWABLE	2	ST; QL (1 tablet per 1 day)
VITAMINS W/ LIPOTROPICS - DRUGS FOR NUTRITION**		
b complex formula 1 (lipotrop) oral tablet	1 or 1b*; $0	
b-100 complex oral tablet	1 or 1b*; $0	
balance b-100 oral tablet	1 or 1b*; $0	
balanced b-50 complex oral tablet	1 or 1b*; $0	
complex b-100-inositol oral tablet extended release	1 or 1b*; $0	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
baclofen intrathecal solution	4	
baclofen oral tablet 10 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
carisoprodol oral tablet	1 or 1b*	QL (4 tablets per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
cyclobenzaprine hcl oral tablet	1 or 1b*	QL (3 tablets per 1 day)
fexmid oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)
lorzone oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
metaxalone oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet 500 mg	1 or 1b*	QL (8 tablets per 1 day)
methocarbamol oral tablet 750 mg	1 or 1b*	QL (6 tablets per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
orphenadrine citrate injection solution	1 or 1b*	
tizanidine hcl oral capsule 2 mg	1 or 1b*	QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	1 or 1b*	QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	1 or 1b*	QL (9 tablets per 1 day)
DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	2	
revonto intravenous solution reconstituted	1 or 1b*	
MUSCLE RELAXANT COMBINATIONS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	QL (40 tablets per 30 days)
orphenadrine-asa-caffeine oral tablet	1 or 1b*	ST
orphengesic forte oral tablet	1 or 1b*	ST
VISCOSUPPLEMENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hyaluronan*)	4	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hyaluronan*)	4	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hylan*)	4	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (*hylan*)	4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
ANTIHISTAMINE-STEROID - ALLERGY**		
azelastine-fluticasone nasal suspension	3	QL (1 bottle per 30 days)
NASAL ANTICHOLINERGICS - ALLERGY**		
ipratropium bromide nasal solution 0.03 %	1 or 1b*	QL (2 bottles per 30 days)
ipratropium bromide nasal solution 0.06 %	1 or 1b*	QL (1 mL per 1 day)
NASAL ANTIHISTAMINES - ALLERGY**		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1 or 1b*	QL (1 package per 25 days)
azelastine hcl nasal solution 0.15 %	1 or 1b*	QL (1 bottle per 25 days)
olopatadine hcl nasal solution	1 or 1b*	QL (1 bottle per 30 days)
NASAL STEROIDS - ALLERGY**		
fluticasone propionate nasal suspension	1 or 1a*	QL (1 bottle per 30 days)
mometasone furoate nasal suspension	3	ST; QL (1 bottle per 30 days)
***NEUROMUSCULAR AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
BENZATHIAZOLES - DRUGS FOR NERVES AND MUSCLES**		
riluzole oral tablet	4	SP; QL (4 tablets per 1 day)
NONDEPOLARIZING MUSCLE RELAXANTS - DRUGS FOR NERVES AND MUSCLES**		
atracurium besylate intravenous solution	1 or 1b*	
cisatracurium besylate (pf) intravenous solution	1 or 1b*	
cisatracurium besylate intravenous solution	1 or 1b*	
pancuronium bromide intravenous solution	1 or 1b*	
rocuronium bromide intravenous solution	1 or 1b*	
vecuronium bromide intravenous solution reconstituted	1 or 1b*	
***NUTRIENTS* - DRUGS FOR NUTRITION**		
AMINO ACID MIXTURES - DRUGS FOR NUTRITION**		
clinisol sf intravenous solution	1 or 1b*	
plenamine intravenous solution	1 or 1b*	
CARBOHYDRATES - DRUGS FOR NUTRITION**		
dextrose intravenous solution	1 or 1b*	
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB - DRUGS FOR GLAUCOMA**		
SIMBRINZA OPHTHALMIC SUSPENSION (*brinzolamide-brimonidine*)	2	QL (8 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS - DRUGS FOR GLAUCOMA**		
COMBIGAN OPHTHALMIC SOLUTION (*brimonidine tartrate-timolol*)	2	QL (15 mL per 30 days)
dorzolamide hcl-timolol mal ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)

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dorzolamide hcl-timolol mal pf ophthalmic solution	1 or 1b*	QL (12 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
betaxolol hcl ophthalmic solution	1 or 1b*	QL (0.5 mL per 1 day)
BETOPTIC-S OPHTHALMIC SUSPENSION (*betaxolol hcl*)	2	QL (15 mL per 30 days)
carteolol hcl ophthalmic solution	1 or 1a*	
levobunolol hcl ophthalmic solution	1 or 1b*	
timolol maleate ocudose ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
timolol maleate ophthalmic gel forming solution	1 or 1b*	QL (5 mL per 30 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1 or 1b*	QL (20 mL per 30 days)
timolol maleate ophthalmic solution 0.5 % (daily)	1 or 1b*	QL (5 mL per 30 days)
timolol maleate pf ophthalmic solution	1 or 1b*	QL (20 mL per 30 days)
CYCLOPLEGIC MYDRIATICS - DRUGS FOR THE EYE**		
altafrin ophthalmic solution	1 or 1b*	
atropine sulfate ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
cyclopentolate hcl ophthalmic solution 0.5 %, 2 %	1 or 1b*	
cyclopentolate hcl ophthalmic solution 1 %	1 or 1b*	QL (15 mL per 30 days)
phenylephrine hcl ophthalmic solution	1 or 1b*	
tropicamide ophthalmic solution	1 or 1b*	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XIIDRA OPHTHALMIC SOLUTION (*lifitegrast*)	3	PA; QL (2 vial per 1 day)
MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA**		
pilocarpine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC ANTIALLERGIC - DRUGS FOR ITCHY EYE**		
azelastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 24 days)
cromolyn sodium ophthalmic solution	1 or 1a*	QL (1 bottle per 30 days)
epinastine hcl ophthalmic solution	1 or 1b*	QL (1 bottle per 30 days)
OPHTHALMIC ANTIBIOTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin ophthalmic ointment	1 or 1b*	QL (7 grams per 30 days)
ciprofloxacin hcl ophthalmic solution	1 or 1a*	
erythromycin ophthalmic ointment	1 or 1a*	QL (3.5 grams per 30 days)
gatifloxacin ophthalmic solution	1 or 1b*	
gentak ophthalmic ointment	1 or 1a*	QL (7 grams per 30 days)
gentamicin sulfate ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
levofloxacin ophthalmic solution	1 or 1b*	
moxifloxacin hcl (2x day) ophthalmic solution	1 or 1b*	QL (3 mL per 30 days)
moxifloxacin hcl ophthalmic solution	2	QL (1 vial per 30 days)
ofloxacin ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin ophthalmic solution	1 or 1a*	QL (20 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ak-poly-bac ophthalmic ointment	1 or 1a*	
bacitracin-polymyxin b ophthalmic ointment	1 or 1a*	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-gramicidin ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
neo-polycin ophthalmic ointment	1 or 1b*	
polycin ophthalmic ointment	1 or 1a*	
polymyxin b-trimethoprim ophthalmic solution	1 or 1a*	QL (10 mL per 30 days)
OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
trifluridine ophthalmic solution	1 or 1b*	QL (7.5 mL per 30 days)
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA**		
brinzolamide ophthalmic suspension	1 or 1b*	QL (15 mL per 30 days)
dorzolamide hcl ophthalmic solution	1 or 1b*	QL (10 mL per 30 days)
OPHTHALMIC DIAGNOSTIC PRODUCTS - DRUGS FOR THE EYE**		
ak-fluor intravenous solution	1 or 1b*	
altafluor benox ophthalmic solution	1 or 1b*	
fluorescein-benoxinate ophthalmic solution	1 or 1b*	
fluor-i-strips a.t. ophthalmic strip	1 or 1b*	
proparacaine-fluorescein ophthalmic solution	1 or 1b*	
OPHTHALMIC IMMUNOMODULATORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
RESTASIS OPHTHALMIC EMULSION (*cyclosporine*)	3	PA; QL (2 vials per 1 day)
OPHTHALMIC IRRIGATION SOLUTIONS - DRUGS FOR THE EYE**		
balanced salt intraocular solution	1 or 1b*	
OPHTHALMIC LOCAL ANESTHETICS - DRUGS FOR THE EYE**		
proparacaine hcl ophthalmic solution	1 or 1b*	
tetracaine hcl ophthalmic solution	1 or 1b*	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bromfenac sodium (once-daily) ophthalmic solution	2	QL (1.7 mL per 30 days)
diclofenac sodium ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
flurbiprofen sodium ophthalmic solution	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (*nepafenac*)	2	QL (3 mL per 30 days)
ketorolac tromethamine ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)

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OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA**		
ALPHAGAN P OPHTHALMIC SOLUTION (*brimonidine tartrate*)	2	QL (15 mL per 30 days)
apraclonidine hcl ophthalmic solution	1 or 1b*	
brimonidine tartrate ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
OPHTHALMIC STEROID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1 or 1b*	
neomycin-polymyxin-dexameth ophthalmic ointment	1 or 1a*	
neomycin-polymyxin-dexameth ophthalmic suspension	1 or 1a*	
neomycin-polymyxin-hc ophthalmic suspension	1 or 1b*	
neo-polycin hc ophthalmic ointment	1 or 1b*	
sulfacetamide-prednisolone ophthalmic solution	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (*tobramycin-dexamethasone*)	2	
tobramycin-dexamethasone ophthalmic suspension	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (*loteprednol-tobramycin*)	2	
OPHTHALMIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
dexamethasone sodium phosphate ophthalmic solution	1 or 1b*	
DUREZOL OPHTHALMIC EMULSION (*difluprednate*)	2	QL (10 mL per 30 days)
fluorometholone ophthalmic suspension	1 or 1b*	
LOTEMAX OPHTHALMIC OINTMENT (*loteprednol etabonate*)	3	QL (7 grams per 30 days)
loteprednol etabonate ophthalmic gel	1 or 1b*	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic suspension	1 or 1b*	QL (30 mL per 30 days)
prednisolone acetate ophthalmic suspension	1 or 1b*	QL (20 mL per 30 days)
OPHTHALMIC SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
sulfacetamide sodium ophthalmic ointment	1 or 1b*	QL (3.5 grams per 30 days)
sulfacetamide sodium ophthalmic solution	1 or 1b*	QL (15 mL per 30 days)
OPHTHALMIC SURGICAL AIDS - DRUGS FOR THE EYE**		
ocucoat viscoadherent intraocular solution	1 or 1b*	
***OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE**		
CYSTARAN OPHTHALMIC SOLUTION (*cysteamine hcl*)	4	PA; LD; QL (60 mL per 28 days)
PROSTAGLANDINS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
bimatoprost ophthalmic solution	2	
latanoprost ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (*bimatoprost*)	2	QL (7.5 mL per 30 days)
travoprost (bak free) ophthalmic solution	1 or 1b*	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***OTIC AGENTS* - DRUGS FOR THE EAR**		
OTIC AGENTS - MISCELLANEOUS - WAX REMOVAL**		
acetic acid otic solution	1 or 1b*	
OTIC ANTI-INFECTIVES - ANTIBIOTICS**		
ciprofloxacin hcl otic solution	1 or 1b*	QL (28 containers per 1 fill)
ofloxacin otic solution	1 or 1b*	QL (10 mL per 1 fill)
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ciprofloxacin-dexamethasone otic suspension	1 or 1b*	QL (7.5 mL per 1 fill)
ciprofloxacin-fluocinolone pf otic solution	1 or 1b*	QL (28 vials per 1 fill)
neomycin-polymyxin-hc otic solution	1 or 1b*	
neomycin-polymyxin-hc otic suspension	1 or 1b*	
OTIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
flac otic oil	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL (10 mL per 1 fill)
***OXYTOCICS* - HORMONES**		
ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS - DRUGS FOR WOMEN**		
carboprost tromethamine intramuscular solution	1 or 1b*	
OXYTOCICS - DRUGS FOR WOMEN**		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS**		
ANTITOXINS-ANTIVENINS - BIOLOGICAL AGENTS**		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (*centruroides (scorpion) im fab*)	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
IMMUNE SERUMS - BIOLOGICAL AGENTS**		
GAMUNEX-C INJECTION SOLUTION (*immune globulin (human)*)	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	4	PA; SP

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OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (*immune globulin (human)*)	4	PA
***PENICILLINS* - DRUGS FOR INFECTIONS**		
AMINOPENICILLINS - ANTIBIOTICS**		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	QL (500 mL per 1 fill)
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable	1 or 1a*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection solution reconstituted	2	
ampicillin sodium intravenous solution reconstituted	2	
NATURAL PENICILLINS - ANTIBIOTICS**		
penicillin g potassium injection solution reconstituted	2	
penicillin g sodium injection solution reconstituted	2	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	2	
PENICILLIN COMBINATIONS - ANTIBIOTICS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	QL (40 tablets per 1 fill)
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted	2	
ampicillin-sulbactam sodium intravenous solution reconstituted	2	
piperacillin sod-tazobactam so intravenous solution reconstituted	2	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS**		
dicloxacillin sodium oral capsule	1 or 1b*	
nafcillin sodium injection solution reconstituted	2	
nafcillin sodium intravenous solution reconstituted	2	
oxacillin sodium injection solution reconstituted	2	
oxacillin sodium intravenous solution reconstituted	2	
***PROGESTINS* - HORMONES**		
PROGESTINS - DRUGS FOR WOMEN**		
hydroxyprogesterone caproate intramuscular oil	4	PA; SP; QL (25 mL per 21 weekss)
medroxyprogesterone acetate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
megestrol acetate oral suspension	1 or 1b*	
norethindrone acetate oral tablet	1 or 1b*	
progesterone intramuscular oil	1 or 1b*	
progesterone oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
progesterone oral capsule 200 mg	1 or 1b*	QL (1 capsule per 1 day)
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
ALCOHOL DETERRENTS - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release	2	QL (6 tablet per 1 day)
disulfiram oral tablet	1 or 1b*	
BENZODIAZEPINES & TRICYCLIC AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
CHOLINOMIMETICS - ACHE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE**		
donepezil hcl oral tablet 10 mg, 23 mg	1 or 1b*	QL (1 tablet per 1 day)
donepezil hcl oral tablet 5 mg	1 or 1b*	
donepezil hcl oral tablet dispersible	1 or 1b*	QL (1 tablet per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	2	QL (1 capsule per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	2	
galantamine hydrobromide oral solution	2	
galantamine hydrobromide oral tablet 12 mg, 8 mg	2	QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	2	
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	2	QL (2 capsules per 1 day)
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr	2	QL (1 patch per 1 day)
rivastigmine transdermal patch 24 hour 4.6 mg/24hr	2	QL (1 gram per 1 day)
MOVEMENT DISORDER DRUG THERAPY - DRUGS FOR THE NERVOUS SYSTEM**		
AUSTEDO ORAL TABLET (*deutetrabenazine*)	4	PA; SP; QL (4 tablets per 1 day)
INGREZZA ORAL CAPSULE 40 MG (*valbenazine tosylate*)	4	PA; LD
INGREZZA ORAL CAPSULE 60 MG, 80 MG (*valbenazine tosylate*)	4	PA; LD; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (*valbenazine tosylate*)	4	PA; LD; QL (1 pack per 1 year)
tetrabenazine oral tablet 12.5 mg	4	PA; SP; QL (8 tablets per 1 day)
tetrabenazine oral tablet 25 mg	4	PA; SP; QL (4 tablets per 1 day)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS - DRUGS FOR MULTIPLE SCLEROSIS**		
AUBAGIO ORAL TABLET (*teriflunomide*)	4	PA; LD; SP; QL (1 tablet per 1 day)
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES - DRUGS FOR MULTIPLE SCLEROSIS**		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)

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MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (*cladribine*)	4	PA; LD; SP; QL (2 packs per 46 weekss)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (*interferon beta-1a*)	4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (*interferon beta-1a*)	4	PA; SP; QL (4 kits per 28 days)
BETASERON SUBCUTANEOUS KIT (*interferon beta-1b*)	4	PA; SP; QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS KIT (*interferon beta-1b*)	4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	4	PA; LD; SP; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (*peginterferon beta-1a*)	4	PA; LD; SP; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	4	PA; LD; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (*peginterferon beta-1a*)	4	PA; LD; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*peginterferon beta-1a*)	4	PA; LD; SP; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*interferon beta-1a*)	4	PA; SP; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (*interferon beta-1a*)	4	PA; SP; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*interferon beta-1a*)	4	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (*interferon beta-1a*)	4	PA; SP; QL (1 pack per 1 fill)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; SP; QL (14 capsules per 365 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; SP; QL (2 capsules per 1 day)
dimethyl fumarate starter pack oral	4	PA; SP; QL (1 kit per 365 days)

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MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS - DRUGS FOR MULTIPLE SCLEROSIS**		
dalfampridine er oral tablet extended release 12 hour	4	PA; SP; QL (2 tablets per 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS FOR MULTIPLE SCLEROSIS**		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*glatiramer acetate*)	4	PA; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (*glatiramer acetate*)	4	PA; SP; QL (12 ML per 28 days)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 syringe per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 syringe per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (12 ML per 28 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg	2	
memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg	2	QL (1 capsule per 1 day)
memantine hcl oral solution	2	QL (10 mL per 1 day)
memantine hcl oral tablet 10 mg	2	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	QL (1 tablet per 1 day)
memantine hcl oral tablet 5 mg	2	
PHENOTHIAZINES & TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
perphenazine-amitriptyline oral tablet	1 or 1b*	
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	2	PA
pregabalin er oral tablet extended release 24 hour 330 mg	2	PA; QL (2 tablets per 1 day)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS - DRUGS FOR DEPRESSION**		
fluoxetine hcl (pmdd) oral tablet 10 mg	1 or 1b*	
fluoxetine hcl (pmdd) oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
ergoloid mesylates oral tablet	2	QL (3 tablets per 1 day)
pimozide oral tablet	1 or 1b*	
SMOKING DETERRENTS - DRUGS FOR DEPRESSION**		
APO-VARENICLINE ORAL TABLET 0.5 MG	2; $0	PA; QL (2 tablets per 1 day)
APO-VARENICLINE ORAL TABLET 1 MG	2; $0	PA; QL (2 tablet per 1 day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1 or 1b*; $0	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs nicotine mouth/throat gum	1 or 1b*; $0	
cvs nicotine mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
cvs nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
cvs nicotine transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine mouth/throat lozenge	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
eq nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
eq nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	
eq nicotine transdermal patch 24 hour	1 or 1b*; $0	
eql nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine mini mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
gnp nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
gnp nicotine transdermal patch 24 hour	1 or 1b*; $0	
goodsense nicotine mouth/throat gum	1 or 1b*; $0	
goodsense nicotine mouth/throat lozenge	1 or 1b*; $0	
habitrol transdermal patch 24 hour	1 or 1b*; $0	
hm nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
hm nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
hm nicotine transdermal patch 24 hour	1 or 1b*; $0	
kls quit2 mouth/throat gum	1 or 1b*; $0	
kls quit2 mouth/throat lozenge	1 or 1b*; $0	
kls quit4 mouth/throat gum	1 or 1b*; $0	
kls quit4 mouth/throat lozenge	1 or 1b*; $0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (*nicotine*)	2; $0	
NICORETTE MINI MOUTH/THROAT LOZENGE (*nicotine polacrilex*)	2; $0	
NICORETTE MOUTH/THROAT GUM (*nicotine polacrilex*)	2; $0	
NICORETTE MOUTH/THROAT LOZENGE (*nicotine polacrilex*)	2; $0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (*nicotine polacrilex*)	2; $0	
nicotine mini mouth/throat lozenge	1 or 1b*; $0	
nicotine polacrilex mini mouth/throat lozenge	1 or 1b*; $0	
nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
nicotine step 1 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 2 transdermal patch 24 hour	1 or 1b*; $0	
nicotine step 3 transdermal patch 24 hour	1 or 1b*; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTINE TRANSDERMAL KIT	2; $0	
nicotine transdermal patch 24 hour	1 or 1b*; $0	
NICOTROL INHALATION INHALER (*nicotine*)	2; $0	PA
NICOTROL NS NASAL SOLUTION (*nicotine*)	2; $0	PA
px stop smoking aid mouth/throat gum	1 or 1b*; $0	
px stop smoking aid mouth/throat lozenge	1 or 1b*; $0	
qc nicotine transdermal system transdermal patch 24 hour	1 or 1b*; $0	
ra mini nicotine mouth/throat lozenge	1 or 1b*; $0	
ra nicotine gum mouth/throat gum	1 or 1b*; $0	
ra nicotine mouth/throat gum	1 or 1b*; $0	
ra nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
ra nicotine transdermal patch 24 hour	1 or 1b*; $0	
sm nicotine mouth/throat gum	1 or 1b*; $0	
sm nicotine mouth/throat lozenge	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat gum	1 or 1b*; $0	
sm nicotine polacrilex mouth/throat lozenge	1 or 1b*; $0	
sm nicotine transdermal patch 24 hour	1 or 1b*; $0	
thrive mouth/throat gum	1 or 1b*; $0	
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
GILENYA ORAL CAPSULE (*fingolimod hcl*)	4	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	4	PA; LD; SP; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	4	PA; LD; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK (*siponimod fumarate*)	4	PA; LD; SP; QL (1 pack per 1 one time fill)
THIENBENZODIAZEPINES & SSRIS - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1 or 1b*	QL (1 capsule per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1 or 1b*	
VASOMOTOR SYMPTOM AGENTS - SSRIS - DRUGS FOR THE NERVOUS SYSTEM**		
paroxetine mesylate oral capsule	1 or 1b*	
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS**		
HYDROLYTIC ENZYMES - DRUGS FOR THE LUNGS**		
PULMOZYME INHALATION SOLUTION (*dornase alfa*)	4	SP; QL (150 mL per 30 days)
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS - DRUGS FOR THE LUNGS**		
OFEV ORAL CAPSULE (*nintedanib esylate*)	4	PA; LD; SP; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
TETRACYCLINES - ANTIBIOTICS**		
coremino oral tablet extended release 24 hour	1 or 1b*	ST
demeclocycline hcl oral tablet	2	
doxy 100 intravenous solution reconstituted	2	QL (2 vials per 1 day)
doxycycline hyclate intravenous solution reconstituted	2	QL (2 vials per 1 day)
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 150 mg	3	ST
doxycycline monohydrate oral suspension reconstituted	1 or 1b*	QL (600 mL per 30 days)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg	1 or 1b*	
minocycline hcl oral capsule	1 or 1b*	
minocycline hcl oral tablet	1 or 1b*	
mondoxyne nl oral capsule	1 or 1b*	QL (2 capsules per 1 day)
morgidox oral capsule	1 or 1b*	QL (2 capsules per 1 day)
tetracycline hcl oral capsule	1 or 1b*	
***THYROID AGENTS* - HORMONES**		
ANTITHYROID AGENTS - DRUGS FOR THYROID**		
methimazole oral tablet	1 or 1a*	
propylthiouracil oral tablet	1 or 1b*	
THYROID HORMONES - DRUGS FOR THYROID**		
euthyrox oral tablet	1 or 1b*	
levo-t oral tablet	1 or 1b*	
levothyroxine sodium oral capsule	2	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
unithroid oral tablet	1 or 1a*	
***TOXOIDS* - BIOLOGICAL AGENTS**		
TOXOID COMBINATIONS - VACCINES**		
ADACEL INTRAMUSCULAR SUSPENSION (*tetanus-diphth-acell pertussis*)	2; $0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (*tetanus-diphth-acell pertussis*)	2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAPTACEL INTRAMUSCULAR SUSPENSION (*diphth-acell pertussis-tetanus*)	2; $0	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2; $0	
INFANRIX INTRAMUSCULAR SUSPENSION (*diphth-acell pertussis-tetanus*)	2; $0	
KINRIX INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2; $0	
PEDIARIX INTRAMUSCULAR SUSPENSION (*dtap-hepatitis b recomb-ipv*)	2; $0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	2; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2; $0	
TDVAX INTRAMUSCULAR SUSPENSION (*tetanus-diphtheria toxoids td*)	2; $0	
TENIVAC INTRAMUSCULAR INJECTABLE (*tetanus-diphtheria toxoids td*)	2; $0	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2; $0	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	2	
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH**		
ANTICHOLINERGIC COMBINATIONS - DRUGS FOR STOMACH CRAMPS**		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
phenohytro oral elixir	1 or 1b*	
phenohytro oral tablet	1 or 1b*	
ANTISPASMODICS - DRUGS FOR STOMACH CRAMPS**		
dicyclomine hcl intramuscular solution	2	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS**		
atropine sulfate injection solution prefilled syringe	2	
hyoscyamine sulfate er oral tablet extended release 12 hour	1 or 1b*	
hyoscyamine sulfate sl sublingual tablet sublingual	1 or 1b*	
hyoscyamine sulfate sublingual tablet sublingual	1 or 1b*	
H-2 ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**		
cimetidine hcl oral solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cimetidine oral tablet 300 mg, 400 mg	1 or 1b*	QL (4 tablets per 1 day)
cimetidine oral tablet 800 mg	1 or 1b*	QL (3 tablets per 1 day)
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL (5 mL per 1 day)
famotidine oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
famotidine oral tablet 40 mg	1 or 1b*	QL (2 tablets per 1 day)
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule 150 mg	1 or 1b*	QL (2 capsules per 1 day)
nizatidine oral capsule 300 mg	1 or 1b*	QL (1 capsule per 1 day)
nizatidine oral solution	1 or 1b*	QL (20 mL per 1 day)
MISC. ANTI-ULCER - DRUGS FOR ULCERS AND STOMACH ACID**		
sucralfate oral suspension	2	
sucralfate oral tablet	1 or 1b*	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
DEXILANT ORAL CAPSULE DELAYED RELEASE (*dexlansoprazole*)	2	ST; QL (1 capsule per 1 day)
omeprazole oral capsule delayed release	1 or 1b*	
pantoprazole sodium oral tablet delayed release	1 or 1b*	
QUATERNARY ANTICHOLINERGICS - DRUGS FOR STOMACH CRAMPS**		
glycopyrrolate injection solution	1 or 1b*	
glycopyrrolate oral tablet	1 or 1b*	
methscopolamine bromide oral tablet	1 or 1b*	
ULCER DRUGS - PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID**		
misoprostol oral tablet	1 or 1a*	
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM**		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC) - DRUGS FOR THE BLADDER**		
darifenacin hydrobromide er oral tablet extended release 24 hour	2	QL (1 tablet per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1 or 1b*	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride oral syrup	1 or 1b*	QL (20 mL per 1 day)
oxybutynin chloride oral tablet	1 or 1b*	QL (4 tablets per 1 day)
solifenacin succinate oral tablet	2	QL (1 tablet per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	1 or 1b*	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (*fesoterodine fumarate*)	3	QL (1 tablet per 1 day)
trospium chloride er oral capsule extended release 24 hour	2	QL (1 capsule per 1 day)
trospium chloride oral tablet	2	QL (2 tablets per 1 day)
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS - DRUGS FOR THE BLADDER**		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (*mirabegron*)	3	QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (*mirabegron*)	3	QL (1 tablet per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	2	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS - DRUGS FOR THE BLADDER**		
flavoxate hcl oral tablet	1 or 1b*	
***VACCINES* - BIOLOGICAL AGENTS**		
BACTERIAL VACCINES - VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	2; $0	
BCG VACCINE INJECTION INJECTABLE	2; $0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b recomb omv adj*)	2; $0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (*anthrax vaccine adsorbed*)	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	2; $0	
MENACTRA INTRAMUSCULAR INJECTABLE (*meningococcal a c y&w-135 conj*)	2; $0	
MENQUADFI INTRAMUSCULAR INJECTABLE (*meningococcal a c y&w-135 conj*)	2; $0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	2; $0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (*haemophilus b polysac conj vac*)	2; $0	
PNEUMOVAX 23 INJECTION INJECTABLE (*pneumococcal vac polyvalent*)	2; $0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (*pneumococcal 13-val conj vacc*)	2; $0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*pneumococcal 20-val conj vacc*)	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b vac (recomb)*)	2; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYPHIM VI INTRAMUSCULAR SOLUTION (*typhoid vi polysaccharide vacc*)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (*cholera vac live attenuated*)	2	
VIRAL VACCINE COMBINATIONS - VACCINES**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (*measles, mumps & rubella vac*)	2; $0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles-mumps-rubella-varicell*)	2; $0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hepatitis a-hep b recomb vac*)	2; $0	
VIRAL VACCINES - VACCINES**		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
ENGERIX-B INJECTION SUSPENSION (*hepatitis b vac recombinant*)	2; $0	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (*influenza vac a&b sa adj quad*)	2; $0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*influenza vac recomb ha quad*)	2; $0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac subunit quad*)	2; $0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac subunit quad*)	2; $0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (*influenza virus vac live quad*)	2; $0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac high-dose quad*)	2; $0	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*influenza vac split quad*)	2; $0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (*hpv 9-valent recomb vaccine*)	2; $0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hpv 9-valent recomb vaccine*)	2; $0	
HAVRIX INTRAMUSCULAR SUSPENSION (*hepatitis a vaccine*)	2; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (*hepatitis b vac recomb adj*)	2; $0	

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IMOVAX RABIES INTRAMUSCULAR INJECTABLE (*rabies virus vaccine, hdc*)	2	
IPOL INJECTION INJECTABLE (*poliovirus vaccine inactivated*)	2; $0	
IXIARO INTRAMUSCULAR SUSPENSION (*japanese encephalitis vac inac*)	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rabies vaccine, pcec*)	2	
RECOMBIVAX HB INJECTION SUSPENSION (*hepatitis b vac recombinant*)	2; $0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (*rotavirus vaccine live oral*)	2; $0	
ROTATEQ ORAL SOLUTION (*rotavirus vac live pentavalent*)	2; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (*zoster vac recomb adjuvanted*)	2; $0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
VAQTA INTRAMUSCULAR SUSPENSION (*hepatitis a vaccine*)	2; $0	
VARIVAX SUBCUTANEOUS INJECTABLE (*varicella virus vaccine live*)	2; $0	
YF-VAX SUBCUTANEOUS INJECTABLE (*yellow fever vaccine*)	2	
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN**		
IMIDAZOLE-RELATED ANTIFUNGALS - DRUGS FOR INFECTIONS**		
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream 0.4 %	1 or 1b*	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	1 or 1b*	QL (40 grams per 30 days)
terconazole vaginal suppository	1 or 1b*	QL (6 suppositories per 30 days)
SPERMICIDES - BIRTH CONTROL PILLS**		
ENCARE VAGINAL SUPPOSITORY (*nonoxynol-9*)	2; $0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (*nonoxynol-9*)	2; $0	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL (*nonoxynol-9*)	2; $0	
TODAY SPONGE VAGINAL (*nonoxynol-9*)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (*nonoxynol-9*)	2; $0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (*nonoxynol-9*)	2; $0	
VAGINAL ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
CLEOCIN VAGINAL SUPPOSITORY (*clindamycin phosphate*)	2	
clindamycin phosphate vaginal cream	1 or 1b*	
metronidazole vaginal gel	1 or 1b*	
vandazole vaginal gel	1 or 1b*	
VAGINAL ESTROGENS - DRUGS FOR WOMEN**		
estradiol vaginal cream	1 or 1b*	
estradiol vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)

BRAND=Brand drug *generic*=generic drug *****Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN VAGINAL CREAM (*estrogens, conjugated*)	2	QL (1 gm per 1 day)
yuvafem vaginal tablet	1 or 1b*	QL (18 tablet per 28 days)
VAGINAL PROGESTINS - DRUGS FOR WOMEN**		
ENDOMETRIN VAGINAL INSERT (*progesterone*)	2	PA
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
epinephrine (anaphylaxis) injection solution	1 or 1b*	
epinephrine injection solution auto-injector	1 or 1b*	QL (2 pens per 1 fill)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (*epinephrine*)	2	QL (2 syringes per 1 fill)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
droxidopa oral capsule 100 mg	4	PA; LD; SP; QL (3 capsules per 1 day)
droxidopa oral capsule 200 mg, 300 mg	4	PA; LD; SP; QL (6 capsules per 1 day)
VASOPRESSORS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
midodrine hcl oral tablet	2	
norepinephrine bitartrate intravenous solution	1 or 1b*	
***VITAMINS* - DRUGS FOR NUTRITION**		
VITAMIN B-1 - DRUGS FOR NUTRITION**		
thiamine hcl injection solution	1 or 1b*	
VITAMIN B-6 - DRUGS FOR NUTRITION**		
pyridoxine hcl injection solution	1 or 1b*	
VITAMIN D - DRUGS FOR NUTRITION**		
ergocalciferol oral capsule	1 or 1a*	
vitamin d (ergocalciferol) oral capsule	1 or 1a*	
VITAMIN K - DRUGS FOR NUTRITION**		
phytonadione injection solution	1 or 1b*	
phytonadione oral tablet	2	
vitamin k1 injection solution	1 or 1b*	

Index

Most plans include our home delivery program at no extra cost to you. Find out more by going online to anthem.com/ca or call 866-297-1013.

For information about your pharmacy benefit, log in at anthem.com/ca.

You'll find the most up-to-date drug list and details about your benefits.
If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users
Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.