

SUTTER HEALTH PLUS FORMULARY

Drug List for HMO Members – Effective January 1, 2021

This formulary is the list of prescription drugs available to Sutter Health Plus members for all plans and products Sutter Health Plus offers.

This formulary is subject to change. All past versions of the formulary are no longer in use. Sutter Health Plus last updated the formulary on January 1, 2021. The current formulary is available to members on the Express Scripts custom website for Sutter Health Plus members at express-scripts.com/shp. It is also available on the Sutter Health Plus website at sutterhealthplus.org/pharmacy.

Members can find complete information about their prescription drug benefits, including cost sharing amounts in their *Evidence of Coverage and Disclosure Form (EOC)*. The EOC's are available on the Sutter Health Plus member portal at <https://shplus.org/memberportal> (registration required).

Table of Contents

Updates to the Formulary	3
How to Use the Formulary	3
Benefit Coverage and Limitations.....	5
Requesting a Prior Authorization.....	7
Locating a Retail Pharmacy.....	8
Mail Order with Express Scripts	8
Specialty Pharmacy Services	9
Definitions.....	9
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION.....	11
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS.....	17
ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS.....	18
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER AND SUPPRESS THE IMMUNE SYSTEM	23
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH.....	28
CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE	53
DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS	65
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES	78
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT.....	82
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES.....	84
GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS	101
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM	111
MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS	117
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES.....	120
OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS.....	130
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS	138
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS.....	146
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS.....	148

This document is the Sutter Health Plus Formulary, a list of Food and Drug Administration (FDA)-approved generic and brand name drugs covered by Sutter Health Plus under your outpatient prescription drug benefit. The availability of a drug on the formulary does not mean your doctor will prescribe it for your condition. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs. Sutter Health Plus covers drugs not listed on the formulary or (non-formulary drugs) if medically necessary. All non-formulary drugs require prior authorization.

The Express Scripts Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for tier placement, process requirements and coverage limitations. When necessary, the Sutter Health Plus P&T Committee reviews, approves, and modifies Express Scripts selections. Doctors and pharmacists make up both P&T Committees. They meet regularly to decide what drugs should be included in the formulary. The P&T Committees choose drugs based on their safety, effectiveness and value.

Updates to the Formulary

Express Scripts updates the drugs on a monthly basis and content may change. Changes to the drugs listed in this formulary may include:

- Removing a drug or dosage form of a drug
- Changing tier placement of a drug that results in a different cost share
- Adding or changing prior authorization and step therapy requirements for a drug

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, happen right away. Sutter Health Plus notifies you at least 60 days in advance of any changes that increase your cost share or impose new limits or processes on a drug you take.

You can get the most current formulary on the Sutter Health Plus website at sutterhealthplus.org/pharmacy, or the Express Scripts member portal at express-scripts.com/shp.

If you have questions about your pharmacy coverage or the list of drugs covered by Sutter Health Plus, call Sutter Health Plus Member Services at 1-855-315-5800. Member Services is available Monday through Friday, 8 a.m. to 7 p.m. Member Services can answer questions about your pharmacy benefits, including:

- The process for submitting a prior authorization (PA) request (exception request) for drugs that require PA or a step therapy exception
- Information about drugs covered under your medical benefit versus your pharmacy benefit
- Actual dollar amounts of your cost sharing (copays, coinsurance and deductibles)

How to Use the Formulary

Sutter Health Plus organizes the drugs by drug category and class based on the American Hospital Formulary Service (AHFS) drug classification system. The drugs in each category are in alphabetical order by their generic name or most common brand name. The formulary lists generic drugs in lowercase **bold italic** letters and brand names in all uppercase letters followed by the generic name in parentheses in lowercase **bold italics**.

Example:

Drug Type	How drug will appear in the categorical list
generic drug	<i>pravastatin</i>
brand drug	PRAVACHOL (<i>pravastatin</i>)

When a generic equivalent for a brand name drug is available and covered, Sutter Health Plus lists the generic drug separately from the brand name drug in all lowercase italicized letters.

When a generic equivalent for a brand name drug is not available or not covered, Sutter Health Plus does not list the generic drug separately.

When a manufacturer markets a generic drug under a proprietary, trademark-protected brand name, we list the brand name after the generic drug in parentheses with the first letter of each word capitalized. For example, digoxin (Digitek).

Members can search the formulary by using the index, either by generic or brand name and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drug not found in this list or any updates published by Express Scripts or Sutter Health Plus requires prior authorization.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plus EOC explains the details of the process requirements and limitations and how you or your provider can ask for exceptions.

AG	Age Edit	Drug may not be recommended for some patients based on age
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
OAC	Oral Anticancer	Orally administered anti-cancer drugs have a maximum limit on the copayment amount

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, cost shares, or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

Depending on a member's specific benefit, the following may apply:

1. *Generic Substitution*

When available, Sutter Health Plus uses the FDA-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower cost share when they use generic drugs.

If a member or the member's provider requests a brand name drug instead of an approved generic, the member, based on their coverage, is usually required to pay the additional amount of the difference between the pharmacy's contracted rate for the brand name drug and the allowed prescription drug amount. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. *Four-Tier Benefit*

The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. The four tiers are:

- Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share
- Tier 2 – Preferred brand name and non-preferred generic drugs are covered at the second lowest tier cost share
- Tier 3 – Non-preferred brand name drugs or drugs that the Sutter Health Plus P&T committee recommends based on safety, effectiveness and cost. These drugs usually have alternatives available in Tier 1 or 2 at a lower cost
- Tier 4 – Drugs that are biologics and drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plus more than \$600 net of rebates for a one-month supply

Sutter Health Plus also uses the following abbreviations next to some drugs to help members identify certain drug categories.

CM	Contraceptive Management	Drugs used for contraceptive management
DM	Diabetes Management	Drugs used for diabetes management
PC	Preventive Health or Care	Those preventive care drugs with \$0 cost share
SP	Specialty	Specialty Drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring

If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Member cost sharing for oral anti-cancer drugs will not exceed \$250 per prescription for up to a 30-day supply. If your benefit plan is a high-deductible health plan (HDHP) compatible with a health savings account, this does not apply until after you meet your deductible.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, you can confirm your cost share by calling Express Scripts or your pharmacy before picking up your prescription.

3. Preventive Care

All preventive care drug categories have products that Sutter Health Plus covers with \$0 cost share. Sutter Health Plus covers these preventive care drugs, including but not limited to, contraceptives and smoking cessation products at \$0 when a participating doctor prescribes and you use a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a \$0 cost share. Refer to your EOC for more information regarding coverage of preventive care drugs and products.

4. Contraceptive Coverage

Sutter Health Plus covers select FDA-approved contraceptive drugs, devices and other products, including over-the-counter (OTC) at \$0 cost share. If your doctor determines you need a drug, device, or product that Sutter Health Plus does not cover at \$0 cost share, they can submit a prior authorization for coverage. If Express Scripts determines the request is medically necessary, Sutter Health Plus covers at \$0 cost share. Sutter Health Plus covers up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives that a provider, pharmacist or location licensed or authorized to dispense drugs or supplies dispenses at one time to a member.

5. *Diabetic Drug Coverage*

Sutter Health Plus covers diabetes blood testing equipment, blood glucose meters and their supplies, such as test strips, lancets and lancet devices under the prescription drug benefit. A participating provider must prescribe the equipment and members must pick up at a participating retail or mail order pharmacy.

6. *Medical Benefit Drug Coverage*

The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a provider in a clinic or office setting. Sutter Health Plus covers drugs that require administration by a doctor or other clinician (such as a home health nurse) as a medical benefit, rather than a prescription drug benefit. These include chemotherapy, home infusion and injectable drugs (other than self-injectables). You can find complete information about the differences between drugs covered under your medical benefit and drugs covered under your prescription drug benefit in your EOC.

7. *Prior Authorization*

There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for complex or non-FDA-approved indications (off label use), specialty drugs, and drugs requiring step therapy. Prescription drugs not listed in the formulary (non-formulary) also require prior authorization to determine medical necessity. Express Scripts reviews each request on an individual patient need basis.

8. *Drug Quantity Limits*

Some drugs have quantity limits — drugs that Sutter Health Plus and Express Scripts cover for specific quantities per prescription or time periods. A member's doctor can request prior authorization for quantities that exceed these limits. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or their generic equivalents) are limited to 8 doses per 30-day supply.

9. *Step Therapy*

Step therapy requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to Express Scripts approving a second-line drug. Sutter Health Plus and Express Scripts base step therapy requirements on national treatment guidelines, FDA recommendations, and the relative cost of treatment. Express Scripts reviews prior authorization requests for approving exceptions to step therapy requirements when such exceptions are medically necessary and/or clinically appropriate.

Requesting Prior Authorizations

Providers must submit a prior authorization request to Express Scripts for drugs that require prior authorization, step therapy or exceed the quantity limit. Express Scripts also reviews requests for medical necessity for non-formulary drugs through this same prior authorization process. Providers can submit a request to Express Scripts using one of the following methods:

1. Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to Express Scripts at 1-877-251-5896.
2. Call Express Scripts at 1-800-753-2851 and provide all necessary information requested.
3. Online at express-path.com or covermymeds.com (registration required).

Express Scripts processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for non-urgent requests and 24 hours for urgent or exigent requests. Express Scripts notifies the member, or the member's authorized representative, and the prescribing provider of the decision within 24 hours for urgent or exigent requests, and within 72 hours for non-urgent requests. If Express Scripts does not respond within these timeframes, the prior authorization or step therapy request is considered approved. For non-urgent requests, Express Scripts authorizes coverage for the duration of the prescription, including refills. For urgent or exigent requests, Express Scripts authorizes coverage, including refills, for the duration of the exigency.

If Express Scripts denies the request, the member may file a grievance with Sutter Health Plus. For more information, refer to the Grievances section of your *EOC*.

Express Scripts may authorize continuation of coverage for a drug previously approved for a member's medical condition as long as the provider continues to prescribe for the same medical condition (as long as it remains a safe and effective treatment option).

Exigent circumstances exist when one of the following is true:

- A member is suffering from a health condition that may seriously jeopardize his or her life, health, or ability to regain maximum function
- A member is undergoing a current course of treatment using a non-formulary drug

An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines, Express Scripts may not approve it and may recommend a different drug. Refer to your *EOC* for more information regarding prior authorization timelines.

Locating a Retail Pharmacy

Except in emergency or urgent situations, Sutter Health Plus does not cover prescription drugs dispensed by non-participating pharmacies.

You can search for a participating retail pharmacy by accessing the Express Scripts guest website for Sutter Health Plus members at express-scripts.com/shp. Select a sample plan and the select the Find a Pharmacy box. You can search for a pharmacy by entering a ZIP code or a city and state.

You can also find a pharmacy by using the Express Scripts Find a Pharmacy tool on the Express Scripts member portal at express-scripts.com (registration required).

Mail Order with Express Scripts

Express Scripts PharmacySMis Express Scripts mail order pharmacy. Mail order allows you to receive up to a 100-day supply, as your benefit plan allows, of your maintenance drugs.

If you currently receive your maintenance drug from a retail pharmacy, call Express Scripts Customer Service at 1-877-787-8661 and a representative can help you transfer your prescription to home delivery.

If you need to fill a new prescription for a maintenance drug, your doctor can complete a New Prescription Fax form and fax it along with a prescription for up to a 100-day supply to 1-800-837-0959 or send the prescription electronically.

You can also complete the Express Home Delivery Order form and mail it along with your hard-copy prescription and required copay to Express Scripts at P.O. Box 66567, St. Louis, MO 63166-6567.

Specialty Pharmacy Services

Specialty drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring. The Sutter Health Plus Specialty Pharmacy Program focuses on patient safety, with requirements designed to assure that you know how to take these drugs correctly, that you receive safe, effective specialty drugs, and timely and convenient access to the specialty drugs you need. Express Scripts contracts with Accredo as the specialty pharmacy vendor.

Accredo provides mail order fulfillment of specialty prescription drugs to the member's home or place of business. Accredo also provides member programs and services, including access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week and online tools to help members manage their specialty drugs.

Contact Accredo at 1-877-787-8661 or visit their website at express-scripts.com. (Note: specialty drugs, regardless of tier, are not available through the mail order program.)

Definitions

Sutter Health Plus may use the following words and definitions throughout this formulary.

Brand name drug: A drug that a manufacturer markets under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

Coinurance: A percentage of the charges that members must pay for covered services after the deductible, if a deductible applies.

Copayment: A specific dollar amount that members must pay for covered services after the deductible, if a deductible applies.

Cost Sharing: The amount members must pay for covered services, including deductibles, copayments and coinsurance. Cost Sharing is also referred to as out-of-pocket cost.

Deductible: The amount a member must pay for covered health care benefits before the member's health plan begins paying for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier: A group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the member's portion of the cost for the drug.

Exception Request: A request for coverage of a prescription drug. If a member, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, Sutter Health Plus plan allows coverage of the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

Exigent Circumstances: When a member is suffering from a health condition that may seriously jeopardize the member's life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a non-formulary drug.

Formulary: The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plus P&T Committee for use and eligible for coverage under the Sutter Health Plus health plan. Formulary is also known as a prescription drug list.

Generic Drug: The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Member: A member means a subscriber (defined below) or a qualified dependent family member enrolled in a health plan who is entitled to receive covered services.

Non-formulary drug: A self-administered, FDA-approved, outpatient prescription drug that is not listed on the formulary following evaluation by the Sutter Health Plus P&T Committee.

Participating provider: Is a participating provider group, participating physician, hospital, other licensed health professional, or licensed health facility or other health professional authorized under California law to practice in the State of California, who or which, at the time care is provided to a member, has a contract with Sutter Health Plus to provide covered services to members.

Prescribing provider: A health care provider authorized to write a prescription to treat a medical condition for a health plan member.

Prescription: An oral, written, or electronic order by a provider for a specific member. The prescription contains the name of the drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the provider, the signature of the provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the provider is prescribing the drug.

Prescription drug: A drug a member's provider prescribes that requires a prescription under applicable law.

Prior authorization: The requirement that the member's participating provider receives prior authorization for a prescription drug before Sutter Health Plus covers the drug. The health plan must grant a prior authorization when it is medically necessary for the member to obtain the drug.

Step therapy: Requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to approving a second-line drug.

Subscriber: A subscriber is a member who is eligible for membership on his or her own behalf and not by virtue of dependent status and who meets the eligibility requirements as a subscriber.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION		
CEPHALOSPORINS - CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefaclor oral tablet extended release 12 hr</i>	T1	
<i>cefadroxil oral capsule</i>	T1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>cefadroxil oral tablet</i>	T1	
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil</i>	T1	
<i>cefixime</i>	T1	
<i>cefpodoxime</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
<i>cephalexin</i>	T1	
KEFLEX ORAL CAPSULE (<i>cephalexin</i>)	T3	
SPECTRACEF ORAL TABLET 400 MG (<i>cefditoren pivoxil</i>)	T3	
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	T3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION (<i>cefixime</i>)	T3	
SUPRAX ORAL TABLET,CHEWABLE (<i>cefixime</i>)	T3	
ERYTHROMYCINS & OTHER MACROLIDES - ERYTHROMYCINS		
<i>azithromycin oral packet</i>	T1	QL (2 per 90 days)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	T1	QL (195 per 90 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i>	T1	QL (105 per 90 days)
<i>azithromycin oral tablet 250 mg, 500 mg</i>	T1	QL (15 per 90 days)
<i>azithromycin oral tablet 600 mg</i>	T1	QL (24 per 365 days)
<i>clarithromycin</i>	T1	
DIFICID ORAL TABLET (<i>fidaxomicin</i>)	T3	QL (60 per Rx)
<i>erythromycin ethylsuccinate</i> (E.E.S. 400 Oral Tablet)	T1	
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>)	T3	
ERYPED 200 (<i>erythromycin ethylsuccinate</i>)	T3	
ERYPED 400 (<i>erythromycin ethylsuccinate</i>)	T3	

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer;

PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit

Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin base</i> (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 333 Mg)	T1	
<i>erythromycin base</i> (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 500 Mg)	T3	
<i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>erythromycin oral</i>	T1	
ZITHROMAX ORAL PACKET (<i>azithromycin</i>)	T3	QL (2 per 90 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>azithromycin</i>)	T3	QL (195 per 90 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (<i>azithromycin</i>)	T3	QL (105 per 90 days)
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	T3	QL (15 per 90 days)
ZITHROMAX TRI-PAK (<i>azithromycin</i>)	T3	QL (15 per 90 days)
ZITHROMAX Z-PAK (<i>azithromycin</i>)	T3	QL (15 per 90 days)
MISCELLANEOUS ANTIINFECTIVES - OTHER DRUGS THAT TREAT INFECTIONS		
AEMCOLO (<i>rifamycin sodium</i>)	T3	QL (2 per Rx)
<i>albendazole</i>	T1	QL (120 per 30 days)
ALBENZA (<i>albendazole</i>)	T3	QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION (<i>nitazoxanide</i>)	T2	QL (360 per 30 days)
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	T2	QL (14 per 30 days)
ARAKODA (<i>tafenoquine succinate</i>)	T3	QL (10 per 365 days)
ARIKAYCE (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	T4	PA; ST; SP
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	T1	QL (180 per 99 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	T1	QL (180 per 180 days)
BENZNIDAZOLE (<i>benznidazole</i>)	T2	QL (720 per 365 days)
BETHKIS (<i>tobramycin</i>)	T4	PA; ST; QL (2 per Rx); SP
BILTRICIDE (<i>praziquantel</i>)	T3	
CAYSTON (<i>aztreonam lysine</i>)	T4	QL (2 per Rx); SP
<i>chloroquine phosphate oral tablet 250 mg</i>	T1	QL (56 per 365 days)

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chloroquine phosphate oral tablet 500 mg</i>	T1	QL (28 per 365 days)
CLEOCIN HCL (<i>clindamycin hcl</i>)	T3	
<i>clindamycin palmitate hcl</i> (Cleocin Pediatric)	T3	
<i>clindamycin hcl</i>	T1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric)	T1	
COARTEM (<i>artemether/lumefantrine</i>)	T2	QL (24 per 30 days)
CYCLOSERINE	T3	
<i>dapsone oral</i>	T1	
DARAPRIM (<i>pyrimethamine</i>)	T4	PA; ST; SP
EMVERM (<i>mebendazole</i>)	T2	QL (6 per 30 days)
<i>ethambutol</i>	T1	
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	T3	
FLAGYL ORAL TABLET 500 MG (<i>metronidazole</i>)	T3	
<i>hydroxychloroquine</i>	T1	QL (20 per 365 days)
IMPAVIDO (<i>miltefosine</i>)	T2	QL (84 per 30 days)
<i>isoniazid oral</i>	T1	
<i>ivermectin oral</i>	T1	QL (20 per 30 days)
KITABIS PAK (<i>tobramycin/nebulizer</i>)	T4	PA; ST; QL (280 per Rx); SP
KRINTAFEL (<i>tafenoquine succinate</i>)	T3	QL (2 per 30 days)
<i>linezolid</i>	T1	
MALARONE (<i>atovaquone/proguanil hcl</i>)	T3	QL (180 per 30 days)
MALARONE PEDIATRIC (<i>atovaquone/proguanil hcl</i>)	T3	QL (180 per 180 days)
<i>mefloquine</i>	T1	QL (13 per 30 days)
MEPRON (<i>atovaquone</i>)	T3	
<i>metronidazole oral</i>	T1	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	T3	
MYCOBUTIN (<i>rifabutin</i>)	T3	
NEBUPENT (<i>pentamidine isethionate</i>)	T3	QL (1 per 30 days)
<i>neomycin</i>	T1	
<i>paromomycin</i>	T1	
PASER (<i>aminosalicylic acid</i>)	T3	
<i>pentamidine inhalation</i>	T1	QL (1 per 30 days)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>)	T3	QL (30 per 365 days)
<i>praziquantel</i>	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRETOMANID (<i>pretomanid</i>)	T3	PA; ST
PRIFTIN (<i>rifapentine</i>)	T2	
<i>primaquine</i>	T1	QL (120 per 30 days)
<i>pyrazinamide</i>	T1	
<i>pyrimethamine</i>	T4	PA; ST; SP
QUALAQUIN (<i>quinine sulfate</i>)	T3	QL (42 per 30 days)
<i>quinine sulfate</i>	T1	QL (42 per 30 days)
<i>rifabutin</i>	T1	
RIFADIN ORAL (<i>rifampin</i>)	T3	
RIFAMATE (<i>rifampin/isoniazid</i>)	T3	
<i>rifampin oral</i>	T1	
RIFATER (<i>rifampin/isoniazid/pyrazinamide</i>)	T3	
SIRTURO (<i>bedaquiline fumarate</i>)	T2	PA; ST
SIVEXTRO ORAL (<i>tedizolid phosphate</i>)	T3	
SOLOSEC (<i>secnidazole</i>)	T2	QL (1 per Rx)
STROMECTOL (<i>ivermectin</i>)	T3	QL (20 per 30 days)
<i>tinidazole oral tablet 250 mg</i>	T1	QL (40 per 30 days)
<i>tinidazole oral tablet 500 mg</i>	T1	QL (20 per 30 days)
TOBI (<i>tobramycin in 0.225 % sodium chloride</i>)	T4	PA; ST; QL (6 per Rx); SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE (<i>tobramycin</i>)	T4	PA; ST; QL (2 per Rx); SP
<i>tobramycin in 0.225 % nacl</i>	T4	PA; ST; QL (280 per Rx); SP
<i>tobramycin inhalation</i>	T4	PA; ST; QL (2 per Rx); SP
TOBRAMYCIN WITH NEBULIZER	T4	PA; ST; QL (280 per Rx); SP
TRECATOR (<i>ethionamide</i>)	T3	
XENLETA ORAL (<i>lefamulin acetate</i>)	T3	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	T2	QL (19 per Rx)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	T2	QL (60 per Rx)
ZYVOX ORAL (<i>linezolid</i>)	T3	
PENICILLINS - PENICILLINS		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension for reconstitution</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	T2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (<i>amoxicillin/potassium clavulanate</i>)	T3	
AUGMENTIN XR (<i>amoxicillin/potassium clavulanate</i>)	T3	
<i>dicloxacillin</i>	T1	
MOXATAG (<i>amoxicillin</i>)	T3	
<i>penicillin v potassium</i>	T1	
QUINOLONES - QUINOLONES		
BAXDELA ORAL (<i>delafloxacin meglumine</i>)	T2	QL (24 per Rx)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON (<i>ciprofloxacin</i>)	T3	
<i>ciprofloxacin hcl</i> (Cipro Oral Tablet 250 Mg)	T3	
CIPRO ORAL TABLET 500 MG (<i>ciprofloxacin hcl</i>)	T3	
<i>ciprofloxacin</i>	T1	
<i>ciprofloxacin hcl oral</i>	T1	
FACTIVE (<i>gemifloxacin mesylate</i>)	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
SULFA'S & RELATED AGENTS - SULFAS		
BACTRIM (<i>sulfamethoxazole/trimethoprim</i>)	T3	
BACTRIM DS (<i>sulfamethoxazole/trimethoprim</i>)	T3	
<i>sulfadiazine</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfatrim</i>	T1	
TETRACYCLINES - TETRACYCLINES		
ACTICLATE (<i>doxycycline hyolate</i>)	T3	ST
<i>doxycycline monohydrate</i> (Avidoxy)	T1	
AVIDOXY DK (<i>doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide</i>)	T3	ST
<i>minocycline hcl</i> (Coremino)	T1	
<i>demeclacycline</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORYX MPC (<i>doxycycline hyclate</i>)	T3	ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG (<i>doxycycline hyclate</i>)	T3	ST
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet</i>	T1	
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T1	
<i>doxycycline monohydrate oral capsule</i>	T1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	PA; ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
<i>minocycline oral capsule</i>	T1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	PA; ST
<i>minocycline oral tablet</i>	T1	
<i>minocycline oral tablet extended release 24 hr</i>	T1	ST
MINOLIRA ER (<i>minocycline hcl</i>)	T3	ST
<i>doxycycline monohydrate</i> (Mondoxyne N1 Oral Capsule 100 Mg, 75 Mg)	T1	
MONODOX (<i>doxycycline monohydrate</i>)	T3	ST
MORGIDOX 1X 50 (<i>doxycycline hyclate/skin cleanser combination no.19</i>)	T3	ST
MORGIDOX 2X100 (<i>doxycycline hyclate/skin cleanser combination no.19</i>)	T3	ST
<i>doxycycline hyclate</i> (Morgidox Oral Capsule 100 Mg)	T1	
NUZYRA ORAL (<i>omadacycline tosylate</i>)	T3	QL (30 per Rx)
<i>doxycycline monohydrate</i> (Oracea)	T3	ST
SEYSARA (<i>sarecycline hcl</i>)	T3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	T3	ST
<i>doxycycline hyclate</i> (Targadox)	T3	ST
<i>tetracycline</i>	T1	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	T3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION (<i>doxycycline monohydrate</i>)	T3	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SYRUP (<i>doxycycline calcium</i>)	T3	
XIMINO (<i>minocycline hcl</i>)	T3	PA; ST
URINARY TRACT AGENTS - DRUGS TO TREAT BLADDER INFECTIONS		
<i>fosfomycin tromethamine</i>	T1	
FURADANTIN (<i>nitrofurantoin</i>)	T3	
HIPREX (<i>methenamine hippurate</i>)	T3	
MACROBID (<i>nitrofurantoin monohydrate/macrocrys</i> tals)	T3	
MACRODANTIN (<i>nitrofurantoin macrocrysta</i> l)	T3	
<i>methenamine hippurate</i>	T1	
<i>methenamine mandelate</i>	T1	
MONUROL (<i>fosfomycin tromethamine</i>)	T3	
<i>nitrofurantoin</i>	T1	
<i>nitrofurantoin macrocrysta</i> l	T1	
<i>nitrofurantoin monohyd/m-cryst</i>	T1	
PRIMSOL (<i>trimethoprim</i>)	T3	
<i>trimethoprim</i>	T1	
VANCOMYCIN - VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML (<i>vancomycin hcl</i>)	T3	PA; ST; QL (300 per Rx)
FIRVANQ ORAL RECON SOLN 50 MG/ML (<i>vancomycin hcl</i>)	T3	PA; ST; QL (450 per Rx)
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	T3	QL (40 per Rx)
VANCOCIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	T3	QL (80 per Rx)
<i>vancomycin oral capsule 125 mg</i>	T1	QL (40 per Rx)
<i>vancomycin oral capsule 250 mg</i>	T1	QL (80 per Rx)
<i>vancomycin oral recon soln</i>	T1	QL (450 per Rx)
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS		
ANTIFUNGAL AGENTS - DRUGS TO TREAT FUNGUS INFECTIONS		
ANCOBON (<i>flucytosine</i>)	T3	
<i>clotrimazole mucous membrane</i>	T1	
CRESEMBA ORAL (<i>isavuconazonium sulfate</i>)	T2	PA; ST
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION (<i>fluconazole</i>)	T3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG (<i>fluconazole</i>)	T3	
DIFLUCAN ORAL TABLET 150 MG (<i>fluconazole</i>)	T3	QL (2 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluconazole oral suspension for reconstitution</i>	T1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	T1	
<i>fluconazole oral tablet 150 mg</i>	T1	QL (2 per Rx)
<i>flucytosine</i>	T1	
<i>griseofulvin microsize</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
<i>itraconazole oral capsule</i>	T1	QL (30 per Rx)
<i>itraconazole oral solution</i>	T1	
<i>ketoconazole oral</i>	T1	
NOXAFIL ORAL SUSPENSION (<i>posaconazole</i>)	T2	PA; ST
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) (<i>posaconazole</i>)	T3	PA; ST
<i>nystatin oral suspension</i>	T1	
<i>nystatin oral tablet</i>	T1	
ORAVIG (<i>miconazole</i>)	T3	
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	T1	PA; ST
SPORANOX ORAL SOLUTION (<i>itraconazole</i>)	T3	
SPORANOX PULSEPAK (<i>itraconazole</i>)	T3	QL (30 per Rx)
<i>terbinafine hcl oral</i>	T1	
TOLSURA (<i>itraconazole</i>)	T3	PA; ST; QL (60 per Rx)
VFEND (<i>voriconazole</i>)	T3	PA; ST
<i>voriconazole oral</i>	T1	PA; ST

ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS

ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS

<i>abacavir</i>	T1	SP
<i>abacavir-lamivudine</i>	T1	SP
<i>abacavir-lamivudine-zidovudine</i>	T1	SP
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>adefovir</i>	T1	
<i>amantadine hcl</i>	T1	
APTIVUS (<i>tipranavir</i>)	T2	SP
APTIVUS (WITH VITAMIN E) (<i>tipranavir/vitamin e tpgs</i>)	T2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atazanavir</i>	T1	SP
ATRIPLA (<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>)	T3	SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	T2	
BARACLUDE ORAL TABLET (<i>entecavir</i>)	T3	
BIKTARVY (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumarate</i>)	T2	SP
CIMDUO (<i>lamivudine/tenofovir disoproxil fumarate</i>)	T2	SP
COMBIVIR (<i>lamivudine/zidovudine</i>)	T3	SP
COMPLERA (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	T3	PA; ST; SP
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	T2	SP
DELSTRIGO (<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>)	T3	PA; ST; SP
DESCOVY (<i>emtricitabine/tenofovir alafenamide fumarate</i>)	T2	SP
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	T1	SP
DOVATO (<i>dolutegravir sodium/lamivudine</i>)	T2	SP
EDURANT (<i>rilpivirine hcl</i>)	T2	SP
<i>efavirenz</i>	T1	SP
<i>efavirenz-emtricitabin-tenofov</i>	T1	SP
<i>efavirenz-lamivu-tenofov disop</i>	T1	SP
<i>emtricitabine</i>	T1	SP
<i>emtricitabine-tenofov (tdf)</i>	T0	SP; PC
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	T3	SP
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	T2	SP
<i>entecavir</i>	T1	
EPCLUSIA (<i>sofosbuvir/velpatasvir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
EPIVIR (<i>lamivudine</i>)	T3	SP
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	T2	
EPIVIR HBV ORAL TABLET (<i>lamivudine</i>)	T3	
EPZICOM (<i>abacavir sulfate/lamivudine</i>)	T3	SP
EVOTAZ (<i>atazanavir sulfate/cobicistat</i>)	T3	SP
<i>famciclovir oral tablet 125 mg, 500 mg</i>	T1	QL (1 per Rx)
<i>famciclovir oral tablet 250 mg</i>	T1	QL (60 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUMADINE ORAL TABLET (<i>rimantadine hcl</i>)	T3	
<i>fosamprenavir</i>	T1	SP
FUZEON SUBCUTANEOUS RECON SOLN (<i>enfuvirtide</i>)	T2	SP
GENVOYA (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	T2	SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG (<i>ledipasvir/sofosbuvir</i>)	T4	PA; ST; SP; QL (28 per 365 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	T4	PA; ST; SP; QL (56 per 365 days)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	T4	PA; ST; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	T4	PA; ST; SP; QL (28 per 365 days)
HEPSERA (<i>adefovir dipivoxil</i>)	T3	
INTELENCE (<i>etravirine</i>)	T2	SP
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	T2	SP
ISENTRESS (<i>raltegravir potassium</i>)	T2	SP
ISENTRESS HD (<i>raltegravir potassium</i>)	T2	SP
JULUCA (<i>dolutegravir sodium/rilpivirine hcl</i>)	T2	SP
KALETRA ORAL SOLUTION (<i>lopinavir/ritonavir</i>)	T3	SP; QL (160 per 365 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir/ritonavir</i>)	T2	SP; QL (112 per 365 days)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir/ritonavir</i>)	T2	SP; QL (56 per 365 days)
<i>lamivudine oral solution</i>	T1	SP
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP
<i>lamivudine-zidovudine</i>	T1	SP
LEDIPASVIR-SOFOSBUVIR	T4	PA; ST; SP; QL (56 per 365 days)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	T2	SP
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	T3	SP
<i>lopinavir-ritonavir</i>	T1	SP; QL (160 per 365 days)
MAVYRET (<i>glecaprevir/pibrentasvir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
<i>nevirapine</i>	T1	SP
NORVIR ORAL POWDER IN PACKET (<i>ritonavir</i>)	T2	SP
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	T2	SP

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NORVIR ORAL TABLET (<i>ritonavir</i>)	T3	SP
ODEFSEY (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	T2	SP
<i>oseltamivir oral capsule 30 mg</i>	T1	QL (40 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	T1	QL (20 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	T1	QL (360 per 365 days)
PIFELTRO (<i>doravirine</i>)	T3	PA; ST; SP
PREVYMIS ORAL TABLET 240 MG (<i>letermovir</i>)	T2	QL (30 per 365 days)
PREVYMIS ORAL TABLET 480 MG (<i>letermovir</i>)	T2	QL (100 per 365 days)
PREZCOBIX (<i>darunavir ethanolate/cobicistat</i>)	T3	PA; ST; SP
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	T2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir ethanolate</i>)	T2	SP
RELENZA DISKHALER (<i>zanamivir</i>)	T3	QL (2 per 365 days)
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	T3	SP
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	T3	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (<i>atazanavir sulfate</i>)	T3	SP
REYATAZ ORAL POWDER IN PACKET (<i>atazanavir sulfate</i>)	T2	SP
<i>ribavirin inhalation</i>	T1	
<i>rimantadine</i>	T1	
<i>ritonavir</i>	T1	SP
RUKOBIA (<i>fostemsavir tromethamine</i>)	T3	PA; ST; SP
SELZENTRY (<i>maraviroc</i>)	T2	SP
SITAVIG (<i>acyclovir</i>)	T3	PA; ST; QL (2 per Rx)
SOFOSBUVIR-VELPATASVIR	T4	PA; ST; SP; QL (84 per 365 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG (<i>sofosbuvir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG (<i>sofosbuvir</i>)	T4	PA; ST; SP; QL (168 per 365 days)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	T4	PA; ST; SP; QL (168 per 365 days)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
<i>stavudine oral capsule</i>	T1	SP

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STRIBILD (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	T3	PA; ST; SP
SUSTIVA (<i>efavirenz</i>)	T3	SP
SYMFI (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	T2	SP
SYMFI LO (<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>)	T2	SP
SYMTUZA (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	T2	SP
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	T3	QL (40 per 365 days)
TAMIFLU ORAL CAPSULE 45 MG (<i>oseltamivir phosphate</i>)	T3	QL (20 per 365 days)
<i>oseltamivir phosphate</i> (Tamiflu Oral Capsule 75 Mg)	T3	QL (20 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION (<i>oseltamivir phosphate</i>)	T3	QL (360 per 365 days)
TEMIXYS (<i>lamivudine/tenofovir disoproxil fumarate</i>)	T2	SP
<i>tenofovir disoproxil fumarate</i>	T1	SP
TIVICAY (<i>dolutegravir sodium</i>)	T2	SP
TIVICAY PD (<i>dolutegravir sodium</i>)	T2	SP
TRIUMEQ (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	T2	SP
TRIZIVIR (<i>abacavir sulfate/lamivudine/zidovudine</i>)	T3	SP
TRUVADA (<i>emtricitabine/tenofovir disoproxil fumarate</i>)	T0	SP; PC
TRUVADA (<i>emtricitabine/tenofovir disoproxil fumarate</i>)	T2	SP
TYBOST (<i>cobicistat</i>)	T3	SP
<i>valacyclovir</i>	T1	QL (30 per Rx)
VALCYTE (<i>valganciclovir hcl</i>)	T3	
<i>valganciclovir</i>	T1	
VALTREX (<i>valacyclovir hcl</i>)	T3	QL (30 per Rx)
VEMLIDY (<i>tenofovir alafenamide</i>)	T2	
VIEKIRA PAK (<i>ombitasvir/paritaprevir/ritonavir/dasabuvir sodium</i>)	T4	PA; ST; SP; QL (1 per 365 days)
VIRACEPT ORAL TABLET (<i>nelfinavir mesylate</i>)	T2	SP
VIRAMUNE ORAL SUSPENSION (<i>nevirapine</i>)	T3	SP
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (<i>nevirapine</i>)	T3	SP
VIRAZOLE (<i>ribavirin</i>)	T3	
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	T2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	T2	SP

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VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	T3	SP
VOSEVI (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
XOFLUZA (<i>baloxavir marboxil</i>)	T3	QL (4 per 365 days)
ZEPATIER (<i>elbasvir/grazoprevir</i>)	T4	PA; ST; SP; QL (84 per 365 days)
ZIAGEN (<i>abacavir sulfate</i>)	T3	SP
<i>zidovudine</i>	T1	SP
ZOVIRAX ORAL SUSPENSION (<i>acyclovir</i>)	T3	

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER

ADJUNCTIVE AGENTS - DRUGS USED WITH CANCER TREATMENT

<i>leucovorin calcium oral</i>	T1	
MESNEX ORAL (<i>mesna</i>)	T2	
VISTOGARD (<i>uridine triacetate</i>)	T4	PA; ST; SP

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER OR SUPPRESS THE IMMUNE SYSTEM

<i>abiraterone oral tablet 250 mg</i>	T4	PA; ST; OAC; SP
AFINITOR (<i>everolimus</i>)	T4	PA; ST; OAC; SP
AFINITOR DISPERZ (<i>everolimus</i>)	T4	PA; ST; OAC; SP
ALECensa (<i>alectinib hcl</i>)	T4	PA; ST; OAC; SP
ALKERAN (<i>melfalan</i>)	T3	
ALUNBRIG (<i>brigatinib</i>)	T4	PA; ST; OAC; SP
<i>anastrozole</i>	T1	
ARIMIDEX (<i>anastrozole</i>)	T3	
AROMASIN (<i>exemestane</i>)	T3	
ASTAGRAF XL (<i>tacrolimus</i>)	T3	PA; ST; SP
AYVAKIT (<i>avapritinib</i>)	T3	PA; ST; OAC; SP
AZASAN (<i>azathioprine</i>)	T3	SP
<i>azathioprine</i>	T1	SP
BALVERSA (<i>erdafitinib</i>)	T2	PA; ST; OAC; SP
<i>bexarotene</i>	T4	PA; ST; OAC; SP
<i>bicalutamide</i>	T1	
BOSULIF (<i>bosutinib</i>)	T4	PA; ST; OAC; SP

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRAFTOVI (<i>encorafenib</i>)	T3	PA; ST; OAC; SP
BRUKINSA (<i>zanubrutinib</i>)	T3	PA; ST; OAC; SP
BYNFEZIA (<i>octreotide acetate</i>)	T4	SP
CABOMETYX (<i>cabozantinib s-malate</i>)	T4	PA; ST; OAC; SP
CALQUENCE (<i>acalabrutinib</i>)	T4	PA; ST; OAC; SP
<i>capecitabine</i>	T4	OAC; SP
CAPRELSA (<i>vandetanib</i>)	T4	PA; ST; OAC; SP
CASODEX (<i>bicalutamide</i>)	T3	
CELLCEPT (<i>mycophenolate mofetil</i>)	T3	SP
COMETRIQ (<i>cabozantinib s-malate</i>)	T4	PA; ST; OAC; SP
COPIKTRA (<i>duvelisib</i>)	T3	PA; ST; OAC; SP
COTELLIC (<i>cobimetinib fumarate</i>)	T4	PA; ST; OAC; SP
<i>cyclophosphamide oral capsule</i>	T1	
<i>cyclosporine modified</i>	T1	SP
<i>cyclosporine oral capsule</i>	T1	SP
DAURISMO (<i>glasdegib maleate</i>)	T3	PA; ST; OAC; SP
DROXIA (<i>hydroxyurea</i>)	T2	
EMCYT (<i>estramustine phosphate sodium</i>)	T2	
ENSPRYNG (<i>satralizumab-mwge</i>)	T4	PA; ST; SP
ENVARSUS XR (<i>tacrolimus</i>)	T3	PA; ST; SP
ERIVEDGE (<i>vismodegib</i>)	T4	PA; ST; OAC; SP
ERLEADA (<i>apalutamide</i>)	T4	PA; ST; OAC; SP
<i>erlotinib</i>	T4	PA; ST; OAC; SP
<i>etoposide oral</i>	T1	
<i>everolimus (antineoplastic)</i>	T4	PA; ST; OAC; SP
<i>everolimus (immunosuppressive)</i>	T1	SP
<i>exemestane</i>	T1	
FARESTON (<i>toremifene citrate</i>)	T3	
FARYDAK (<i>panobinostat lactate</i>)	T4	PA; ST; OAC; SP
FEMARA (<i>letrozole</i>)	T3	
<i>flutamide</i>	T1	
GAVRETO (<i>pralsetinib</i>)	T3	PA; ST; OAC; SP
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	SP
<i>cyclosporine, modified</i> (Gengraf Oral Solution)	T1	SP

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GILOTРИФ (afatinib dimaleate)	T4	PA; ST; OAC; SP
GLEEVEC (imatinib mesylate)	T4	PA; ST; OAC; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	T2	
HYCAMTIN ORAL (topotecan hcl)	T4	PA; ST; OAC; SP
HYDREA (hydroxyurea)	T3	
hydroxyurea	T1	
IBRANCE (palbociclib)	T4	PA; ST; OAC; SP
ICLUSIG (ponatinib hcl)	T4	PA; ST; OAC; SP
IDHIFA (enasidenib mesylate)	T4	PA; ST; OAC; SP
imatinib	T4	PA; OAC; SP
IMBRUVICA (ibrutinib)	T4	PA; ST; OAC; SP
IMURAN (azathioprine)	T3	SP
INLYTA (axitinib)	T4	PA; ST; OAC; SP
INQOVI (decitabine/cedazuridine)	T3	PA; ST; OAC; SP
INREBIC (federatinib dihydrochloride)	T3	PA; ST; OAC; SP
IRESSA (gefitinib)	T4	PA; ST; OAC; SP
JAKAFI (ruxolitinib phosphate)	T4	PA; ST; OAC; SP
KISQALI (ribociclib succinate)	T4	PA; ST; OAC; SP
KISQALI FEMARA CO-PACK (ribociclib succinate/letrozole)	T4	PA; ST; OAC; SP
KOSELUGO (selumetinib sulfate/vitamin e tpgs)	T3	PA; ST; OAC; SP
lapatinib	T4	PA; ST; OAC; SP
LENVIMA (lenvatinib mesylate)	T4	PA; ST; OAC; SP
letrozole	T1	
LEUKERAN (chlorambucil)	T2	
leuprolide subcutaneous kit	T4	PA; ST; SP
LONSURF (trifluridine/tipiracil hcl)	T4	PA; ST; OAC; SP
LORBRENA (lorlatinib)	T2	PA; ST; OAC; SP
LYNPARZA ORAL TABLET (olaparib)	T4	PA; ST; OAC; SP
LYSODREN (mitotane)	T2	OAC; SP
MATULANE (procarbazine hcl)	T4	OAC; SP
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	T1	
megestrol oral tablet	T1	
MEKINIST (trametinib dimethyl sulfoxide)	T4	PA; ST; OAC; SP

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MEKTOVI (<i>binimetinib</i>)	T3	PA; ST; OAC; SP
<i>melphalan</i>	T1	
<i>mercaptopurine</i>	T1	
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil</i>	T1	SP
<i>mycophenolate sodium</i>	T1	SP
MYFORTIC (<i>mycophenolate sodium</i>)	T3	SP
MYLERAN (<i>busulfan</i>)	T2	
NEORAL (<i>cyclosporine, modified</i>)	T3	SP
NERLYNX (<i>neratinib maleate</i>)	T4	PA; ST; OAC; SP
NEXAVAR (<i>sorafenib tosylate</i>)	T4	PA; ST; OAC; SP
NILANDRON (<i>nilutamide</i>)	T3	PA; ST
<i>nilutamide</i>	T1	PA; ST
NINLARO (<i>ixazomib citrate</i>)	T4	PA; ST; OAC; SP
NUBEQA (<i>darolutamide</i>)	T2	PA; ST; OAC; SP
<i>octreotide acetate</i>	T4	SP
ODOMZO (<i>sonidegib phosphate</i>)	T4	PA; ST; OAC; SP
PEMAZYRE (<i>pemigatinib</i>)	T3	PA; ST; OAC; SP
PIQRAY (<i>alpelisib</i>)	T3	PA; ST; OAC; SP
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	T3	SP
PROGRAF ORAL GRANULES IN PACKET (<i>tacrolimus</i>)	T2	SP
PURIXAN (<i>mercaptopurine</i>)	T4	OAC; SP
QINLOCK (<i>ripretinib</i>)	T3	PA; ST; OAC; SP
RAPAMUNE (<i>sirolimus</i>)	T3	SP
RETEVMO (<i>selpercatinib</i>)	T3	PA; ST; OAC; SP
ROMIDEPSIN INTRAVENOUS SOLUTION (<i>romidepsin</i>)	T4	PA; ST; SP
ROZLYTREK (<i>entrectinib</i>)	T2	PA; ST; OAC; SP
RUBRACA (<i>rucaparib camsylate</i>)	T4	PA; ST; OAC; SP
RYDAPT (<i>midostaurin</i>)	T4	PA; ST; OAC; SP
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	T3	SP
SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>)	T2	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	T4	SP
SIGNIFOR (<i>pasireotide diaspartate</i>)	T4	PA; SP

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SIKLOS (<i>hydroxyurea</i>)	T3	PA; ST
<i>sirolimus</i>	T1	SP
SOLTAMOX (<i>tamoxifen citrate</i>)	T3	
SPRYCEL (<i>dasatinib</i>)	T4	PA; ST; OAC; SP
STIVARGA (<i>regorafenib</i>)	T4	PA; ST; OAC; SP
SUTENT (<i>sunitinib malate</i>)	T4	PA; ST; OAC; SP
SYNRIBO (<i>omacetaxine mepesuccinate</i>)	T4	PA; ST; SP
TABLOID (<i>thioguanine</i>)	T3	
TABRECTA (<i>capmatinib hydrochloride</i>)	T3	PA; ST; OAC; SP
<i>tacrolimus oral</i>	T1	SP
TAFINLAR (<i>dabrafenib mesylate</i>)	T4	PA; ST; OAC; SP
TAGRISSO (<i>osimertinib mesylate</i>)	T4	PA; ST; OAC; SP
TALZENNA (<i>talazoparib tosylate</i>)	T2	PA; ST; OAC; SP
<i>tamoxifen</i>	T1	
TARCEVA (<i>erlotinib hcl</i>)	T4	PA; ST; OAC; SP
TARGETIN ORAL (<i>bexarotene</i>)	T4	PA; ST; OAC; SP
TARGETIN TOPICAL (<i>bexarotene</i>)	T4	PA; ST; SP
TASIGNA (<i>nilotinib hcl</i>)	T4	PA; ST; OAC; SP
TAZVERIK (<i>tazemetostat hydrobromide</i>)	T3	PA; ST; OAC; SP
TEMODAR ORAL (<i>temozolomide</i>)	T4	PA; OAC; SP
<i>temozolomide</i>	T4	PA; OAC; SP
THALOMID (<i>thalidomide</i>)	T4	PA; SP
TIBSOVO (<i>ivosidenib</i>)	T2	PA; ST; OAC; SP
<i>toremifene</i>	T1	
<i>tretinoïn (antineoplastic)</i>	T1	
TREXALL (<i>methotrexate sodium</i>)	T3	
TUKYSA (<i>tucatinib</i>)	T3	PA; ST; OAC; SP
TURALIO (<i>pexidartinib hydrochloride</i>)	T3	PA; ST; OAC; SP
TYKERB (<i>lapatinib ditosylate</i>)	T4	PA; ST; OAC; SP
VENCLEXTA (<i>venetoclax</i>)	T4	PA; ST; OAC; SP
VENCLEXTA STARTING PACK (<i>venetoclax</i>)	T4	PA; ST; OAC; SP
VERZENIO (<i>abemaciclib</i>)	T4	PA; ST; OAC; SP
VITRAKVI (<i>larotrectinib sulfate</i>)	T2	PA; ST; OAC; SP
VIZIMPRO (<i>dacomitinib</i>)	T2	PA; ST; OAC; SP

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VOTRIENT (<i>pazopanib hcl</i>)	T4	PA; ST; OAC; SP
XALKORI (<i>crizotinib</i>)	T4	PA; ST; OAC; SP
XATMEP (<i>methotrexate</i>)	T3	PA; ST
XELODA (<i>capecitabine</i>)	T4	OAC; SP
XERMELO (<i>telotristat etiprate</i>)	T4	PA; SP
XOSPATA (<i>gilteritinib fumarate</i>)	T2	PA; ST; OAC; SP
XPOVIO (<i>selinexor</i>)	T3	PA; ST; OAC; SP
XTANDI (<i>enzalutamide</i>)	T4	PA; ST; OAC; SP
YONSA (<i>abiraterone acetate, submicronized</i>)	T4	PA; ST; OAC; SP
ZEJULA (<i>niraparib tosylate</i>)	T4	PA; ST; OAC; SP
ZELBORAFAF (<i>vemurafenib</i>)	T4	PA; ST; OAC; SP
ZOLINZA (<i>vorinostat</i>)	T4	PA; ST; OAC; SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (<i>everolimus</i>)	T3	SP
ZORTRESS ORAL TABLET 1 MG (<i>everolimus</i>)	T2	SP
ZYDELIG (<i>idelalisib</i>)	T4	PA; ST; OAC; SP
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	T4	PA; ST; OAC; SP
ZYTIGA (<i>abiraterone acetate</i>)	T4	PA; ST; OAC; SP

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTIOM (<i>eslicarbazepine acetate</i>)	T3	PA; ST
BANZEL (<i>rufinamide</i>)	T2	PA; ST
BRIVIACT ORAL (<i>brivaracetam</i>)	T3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr</i>	T1	
<i>carbamazepine oral tablet, chewable</i>	T1	
CARBATROL (<i>carbamazepine</i>)	T3	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	T2	
<i>clobazam</i>	T1	PA; ST
<i>clonazepam</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE (<i>divalproex sodium</i>)	T3	ST
DEPAKOTE ER (<i>divalproex sodium</i>)	T3	ST
DEPAKOTE SPRINKLES (<i>divalproex sodium</i>)	T3	ST
DIACOMIT (<i>stiripentol</i>)	T4	PA; ST; SP
DIASTAT (<i>diazepam</i>)	T3	
DIASTAT ACUDIAL (<i>diazepam</i>)	T3	
<i>diazepam rectal</i>	T1	
DILANTIN (<i>phenytoin sodium extended</i>)	T2	
<i>phenytoin sodium extended</i> (Dilantin Extended)	T3	
<i>phenytoin</i> (Dilantin Infatabs)	T3	
DILANTIN-125 (<i>phenytoin</i>)	T3	
<i>divalproex</i>	T1	
EPIDIOLEX (<i>cannabidiol (cbd)</i>)	T4	PA; ST; SP
<i>carbamazepine</i> (Epitol)	T1	
EQUETRO (<i>carbamazepine</i>)	T3	
<i>ethosuximide</i>	T1	
<i>felbamate</i>	T1	
FELBATOL (<i>felbamate</i>)	T3	
FINTEPLA (<i>fenfluramine hcl</i>)	T4	PA; ST; SP
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	T2	
FYCOMPA ORAL TABLET (<i>perampanel</i>)	T2	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
GABITRIL (<i>tiagabine hcl</i>)	T3	
GRALISE (<i>gabapentin</i>)	T3	ST
KEPPRA ORAL (<i>levetiracetam</i>)	T3	ST
KEPPRA XR (<i>levetiracetam</i>)	T3	ST
KLONOPIN (<i>clonazepam</i>)	T3	
LAMICTAL ODT (<i>lamotrigine</i>)	T3	ST
LAMICTAL ODT STARTER (BLUE) (<i>lamotrigine</i>)	T3	ST
LAMICTAL ODT STARTER (GREEN) (<i>lamotrigine</i>)	T3	ST
LAMICTAL ODT STARTER (ORANGE) (<i>lamotrigine</i>)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ORAL TABLET (<i>lamotrigine</i>)	T3	ST
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (<i>lamotrigine</i>)	T3	ST
LAMICTAL STARTER (BLUE) KIT (<i>lamotrigine</i>)	T3	ST
LAMICTAL STARTER (GREEN) KIT (<i>lamotrigine</i>)	T3	ST
LAMICTAL STARTER (ORANGE) KIT (<i>lamotrigine</i>)	T3	ST
LAMICTAL XR (<i>lamotrigine</i>)	T3	ST
LAMICTAL XR STARTER (BLUE) (<i>lamotrigine</i>)	T3	ST
LAMICTAL XR STARTER (GREEN) (<i>lamotrigine</i>)	T3	ST
LAMICTAL XR STARTER (ORANGE) (<i>lamotrigine</i>)	T3	ST
<i>lamotrigine</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA (<i>pregabalin</i>)	T3	
LYRICA CR (<i>pregabalin</i>)	T3	PA; ST
mysoline (<i>primidone</i>)	T3	
NAYZILAM (<i>midazolam</i>)	T2	PA; ST; QL (2 per Rx)
NEURONTIN (<i> gabapentin</i>)	T3	ST
ONFI ORAL SUSPENSION (<i>clobazam</i>)	T3	PA; ST
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	T3	PA; ST
<i>oxcarbazepine</i>	T1	
OXTELLAR XR (<i>oxcarbazepine</i>)	T3	ST
<i>phenobarbital</i>	T1	
<i>phenytoin sodium extended</i> (Phentyek)	T3	
<i>phenytoin oral suspension</i>	T1	
<i>phenytoin oral tablet, chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>pregabalin</i>	T1	
<i>primidone</i>	T1	
QUDEXY XR (<i>topiramate</i>)	T2	ST
<i>levetiracetam</i> (Roweepra)	T1	
<i>rufinamide</i>	T1	PA; ST
SABRIL (<i>vigabatrin</i>)	T4	PA; ST; SP
SPRITAM (<i>levetiracetam</i>)	T3	ST
<i>lamotrigine</i> (Subvenite)	T1	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit)	T1	

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<i>lamotrigine</i> (Subvenite Starter (Green) Kit)	T1	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit)	T1	
SYMPAZAN (<i>clobazam</i>)	T3	PA; ST
TEGRETOL ORAL SUSPENSION (<i>carbamazepine</i>)	T3	
TEGRETOL ORAL TABLET (<i>carbamazepine</i>)	T3	
TEGRETOL XR (<i>carbamazepine</i>)	T3	
<i>tiagabine</i>	T1	
TOPAMAX (<i>topiramate</i>)	T3	ST
<i>topiramate oral capsule, sprinkle</i>	T1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	T3	PA; ST
<i>topiramate oral tablet</i>	T1	
TRILEPTAL (<i>oxcarbazepine</i>)	T3	ST
TROKENDI XR (<i>topiramate</i>)	T3	ST
<i>valproic acid</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	T1	
VALTOCO (<i>diazepam</i>)	T3	QL (2 per Rx)
<i>vigabatrin</i>	T4	PA; ST; SP
<i>vigabatrin</i> (Vigadron)	T4	PA; ST; SP
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	T2	
VIMPAT ORAL TABLET (<i>lacosamide</i>)	T2	
XCOPRI (<i>cenobamate</i>)	T3	QL (30 per Rx)
XCOPRI MAINTENANCE PACK (<i>cenobamate</i>)	T3	QL (56 per Rx)
XCOPRI TITRATION PACK (<i>cenobamate</i>)	T3	QL (56 per Rx)
ZARONTIN (<i>ethosuximide</i>)	T3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	T3	
<i>zonisamide</i>	T1	
ANTIPARKINSONISM AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE		
APOKYN (<i>apomorphine hcl</i>)	T4	SP
AZILECT (<i>rasagiline mesylate</i>)	T3	ST
<i>benztropine oral</i>	T1	
<i>bromocriptine</i>	T1	
<i>carbidopa</i>	T1	
<i>carbidopa-levodopa</i>	T1	

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<i>carbidopa-levodopa-entacapone</i>	T1	
COMTAN (<i>entacapone</i>)	T3	
DUOPA (<i>carbidopa/levodopa</i>)	T4	
<i>entacapone</i>	T1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG (<i>amantadine hcl</i>)	T4	PA; ST; SP
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG (<i>amantadine hcl</i>)	T4	PA; ST; QL (30 per Rx); SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE (<i>levodopa</i>)	T4	PA; ST; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>apomorphine hcl</i>)	T2	PA; ST
LODOSYN (<i>carbidopa</i>)	T3	
MIRAPEX ER (<i>pramipexole di-hcl</i>)	T3	
NEUPRO (<i>rotigotine</i>)	T3	
NOURIANZ (<i>istradefylline</i>)	T4	PA; ST; QL (30 per Rx); SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG (<i>amantadine hcl</i>)	T4	PA; QL (30 per Rx); SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) (<i>amantadine hcl</i>)	T4	PA; QL (60 per Rx); SP
PARLODEL (<i>bromocriptine mesylate</i>)	T3	
<i>pramipexole</i>	T1	
<i>rasagiline</i>	T1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG (<i>ropinirole hcl</i>)	T3	
<i>ropinirole</i>	T1	
RYTARY (<i>carbidopa/levodopa</i>)	T3	
<i>selegiline hcl</i>	T1	
SINEMET (<i>carbidopa/levodopa</i>)	T3	
STALEVO 100 (<i>carbidopa/levodopa/entacapone</i>)	T3	
STALEVO 125 (<i>carbidopa/levodopa/entacapone</i>)	T3	
STALEVO 150 (<i>carbidopa/levodopa/entacapone</i>)	T3	
STALEVO 200 (<i>carbidopa/levodopa/entacapone</i>)	T3	
STALEVO 50 (<i>carbidopa/levodopa/entacapone</i>)	T3	
STALEVO 75 (<i>carbidopa/levodopa/entacapone</i>)	T3	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	T3	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolcapone</i>	T1	
<i>trihexyphenidyl</i>	T1	
XADAGO (<i>safinamide mesylate</i>)	T3	PA; ST
ZELAPAR (<i>selegiline hcl</i>)	T3	PA; ST
MIGRAINE & CLUSTER HEADACHE THERAPY - DRUGS TO TREAT MIGRAINE HEADACHE		
AIMOVIG AUTOINJECTOR (<i>erenumab-aooe</i>)	T2	PA; ST; QL (1 per 30 days)
AJOVY AUTOINJECTOR (<i>fremanezumab-vfrm</i>)	T2	PA; ST; QL (3 per 30 days)
AJOVY SYRINGE (<i>fremanezumab-vfrm</i>)	T2	PA; ST; QL (3 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	T1	QL (24 per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	T1	QL (18 per 30 days)
AMERGE (<i>naratriptan hcl</i>)	T3	ST; QL (18 per 30 days)
<i>ergotamine tartrate/caffeine</i> (Cafergot)	T3	
D.H.E.45 (<i>dihydroergotamine mesylate</i>)	T3	
<i>dihydroergotamine injection</i>	T1	
<i>dihydroergotamine nasal</i>	T1	ST; QL (2 per 30 days)
<i>eletriptan</i>	T1	QL (18 per 30 days)
EMGALITY PEN (<i>galcanezumab-gnlm</i>)	T2	PA; ST; QL (1 per 30 days)
EMGALITY SYRINGE (<i>galcanezumab-gnlm</i>)	T2	PA; ST; QL (1 per 30 days)
ERGOMAR (<i>ergotamine tartrate</i>)	T3	
<i>ergotamine-caffeine</i>	T1	
FROVA (<i>frovatriptan succinate</i>)	T3	ST; QL (27 per 30 days)
<i>frovatriptan</i>	T1	QL (27 per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION (<i>sumatriptan</i>)	T3	ST; QL (18 per 30 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION (<i>sumatriptan</i>)	T3	ST; QL (108 per 30 days)
IMITREX ORAL (<i>sumatriptan succinate</i>)	T3	ST; QL (18 per 30 days)
IMITREX STATDOSE PEN (<i>sumatriptan succinate</i>)	T3	ST; QL (24 per 30 days)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>)	T3	ST; QL (24 per 30 days)
IMITREX SUBCUTANEOUS (<i>sumatriptan succinate</i>)	T3	ST; QL (24 per 30 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	T3	ST; QL (36 per 30 days)
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG (<i>rizatriptan benzoate</i>)	T3	ST; QL (36 per 30 days)
<i>migergot</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAL (dihydroergotamine mesylate)	T3	ST; QL (2 per 30 days)
<i>naratriptan</i>	T1	QL (18 per 30 days)
NURTEC ODT (rimegepant sulfate)	T3	PA; ST; QL (16 per 30 days)
ONZETRA XSAIL (sumatriptan succinate)	T3	ST; QL (1 per 30 days)
RELPAX (eletriptan hydrobromide)	T3	ST; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG (lasmiditan succinate)	T3	PA; ST; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG (lasmiditan succinate)	T3	PA; ST; QL (8 per 30 days)
<i>rizatriptan</i>	T1	QL (36 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	T1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	T1	QL (36 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 50 mg</i>	T1	QL (54 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	T1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	T1	QL (24 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	T1	QL (24 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	T1	QL (24 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T1	QL (24 per 30 days)
<i>sumatriptan-naproxen</i>	T1	ST; QL (18 per 30 days)
TOSYMRA (sumatriptan)	T3	ST; QL (24 per 30 days)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan succinate/naproxen sodium</i>)	T3	ST; QL (18 per 30 days)
UBRELVY (ubrogepant)	T3	PA; ST; QL (20 per 30 days)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>)	T3	ST; QL (2 per 30 days)
<i>zolmitriptan</i>	T1	QL (18 per 30 days)
ZOMIG NASAL (<i>zolmitriptan</i>)	T2	ST; QL (18 per 30 days)
ZOMIG ORAL (<i>zolmitriptan</i>)	T3	ST; QL (18 per 30 days)
ZOMIG ZMT (<i>zolmitriptan</i>)	T3	ST; QL (18 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY - OTHER

AMPYRA (dalfampridine)	T4	PA; ST; SP
ARICEPT (donepezil hcl)	T3	ST
AUSTEDO (deutetrabenazine)	T4	PA; ST; QL (60 per Rx); SP
<i>dalfampridine</i>	T4	PA; ST; SP
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil oral tablet 23 mg</i>	T1	ST
<i>donepezil oral tablet, disintegrating</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVRYSDI (<i>risdiplam</i>)	T4	PA; ST; SP; QL (240 per 30 days)
EXELON TRANSDERMAL (<i>rivastigmine</i>)	T3	ST
FIRDAPSE (<i>amifampridine phosphate</i>)	T4	PA; ST; SP
<i>galantamine</i>	T1	
HORIZANT (<i> gabapentin enacarbil</i>)	T3	ST
INGREZZA (<i>valbenazine tosylate</i>)	T4	PA; ST; QL (30 per Rx); SP
INGREZZA INITIATION PACK (<i>valbenazine tosylate</i>)	T4	PA; ST; QL (24 per Rx); SP
KEVEYIS (<i>dichlorphenamide</i>)	T4	PA; ST; SP
<i>memantine oral capsule,sprinkle,er 24hr</i>	T1	
<i>memantine oral solution</i>	T1	
<i>memantine oral tablet</i>	T1	
MEMANTINE ORAL TABLETS,DOSE PACK	T3	
NAMENDA ORAL TABLET (<i>memantine hcl</i>)	T3	ST
NAMENDA TITRATION PAK (<i>memantine hcl</i>)	T3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK (<i>memantine hcl</i>)	T3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR (<i>memantine hcl</i>)	T3	ST
NAMZARIC (<i>memantine hcl/donepezil hcl</i>)	T2	ST
NUEDEXTA (<i>dextromethorphan hbr/quinidine sulfate</i>)	T2	
RAZADYNE ER (<i>galantamine hbr</i>)	T3	ST
<i>rivastigmine</i>	T1	
<i>rivastigmine tartrate</i>	T1	
RUZURGI (<i>amifampridine</i>)	T4	PA; ST; SP
TEGSEDI (<i>inotersen sodium</i>)	T4	PA; SP
<i>tetrabenazine</i>	T4	PA; ST; QL (60 per Rx); SP
XENAZINE (<i>tetrabenazine</i>)	T4	PA; ST; QL (60 per Rx); SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX (<i>cyclobenzaprine hcl</i>)	T3	PA; ST
<i>baclofen oral</i>	T1	
<i>carisoprodol</i>	T3	
<i>carisoprodol-aspirin</i>	T3	
<i>carisoprodol-aspirin-codeine</i>	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorzoxazone</i>	T1	
<i>cyclobenzaprine</i>	T1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (<i>dantrolene sodium</i>)	T3	
<i>dantrolene oral</i>	T1	
<i>cyclobenzaprine hcl</i> (Fexmid)	T3	PA; ST
<i>chlorzoxazone</i> (Lorzone)	T3	PA; ST
<i>meprobamate</i>	T3	
MESTINON ORAL (<i>pyridostigmine bromide</i>)	T3	
MESTINON TIMESPAN (<i>pyridostigmine bromide</i>)	T3	
<i>metaxalone</i> (Metaxall)	T1	
<i>metaxalone</i>	T1	
<i>methocarbamol oral</i>	T1	
<i>orphenadrine citrate/aspirin/caffeine</i> (Norgesic Forte)	T3	
<i>orphenadrine citrate oral</i>	T1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	T1	
<i>orphenadrine citrate/aspirin/caffeine</i> (Orphengesic Forte)	T1	
OZOBAX (<i>baclofen</i>)	T3	PA; ST
<i>pyridostigmine bromide oral syrup</i>	T1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (<i>pyridostigmine bromide</i>)	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<i>pyridostigmine bromide oral tablet extended release</i>	T1	
ROBAXIN-750 (<i>methocarbamol</i>)	T3	
SKELAXIN (<i>metaxalone</i>)	T3	
SOMA (<i>carisoprodol</i>)	T3	
<i>tizanidine</i>	T1	
<i>carisoprodol</i> (Vanadom)	T3	
ZANAFLEX (<i>tizanidine hcl</i>)	T3	

NARCOTIC ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen-caff-dihydrocod oral capsule</i>	T1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	T1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	T1	
<i>acetaminophen-codeine oral tablet</i>	T1	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 400 MCG, 600 MCG (<i>fentanyl citrate</i>)	T3	ST; QL (270 per 90 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,600 MCG, 200 MCG, 800 MCG (<i>fentanyl citrate</i>)	T3	ST; QL (90 per 90 days)
<i>butalbital/acetaminophen</i> (Allzital)	T3	PA; ST
APADAZ (<i>benzhydrocodone hcl/acetaminophen</i>)	T3	PA; ST
ARYMO ER (<i>morphine sulfate</i>)	T3	ST; QL (120 per 30 days)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine)	T1	
BELBUCA (<i>buprenorphine hcl</i>)	T2	ST; QL (60 per Rx)
BENZHYDROCODONE-ACETAMINOPHEN	T3	PA; ST
<i>butalbital/acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	T3	PA; ST
<i>buprenorphine</i>	T1	ST
<i>buprenorphine hcl sublingual</i>	T1	
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Butalbital Compound W/Codeine)	T1	
<i>butalbital-acetaminop-caf-cod</i>	T1	
<i>butalbital-acetaminophen</i>	T1	
<i>butalbital-acetaminophen-caff oral capsule</i>	T1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>butalbital-aspirin-caffeine</i>	T1	
BUTTRANS (<i>buprenorphine</i>)	T3	ST
<i>codeine sulfate oral tablet</i>	T1	
<i>codeine-butalbital-asa-caff</i>	T1	
DILAUDID (<i>hydromorphone hcl</i>)	T3	
<i>diskets</i>	T1	ST
DSUVIA (<i>sufentanil citrate</i>)	T3	
DURAGESIC (<i>fentanyl</i>)	T3	ST; QL (15 per 30 days)
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i> (Dvorah)	T1	
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	
<i>butalbital/acetaminophen/caffeine</i> (Esgic)	T3	PA; ST
<i>fentanyl</i>	T1	ST; QL (15 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 600 mcg, 800 mcg</i>	T1	ST; QL (90 per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl citrate buccal lozenge on a handle 1,600 mcg, 200 mcg, 400 mcg</i>	T1	ST; QL (270 per 90 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	T3	PA; ST; QL (90 per 90 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG (<i>fentanyl citrate</i>)	T3	PA; ST; QL (270 per 90 days)
<i>butalbital/acetaminophen/caffeine</i> (Fioricet Oral Capsule)	T3	PA; ST
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital/acetaminophen/caffeine/codeine phosphate</i>)	T3	
FIORINAL (<i>butalbital/aspirin/caffeine</i>)	T3	PA; ST
FIORINAL-CODEINE #3 (<i>codeine phosphate/butalbital/aspirin/caffeine</i>)	T3	
<i>hydrocodone bitartrate</i>	T1	ST; QL (90 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	T1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
<i>hydromorphone oral liquid</i>	T1	
<i>hydromorphone oral tablet</i>	T1	
<i>hydromorphone oral tablet extended release 24 hr</i>	T1	ST; QL (60 per 30 days)
<i>hydromorphone rectal</i>	T1	
HYSINGLA ER (<i>hydrocodone bitartrate</i>)	T2	ST; QL (60 per 30 days)
<i>ibuprofen-oxycodone</i>	T1	
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (<i>morphine sulfate</i>)	T3	ST; QL (90 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY (<i>fentanyl citrate</i>)	T3	PA; ST; QL (1 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (<i>levorphanol tartrate</i>)	T3	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (<i>hydrocodone bitartrate/acetaminophen</i>)	T3	
<i>meperidine oral solution</i>	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meperidine oral tablet 50 mg</i>	T3	
<i>methadone oral concentrate</i>	T1	ST
<i>methadone oral solution</i>	T1	ST
<i>methadone oral tablet</i>	T1	ST
<i>methadone oral tablet,soluble</i>	T1	ST
<i>methadose oral concentrate</i>	T1	ST
<i>methadone hcl</i> (Methadose Oral Tablet,Soluble)	T1	ST
<i>morphine concentrate oral solution</i>	T1	
<i>morphine oral capsule, er multiphase 24 hr</i>	T1	ST; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets</i>	T1	ST; QL (90 per 30 days)
<i>morphine oral solution</i>	T1	
<i>morphine oral tablet</i>	T1	
<i>morphine oral tablet extended release</i>	T1	ST; QL (120 per 30 days)
<i>morphine rectal</i>	T1	
MS CONTIN (<i>morphine sulfate</i>)	T3	ST; QL (120 per 30 days)
<i>oxycodone hcl/acetaminophen</i> (Nalocet)	T3	
<i>hydrocodone bitartrate/acetaminophen</i> (Norco)	T3	
<i>OXAYDO (oxycodone hcl)</i>	T3	
<i>oxycodone oral capsule</i>	T1	
<i>oxycodone oral concentrate</i>	T1	
<i>oxycodone oral solution</i>	T1	
<i>oxycodone oral tablet</i>	T1	
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	T3	PA; ST; QL (90 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-aspirin</i>	T1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR (<i>oxycodone hcl</i>)	T2	ST; QL (90 per 30 days)
<i>oxymorphone oral tablet</i>	T1	
<i>oxymorphone oral tablet extended release 12 hr</i>	T1	ST; QL (90 per 30 days)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	T3	
<i>PRIMLEV (oxycodone hcl/acetaminophen)</i>	T3	PA; ST
<i>oxycodone hcl/acetaminophen</i> (Prolate)	T1	
<i>ROXICODONE (oxycodone hcl)</i>	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 600 MCG/SPRAY (<i>fentanyl</i>)	T3	PA; ST; QL (270 per 90 days)
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 800 MCG/SPRAY (<i>fentanyl</i>)	T3	PA; ST; QL (90 per 90 days)
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	T1	
<i>acetaminophen/caffeine/dihydrocodeine bitartrate</i> (Trezix Oral Capsule 320.5-30-16 Mg)	T3	
<i>butalbital/acetaminophen/caffeine</i> (Vanatol Lq)	T3	PA; ST
<i>butalbital/acetaminophen/caffeine</i> (Vanatol S)	T3	PA; ST
<i>butalbital/acetaminophen/caffeine</i> (Vtol Lq)	T1	
XTAMPZA ER (<i>oxycodone myristate</i>)	T3	PA; ST; QL (90 per 30 days)
<i>butalbital/acetaminophen/caffeine</i> (Zebutal Oral Capsule 50-325-40 Mg)	T1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR (<i>hydrocodone bitartrate</i>)	T3	ST; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS - DRUGS TO TREAT SEVERE PAIN		
<i>adult aspirin regimen</i>	T0	PC
ANAPROX DS (<i>naproxen sodium</i>)	T3	ST
ARTHROTEC 50 (<i>diclofenac sodium/misoprostol</i>)	T3	ST
ARTHROTEC 75 (<i>diclofenac sodium/misoprostol</i>)	T3	ST
<i>aspirin low dose</i>	T0	PC
<i>aspirin oral tablet</i>	T0	PC
<i>aspirin oral tablet, chewable</i>	T0	PC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	T0	PC
<i>aspir-trin</i>	T0	PC
<i>bayer aspirin</i>	T0	PC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T3	PA; ST; QL (30 per Rx)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T3	PA; ST; QL (60 per Rx)
BUNAVAIL BUCCAL FILM 6.3-1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T3	PA; ST
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	T1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 per Rx)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	T1	QL (90 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	T1	
<i>butorphanol injection</i>	T1	
<i>butorphanol nasal</i>	T1	QL (1 per 30 days)
CAMBIA (<i>diclofenac potassium</i>)	T3	ST; QL (9 per 30 days)
CELEBREX (<i>celecoxib</i>)	T3	ST
<i>celecoxib</i>	T1	ST
<i>children's aspirin</i>	T0	PC
<i>choline,magnesium salicylate</i>	T1	
CONZIP (<i>tramadol hcl</i>)	T3	ST; QL (30 per Rx)
DAYPRO (<i>oxaprozin</i>)	T3	ST
DICLOFENAC EPOLAMINE	T3	PA; ST; QL (60 per Rx)
<i>diclofenac potassium</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac sodium topical drops</i>	T1	QL (1 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	T1	ST; QL (1 per 30 days)
DICLOFENAC SUBMICRONIZED	T3	PA; ST
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal</i>	T1	
DISALCID (<i>salsalate</i>)	T3	
DUEXIS (<i>ibuprofen/famotidine</i>)	T3	ST
<i>e.c. prin</i>	T0	PC
EC-NAPROSYN (<i>naproxen</i>)	T3	ST
<i>ecotrin</i>	T0	PC
<i>ecotrin low strength</i>	T0	PC
<i>etodolac</i>	T1	
FELDENE (<i>piroxicam</i>)	T3	ST
FENOPROFEN ORAL CAPSULE	T3	PA; ST
<i>fenoprofen oral tablet</i>	T1	ST
FENORTHO ORAL CAPSULE 200 MG (<i>fenoprofen calcium</i>)	T3	PA; ST
<i>diclofenac epolamine</i> (Flector)	T2	ST; QL (60 per Rx)
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>ibuprofen</i> (Ibu)	T1	
<i>ibuprofen oral suspension</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDOCIN ORAL (<i>indomethacin</i>)	T3	ST
INDOCIN RECTAL (<i>indomethacin</i>)	T3	
<i>indomethacin oral</i>	T1	
INDOMETHACIN SUBMICRONIZED	T3	PA; ST; QL (90 per Rx)
<i>ketoprofen oral capsule 25 mg</i>	T1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	T1	ST
KETOROLAC NASAL	T3	PA; ST; QL (5 per Rx)
<i>ketorolac oral</i>	T1	QL (60 per Rx)
LICART (<i>diclofenac epolamine</i>)	T2	ST; QL (30 per Rx)
<i>lite coat aspirin</i>	T0	PC
<i>etodolac</i> (Lodine Oral Tablet)	T3	ST
LUCEMYRA (<i>lofexidine hcl</i>)	T3	PA; ST; QL (224 per Rx)
<i>meclofenamate</i>	T1	
<i>mefenamic acid</i>	T1	
<i>meloxicam oral tablet 15 mg</i>	T1	
<i>meloxicam oral tablet 7.5 mg</i>	T1	QL (30 per Rx)
MOBIC ORAL TABLET 15 MG (<i>meloxicam</i>)	T3	ST
MOBIC ORAL TABLET 7.5 MG (<i>meloxicam</i>)	T3	ST; QL (30 per Rx)
<i>nabumetone</i>	T1	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	T3	PA; ST
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	T3	ST
<i>naloxone injection solution</i>	T1	
<i>naloxone injection syringe</i>	T1	
<i>naltrexone</i>	T1	
NAPRELAN CR (<i>naproxen sodium</i>)	T3	ST
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	T3	ST
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	T3	ST
<i>naproxen oral suspension</i>	T1	ST
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	T1	ST
<i>naproxen-esomeprazole</i>	T1	ST

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (<i>naloxone hcl</i>)	T2	QL (2 per Rx)
NUCYNTA (<i>tapentadol hcl</i>)	T3	PA; ST; QL (1 per Rx)
NUCYNTA ER (<i>tapentadol hcl</i>)	T3	PA; ST; QL (60 per 30 days)
<i>oxaprozin</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP (<i>diclofenac sodium</i>)	T3	PA; ST; QL (1 per 30 days)
<i>pentazocine-naloxone</i>	T3	
<i>piroxicam</i>	T1	
<i>nabumetone</i> (Relafen)	T3	ST
RELAFEN DS (<i>nabumetone</i>)	T3	PA; ST
<i>salsalate</i>	T1	
SPRIX (<i>ketorolac tromethamine</i>)	T4	ST; QL (5 per Rx); SP
<i>st joseph aspirin</i>	T0	PC
<i>st. joseph aspirin</i>	T0	PC
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T3	QL (90 per Rx)
<i>sulindac</i>	T1	
TIVORBEX ORAL CAPSULE 20 MG (<i>indomethacin, submicronized</i>)	T3	PA; ST; QL (90 per Rx)
<i>tolmetin oral capsule</i>	T1	ST
<i>tolmetin oral tablet 200 mg</i>	T1	
<i>tolmetin oral tablet 600 mg</i>	T1	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	T3	ST; QL (30 per Rx)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	T3	ST; QL (30 per Rx)
TRAMADOL ORAL TABLET 100 MG (<i>tramadol hcl</i>)	T3	
<i>tramadol oral tablet 50 mg</i>	T1	QL (280 per Rx)
<i>tramadol oral tablet extended release 24 hr</i>	T1	ST; QL (30 per Rx)
<i>tramadol oral tablet, er multiphase 24 hr</i>	T1	ST; QL (30 per Rx)
<i>tramadol-acetaminophen</i>	T1	QL (240 per Rx)
ULTRACET (<i>tramadol hcl/acetaminophen</i>)	T3	QL (240 per Rx)
ULTRAM (<i>tramadol hcl</i>)	T3	QL (240 per Rx)
VIMOVO (<i>naproxen/esomeprazole magnesium</i>)	T3	ST

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVITROL (<i>naltrexone microspheres</i>)	T4	SP
VIVLODEX ORAL CAPSULE 10 MG (<i>meloxicam, submicronized</i>)	T3	PA; ST
VIVLODEX ORAL CAPSULE 5 MG (<i>meloxicam, submicronized</i>)	T3	PA; ST; QL (30 per Rx)
VOLTAREN TOPICAL (<i>diclofenac sodium</i>)	T3	ST; QL (1 per 30 days)
ZIPSOR (<i>diclofenac potassium</i>)	T3	PA; ST
ZORVOLEX ORAL CAPSULE 18 MG (<i>diclofenac submicronized</i>)	T3	PA; ST; QL (90 per Rx)
ZORVOLEX ORAL CAPSULE 35 MG (<i>diclofenac submicronized</i>)	T3	PA; ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 2.9-0.71 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T2	QL (30 per Rx)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T2	QL (60 per Rx)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG (<i>buprenorphine hcl/naloxone hcl</i>)	T2	
PSYCHOTHERAPEUTIC DRUGS - DRUGS TO TREAT DEPRESSION, ANXIETY, BIPOLAR ILLNESS, OR PSYCHOSIS		
ABILIFY MAINTENA (<i>aripiprazole</i>)	T0	PA
ABILIFY MYCITE (<i>aripiprazole</i>)	T3	QL (30 per Rx)
ABILIFY ORAL TABLET (<i>aripiprazole</i>)	T3	QL (30 per Rx)
ADASUVE (<i>loxapine</i>)	T3	
<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> (Adderall)	T3	
ADDERALL XR (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	T1	ST
ADDYI (<i>flibanserin</i>)	T3	PA; ST
ADHANSIA XR (<i>methylphenidate hcl</i>)	T3	ST
ADZENYS ER (<i>amphetamine</i>)	T3	ST
ADZENYS XR-ODT (<i>amphetamine</i>)	T3	ST
<i>alprazolam</i>	T1	
<i>alprazolam intensol</i>	T1	
AMBIEN (<i>zolpidem tartrate</i>)	T3	ST; QL (15 per 30 days)
AMBIEN CR (<i>zolpidem tartrate</i>)	T3	ST; QL (15 per 30 days)
<i>amitriptyline</i>	T1	
<i>amitriptyline-chlordiazepoxide</i>	T1	

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Updated 01/01/2021

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<i>amoxapine</i>	T1	
AMPHETAMINE	T3	PA; ST
<i>amphetamine sulfate</i>	T1	
ANAFRANIL (<i>clomipramine hcl</i>)	T3	
APLENZIN (<i>bupropion hbr</i>)	T3	ST; QL (30 per Rx)
APTENSIO XR (<i>methylphenidate hcl</i>)	T3	ST
<i>ariPIPRAZOLE oral solution</i>	T1	
<i>ariPIPRAZOLE oral tablet</i>	T1	QL (30 per Rx)
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	T1	QL (60 per Rx)
ARISTADA (<i>ariPIPRAZOLE lauroxil</i>)	T0	PA
ARISTADA INITIO (<i>ariPIPRAZOLE lauroxil, submicronized</i>)	T0	
<i>armodafinil</i>	T1	PA; ST; QL (30 per Rx)
ATIVAN ORAL (<i>lorazepam</i>)	T3	
<i>atomoxetine</i>	T1	
BELSOMRA (<i>suvorexant</i>)	T3	ST; QL (15 per 30 days)
BRISDELLE (<i>paroxetine mesylate</i>)	T3	ST; QL (30 per Rx)
<i>bupropion hcl oral tablet</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	QL (30 per Rx)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	T3	ST; QL (30 per Rx)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	T1	QL (60 per Rx)
<i>buspirone</i>	T1	
CAPLYTA (<i>lumateperone tosylate</i>)	T3	PA; ST; QL (30 per Rx)
CELEXA ORAL TABLET (<i>citalopram hydrobromide</i>)	T3	ST; QL (30 per Rx)
<i>chlordiazepoxide hcl</i>	T1	
<i>chlorpromazine oral</i>	T1	
<i>citalopram oral solution</i>	T1	
<i>citalopram oral tablet</i>	T1	QL (30 per Rx)
<i>clomipramine</i>	T1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<i>clozapine</i>	T1	
CLOZARIL (<i>clozapine</i>)	T3	
CONCERTA (<i>methylphenidate hcl</i>)	T3	ST
COTEMPLA XR-ODT (<i>methylphenidate</i>)	T3	ST

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG (<i>duloxetine hcl</i>)	T3	ST; QL (60 per Rx)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (<i>duloxetine hcl</i>)	T3	ST; QL (30 per Rx)
DAYTRANA (<i>methylphenidate</i>)	T2	ST
DAYVIGO (<i>lemborexant</i>)	T3	ST; QL (15 per 30 days)
<i>desipramine</i>	T1	
DESOXYN (<i>methamphetamine hcl</i>)	T3	
DESVENLAFAKINE ORAL TABLET EXTENDED RELEASE 24 HR (<i>desvenlafaxine</i>)	T3	ST; QL (30 per Rx)
<i>desvenlafaxine succinate</i>	T1	ST; QL (30 per Rx)
DEXEDRINE SPANSULE (<i>dextroamphetamine sulfate</i>)	T3	ST
<i>dexamethylphenidate</i>	T1	
<i>dextroamphetamine</i>	T1	
<i>dextroamphetamine-amphetamine oral tablet</i>	T1	
<i>diazepam</i> (Diazepam Intensol)	T1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	T1	
<i>diazepam oral tablet</i>	T1	
DORAL (<i>quazepam</i>)	T3	PA; ST; QL (15 per 30 days)
<i>doxepin oral capsule</i>	T1	
<i>doxepin oral concentrate</i>	T1	
<i>doxepin oral tablet</i>	T1	ST; QL (15 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG (<i>duloxetine hcl</i>)	T3	PA; ST; QL (60 per Rx)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG, 40 MG (<i>duloxetine hcl</i>)	T3	PA; ST; QL (30 per Rx)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	T1	QL (60 per Rx)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	T1	QL (30 per Rx)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	T1	ST; QL (30 per Rx)
DYANAVEL XR (<i>amphetamine</i>)	T2	ST
EDLUAR (<i>zolpidem tartrate</i>)	T3	ST; QL (15 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG (<i>venlafaxine hcl</i>)	T3	ST; QL (30 per Rx)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG (<i>venlafaxine hcl</i>)	T3	ST; QL (90 per Rx)
EMSAM (<i>selegiline</i>)	T3	

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<i>ergoloid</i>	T1	
<i>escitalopram oxalate oral solution</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	QL (30 per Rx)
<i>estazolam</i>	T1	QL (15 per 30 days)
<i>eszopiclone</i>	T1	QL (15 per 30 days)
<i>amphetamine sulfate</i> (Evekeo)	T3	
EVEKEO ODT (<i>amphetamine sulfate</i>)	T3	
FANAPT ORAL TABLET (<i>iloperidone</i>)	T3	QL (60 per Rx)
FANAPT ORAL TABLETS,DOSE PACK (<i>iloperidone</i>)	T3	QL (8 per Rx)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK (<i>levomilnacipran hcl</i>)	T2	ST; QL (24 per Rx)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR (<i>levomilnacipran hcl</i>)	T2	ST; QL (30 per Rx)
<i>fluoxetine oral capsule 10 mg</i>	T1	QL (30 per Rx)
<i>fluoxetine oral capsule 20 mg</i>	T1	
<i>fluoxetine oral capsule 40 mg</i>	T1	QL (60 per Rx)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	T1	QL (2 per Rx)
<i>fluoxetine oral solution</i>	T1	
<i>fluoxetine oral tablet 10 mg</i>	T1	ST; QL (30 per Rx)
<i>fluoxetine oral tablet 20 mg</i>	T1	ST
<i>fluoxetine oral tablet 60 mg</i>	T1	ST
<i>fluphenazine decanoate</i>	T0	PA
<i>fluphenazine hcl oral</i>	T1	
<i>flurazepam</i>	T1	QL (15 per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr</i>	T1	ST; QL (60 per Rx)
<i>fluvoxamine oral tablet 100 mg</i>	T1	QL (90 per Rx)
<i>fluvoxamine oral tablet 25 mg</i>	T1	QL (30 per Rx)
<i>fluvoxamine oral tablet 50 mg</i>	T1	QL (60 per Rx)
<i>FOCALIN (dexmethylphenidate hcl)</i>	T3	
<i>FOCALIN XR (dexmethylphenidate hcl)</i>	T3	ST
<i>FORFIVO XL (bupropion hcl)</i>	T3	ST; QL (30 per Rx)
<i>GEODON ORAL (ziprasidone hcl)</i>	T3	QL (60 per Rx)
<i>guanfacine oral tablet extended release 24 hr</i>	T1	
<i>guanidine</i>	T1	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	T3	QL (15 per 30 days)

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HALDOL DECANOATE (<i>haloperidol decanoate</i>)	T0	PA
<i>haloperidol</i>	T1	
<i>haloperidol decanoate</i>	T0	PA
<i>haloperidol lactate oral</i>	T1	
HETLIOZ (<i>tasimelteon</i>)	T4	PA; ST; QL (30 per Rx); SP
<i>imipramine hcl</i>	T1	
<i>imipramine pamoate</i>	T1	
INTUNIV ER (<i>guanfacine hcl</i>)	T3	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG (<i>paliperidone</i>)	T3	QL (30 per Rx)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (<i>paliperidone</i>)	T3	QL (60 per Rx)
INVEGA SUSTENNA (<i>paliperidone palmitate</i>)	T0	PA
INVEGA TRINZA (<i>paliperidone palmitate</i>)	T0	PA
JORNAY PM (<i>methylphenidate hcl</i>)	T3	ST
KAPVAY (<i>clonidine hcl</i>)	T3	ST
KETAMINE SUBLINGUAL (<i>ketamine hcl</i>)	T3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	T2	QL (30 per Rx)
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	T2	QL (60 per Rx)
LEXAPRO ORAL TABLET (<i>escitalopram oxalate</i>)	T3	ST; QL (30 per Rx)
<i>lithium carbonate</i>	T1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	T1	
LITHOBID (<i>lithium carbonate</i>)	T3	
<i>lorazepam</i> (Lorazepam Intensol)	T1	
<i>lorazepam oral concentrate</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>loxapine succinate</i>	T1	
LUNESTA (<i>eszopiclone</i>)	T3	ST; QL (15 per 30 days)
<i>maprotiline</i>	T1	
MARPLAN (<i>isocarboxazid</i>)	T3	
<i>methamphetamine</i>	T1	
METHYLIN ORAL SOLUTION (<i>methylphenidate hcl</i>)	T3	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	T1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	T1	
<i>methylphenidate hcl oral solution</i>	T1	
<i>methylphenidate hcl oral tablet</i>	T1	
<i>methylphenidate hcl oral tablet extended release</i>	T1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	T3	ST
<i>methylphenidate hcl oral tablet,chewable</i>	T1	
<i>midazolam oral syrup 2 mg/ml</i>	T1	
<i>mirtazapine</i>	T1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	T3	
<i>modafinil oral tablet 100 mg</i>	T1	PA; ST; QL (30 per Rx)
<i>modafinil oral tablet 200 mg</i>	T1	PA; ST; QL (60 per Rx)
<i>molindone</i>	T1	
MYDAYIS (<i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i>)	T2	ST
NARDIL (<i>phenelzine sulfate</i>)	T3	
<i>nefazodone</i>	T3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	T3	
<i>nortriptyline</i>	T1	
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	T4	PA; ST; QL (30 per Rx); SP
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	T4	PA; ST; QL (60 per Rx); SP
NUVIGIL (<i>armodafinil</i>)	T3	PA; ST; QL (30 per Rx)
<i>olanzapine oral</i>	T1	QL (30 per Rx)
<i>olanzapine-fluoxetine</i>	T1	
<i>oxazepam</i>	T3	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	T1	QL (30 per Rx)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	T1	QL (60 per Rx)
PAMELOR (<i>nortriptyline hcl</i>)	T3	
PARNATE (<i>tranylcypromine sulfate</i>)	T3	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	T1	QL (30 per Rx)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	T1	QL (60 per Rx)

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	T1	ST; QL (60 per Rx)
<i>paroxetine mesylate(menop.sym)</i>	T1	ST; QL (30 per Rx)
PAXIL CR (<i>paroxetine hcl</i>)	T3	ST; QL (60 per Rx)
PAXIL ORAL SUSPENSION (<i>paroxetine hcl</i>)	T3	ST
PAXIL ORAL TABLET 10 MG, 40 MG (<i>paroxetine hcl</i>)	T3	ST; QL (30 per Rx)
PAXIL ORAL TABLET 20 MG, 30 MG (<i>paroxetine hcl</i>)	T3	ST; QL (60 per Rx)
<i>perphenazine</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
PERSERIS (<i>risperidone</i>)	T0	
PEXEVA ORAL TABLET 10 MG, 40 MG (<i>paroxetine mesylate</i>)	T3	ST; QL (30 per Rx)
PEXEVA ORAL TABLET 20 MG, 30 MG (<i>paroxetine mesylate</i>)	T3	ST; QL (60 per Rx)
<i>phenelzine</i>	T1	
<i>pimozide</i>	T1	
PRISTIQ (<i>desvenlafaxine succinate</i>)	T3	ST; QL (30 per Rx)
<i>dextroamphetamine sulfate</i> (Procentra)	T1	
<i>protriptyline</i>	T1	
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	T3	PA; ST; QL (30 per Rx)
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	T3	PA; ST; QL (60 per Rx)
PROZAC ORAL CAPSULE 10 MG (<i>fluoxetine hcl</i>)	T3	ST; QL (30 per Rx)
PROZAC ORAL CAPSULE 20 MG (<i>fluoxetine hcl</i>)	T3	ST
PROZAC ORAL CAPSULE 40 MG (<i>fluoxetine hcl</i>)	T3	ST; QL (60 per Rx)
QUAZEPAM	T3	PA; ST; QL (15 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	QL (90 per Rx)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	T1	QL (60 per Rx)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	T1	QL (30 per Rx)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	T1	QL (60 per Rx)
QUILLICHEW ER (<i>methylphenidate hcl</i>)	T2	ST
QUILLIVANT XR (<i>methylphenidate hcl</i>)	T2	ST
<i>ramelteon</i>	T1	QL (15 per 30 days)
<i>methylphenidate hcl</i> (Relexxii)	T3	ST
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	T3	
REMERON SOLTAB (<i>mirtazapine</i>)	T3	
RESTORIL (<i>temazepam</i>)	T3	QL (15 per 30 days)
REXULTI (<i>brexpiprazole</i>)	T3	QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA (<i>risperidone microspheres</i>)	T0	PA
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	T3	QL (60 per Rx)
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	QL (60 per Rx)
<i>risperidone oral tablet,disintegrating</i>	T1	QL (60 per Rx)
RITALIN (<i>methylphenidate hcl</i>)	T3	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	T3	ST
ROZEREM (<i>ramelteon</i>)	T3	ST; QL (15 per 30 days)
SAPHRIS (<i>asenapine maleate</i>)	T3	QL (60 per Rx)
<i>seconal sodium</i>	T1	QL (30 per Rx)
SECUADO (<i>asenapine</i>)	T3	QL (30 per Rx)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>quetiapine fumarate</i>)	T3	QL (90 per Rx)
SEROQUEL ORAL TABLET 300 MG, 400 MG (<i>quetiapine fumarate</i>)	T3	QL (60 per Rx)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG (<i>quetiapine fumarate</i>)	T3	QL (30 per Rx)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	T3	QL (60 per Rx)
<i>sertraline oral concentrate</i>	T1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	T1	QL (60 per Rx)
<i>sertraline oral tablet 25 mg</i>	T1	QL (45 per Rx)
SILENOR (<i>doxepin hcl</i>)	T3	ST; QL (15 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	T4	PA; ST; SP
STRATTERA (<i>atomoxetine hcl</i>)	T3	ST
SUNOSI (<i>solriamfetol hcl</i>)	T2	PA; ST; QL (30 per Rx)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (<i>olanzapine/fluoxetine hcl</i>)	T3	
<i>temazepam</i>	T3	QL (15 per 30 days)
<i>thioridazine</i>	T1	
<i>thiothixene</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRANXENE T-TAB ORAL TABLET 7.5 MG (<i>clorazepate dipotassium</i>)	T3	
<i>tranylcypromine</i>	T1	
<i>trazodone</i>	T1	
<i>triazolam</i>	T1	QL (15 per 30 days)
<i>trifluoperazine</i>	T1	
<i>trimipramine</i>	T1	
TRINTELLIX (<i>vortioxetine hydrobromide</i>)	T3	ST; QL (30 per Rx)
VALIUM (<i>diazepam</i>)	T3	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	T1	QL (30 per Rx)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	T1	QL (90 per Rx)
<i>venlafaxine oral tablet</i>	T1	QL (90 per Rx)
<i>venlafaxine oral tablet extended release 24hr</i>	T1	ST; QL (30 per Rx)
VERSACLOZ (<i>clozapine</i>)	T3	
VIIIBRYD ORAL TABLET (<i>vilazodone hcl</i>)	T2	ST; QL (30 per Rx)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (<i>vilazodone hcl</i>)	T2	ST; QL (30 per Rx)
VRAYLAR ORAL CAPSULE (<i>cariprazine hcl</i>)	T3	QL (30 per Rx)
VRAYLAR ORAL CAPSULE,DOSE PACK (<i>cariprazine hcl</i>)	T3	QL (1 per Rx)
VYLEESI (<i>bremelanotide acetate</i>)	T4	PA; ST; SP; QL (8 per 30 days)
VYVANSE (<i>lisdexamfetamine dimesylate</i>)	T2	ST
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	T4	PA; ST; QL (60 per Rx); SP
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	T4	PA; ST; QL (30 per Rx); SP
WELLBUTRIN SR (<i>bupropion hcl</i>)	T3	ST; QL (60 per Rx)
WELLBUTRIN XL (<i>bupropion hcl</i>)	T3	ST; QL (30 per Rx)
XANAX (<i>alprazolam</i>)	T3	
XANAX XR (<i>alprazolam</i>)	T3	
XYREM (<i>sodium oxybate</i>)	T4	PA; ST; SP
XYWAV (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	T4	PA; ST; SP
<i>zaleplon</i>	T1	QL (15 per 30 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	T1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	T3	
<i>ziprasidone hcl</i>	T1	QL (60 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLOFT ORAL CONCENTRATE (<i>sertraline hcl</i>)	T3	ST
ZOLOFT ORAL TABLET 100 MG, 50 MG (<i>sertraline hcl</i>)	T3	ST; QL (60 per Rx)
ZOLOFT ORAL TABLET 25 MG (<i>sertraline hcl</i>)	T3	ST; QL (45 per Rx)
<i>zolpidem</i>	T1	QL (15 per 30 days)
ZOLPIMIST (<i>zolpidem tartrate</i>)	T3	ST; QL (1 per 30 days)
ZYPREXA ORAL (<i>olanzapine</i>)	T3	QL (30 per Rx)
ZYPREXA RELPREVV (<i>olanzapine pamoate</i>)	T0	PA; QL (2 per 30 days)
ZYPREXA ZYDIS (<i>olanzapine</i>)	T3	QL (30 per Rx)

CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE

ANTIARRHYTHMIC AGENTS - DRUGS TO TREAT HEART RHYTHM

<i>amiodarone oral</i>	T1	
BETAPACE (<i>sotalol hcl</i>)	T3	ST
BETAPACE AF (<i>sotalol hcl</i>)	T3	ST
<i>disopyramide phosphate oral capsule</i>	T3	
<i>dofetilide</i>	T1	
<i>flecainide</i>	T1	
<i>mexiletine</i>	T1	
MULTAQ (<i>dronedarone hcl</i>)	T3	
NORPACE (<i>disopyramide phosphate</i>)	T3	
NORPACE CR (<i>disopyramide phosphate</i>)	T3	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	T1	
<i>propafenone</i>	T1	
<i>quinidine gluconate oral</i>	T1	
<i>quinidine sulfate oral tablet</i>	T1	
RYTHMOL SR (<i>propafenone hcl</i>)	T3	
<i>sotalol hcl</i> (Sorine)	T1	
<i>sotalol hcl</i> (Sotalol Af)	T1	
<i>sotalol oral</i>	T1	
SOTYLIZE (<i>sotalol hcl</i>)	T2	
TIKOSYN (<i>dofetilide</i>)	T3	

ANTIHYPERTENSIVE THERAPY - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACCUPRIL (<i>quinapril hcl</i>)	T3	
ACCURETIC (<i>quinapril hcl/hydrochlorothiazide</i>)	T3	

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<i>acebutolol</i>	T1	
ADALAT CC (<i>nifedipine</i>)	T3	ST
ALDACTAZIDE (<i>spironolactone/hydrochlorothiazide</i>)	T3	
ALDACTONE (<i>spironolactone</i>)	T3	
<i>aliskiren</i>	T1	
ALTACE (<i>ramipril</i>)	T3	
<i>amiloride</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amlodipine</i>	T1	
<i>amlodipine-benazepril</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan</i>	T1	
<i>amlodipine-valsartan-hcthiazid</i>	T1	
ATACAND (<i>candesartan cilexetil</i>)	T3	ST
ATACAND HCT (<i>candesartan cilexetil/hydrochlorothiazide</i>)	T3	ST
<i>atenolol</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
AVALIDE (<i>irbesartan/hydrochlorothiazide</i>)	T3	ST
AVAPRO (<i>irbesartan</i>)	T3	ST
AZOR (<i>amlodipine besylate/olmesartan medoxomil</i>)	T3	ST
<i>benazepril</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENICAR (<i>olmesartan medoxomil</i>)	T3	ST
BENICAR HCT (<i>olmesartan medoxomil/hydrochlorothiazide</i>)	T3	ST
<i>betaxolol oral</i>	T1	
BIDIL (<i>isosorbide dinitrate/hydralazine hcl</i>)	T3	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>bumetanide oral</i>	T1	
BYSTOLIC (<i>nebivolol hcl</i>)	T2	ST
CALAN SR (<i>verapamil hcl</i>)	T3	ST
<i>candesartan</i>	T1	
<i>candesartan-hydrochlorothiazid</i>	T1	
<i>captopril</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril-hydrochlorothiazide</i>	T1	
CARDIZEM CD (<i>diltiazem hcl</i>)	T3	
CARDIZEM LA (<i>diltiazem hcl</i>)	T3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	T3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	T3	ST; QL (30 per Rx)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	T3	ST; QL (60 per Rx)
CARDURA XL (<i>doxazosin mesylate</i>)	T3	ST; QL (30 per Rx)
CAROSPIR (<i>spironolactone</i>)	T3	PA; ST
<i>diltiazem hcl</i> (Cartia Xt)	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate</i>	T1	
CATAPRES (<i>clonidine hcl</i>)	T3	
CATAPRES-TTS-1 (<i>clonidine</i>)	T3	QL (4 per 30 days)
CATAPRES-TTS-2 (<i>clonidine</i>)	T3	QL (4 per 30 days)
CATAPRES-TTS-3 (<i>clonidine</i>)	T3	QL (4 per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>clonidine</i>	T1	QL (4 per 30 days)
<i>clonidine hcl oral tablet</i>	T1	
CONSENSI (<i>amlodipine besylate/celecoxib</i>)	T3	
COREG (<i>carvedilol</i>)	T3	ST
COREG CR (<i>carvedilol phosphate</i>)	T3	ST
CORGARD (<i>nadolol</i>)	T3	ST
COZAAR (<i>losartan potassium</i>)	T3	ST
DEMSER (<i>metyrosine</i>)	T3	PA; ST
DIBENZYLINE (<i>phenoxybenzamine hcl</i>)	T3	PA; ST
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	T1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	T1	
<i>diltiazem hcl oral tablet</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	T1	
<i>dilt-xr</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOVAN (<i>valsartan</i>)	T3	ST
DIOVAN HCT (<i>valsartan/hydrochlorothiazide</i>)	T3	ST
DIURIL (<i>chlorothiazide</i>)	T3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	T1	QL (30 per Rx)
<i>doxazosin oral tablet 8 mg</i>	T1	QL (60 per Rx)
DUTOPROL (<i>metoprolol succinate/hydrochlorothiazide</i>)	T3	PA; ST
DYAZIDE (<i>triamterene/hydrochlorothiazide</i>)	T3	
DYRENIUM (<i>triamterene</i>)	T3	
EDARBI (<i>azilsartan medoxomil</i>)	T2	ST
EDARBYCLOR (<i>azilsartan medoxomil/chlorthalidone</i>)	T2	ST
EDECRIN (<i>ethacrynic acid</i>)	T3	
<i>enalapril maleate</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	T3	PA; ST
<i>eplerenone</i>	T1	
<i>eprosartan</i>	T1	
<i>ethacrynic acid</i>	T1	
EXFORGE (<i>amlodipine besylate/valsartan</i>)	T3	ST
EXFORGE HCT (<i>amlodipine besylate/valsartan/hydrochlorothiazide</i>)	T3	ST
<i>felodipine</i>	T1	
<i>fosinopril</i>	T1	
<i>fosinopril-hydrochlorothiazide</i>	T1	
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>furosemide oral tablet</i>	T1	
<i>guanfacine oral tablet</i>	T1	
HEMANGEOL (<i>propranolol hcl</i>)	T4	SP
<i>hydralazine oral</i>	T1	
<i>hydrochlorothiazide</i>	T1	
HYZAAR (<i>losartan potassium/hydrochlorothiazide</i>)	T3	ST
<i>indapamide</i>	T1	
INDERAL LA (<i>propranolol hcl</i>)	T3	ST
INDERAL XL (<i>propranolol hcl</i>)	T3	PA; ST
INNOPRAN XL (<i>propranolol hcl</i>)	T3	PA; ST

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INSPRA (<i>eplerenone</i>)	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isradipine</i>	T1	
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>)	T3	PA; ST
KATERZIA (<i>amlodipine benzoate</i>)	T3	PA; ST
<i>labetalol oral</i>	T1	
LASIX (<i>furosemide</i>)	T3	
<i>lisinopril</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOPRESSOR ORAL (<i>metoprolol tartrate</i>)	T3	ST
<i>losartan</i>	T1	
<i>losartan-hydrochlorothiazide</i>	T1	
LOTENSIN HCT (<i>benazepril hcl/hydrochlorothiazide</i>)	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	T3	
<i>amlodipine besylate/benazepril hcl</i> (Lotrel Oral Capsule 10-20 Mg, 5-10 Mg)	T3	
LOTREL ORAL CAPSULE 10-40 MG, 5-20 MG (<i>amlodipine besylate/benazepril hcl</i>)	T3	
<i>diltiazem hcl</i> (Matzim La)	T1	
MAXZIDE (<i>triamterene/hydrochlorothiazide</i>)	T3	
MAXZIDE-25MG (<i>triamterene/hydrochlorothiazide</i>)	T3	
<i>methyldopa</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>metolazone</i>	T1	
<i>metoprolol succinate</i>	T1	
<i>metoprolol ta-hydrochlorothiaz</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metyrosine</i>	T1	PA; ST
MICARDIS (<i>telmisartan</i>)	T3	ST
MICARDIS HCT (<i>telmisartan/hydrochlorothiazide</i>)	T3	ST
MINIPRESS (<i>prazosin hcl</i>)	T3	
<i>minoxidil oral</i>	T1	
<i>moexipril</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nadolol</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>nicardipine oral</i>	T1	
<i>nifedipine oral capsule</i>	T3	
<i>nifedipine oral tablet extended release</i>	T1	
<i>nifedipine oral tablet extended release 24hr</i>	T1	
<i>nimodipine</i>	T1	
<i>nisoldipine</i>	T1	
NORVASC (<i>amlodipine besylate</i>)	T3	ST
NYMALIZE ORAL SYRINGE (<i>nimodipine</i>)	T3	
<i>olmesartan</i>	T1	
<i>olmesartan-amlodipin-hcthiazid</i>	T1	
<i>olmesartan-hydrochlorothiazide</i>	T1	
ORENITRAM (<i>treprostinil diolamine</i>)	T4	PA; ST; SP
<i>perindopril erbumine</i>	T1	
<i>phenoxybenzamine</i>	T1	PA; ST
<i>pindolol</i>	T1	
<i>prazosin</i>	T1	
PRESTALIA (<i>perindopril arginine/amlodipine besylate</i>)	T3	ST
PRINIVIL ORAL TABLET 10 MG, 20 MG (<i>lisinopril</i>)	T3	
PROCARDIA (<i>nifedipine</i>)	T3	ST
PROCARDIA XL (<i>nifedipine</i>)	T3	ST
<i>propranolol oral</i>	T1	
<i>propranolol-hydrochlorothiazid</i>	T1	
QBRELIS (<i>lisinopril</i>)	T3	PA; ST
<i>quinapril</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
<i>spironolactone</i>	T1	
<i>spironolacton-hydrochlorothiaz</i>	T1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	T3	ST
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG (<i>trandolapril/verapamil hcl</i>)	T3	
<i>diltiazem hcl</i> (Taztia Xt)	T1	

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TEKTURNA (<i>aliskiren hemifumarate</i>)	T3	
TEKTURNA HCT (<i>aliskiren hemifumarate/hydrochlorothiazide</i>)	T2	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hydrochlorothiazid</i>	T1	
TENORETIC 100 (<i>atenolol/chlorthalidone</i>)	T3	ST
TENORETIC 50 (<i>atenolol/chlorthalidone</i>)	T3	ST
TENORMIN (<i>atenolol</i>)	T3	ST
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	QL (30 per Rx)
<i>terazosin oral capsule 10 mg</i>	T1	QL (60 per Rx)
<i>diltiazem hcl</i> (Tiadylt Er)	T1	
TIAZAC (<i>diltiazem hcl</i>)	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL (<i>metoprolol succinate</i>)	T3	ST
<i>torsemide oral</i>	T1	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil</i>	T1	
<i>triamterene</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	T1	
TRIBENZOR (<i>olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide</i>)	T3	ST
UPTRAVI (<i>selexipag</i>)	T4	PA; ST; SP
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VASERETIC (<i>enalapril maleate/hydrochlorothiazide</i>)	T3	
VASOTEC (<i>enalapril maleate</i>)	T3	
<i>verapamil oral</i>	T1	
VERELAN (<i>verapamil hcl</i>)	T3	ST
VERELAN PM (<i>verapamil hcl</i>)	T3	ST
ZESTORETIC (<i>lisinopril/hydrochlorothiazide</i>)	T3	
ZESTRIL (<i>lisinopril</i>)	T3	
ZIAC (<i>bisoprolol fumarate/hydrochlorothiazide</i>)	T3	ST
CARDIAC GLYCOSIDES - OTHER DRUGS THAT TREAT HEART CONDITIONS		

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>digoxin</i> (Digitek)	T1	
<i>digoxin</i> (Digox)	T1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet</i>	T1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	T3	
COAGULATION THERAPY - BLOOD THINNING MEDICINES		
AMICAR (<i>aminocaproic acid</i>)	T3	
<i>aminocaproic acid oral</i>	T1	
ARIXTRA (<i>fondaparinux sodium</i>)	T4	SP
<i>aspirin-dipyridamole</i>	T1	
ASPIRIN-OMEPRAZOLE	T3	PA; ST
BRILINTA (<i>ticagrelor</i>)	T2	
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	T4	PA; SP
<i>cilostazol</i>	T1	
<i>clopidogrel</i>	T1	
<i>dipyridamole oral</i>	T1	
DOPTELET (15 TAB PACK) (<i>avatrombopag maleate</i>)	T4	PA; QL (2 per Rx); SP
EFFIENT (<i>prasugrel hcl</i>)	T3	
ELIQUIS (<i>apixaban</i>)	T2	PA
ELIQUIS DVT-PE TREAT 30D START (<i>apixaban</i>)	T2	PA
<i>enoxaparin</i>	T4	SP
<i>fondaparinux</i>	T4	SP
FRAGMIN SUBCUTANEOUS SOLUTION (<i>dalteparin sodium,porcine</i>)	T4	SP
FRAGMIN SUBCUTANEOUS SYRINGE (<i>dalteparin sodium,porcine</i>)	T4	SP
<i>hep flush-10 (pf)</i>	T1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) (<i>heparin sodium,porcine in 0.9 % sodium chloride</i>)	T3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) in nacl (pf)</i>	T1	
<i>heparin (porcine) injection cartridge</i>	T1	
<i>heparin (porcine) injection solution</i>	T1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	T1	
<i>heparin flush(porcine)-0.9nacl</i>	T1	
<i>heparin lock flush</i>	T1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	T1	
<i>heparin lockflush(porcine)(pf)</i>	T1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML (<i>heparin sodium,porcine in 0.45 % sodium chloride</i>)	T3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	T1	
<i>heparin, porcine (pf) injection solution</i>	T1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	T1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	T3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	T1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	T1	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	T1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS (<i>heparin sodium,porcine/pf</i>)	T3	
<i>warfarin sodium</i> (Jantoven)	T1	
LOVENOX (<i>enoxaparin sodium</i>)	T4	PA; ST; SP
MEPHYTON (<i>phytonadione (vit k1)</i>)	T3	QL (30 per Rx)
MULPLETA (<i>lusutrombopag</i>)	T4	PA; ST; QL (7 per Rx); SP
<i>pentoxifylline</i>	T1	
<i>phytonadione (vitamin k1) injection solution</i>	T1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE (<i>phytonadione (vit k1)</i>)	T2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	QL (30 per Rx)
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	T3	
PRADAXA (<i>dabigatran etexilate mesylate</i>)	T3	PA; ST
<i>prasugrel</i>	T1	
PROMACTA (<i>eltrombopag olamine</i>)	T4	PA; SP
SAVAYSA (<i>edoxaban tosylate</i>)	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVALISSE (<i>fostamatinib disodium</i>)	T4	PA; ST; QL (60 per Rx); SP
<i>phytonadione (vit k1)</i> (Vitamin K)	T1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection)	T1	
<i>warfarin</i>	T1	
XARELTO (<i>rivaroxaban</i>)	T2	PA
XARELTO DVT-PE TREAT 30D START (<i>rivaroxaban</i>)	T2	PA
YOSPRALA (<i>aspirin/omeprazole</i>)	T3	PA; ST
ZONTIVITY (<i>vorapaxar sulfate</i>)	T3	PA; ST
LIPID/CHOLESTEROL LOWERING AGENTS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV (<i>lovastatin</i>)	T3	PA; ST; QL (30 per Rx)
<i>amlodipine-atorvastatin</i>	T1	QL (30 per Rx)
ANTARA ORAL CAPSULE 30 MG, 90 MG (<i>fenofibrate,micronized</i>)	T3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	T0	QL (30 per Rx); AGE; PC
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	T1	QL (30 per Rx)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine besylate/atorvastatin calcium</i>)	T3	ST; QL (30 per Rx)
<i>cholestyramine (with sugar)</i>	T1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light)	T1	
<i>colesevelam</i>	T1	
COLESTID (<i>colestipol hcl</i>)	T3	
COLESTID FLAVORED ORAL PACKET (<i>colestipol hcl</i>)	T3	
<i>colestipol</i>	T1	
CRESTOR (<i>rosuvastatin calcium</i>)	T3	ST; QL (30 per Rx)
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>)	T3	PA; ST; QL (30 per Rx)
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	QL (30 per Rx)
<i>fenofibrate micronized</i>	T1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	
FENOFIBRATE ORAL CAPSULE	T3	ST
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	
<i>fenofibric acid</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid (choline)</i>	T1	
FENOGLIDE (<i>fenofibrate</i>)	T3	ST
FIBRICOR (<i>fenofibric acid</i>)	T3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (<i>simvastatin</i>)	T3	ST; QL (450 per Rx)
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	T3	ST; QL (150 per Rx)
<i>fluvastatin oral capsule 20 mg</i>	T0	QL (30 per Rx); AGE; PC
<i>fluvastatin oral capsule 40 mg</i>	T0	QL (60 per Rx); AGE; PC
<i>fluvastatin oral tablet extended release 24 hr</i>	T0	QL (30 per Rx); AGE; PC
<i>gemfibrozil</i>	T1	
<i>icosapent ethyl</i>	T1	PA
JUXTAPID (<i>lomitapide mesylate</i>)	T4	PA; ST; SP
LESCOL XL (<i>fluvastatin sodium</i>)	T3	ST; QL (30 per Rx)
LIPITOR (<i>atorvastatin calcium</i>)	T3	ST; QL (30 per Rx)
LIPOFEN (<i>fenofibrate</i>)	T2	
LIVALO (<i>pitavastatin calcium</i>)	T2	ST; QL (30 per Rx)
LOPID (<i>gemfibrozil</i>)	T3	
<i>lovastatin oral tablet 10 mg</i>	T0	QL (30 per Rx); AGE; PC
<i>lovastatin oral tablet 20 mg, 40 mg</i>	T0	QL (60 per Rx); AGE; PC
LOVAZA (<i>omega-3 acid ethyl esters</i>)	T3	PA
NEXLETOL (<i>bempedoic acid</i>)	T2	PA; ST
NEXLIZET (<i>bempedoic acid/ezetimibe</i>)	T2	PA; ST
<i>niacin oral tablet 500 mg</i>	T1	
<i>niacin oral tablet extended release 24 hr</i>	T1	
<i>niacin</i> (Niacor)	T3	
NIASPLAN EXTENDED-RELEASE (<i>niacin</i>)	T3	
<i>omega-3 acid ethyl esters</i>	T1	PA
PRALUENT PEN (<i>alirocumab</i>)	T3	PA; ST; QL (2 per 30 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG (<i>pravastatin sodium</i>)	T3	ST; QL (30 per Rx)
<i>pravastatin</i>	T0	QL (30 per Rx); AGE; PC
<i>cholestyramine/aspartame</i> (Prevalite)	T1	
<i>cholestyramine (with sugar)</i> (Questran)	T3	
<i>cholestyramine/aspartame</i> (Questran Light Oral Powder)	T3	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX (<i>evolocumab</i>)	T2	PA; ST; QL (1 per 30 days)
REPATHA SURECLICK (<i>evolocumab</i>)	T2	PA; ST; QL (1 per 30 days)
REPATHA SYRINGE (<i>evolocumab</i>)	T2	PA; ST; QL (1 per 30 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	T0	QL (30 per Rx); AGE; PC
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	T1	QL (30 per Rx)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T0	QL (30 per Rx); AGE; PC
<i>simvastatin oral tablet 80 mg</i>	T1	QL (30 per Rx)
TRICOR (<i>fenofibrate nanocrystallized</i>)	T3	ST
TRILIPIX (<i>fenofibric acid (choline)</i>)	T3	ST
VASCEPA (<i>icosapent ethyl</i>)	T2	PA
VYTORIN 10-10 (<i>ezetimibe/simvastatin</i>)	T3	ST; QL (30 per Rx)
VYTORIN 10-20 (<i>ezetimibe/simvastatin</i>)	T3	ST; QL (30 per Rx)
VYTORIN 10-40 (<i>ezetimibe/simvastatin</i>)	T3	ST; QL (30 per Rx)
VYTORIN 10-80 (<i>ezetimibe/simvastatin</i>)	T3	ST; QL (30 per Rx)
WELCHOL (<i>colesevelam hcl</i>)	T3	
ZETIA (<i>ezetimibe</i>)	T3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>simvastatin</i>)	T3	ST; QL (30 per Rx)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	T3	ST; QL (30 per Rx)
MISCELLANEOUS CARDIOVASCULAR AGENTS - OTHER DRUGS THAT TREAT HEART CONDITIONS		
CORLANOR (<i>ivabradine hcl</i>)	T2	PA; ST
ENTRESTO (<i>sacubitril/valsartan</i>)	T2	QL (60 per Rx)
RANEXA (<i>ranolazine</i>)	T3	
<i>ranolazine</i>	T1	
VECAMYL (<i>mecamylamine hcl</i>)	T3	
VYNDAMAX (<i>tafamidis</i>)	T4	PA; ST; SP
VYNDAQEL (<i>tafamidis meglumine</i>)	T4	PA; ST; SP
NITRATES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
DILATRATE-SR (<i>isosorbide dinitrate</i>)	T2	
GONITRO (<i>nitroglycerin</i>)	T3	
ISORDIL (<i>isosorbide dinitrate</i>)	T3	
ISORDIL TITRADOSE ORAL TABLET 5 MG (<i>isosorbide dinitrate</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorbide dinitrate oral tablet</i>	T1	
<i>isosorbide mononitrate</i>	T1	
<i>nitroglycerin</i> (Minitran)	T3	
<i>nitroglycerin</i> (Nitro-Bid)	T1	
NITRO-DUR (<i>nitroglycerin</i>)	T3	
<i>nitroglycerin oral</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual spray, non-aerosol</i>	T1	
NITROLINGUAL (<i>nitroglycerin</i>)	T3	
NITROMIST (<i>nitroglycerin</i>)	T3	
NITROSTAT (<i>nitroglycerin</i>)	T3	
<i>nitroglycerin</i> (Nitro-Time)	T1	

DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS

ANTIPSORIATIC / ANTISEBORRHEIC - DRUGS TO TREAT PSORIASIS

<i>acitretin</i>	T1	
ANALPRAM-HC TOPICAL (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	ST
<i>calcipotriene scalp</i>	T1	QL (120 per 30 days)
<i>calcipotriene topical cream</i>	T1	QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	T3	PA; ST; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	T1	QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	T1	QL (1 per 30 days)
<i>calcitriol topical</i>	T1	
COSENTYX (<i>secukinumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX (2 SYRINGES) (<i>secukinumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX PEN (<i>secukinumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX PEN (2 PENS) (<i>secukinumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
DOVONEX TOPICAL (<i>calcipotriene</i>)	T3	QL (120 per 30 days)
ENSTILAR (<i>calcipotriene/betamethasone dipropionate</i>)	T2	QL (1 per 30 days)
EPIFOAM (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	ST
<i>hydrocortisone-pramoxine topical</i>	T1	
OVACE (<i>sulfacetamide sodium</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS SHAMPOO (<i>sulfacetamide sodium</i>)	T3	
OVACE PLUS TOPICAL CLEANSER (<i>sulfacetamide sodium</i>)	T3	
OVACE PLUS TOPICAL CREAM (<i>sulfacetamide sodium</i>)	T3	
OVACE PLUS TOPICAL FOAM (<i>sulfacetamide sodium</i>)	T3	
OVACE PLUS TOPICAL LOTION (<i>sulfacetamide sodium</i>)	T3	
OVACE PLUS WASH (<i>sulfacetamide sodium</i>)	T3	
PRAMOSONE (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	ST
<i>selenium sulfide topical lotion</i>	T1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	T1	
SELRX (<i>selenium sulfide</i>)	T3	
SILIQ (<i>brodalumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT (<i>risankizumab-rzaa</i>)	T4	PA; ST; SP; QL (1 per 30 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG (<i>acitretin</i>)	T3	
SORILUX (<i>calcipotriene</i>)	T3	QL (120 per 30 days)
STELARA SUBCUTANEOUS (<i>ustekinumab</i>)	T4	PA; ST; SP; QL (1 per 90 days)
<i>sulfacetamide sodium topical</i>	T1	
TACLONEX TOPICAL OINTMENT (<i>calcipotriene/betamethasone dipropionate</i>)	T3	QL (1 per 30 days)
TACLONEX TOPICAL SUSPENSION (<i>calcipotriene/betamethasone dipropionate</i>)	T1	QL (1 per 30 days)
TALTZ AUTOINJECTOR (<i>ixekizumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) (<i>ixekizumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ AUTOINJECTOR (3 PACK) (<i>ixekizumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ SYRINGE (<i>ixekizumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
TERSI FOAM (<i>selenium sulfide</i>)	T3	
TREMFYA (<i>guselkumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
VECTICAL (<i>calcitriol</i>)	T3	
BURN THERAPY - DRUGS TO TREAT BURNS		
SILVADENE (<i>silver sulfadiazine</i>)	T3	
<i>silver sulfadiazine</i>	T1	
<i>ssd</i>	T1	
KERATOLYTICS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
INOVA 4-1 (<i>salicylic acid/benzoyl peroxide/vitamin e mixed</i>)	T3	ST
INOVA 8-2 (<i>salicylic acid/benzoyl peroxide/vitamin e mixed</i>)	T3	ST

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MISCELLANEOUS DERMATOLOGICALS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
AMELUZ (<i>aminolevulinic acid hcl</i>)	T3	
CANTHARIDIN IN ACETONE (<i>cantharidin in acetone</i>)	T3	
CARAC (<i>fluorouracil</i>)	T3	PA; ST
CONDYLOX TOPICAL GEL (<i>podofilox</i>)	T3	
CORTANE-B TOPICAL (<i>hydrocortisone/pramoxine hcl/chloroxylenol</i>)	T3	
<i>diclofenac sodium topical gel 3 %</i>	T1	PA; QL (1 per 30 days)
<i>doxepin topical</i>	T1	ST; QL (1 per 30 days)
DUPIXENT PEN (<i>dupilumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
DUPIXENT SYRINGE (<i>dupilumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
EFUDEX TOPICAL CREAM (<i>fluorouracil</i>)	T3	
ELIDEL (<i>pimecrolimus</i>)	T3	ST; QL (1 per 30 days)
ESKATA (<i>hydrogen peroxide</i>)	T3	
EUCRISA (<i>crisaborole</i>)	T3	ST; QL (1 per 30 days)
FLUOROPLEX (<i>fluorouracil</i>)	T3	
FLUOROURACIL TOPICAL CREAM 0.5 %	T3	PA; ST
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution</i>	T1	
<i>iodine-sodium iodide topical tincture 2 %</i>	T1	
IODOFLEX (<i>cadexomer iodine</i>)	T3	
IODOSORB (<i>cadexomer iodine</i>)	T3	
LEVULAN (<i>aminolevulinic acid hcl</i>)	T3	
<i>methoxsalen</i>	T1	
<i>methyl salicylate</i>	T1	
<i>methyl salicylate topical liquid</i>	T1	
OXSORALEN ULTRA (<i>methoxsalen</i>)	T3	
PANRETIN (<i>alitretinoin</i>)	T3	
PICATO (<i>ingenol mebutate</i>)	T2	
<i>pimecrolimus</i>	T1	ST; QL (1 per 30 days)
<i>podofilox</i>	T1	
PROTOPIC (<i>tacrolimus</i>)	T3	ST; QL (1 per 30 days)
<i>prodoxin</i>	T1	ST; QL (1 per 30 days)
QBREXZA (<i>glycopyrronium tosylate</i>)	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGRANEX (<i>becaplermin</i>)	T2	QL (15 per Rx)
<i>tacrolimus topical</i>	T1	ST; QL (1 per 30 days)
TOLAK (<i>fluorouracil</i>)	T3	
VALCHLOR (<i>mechlorethamine hcl</i>)	T4	PA; ST; SP
VEREGEN (<i>sinecatechins</i>)	T3	PA; ST
<i>wintergreen oil</i>	T1	
ZONALON (<i>doxepin hcl</i>)	T3	ST; QL (1 per 30 days)

THERAPY FOR ACNE - DRUGS TO TREAT ACNE

ABSORICA (<i>isotretinoin</i>)	T3	
ABSORICA LD (<i>isotretinoin, micronized</i>)	T3	
ACANYA TOPICAL GEL WITH PUMP (<i>clindamycin phosphate/benzoyl peroxide</i>)	T3	ST
ACZONE (<i>dapsone</i>)	T3	ST
<i>adapalene topical cream</i>	T1	
<i>adapalene topical gel 0.3 %</i>	T1	
<i>adapalene topical gel with pump</i>	T1	
ADAPALENE TOPICAL LOTION	T3	ST
<i>adapalene topical solution</i>	T1	
<i>adapalene topical swab</i>	T1	
<i>adapalene-benzoyl peroxide</i>	T1	
AKLIEF (<i>trifarotene</i>)	T3	PA; ST
ALTRENO (<i>tretinoin</i>)	T3	PA; AGE
<i>isotretinoin</i> (Amnesteem)	T1	
AMZEEQ (<i>minocycline hcl</i>)	T2	ST
ARAZLO (<i>tazarotene</i>)	T3	PA
ATRALIN (<i>tretinoin</i>)	T3	PA; AGE
AVAR LS (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
<i>avar topical cleanser</i>	T1	
AVAR TOPICAL PADS, MEDICATED (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
AVAR-E GREEN (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
AVAR-E LS (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
<i>avita topical cream</i>	T1	PA; AGE
AVITA TOPICAL GEL (<i>tretinoin</i>)	T3	PA; AGE
<i>azelaic acid</i>	T1	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZELEX (<i>azelaic acid</i>)	T3	ST
BENZACLIN (<i>clindamycin phosphate/benzoyl peroxide</i>)	T3	ST
BENZACLIN PUMP (<i>clindamycin phosphate/benzoyl peroxide</i>)	T3	ST
BENZAMYCIN (<i>erythromycin base/benzoyl peroxide</i>)	T3	ST
BENZEPRO (MICROSPHERES) (<i>benzoyl peroxide microspheres</i>)	T3	ST
<i>benzepro topical towelette</i>	T1	
<i>benzoyl peroxide topical cleanser 7 %</i>	T1	
<i>benzoyl peroxide topical foam 9.8 %</i>	T1	
<i>bp 10-1</i>	T1	ST
<i>isotretinoin</i> (Claravis)	T1	
CLEOCIN T TOPICAL LOTION (<i>clindamycin phosphate</i>)	T3	ST; QL (1 per 30 days)
CLINDACIN ETZ TOPICAL KIT (<i>clindamycin phosphate/skin cleanser comb no.19</i>)	T3	ST
<i>clindamycin phosphate</i> (Clindacin P)	T1	
CLINDACIN PAC (<i>clindamycin phosphate/skin cleanser comb no.19</i>)	T3	ST
CLINDAGEL (<i>clindamycin phosphate</i>)	T3	PA; ST; QL (1 per 30 days)
<i>clindamycin phosphate topical foam</i>	T1	QL (1 per 30 days)
<i>clindamycin phosphate topical gel</i>	T1	QL (1 per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY	T3	PA; ST; QL (1 per 30 days)
<i>clindamycin phosphate topical lotion</i>	T1	QL (1 per 30 days)
<i>clindamycin phosphate topical solution</i>	T1	QL (1 per 30 days)
<i>clindamycin phosphate topical swab</i>	T1	
<i>clindamycin-benzoyl peroxide</i>	T1	
<i>clindamycin-tretinoin</i>	T1	PA; AGE
<i>dapsone topical gel</i>	T1	
DAPSONE TOPICAL GEL WITH PUMP	T3	ST
DIFFERIN TOPICAL CREAM (<i>adapalene</i>)	T3	ST
DIFFERIN TOPICAL GEL WITH PUMP (<i>adapalene</i>)	T3	ST
DIFFERIN TOPICAL LOTION (<i>adapalene</i>)	T3	ST
ENZOCLEAR (<i>benzoyl peroxide</i>)	T3	ST
EPIDUO FORTE (<i>adapalene/benzoyl peroxide</i>)	T3	PA; ST
EPIDUO TOPICAL GEL WITH PUMP (<i>adapalene/benzoyl peroxide</i>)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ery pads</i>	T1	
<i>erythromycin base in ethanol</i> (Erygel)	T1	
<i>erythromycin with ethanol topical gel</i>	T1	
<i>erythromycin with ethanol topical solution</i>	T1	
<i>erythromycin-benzoyl peroxide</i>	T1	
EVOCLIN (<i>clindamycin phosphate</i>)	T3	ST; QL (1 per 30 days)
FABIOR (<i>tazarotene</i>)	T3	PA
FINACEA TOPICAL FOAM (<i>azelaic acid</i>)	T2	ST
FINACEA TOPICAL GEL (<i>azelaic acid</i>)	T3	ST
INOVA (<i>benzoyl peroxide/vitamin e mixed</i>)	T3	ST
<i>isotretinoin</i>	T1	
METROCREAM (<i>metronidazole</i>)	T3	ST
METROGEL TOPICAL GEL 1 % (<i>metronidazole</i>)	T3	ST
<i>metronidazole topical</i>	T1	
MIRVASO TOPICAL GEL WITH PUMP (<i>brimonidine tartrate</i>)	T2	PA; ST
<i>isotretinoin</i> (Myorisan)	T1	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac)	T1	
NEUAC KIT (<i>clindamycin phosphate/benzoyl peroxide/emollient comb no.94</i>)	T3	ST
NORITATE (<i>metronidazole</i>)	T3	ST
ONEXTON TOPICAL GEL WITH PUMP (<i>clindamycin phosphate/benzoyl peroxide</i>)	T2	ST
PACNEX (<i>benzoyl peroxide</i>)	T3	ST
PLEXION (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
PLEXION CLEANSING CLOTHS (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
PR BENZOYL PEROXIDE (<i>benzoyl peroxide microspheres</i>)	T3	ST
RETIN-A (<i>tretinoin</i>)	T3	PA; AGE
RETIN-A MICRO (<i>tretinoin microspheres</i>)	T3	PA; AGE
RETIN-A MICRO PUMP (<i>tretinoin microspheres</i>)	T3	PA; AGE
RHOFADE (<i>oxymetazoline hcl</i>)	T3	PA; ST
<i>metronidazole</i> (Rosadan Topical Cream)	T1	
<i>metronidazole</i> (Rosadan Topical Gel)	T1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL (<i>metronidazole/skin cleanser combination no.23</i>)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROSADAN TOPICAL KIT,CLEANSER AND CREAM <i>(metronidazole/skin cleanser combination no.23)</i>	T3	ST
ROSANIL (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
ROSULA (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
<i>rosula cleansing cloths</i>	T1	
SOOLANTRA (<i>ivermectin</i>)	T3	ST; QL (1 per 30 days)
<i>sss 10-5</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	T1	
<i>sulfacetamide sodium-sulfur topical cream</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	T1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	T1	
<i>sulfacetamide sodium-sulfur topical suspension</i>	T1	
<i>sulfacetamide-sulfur-cleansr23</i>	T1	
<i>sulfacleanse 8-4</i>	T1	ST
SUMADAN (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
SUMADAN XLT (<i>sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal</i>)	T3	ST
SUMAXIN (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
SUMAXIN CP (<i>sulfacetamide sodium/sulfur/skin cleanser comb no.23</i>)	T3	ST
SUMAXIN TS (<i>sulfacetamide sodium/sulfur</i>)	T3	ST
<i>tazarotene</i>	T1	PA
TAZORAC TOPICAL CREAM 0.05 % (<i>tazarotene</i>)	T2	PA
TAZORAC TOPICAL CREAM 0.1 % (<i>tazarotene</i>)	T3	PA
TAZORAC TOPICAL GEL (<i>tazarotene</i>)	T2	PA
<i>tretinoin</i>	T1	PA; AGE
<i>tretinoin microspheres</i>	T1	PA; AGE
TRETIN-X CREAM KIT (<i>tretinoin/emollient combination no.9/skin cleanser no.1</i>)	T3	PA; AGE
TRETIN-X TOPICAL CREAM 0.075 % (<i>tretinoin</i>)	T3	PA; AGE
VANOXIDE-HC (<i>benzoyl peroxide/hydrocortisone</i>)	T3	ST
VELTIN (<i>clindamycin phosphate/tretinoin</i>)	T3	PA; ST; AGE
<i>isotretinoin</i> (Zenatane)	T1	
ZIANA (<i>clindamycin phosphate/tretinoin</i>)	T3	PA; ST; AGE
ZILXI (<i>minocycline hcl</i>)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICAL ANESTHETICS - DRUGS FOR NUMBING		
COCAINE NASAL	T3	
<i>lidocaine hcl</i> (Glydo)	T1	QL (1 per 30 days)
GOPRELTO (<i>cocaine hcl</i>)	T3	
<i>lidocaine hcl laryngotracheal</i>	T1	
<i>lidocaine hcl mucous membrane jelly</i>	T1	QL (1 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	T1	QL (1 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl-hydrocortisone ac topical</i>	T1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T1	PA; ST
<i>lidocaine topical ointment</i>	T1	QL (1 per 30 days)
<i>lidocaine hcl</i> (Lidocaine Viscous)	T1	
<i>lidocaine-prilocaine topical cream</i>	T1	QL (1 per 30 days)
<i>lidocaine-prilocaine topical kit</i>	T1	
LIDOCAINE-TETRACAIN	T3	PA; ST; QL (1 per 30 days)
<i>lidocort</i>	T1	
LIDODERM (<i>lidocaine</i>)	T3	PA; ST
<i>lidocaine hcl</i> (Lta Pre-Attached)	T1	
NUMBRINO (<i>cocaine hcl</i>)	T3	
PLIAGLIS (<i>lidocaine/tetracaine</i>)	T3	PA; ST; QL (1 per 30 days)
SYNERA (<i>lidocaine/tetracaine</i>)	T3	
ZTLIDO (<i>lidocaine</i>)	T2	PA; ST
TOPICAL ANTIBACTERIALS - DRUGS TO TREAT SKIN INFECTIONS		
ALCORTIN A (<i>hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2</i>)	T3	PA; ST
ALTABAX (<i>retapamulin</i>)	T3	ST; QL (30 per Rx)
CENTANY (<i>mupirocin</i>)	T3	ST; QL (30 per Rx)
CENTANY AT (<i>mupirocin</i>)	T3	ST; QL (1 per Rx)
CORTISPORIN TOPICAL (<i>neomycin/bacitracin/polymyxin b/hydrocortisone</i>)	T3	
<i>gentamicin topical</i>	T1	
KLARON (<i>sulfacetamide sodium</i>)	T3	ST
<i>lugols topical</i>	T1	
<i>mafenide acetate</i>	T1	
<i>mupirocin</i>	T1	QL (2 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mupirocin calcium</i>	T1	ST; QL (30 per Rx)
NEO-SYNALAR (<i>neomycin sulfate/fluocinolone acetonide</i>)	T3	
NEO-SYNALAR KIT (<i>neomycin sulfate/fluocinolone acetonide/emollient comb no.65</i>)	T3	
<i>strong iodine topical</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
SULFAMYLON TOPICAL CREAM (<i>mafénide acetate</i>)	T2	
SULFAMYLON TOPICAL PACKET (<i>mafénide acetate</i>)	T3	
XEPI (<i>ozenoxacin</i>)	T3	ST; QL (30 per Rx)
TOPICAL ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CICLODAN KIT TOPICAL COMBO PACK (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	T3	
CICLODAN KIT TOPICAL SOLUTION (<i>ciclopirox/urea/camphor/menthol/eucalyptol</i>)	T3	ST
<i>ciclopirox olamine</i> (Ciclodan Topical Cream)	T1	QL (1 per 30 days)
<i>ciclopirox</i> (Ciclodan Topical Solution)	T1	
<i>ciclopirox topical cream</i>	T1	QL (1 per 30 days)
<i>ciclopirox topical gel</i>	T1	QL (1 per 30 days)
<i>ciclopirox topical shampoo</i>	T1	QL (1 per 30 days)
<i>ciclopirox topical solution</i>	T1	
<i>ciclopirox topical suspension</i>	T1	QL (1 per 30 days)
<i>ciclopirox-ure-camph-menth-euc</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	QL (1 per 30 days)
<i>econazole</i>	T1	QL (1 per 30 days)
ECOZA (<i>econazole nitrate</i>)	T3	PA; ST; QL (1 per 30 days)
ERTACZO (<i>sertaconazole nitrate</i>)	T3	QL (1 per 30 days)
EXELDERM (<i>sulconazole nitrate</i>)	T3	QL (1 per 30 days)
EXTINA (<i>ketoconazole</i>)	T3	QL (1 per 30 days)
JUBLIA (<i>efinaconazole</i>)	T3	ST
KERYDIN (<i>tavaborole</i>)	T3	ST
<i>ketoconazole topical</i>	T1	QL (1 per 30 days)
<i>ketoconazole</i> (Ketodan)	T1	QL (1 per 30 days)
<i>ketodan kit</i>	T1	
LOPROX (AS OLAMINE) (<i>ciclopirox olamine</i>)	T3	QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPROX KIT (<i>ciclopirox olamine/skin cleanser combination no.40</i>)	T3	QL (1 per 30 days)
LOPROX TOPICAL SHAMPOO (<i>ciclopirox</i>)	T3	QL (1 per 30 days)
LULICONAZOLE	T3	PA; ST; QL (1 per 30 days)
LUZU (<i>luliconazole</i>)	T3	QL (1 per 30 days)
MICONAZOLE NITRATE-ZINC OX-PET	T3	QL (1 per 30 days)
<i>naftifine</i>	T1	QL (1 per 30 days)
NAFTIN TOPICAL CREAM 2 % (<i>naftifine hcl</i>)	T3	QL (1 per 30 days)
NAFTIN TOPICAL GEL (<i>naftifine hcl</i>)	T3	QL (1 per 30 days)
<i>nystatin</i> (Nyamyc)	T1	QL (180 per Rx)
<i>nystatin topical cream</i>	T1	QL (1 per 30 days)
<i>nystatin topical ointment</i>	T1	QL (1 per 30 days)
<i>nystatin topical powder</i>	T1	QL (180 per Rx)
<i>nystatin-triamcinolone</i>	T1	QL (1 per 30 days)
<i>nystatin</i> (Nystop)	T1	QL (180 per Rx)
<i>oxiconazole</i>	T1	QL (60 per 30 days)
OXISTAT (<i>oxiconazole nitrate</i>)	T3	QL (60 per 30 days)
SULCONAZOLE	T3	PA; ST; QL (1 per 30 days)
<i>tavaborole</i>	T1	
VUSION (<i>miconazole nitrate/zinc oxide/petrolatum,white</i>)	T3	QL (1 per 30 days)
XOLEGEL (<i>ketoconazole</i>)	T3	PA; ST; QL (1 per 30 days)
TOPICAL ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
<i>acyclovir topical cream</i>	T1	PA; ST; QL (5 per Rx)
<i>acyclovir topical ointment</i>	T1	PA; ST; QL (30 per Rx)
DENAVIR (<i>penciclovir</i>)	T3	
XERESE (<i>acyclovir/hydrocortisone</i>)	T3	
ZOVIRAX TOPICAL CREAM (<i>acyclovir</i>)	T3	PA; ST; QL (5 per Rx)
ZOVIRAX TOPICAL OINTMENT (<i>acyclovir</i>)	T3	PA; ST; QL (30 per Rx)
TOPICAL CORTICOSTEROIDS - STEROIDS		
<i>hydrocortisone</i> (Ala-Scalp)	T3	ST
<i>alclometasone</i>	T1	
<i>amcinonide topical cream</i>	T1	ST
<i>amcinonide topical lotion</i>	T1	ST
<i>apexicon e</i>	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate</i> (Beser)	T1	ST
<i>betamethasone dipropionate</i>	T1	
<i>betamethasone valerate topical cream</i>	T1	
<i>betamethasone valerate topical foam</i>	T1	ST
<i>betamethasone valerate topical lotion</i>	T1	
<i>betamethasone valerate topical ointment</i>	T1	
<i>betamethasone, augmented</i>	T1	
BRYHALI (<i>halobetasol propionate</i>)	T3	ST
CAPEX (<i>fluocinolone acetonide</i>)	T3	ST
<i>clobetasol scalp</i>	T1	QL (1 per 30 days)
<i>clobetasol topical cream</i>	T1	QL (1 per 30 days)
<i>clobetasol topical foam</i>	T1	ST; QL (1 per 30 days)
<i>clobetasol topical gel</i>	T1	QL (1 per 30 days)
<i>clobetasol topical lotion</i>	T1	ST; QL (1 per 30 days)
<i>clobetasol topical ointment</i>	T1	QL (1 per 30 days)
<i>clobetasol topical shampoo</i>	T1	ST; QL (1 per 30 days)
<i>clobetasol topical spray, non-aerosol</i>	T1	ST; QL (1 per 30 days)
<i>clobetasol-emollient topical cream</i>	T1	QL (1 per 30 days)
<i>clobetasol-emollient topical foam</i>	T1	ST; QL (1 per 30 days)
CLOBEX (<i>clobetasol propionate</i>)	T3	ST; QL (1 per 30 days)
CLOCORTOLONE PIVALATE	T3	PA; ST
<i>clobetasol propionate</i> (Clodan)	T1	ST; QL (1 per 30 days)
CLODAN KIT (<i>clobetasol propionate/skin cleanser combination no.28</i>)	T3	ST
CLODERM (<i>clocortolone pivalate</i>)	T3	ST
CORDRAN TAPE LARGE ROLL (<i>flurandrenolide</i>)	T3	ST
CORDRAN TOPICAL CREAM (<i>flurandrenolide</i>)	T3	ST; QL (1 per 30 days)
CORDRAN TOPICAL LOTION (<i>flurandrenolide</i>)	T3	ST; QL (1 per 30 days)
CORDRAN TOPICAL OINTMENT (<i>flurandrenolide</i>)	T3	ST; QL (1 per 30 days)
CUTIVATE TOPICAL CREAM (<i>fluticasone propionate</i>)	T3	ST
CUTIVATE TOPICAL LOTION (<i>fluticasone propionate</i>)	T3	ST
DERMA-SMOOTH/FS BODY OIL (<i>fluocinolone acetonide</i>)	T3	ST
DERMA-SMOOTH/FS SCALP OIL (<i>fluocinolone acetonide/shower cap</i>)	T3	ST
DESONATE (<i>desonide</i>)	T3	ST

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<i>desonide topical cream</i>	T1	
<i>desonide topical gel</i>	T1	ST
<i>desonide topical lotion</i>	T1	ST
<i>desonide topical ointment</i>	T1	
<i>desonide</i> (Desowen Topical Lotion)	T3	ST
<i>desoximetasone</i>	T1	ST
<i>diflorasone</i>	T1	ST; QL (1 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT <i>(betamethasone dipropionate/propylene glycol)</i>	T3	ST
DUOBRII (<i>halobetasol propionate/tazarotene</i>)	T3	ST; QL (1 per 30 days)
<i>fluocinolone</i>	T1	
<i>fluocinolone and shower cap</i>	T1	
<i>fluocinonide topical cream 0.05 %</i>	T1	QL (1 per 30 days)
<i>fluocinonide topical cream 0.1 %</i>	T1	ST; QL (1 per 30 days)
<i>fluocinonide topical gel</i>	T1	QL (1 per 30 days)
<i>fluocinonide topical ointment</i>	T1	QL (1 per 30 days)
<i>fluocinonide topical solution</i>	T1	QL (1 per 30 days)
<i>fluocinonide/emollient base</i> (Fluocinonide-E)	T1	QL (1 per 30 days)
<i>flurandrenolide</i>	T1	ST; QL (1 per 30 days)
<i>fluticasone propionate topical cream</i>	T1	
<i>fluticasone propionate topical lotion</i>	T1	ST
<i>fluticasone propionate topical ointment</i>	T1	
<i>halcinonide</i>	T1	ST
<i>halobetasol propionate topical cream</i>	T1	
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	ST
<i>halobetasol propionate topical ointment</i>	T1	
<i>HALOG</i> (<i>halcinonide</i>)	T3	ST
<i>hydrocortisone butyrate topical cream</i>	T1	QL (1 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	T1	ST; QL (1 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	T1	ST
<i>hydrocortisone butyrate topical solution</i>	T1	ST; QL (1 per 30 days)
<i>hydrocortisone butyr-emollient</i>	T1	QL (1 per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 2.5 %</i>	T1	

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<i>hydrocortisone valerate</i>	T1	
IMPOYZ (<i>clobetasol propionate</i>)	T3	ST; QL (1 per 30 days)
KENALOG TOPICAL (<i>triamcinolone acetonide</i>)	T3	ST; QL (1 per 30 days)
LEXETTE (<i>halobetasol propionate</i>)	T3	ST
LOCOID LIPOCREAM (<i>hydrocortisone butyrate/emollient base</i>)	T3	PA; ST; QL (1 per 30 days)
LOCOID TOPICAL LOTION (<i>hydrocortisone butyrate</i>)	T3	ST; QL (1 per 30 days)
LUXIQ (<i>betamethasone valerate</i>)	T3	ST
<i>mometasone topical</i>	T1	
flurandrenolide (Nolix)	T1	ST; QL (1 per 30 days)
NUCORT (<i>hydrocortisone acetate/aloe vera</i>)	T3	ST
OLUX (<i>clobetasol propionate</i>)	T3	ST; QL (1 per 30 days)
OLUX-E (<i>clobetasol propionate/emollient base</i>)	T3	ST; QL (1 per 30 days)
PANDEL (<i>hydrocortisone probutate</i>)	T3	ST
<i>prednicarbate</i>	T1	
PSORCON (<i>diflorasone diacetate</i>)	T3	ST; QL (1 per 30 days)
<i>scalacort</i>	T1	
SCALACORT DK (<i>hydrocortisone/salicylic acid/sulfur/shampoo no. 1</i>)	T3	ST
SERNIVO (<i>betamethasone dipropionate</i>)	T3	ST
SYNALAR (<i>fluocinolone acetonide</i>)	T3	ST
SYNALAR CREAM KIT (<i>fluocinolone acetonide/emollient combination no.65</i>)	T3	ST
SYNALAR OINTMENT KIT (<i>fluocinolone acetonide/emollient combination no.65</i>)	T3	ST
SYNALAR TS (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	T3	ST
TEMOVATE TOPICAL CREAM (<i>clobetasol propionate</i>)	T3	ST; QL (1 per 30 days)
TEMOVATE TOPICAL OINTMENT (<i>clobetasol propionate</i>)	T3	ST; QL (1 per 30 days)
TEXACORT (<i>hydrocortisone</i>)	T3	ST
<i>desoximetasone</i> (Topicort)	T3	ST
<i>clobetasol propionate/emollient base</i> (Tovet Emollient)	T1	ST; QL (1 per 30 days)
<i>triamcinolone acetonide topical aerosol</i>	T1	ST; QL (1 per 30 days)
<i>triamcinolone acetonide topical cream</i>	T1	
<i>triamcinolone acetonide topical lotion</i>	T1	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	T1	ST
<i>triamcinolone acetonide</i> (Trianex)	T1	ST
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	T1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	T1	ST
TRIDESILON (<i>desonide</i>)	T3	ST
ULTRAVATE TOPICAL LOTION (<i>halobetasol propionate</i>)	T3	ST
VANOS (<i>fluocinonide</i>)	T3	ST; QL (1 per 30 days)
VERDESO (<i>desonide</i>)	T3	PA; ST
TOPICAL ENZYMES - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
SANTYL (<i>collagenase clostridium histolyticum</i>)	T2	QL (180 per Rx)
TOPICAL SCABICIDES / PEDICULICIDES - DRUGS TO TREAT HEAD LICE OR SCABIES		
<i>crotamiton</i> (Crotan)	T1	
<i>permethrin</i> (Elimite)	T3	
EURAX (<i>crotamiton</i>)	T3	
<i>lindane topical shampoo</i>	T1	
<i>malathion</i>	T1	
NATROBA (<i>spinosad</i>)	T3	
<i>malathion</i> (Ovide)	T3	
<i>permethrin topical cream</i>	T1	
SKLICE (<i>ivermectin</i>)	T3	
<i>spinosad</i>	T1	
ULESFIA (<i>benzyl alcohol</i>)	T3	
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES		
ANOREXIANTS - DRUG TO HELP SUPPRESS APPETITE		
<i>phentermine hcl</i> (Adipex-P)	T3	PA
<i>benzphetamine oral tablet 50 mg</i>	T1	PA
CONTRAVE (<i>naltrexone hcl/bupropion hcl</i>)	T3	PA
<i>diethylpropion</i>	T1	PA
LOMAIRA (<i>phentermine hcl</i>)	T3	PA
<i>phendimetrazine tartrate</i>	T1	PA
<i>phentermine</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QSYMIA (<i>phentermine hcl/topiramate</i>)	T3	PA
SAXENDA (<i>liraglutide</i>)	T3	PA
XENICAL (<i>orlistat</i>)	T3	PA

IRRIGATING SOLUTIONS - IRRIGATING FLUIDS

<i>lactated ringers irrigation</i>	T1	
<i>neomycin-polymyxin b gu</i>	T1	
PHYSIOLYTE (<i>physiological irrigating solution no.1</i>)	T3	
PHYSIOSOL IRRIGATION (<i>physiological irrigating solution no.1</i>)	T3	
<i>ringer's irrigation</i>	T1	
SORBITOL IRRIGATION (<i>sorbitol solution</i>)	T3	
SORBITOL-MANNITOL (<i>mannitol/sorbitol solution</i>)	T3	
<i>tis-u-sol pentalyte</i>	T1	

MISCELLANEOUS AGENTS - OTHER

<i>acamprosate</i>	T1	
<i>acetic acid irrigation</i>	T1	
AGRYLIN (<i>anagrelide hcl</i>)	T3	
<i>anagrelide</i>	T1	
<i>aqua care sodium chloride</i>	T1	
<i>aqua care sterile water</i>	T1	
BUPHENYL (<i>sodium phenylbutyrate</i>)	T3	
<i>caffeine citrate oral</i>	T1	
CARBAGLU (<i>carglumic acid</i>)	T4	SP
CARNITOR (SUGAR-FREE) (<i>levocarnitine</i>)	T3	
CARNITOR ORAL (<i>levocarnitine</i>)	T3	
<i>cevimeline</i>	T1	
CHEMET (<i>succimer</i>)	T2	PA; ST
<i>trientine hcl</i> (Cloquique)	T1	PA; ST
<i>deferasirox</i>	T4	PA; ST; SP
<i>deferiprone</i>	T4	PA; ST; SP
<i>disulfiram</i>	T1	
ENDARI (<i>glutamine</i>)	T4	PA; ST; SP
EVOXAC (<i>cevimeline hcl</i>)	T3	
EXJADE (<i>deferasirox</i>)	T4	PA; ST; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX (<i>deferiprone</i>)	T4	PA; ST; SP
FERRLECIT (<i>sodium ferric gluconate complex in sucrose</i>)	T3	PA; ST
GLEOLAN (<i>aminolevulinic acid hcl</i>)	T3	
INCRELEX (<i>mecasermin</i>)	T4	PA; SP
INFASURF (<i>calfactant</i>)	T3	
JADENU (<i>deferasirox</i>)	T4	PA; ST; SP
JADENU SPRINKLE (<i>deferasirox</i>)	T4	PA; ST; SP
<i>levocarnitine (with sugar)</i>	T1	
<i>levocarnitine oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
LITHOSTAT (<i>acetohydroxamic acid</i>)	T3	
METOPIRONE (<i>metyrapone</i>)	T3	
<i>midodrine</i>	T1	
<i>nitisinone</i>	T4	PA; ST; SP
NITYR (<i>nitisinone</i>)	T4	PA; ST; SP
NORTHERA (<i>droxidopa</i>)	T4	PA; ST; SP
ORFADIN (<i>nitisinone</i>)	T4	PA; ST; SP
OXBRYTA (<i>voxelotor</i>)	T4	PA; ST; QL (90 per Rx); SP
<i>pilocarpine hcl oral tablet 5 mg</i>	T1	
RADIOGARDASE (<i>prussian blue (insoluble)</i>)	T3	
RAVICTI (<i>glycerol phenylbutyrate</i>)	T4	SP
RILUTEK (<i>riluzole</i>)	T3	PA; ST
<i>riluzole</i>	T1	PA; ST
<i>risedronate oral tablet 30 mg</i>	T1	QL (30 per Rx)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG (<i>pilocarpine hcl</i>)	T3	
<i>sodium chloride 0.9 %</i>	T1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	T1	
<i>sodium chloride injection</i>	T1	
<i>sodium chloride irrigation</i>	T1	
<i>sodium ferric gluconat-sucrose</i>	T1	PA; ST
<i>sodium phenylbutyrate</i>	T1	
SURVANTA (<i>beractant</i>)	T3	
SYPRINE (<i>trientine hcl</i>)	T3	PA; ST
THIOLA (<i>tiopronin</i>)	T4	SP

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIOLA EC (<i>tiopronin</i>)	T4	SP
TIGLUTIK (<i>riluzole</i>)	T3	PA; ST
<i>trientine</i>	T1	PA; ST
<i>water for irrigation, sterile</i>	T1	
XURIDEN (<i>uridine triacetate</i>)	T4	SP

SMOKING DETERRENTS - DRUGS TO HELP STOP SMOKING

<i>bupropion hcl (smoking deter)</i>	T0	QL (180 day supply per 365 days; AGE; PC)
CHANTIX (<i>varenicline tartrate</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
CHANTIX CONTINUING MONTH BOX (<i>varenicline tartrate</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
CHANTIX STARTING MONTH BOX (<i>varenicline tartrate</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
NICODERM CQ (<i>nicotine</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
NICORETTE BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
<i>nicorette buccal gum 4 mg</i>	T0	QL (180 day supply per 365 days; AGE; PC)
NICORETTE BUCCAL LOZENGE (<i>nicotine polacrilex</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
NICORETTE BUCCAL MINI LOZENGE (<i>nicotine polacrilex</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
<i>nicotine (polacrilex)</i>	T0	QL (180 day supply per 365 days; AGE; PC)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	T0	QL (180 day supply per 365 days; AGE; PC)
<i>nicotine transdermal patch, td daily, sequential</i>	T0	QL (180 day supply per 365 days; AGE; PC)
NICOTROL (<i>nicotine</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
NICOTROL NS (<i>nicotine</i>)	T0	QL (180 day supply per 365 days; AGE; PC)
<i>quit 2</i>	T0	QL (180 day supply per 365 days; AGE; PC)
<i>quit 4</i>	T0	QL (180 day supply per 365 days; AGE; PC)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stop smoking aid</i>	T0	QL (180 day supply per 365 days; AGE; PC
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT		
MISCELLANEOUS AGENTS - OTHER DRUGS FOR EAR, NOSE OR THROAT CONDITIONS		
ARESTIN (<i>minocycline hcl microspheres</i>)	T4	SP
<i>azelastine nasal aerosol,spray</i>	T1	QL (60 per Rx)
<i>azelastine nasal spray,non-aerosol</i>	T1	
<i>chlorhexidine gluconate mucous membrane</i>	T1	
CLINPRO 5000 (<i>fluoride (sodium)</i>)	T3	
<i>denta 5000 plus</i>	T1	
<i>dentagel</i>	T1	
EPISIL (<i>oral mucositis and stomatitis anti-inflammatory agent comb 2</i>)	T3	
<i>fluoride (sodium) dental cream</i>	T1	
<i>fluoride (sodium) dental gel</i>	T1	
<i>fluoride (sodium) dental paste</i>	T1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE (<i>fluoride (sodium)</i>)	T3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE (<i>sodium fluoride/potassium nitrate</i>)	T3	
GELCLAIR (<i>potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic</i>)	T3	
GELX (<i>povidone/taurine/zinc gluconate/peg-40 castor oil</i>)	T3	
<i>ipratropium bromide nasal</i>	T1	QL (30 per Rx)
MUGARD (<i>glycerin/carbomer homopolymer type a/potassium hydroxide</i>)	T3	
<i>olopatadine nasal</i>	T1	QL (1 per Rx)
<i>triamcinolone acetonide (Oralone)</i>	T1	
ORAMAGICRX (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	T3	
<i>chlorhexidine gluconate</i> (Paroex Oral Rinse)	T1	
PATANASE (<i>olopatadine hcl</i>)	T3	QL (1 per Rx)
PERIDEX (<i>chlorhexidine gluconate</i>)	T3	
<i>chlorhexidine gluconate</i> (Periogard)	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pilocarpine hcl oral tablet 7.5 mg	T1	
PREVIDENT (<i>fluoride (sodium)</i>)	T3	
PREVIDENT 5000 BOOSTER PLUS (<i>fluoride (sodium)</i>)	T3	
PREVIDENT 5000 DRY MOUTH (<i>fluoride (sodium)</i>)	T3	
PREVIDENT 5000 ENAMEL PROTECT (<i>sodium fluoride/potassium nitrate</i>)	T3	
PREVIDENT 5000 ORTHO DEFENSE (<i>fluoride (sodium)</i>)	T3	
PREVIDENT 5000 PLUS (<i>fluoride (sodium)</i>)	T3	
PREVIDENT 5000 SENSITIVE (<i>sodium fluoride/potassium nitrate</i>)	T3	
PROTHELIAL (<i>sucralfate malate, polymerized</i>)	T4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG (<i>pilocarpine hcl</i>)	T3	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride-pot nitrate</i>	T1	
<i>triamcinolone acetonide dental</i>	T1	
MISCELLANEOUS OTIC PREPARATIONS - DRUGS TO TREAT EAR CONDITIONS		
<i>acetic acid otic (ear)</i>	T1	
<i>ciprofloxacin hcl otic (ear)</i>	T1	
DERMOTIC OIL (<i>fluocinolone acetonide oil</i>)	T3	
<i>fluocinolone acetonide oil</i> (Flac Otic Oil)	T1	
<i>fluocinolone acetonide oil</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>ofloxacin otic (ear)</i>	T1	
OTIPRIO (<i>ciprofloxacin</i>)	T3	QL (1 per Rx)
OTIC STEROID / ANTIBIOTIC - DRUGS TO TREAT EAR CONDITIONS		
CIPRO HC (<i>ciprofloxacin hcl/hydrocortisone</i>)	T3	
CIPRODEX (<i>ciprofloxacin hcl/dexamethasone</i>)	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE	T3	PA; ST
CORTISPORIN-TC (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	T3	
<i>neomycin-polymyxin-hc otic (ear)</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTOVEL (<i>ciprofloxacin hcl/fluocinolone acetonide</i>)	T2	
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES		
ADRENAL HORMONES - HORMONES		
ACTHAR (<i>corticotropin</i>)	T4	PA; SP
CORTEF (<i>hydrocortisone</i>)	T3	
<i>cortisone</i>	T1	
<i>dexamethasone</i> (Decadron Oral Tablet)	T1	
<i>dexamethasone</i> (Dexabliss)	T1	PA; ST
<i>dexamethasone intensol</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablets,dose pack</i>	T1	PA; ST
<i>dexamethasone</i> (Dxevo)	T3	PA; ST
EMFLAZA (<i>deflazacort</i>)	T4	PA; ST; SP
<i>fludrocortisone</i>	T1	
<i>dexamethasone</i> (Hidex)	T1	PA; ST
<i>hydrocortisone oral</i>	T1	
MEDROL (<i>methylprednisolone</i>)	T3	
MEDROL (PAK) (<i>methylprednisolone</i>)	T3	
<i>methylprednisolone</i>	T1	
<i>millipred dp</i>	T1	
<i>millipred oral tablet</i>	T1	
ORAPRED ODT (<i>prednisolone sodium phosphate</i>)	T3	
<i>prednisolone oral solution 15 mg/5 ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	T1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	T1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	T1	
<i>prednisone</i>	T1	
<i>prednisone intensol</i>	T1	
RAYOS (<i>prednisone</i>)	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone</i> (Taperdex)	T3	PA; ST
TRIESENCE (PF) (<i>triamcinolone acetonide/pf</i>)	T3	
ZCORT (<i>dexamethasone</i>)	T3	PA; ST
ANTITHYROID AGENTS - DRUGS TO TREAT THYROID CONDITIONS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil</i>	T1	
<i>SSKI (potassium iodide)</i>	T3	
<i>methimazole</i> (Tapazole)	T3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES - BLOOD SUGAR TESTING SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ADVANCED GLUC METER TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ADVOCATE REDI-CODE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ADVOCATE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
AGAMATRIX AMP TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE 4 STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE PLATINUM TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE PRISM MULTI STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
BIONIME RIGHTEST TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
BLOOD GLUCOSE TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CARESENS N TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE MICRO TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE TALK TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE VOICE+ TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CONTOUR NEXT TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
CONTOUR TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
COOL GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
DIATRUE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY PLUS II TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY STEP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TALK GLUCOSE TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TOUCH TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TRAK GLUCOSE TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TRAK II TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASYGLUCO PLUS STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASYGLUCO TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EASYMAX (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ELEMENT TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE EVO TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE PRO TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE TALK TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE G3 TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE MINI GLUCOSE TEST STR (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE PROVIEW TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EVOLUTION TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EZ SMART PLUS TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
EZ SMART TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FIFTY50 TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA 6 CONNECT GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D15G STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D20 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D40-G31 TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G30-PREMIUM V10 TEST STRP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA GD50 TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA GTEL GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA TN'G VOICE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V10-V12-D10-D20 STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V12 GLUCOSE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V20 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORACARE GD20 (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORACARE GD40 TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FORTISCARE GLUCOSE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
FREESTYLE INSULINX TEST STRIPS (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
FREESTYLE LITE STRIPS (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
FREESTYLE PRECISION NEO STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
FREESTYLE TEST (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GENSTRIP TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCO NAVII TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD 01 SENSOR PLUS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD SHINE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD VITAL SENSOR (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD VITAL TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCOM GLUCOSE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GM100 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
HARMONY GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
HEALTHPRO TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
IGLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
INFINITY TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
INFINITY VOICE TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
MICRO BLOOD GLUCOSE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
MICRODOT XTRA BLOOD GLUCOSE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
NEUTEK 2TEK TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
NOVA MAX GLUCOSE TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ON CALL EXPRESS TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ON CALL VIVID TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
ONETOUCH VERIO TEST STRIPS (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
OPTIUM EZ (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
OPTIUM TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
OPTUMRX STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PHARMACIST CHOICE (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION PCX PLUS TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION PCX TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION POINT OF CARE TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION Q-I-D TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION XTRA TEST (<i>blood sugar diagnostic</i>)	T2	DM; QL (200 per 30 days)
PREMIER TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRO VOICE V8-V9 TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
PRODIGY NO CODING (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
REFUAH PLUS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
RELION CONFIRM-MICRO (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PRIME TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
REVEAL TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
RIGHTEST GS550 TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
SMART SENSE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
SMARTEST TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
SOLUS V2 TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
TELCARE TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
TEST N'GO TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
TRUE METRIX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	T1	PA; ST; DM; QL (200 per 30 days)
TRUETEST TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
TRUETRACK TEST (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ULTIMA TEST STRIPS (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ULTRATRAK (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
UNISTRIP1 TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
VERASENS TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
VIVAGUARD INO TEST STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
WAVESENSE JAZZ (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVENSENSE PRESTO STRIP (<i>blood sugar diagnostic</i>)	T3	PA; ST; DM; QL (200 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT - DIABETIC SUPPLIES		
ACE AEROSOL CLOUD ENHANCER (<i>inhaler, assist devices</i>)	T2	
AEROCHAMBER MINI (<i>inhaler, assist devices</i>)	T2	
AEROCHAMBER PLUS FLOW-VU (<i>inhaler, assist devices</i>)	T2	
AEROCHAMBER PLUS Z STAT (<i>inhaler, assist devices</i>)	T2	
AEROTRACH PLUS (<i>inhaler, assist devices</i>)	T2	
AEROVENT PLUS (<i>inhaler, assist devices</i>)	T2	
BREATHERITE MDI SPACER (<i>inhaler, assist devices</i>)	T2	
COMPACT SPACE CHAMBER (<i>inhaler, assist devices</i>)	T2	
EASIVENT HOLDING CHAMBER (<i>inhaler, assist devices</i>)	T2	
FLEXICHAMBER (<i>inhaler, assist devices</i>)	T2	
GLUCAGEN DIAGNOSTIC KIT (<i>glucagon, human recombinant</i>)	T2	DM
GLUCAGON HCL (<i>glucagon hcl</i>)	T3	DM
INSPIRACHAMBER (<i>inhaler, assist devices</i>)	T2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T3	DM
LITEAIRE MDI CHAMBER (<i>inhaler, assist devices</i>)	T2	
MICROCHAMBER (<i>inhaler, assist devices</i>)	T2	
MICROSPACER (<i>inhaler, assist devices</i>)	T2	
OPTICHAMBER DIAMOND VHC (<i>inhaler, assist devices</i>)	T2	
POCKET CHAMBER (<i>inhaler, assist devices</i>)	T2	
PRIMEAIRE (<i>inhaler, assist devices</i>)	T2	
PROCHAMBER (<i>inhaler, assist devices</i>)	T2	
RITEFLO AEROCHAMBER (<i>inhaler, assist devices</i>)	T2	
SPACE CHAMBER (<i>inhaler, assist devices</i>)	T2	
VORTEX HOLDING CHAMBER (<i>inhaler, assist devices</i>)	T2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI (<i>glucagon</i>)	T2	QL (2 per Rx); DM
<i>diazoxide</i>	T1	DM
GLUCAGEN HYPOKIT (<i>glucagon, human recombinant</i>)	T2	QL (2 per Rx); DM
GLUCAGON (HCL) EMERGENCY KIT (<i>glucagon hcl</i>)	T2	QL (2 per Rx); DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGON EMERGENCY KIT (HUMAN) (<i>glucagon, human recombinant</i>)	T2	QL (2 per Rx); DM
GVOKE HYPOOPEN 2-PACK (<i>glucagon</i>)	T2	QL (2 per Rx); DM
GVOKE PFS 2-PACK SYRINGE (<i>glucagon</i>)	T2	QL (2 per Rx); DM
PROGLYCEM (<i>diazoxide</i>)	T3	DM
INSULIN THERAPY - INSULIN		
ADMELOG SOLOSTAR U-100 INSULIN (<i>insulin lispro</i>)	T3	PA; ST; DM
ADMELOG U-100 INSULIN LISPRO (<i>insulin lispro</i>)	T3	PA; ST; DM
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (<i>insulin regular, human</i>)	T3	DM
APIDRA SOLOSTAR U-100 INSULIN (<i>insulin glulisine</i>)	T3	PA; ST; DM
APIDRA U-100 INSULIN (<i>insulin glulisine</i>)	T3	PA; ST; DM
BASAGLAR KWIKPEN U-100 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T3	DM
FIASP FLEXTOUCH U-100 INSULIN (<i>insulin aspart (niacinamide)</i>)	T3	PA; ST; DM
FIASP PENFILL U-100 INSULIN (<i>insulin aspart (niacinamide)</i>)	T3	PA; ST; DM
FIASP U-100 INSULIN (<i>insulin aspart (niacinamide)</i>)	T3	PA; ST; DM
HUMALOG JUNIOR KWIKPEN U-100 (<i>insulin lispro</i>)	T2	DM
HUMALOG KWIKPEN INSULIN (<i>insulin lispro</i>)	T2	DM
HUMALOG MIX 50-50 INSULN U-100 (<i>insulin lispro protamine and insulin lispro</i>)	T2	DM
HUMALOG MIX 50-50 KWIKPEN (<i>insulin lispro protamine and insulin lispro</i>)	T2	DM
HUMALOG MIX 75-25 KWIKPEN (<i>insulin lispro protamine and insulin lispro</i>)	T2	DM
HUMALOG MIX 75-25(U-100)INSULN (<i>insulin lispro protamine and insulin lispro</i>)	T2	DM
HUMALOG U-100 INSULIN (<i>insulin lispro</i>)	T2	DM
HUMULIN 70/30 U-100 INSULIN (<i>insulin nph human isophane/insulin regular, human</i>)	T2	DM
HUMULIN 70/30 U-100 KWIKPEN (<i>insulin nph human isophane/insulin regular, human</i>)	T2	DM
HUMULIN N NPH INSULIN KWIKPEN (<i>insulin nph human isophane</i>)	T2	DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N NPH U-100 INSULIN (<i>insulin nph human isophane</i>)	T2	DM
HUMULIN R REGULAR U-100 INSULN (<i>insulin regular, human</i>)	T2	DM
HUMULIN R U-500 (CONC) INSULIN (<i>insulin regular, human</i>)	T2	DM
HUMULIN R U-500 (CONC) KWIKPEN (<i>insulin regular, human</i>)	T2	DM
INSULIN ASP PRT-INSULIN ASPART	T3	PA; ST; DM
INSULIN ASPART U-100	T3	PA; ST; DM
INSULIN LISPRO	T3	PA; ST; DM
INSULIN LISPRO PROTAMIN-LISPRO	T3	PA; ST; DM
LANTUS SOLOSTAR U-100 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T2	DM
LANTUS U-100 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T2	DM
LEVEMIR FLEXTOUCH U-100 INSULN (<i>insulin detemir</i>)	T2	DM
LEVEMIR U-100 INSULIN (<i>insulin detemir</i>)	T2	DM
LYUMJEV KWIKPEN U-100 INSULIN (<i>insulin lispro-aabc</i>)	T2	DM
LYUMJEV KWIKPEN U-200 INSULIN (<i>insulin lispro-aabc</i>)	T2	DM
LYUMJEV U-100 INSULIN (<i>insulin lispro-aabc</i>)	T2	DM
NOVOLIN 70-30 FLEXPEN U-100 (<i>insulin nph human isophane/insulin regular, human</i>)	T3	PA; ST; DM
NOVOLIN N FLEXPEN (<i>insulin nph human isophane</i>)	T3	PA; ST; DM
NOVOLIN R FLEXPEN (<i>insulin regular, human</i>)	T3	PA; ST; DM
NOVOLOG FLEXPEN U-100 INSULIN (<i>insulin aspart</i>)	T3	PA; ST; DM
NOVOLOG MIX 70-30 U-100 INSULN (<i>insulin aspart protamine human/insulin aspart</i>)	T3	PA; ST; DM
NOVOLOG MIX 70-30FLEXPEN U-100 (<i>insulin aspart protamine human/insulin aspart</i>)	T3	PA; ST; DM
NOVOLOG PENFILL U-100 INSULIN (<i>insulin aspart</i>)	T3	PA; ST; DM
NOVOLOG U-100 INSULIN ASPART (<i>insulin aspart</i>)	T3	PA; ST; DM
RELION NOVOLIN 70/30 (<i>insulin nph human isophane/insulin regular, human</i>)	T3	PA; ST; DM
RELION NOVOLIN N (<i>insulin nph human isophane</i>)	T3	PA; ST; DM
RELION NOVOLIN R (<i>insulin regular, human</i>)	T3	PA; ST; DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE PEN U-100 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T3	PA; ST; DM
SEMGLEE U-100 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T3	PA; ST; DM
SOLIQUA 100/33 (<i>insulin glargine, human recombinant analog/lixisenatide</i>)	T2	QL (15 per Rx); DM
TOUJEO MAX U-300 SOLOSTAR (<i>insulin glargine, human recombinant analog</i>)	T2	DM
TOUJEO SOLOSTAR U-300 INSULIN (<i>insulin glargine, human recombinant analog</i>)	T2	DM
TRESIBA FLEXTOUCH U-100 (<i>insulin degludec</i>)	T2	DM
TRESIBA FLEXTOUCH U-200 (<i>insulin degludec</i>)	T2	DM
TRESIBA U-100 INSULIN (<i>insulin degludec</i>)	T2	DM
XULTOPHY 100/3.6 (<i>insulin degludec/liraglutide</i>)	T2	QL (15 per Rx); DM

MISCELLANEOUS HORMONES - OTHER HORMONES

ANADROL-50 (<i>oxymetholone</i>)	T3	
ANDRODERM (<i>testosterone</i>)	T2	PA; QL (30 per Rx)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (<i>testosterone</i>)	T3	PA; QL (150 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM) (<i>testosterone</i>)	T3	PA; QL (75 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (<i>testosterone</i>)	T3	PA; QL (300 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM) (<i>testosterone</i>)	T3	PA; QL (30 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM) (<i>testosterone</i>)	T3	PA; QL (60 per Rx)
<i>methyltestosterone</i> (Android)	T3	PA; ST
<i>cabergoline</i>	T1	QL (8 per 30 days)
<i>calcitonin (salmon)</i>	T1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	T1	
<i>calcitriol oral</i>	T1	
CERDELGA (<i>eliglustat tartrate</i>)	T4	PA; ST; SP
<i>cinacalcet</i>	T1	
<i>danazol</i>	T1	
DDAVP NASAL SOLUTION (<i>desmopressin acetate</i>)	T2	
DDAVP ORAL (<i>desmopressin acetate</i>)	T3	

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<i>testosterone cypionate</i> (Depo-Testosterone)	T3	PA
<i>desmopressin nasal spray,non-aerosol</i>	T1	
<i>desmopressin oral</i>	T1	
<i>doxercalciferol oral</i>	T1	
FORTESTA (<i>testosterone</i>)	T3	PA; QL (60 per Rx)
GALAFOLD (<i>migalastat hcl</i>)	T4	PA; ST; QL (15 per Rx); SP
ISTURISA ORAL TABLET 1 MG (<i>osilodrostat phosphate</i>)	T4	PA; ST; QL (240 per Rx); SP
ISTURISA ORAL TABLET 10 MG (<i>osilodrostat phosphate</i>)	T4	PA; ST; QL (2 per Rx); SP
ISTURISA ORAL TABLET 5 MG (<i>osilodrostat phosphate</i>)	T4	PA; ST; QL (60 per Rx); SP
JATENZO (<i>testosterone undecanoate</i>)	T3	QL (60 per Rx)
JYNARQUE ORAL TABLET 15 MG (<i>tolvaptan</i>)	T4	PA; QL (60 per Rx); SP
JYNARQUE ORAL TABLET 30 MG (<i>tolvaptan</i>)	T4	PA; QL (30 per Rx); SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM) (<i>tolvaptan</i>)	T4	PA; QL (56 per Rx); SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	T4	PA; QL (56 per Rx); SP
KORLYM (<i>mifepristone</i>)	T4	PA; ST; SP
KUVAN (<i>sapropterin dihydrochloride</i>)	T4	PA; SP
METHITEST (<i>methyltestosterone</i>)	T2	
<i>methyltestosterone oral capsule</i>	T1	
MIACALCIN INJECTION (<i>calcitonin,salmon,synthetic</i>)	T2	
<i>miglustat</i>	T4	PA; ST; SP
MYALEPT (<i>metreleptin</i>)	T4	PA; ST; SP
NATESTO (<i>testosterone</i>)	T2	PA; QL (2 per Rx)
NATPARA (<i>parathyroid hormone</i>)	T4	PA; ST; SP
NOCDURNA (MEN) (<i>desmopressin acetate</i>)	T3	PA; ST; QL (30 per Rx)
NOCDURNA (WOMEN) (<i>desmopressin acetate</i>)	T3	PA; ST; QL (30 per Rx)
NOCTIVA (<i>desmopressin acetate</i>)	T3	PA; ST; QL (2 per Rx)
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	T2	PA; ST; QL (30 per 365 days)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	T2	PA; ST; QL (360 per 365 days)
<i>oxandrolone</i>	T1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML (<i>pegvaliase-pqz</i>)	T4	PA; QL (30 per Rx); SP

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML <i>(pegvaliase-pqpz)</i>	T4	PA; QL (8 per Rx); SP
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML <i>(pegvaliase-pqpz)</i>	T4	PA; QL (60 per Rx); SP
<i>paricalcitol intravenous</i>	T1	
<i>paricalcitol oral</i>	T1	
RAYALDEE (<i>calcifediol</i>)	T3	
ROCALTROL (<i>calcitriol</i>)	T3	
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	T4	PA; QL (30 per Rx); SP
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	T4	PA; QL (60 per Rx); SP
<i>sapropterin</i>	T4	PA; SP
SENSIPAR (<i>cinacalcet hcl</i>)	T3	
SOMAVERT (<i>pegvisomant</i>)	T4	SP
STRENSIQ (<i>asfotase alfa</i>)	T4	PA; ST; SP
SYNAREL (<i>nafarelin acetate</i>)	T2	
TESTIM (<i>testosterone</i>)	T3	PA; QL (60 per Rx)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	T1	PA
<i>testosterone enanthate</i>	T1	PA
<i>testosterone transdermal gel</i>	T1	PA; QL (60 per Rx)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	T1	PA; QL (60 per Rx)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T1	PA; QL (26 per Rx)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	T1	PA; QL (150 per Rx)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	T1	PA; QL (75 per Rx)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	T1	PA; QL (300 per Rx)
<i>testosterone transdermal gel in packet 1.62 %(20.25 mg/1.25 gram)</i>	T1	PA; QL (30 per Rx)
<i>testosterone transdermal gel in packet 1.62 %(40.5 mg/2.5 gram)</i>	T1	PA; QL (60 per Rx)
<i>testosterone transdermal solution in metered pump w/app</i>	T1	PA; QL (300 per Rx)
<i>methyltestosterone</i> (Testred)	T3	PA; ST
<i>tolvaptan oral tablet 30 mg</i>	T4	PA; QL (60 per Rx); SP
VOGELXO TRANSDERMAL GEL (<i>testosterone</i>)	T3	PA; QL (60 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP (<i>testosterone</i>)	T3	PA; QL (300 per Rx)
VOGELXO TRANSDERMAL GEL IN PACKET (<i>testosterone</i>)	T3	PA; QL (60 per Rx)
XYOSTED (<i>testosterone enanthate</i>)	T3	PA
ZAVESCA (<i>miglustat</i>)	T4	PA; ST; SP
ZEMPLAR INTRAVENOUS (<i>paricalcitol</i>)	T3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	T3	
NON-INSULIN HYPOGLYCEMIC AGENTS - DRUGS TO TREAT HIGH BLOOD SUGAR		
<i>acarbose</i>	T1	DM
ACTOPLUS MET (<i>pioglitazone hcl/metformin hcl</i>)	T3	ST; QL (90 per Rx); DM
ACTOS (<i>pioglitazone hcl</i>)	T3	ST; QL (30 per Rx); DM
ADLYXIN (<i>lixisenatide</i>)	T3	PA; ST; QL (6 per Rx); DM
ALOGLIPTIN	T3	PA; ST; QL (30 per Rx); DM
ALOGLIPTIN-METFORMIN	T3	PA; ST; QL (60 per Rx); DM
ALOGLIPTIN-PIOGLITAZONE	T3	PA; ST; QL (30 per Rx); DM
AMARYL (<i>glimepiride</i>)	T3	DM
AVANDIA ORAL TABLET 2 MG, 4 MG (<i>rosiglitazone maleate</i>)	T3	ST; QL (60 per Rx); DM
BYDUREON BCISE (<i>exenatide microspheres</i>)	T2	ST; QL (2 per Rx); DM
BYDUREON SUBCUTANEOUS PEN INJECTOR (<i>exenatide microspheres</i>)	T2	ST; QL (2 per Rx); DM
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (<i>exenatide</i>)	T2	ST; QL (3 per Rx); DM
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	T2	ST; QL (2 per Rx); DM
CYCLOSET (<i>bromocriptine mesylate</i>)	T3	DM
DUETACT (<i>pioglitazone hcl/glimepiride</i>)	T3	ST; QL (30 per Rx); DM
FARXIGA (<i>dapagliflozin propanediol</i>)	T2	ST; QL (30 per Rx); DM
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG (<i>metformin hcl</i>)	T3	ST; QL (60 per Rx); DM
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG (<i>metformin hcl</i>)	T3	ST; QL (30 per Rx); DM
<i>glimepiride</i>	T1	DM
<i>glipizide</i>	T1	DM
<i>glipizide-metformin</i>	T1	DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPHAGE ORAL TABLET 1,000 MG, 500 MG (<i>metformin hcl</i>)	T3	ST; DM
GLUCOPHAGE XR (<i>metformin hcl</i>)	T3	ST; QL (60 per Rx); DM
GLUCOTROL ORAL TABLET 10 MG (<i>glipizide</i>)	T3	DM
GLUCOTROL XL (<i>glipizide</i>)	T3	DM
GLUMETZA (<i>metformin hcl</i>)	T3	PA; ST; QL (60 per Rx); DM
<i>glyburide</i>	T1	DM
<i>glyburide micronized</i>	T1	DM
<i>glyburide-metformin</i>	T1	DM
GLYNASE (<i>glyburide,micronized</i>)	T3	DM
GLYXAMBI (<i>empagliflozin/linagliptin</i>)	T2	ST; QL (30 per Rx); DM
INVOKAMET (<i>canagliflozin/metformin hcl</i>)	T2	ST; QL (60 per Rx); DM
INVOKAMET XR (<i>canagliflozin/metformin hcl</i>)	T2	ST; QL (60 per Rx); DM
INVOKANA (<i>canagliflozin</i>)	T2	ST; QL (30 per Rx); DM
JANUMET (<i>sitagliptin phosphate/metformin hcl</i>)	T2	ST; QL (60 per Rx); DM
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	T2	ST; QL (30 per Rx); DM
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	T2	ST; QL (60 per Rx); DM
JANUVIA (<i>sitagliptin phosphate</i>)	T2	ST; QL (30 per Rx); DM
JARDIANCE (<i>empagliflozin</i>)	T2	ST; QL (30 per Rx); DM
JENTADUETO (<i>linagliptin/metformin hcl</i>)	T3	PA; ST; QL (60 per Rx); DM
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (<i>linagliptin/metformin hcl</i>)	T3	PA; ST; QL (60 per Rx); DM
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	T3	PA; ST; QL (30 per Rx); DM
KAZANO (<i>alogliptin benzoate/metformin hcl</i>)	T3	PA; ST; QL (60 per Rx); DM
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG (<i>saxagliptin hcl/metformin hcl</i>)	T3	PA; ST; QL (60 per Rx); DM
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG (<i>saxagliptin hcl/metformin hcl</i>)	T3	PA; ST; QL (30 per Rx); DM
<i>metformin oral solution</i>	T1	DM
<i>metformin oral tablet</i>	T1	DM
<i>metformin oral tablet extended release 24 hr</i>	T1	QL (60 per Rx); DM
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	T1	ST; QL (60 per Rx); DM
<i>metformin oral tablet extended release 24hr 500 mg</i>	T1	ST; QL (30 per Rx); DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin oral tablet,er gast.retention 24 hr</i>	T1	PA; ST; QL (60 per Rx); DM
<i>miglitol</i>	T1	DM
<i>nateglinide</i>	T1	DM
<i>NESINA (alogliptin benzoate)</i>	T3	PA; ST; QL (30 per Rx); DM
<i>ONGLYZA (saxagliptin hcl)</i>	T3	PA; ST; QL (30 per Rx); DM
<i>OSENI (alogliptin benzoate/pioglitazone hcl)</i>	T3	ST; QL (30 per Rx); DM
<i>OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (semaglutide)</i>	T2	ST; QL (1 per Rx); DM
<i>OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) (semaglutide)</i>	T2	ST; QL (2 per Rx); DM
<i>pioglitazone</i>	T1	QL (30 per Rx); DM
<i>pioglitazone-glimepiride</i>	T1	QL (30 per Rx); DM
<i>pioglitazone-metformin</i>	T1	QL (90 per Rx); DM
<i>repaglinide</i> (Prandin Oral Tablet 1 Mg, 2 Mg)	T3	DM
<i>PRECOSE (acarbose)</i>	T3	DM
<i>QTERN (dapagliflozin propanediol/saxagliptin hcl)</i>	T3	PA; ST; DM
<i>repaglinide</i>	T1	DM
<i>repaglinide-metformin</i>	T1	QL (150 per Rx); DM
<i>RIOMET (metformin hcl)</i>	T3	ST; DM
<i>RIOMET ER (metformin hcl)</i>	T3	ST; DM
<i>RYBELSUS (semaglutide)</i>	T2	ST; QL (30 per Rx); DM
<i>SEGLUROMET (ertugliflozin pidolate/metformin hcl)</i>	T2	ST; QL (60 per Rx); DM
<i>STARLIX (nateglinide)</i>	T3	DM
<i>STEGLATRO (ertugliflozin pidolate)</i>	T2	ST; QL (30 per Rx); DM
<i>STEGLUJAN (ertugliflozin pidolate/sitagliptin phosphate)</i>	T2	ST; QL (30 per Rx); DM
<i>SYMLINPEN 120 (pramlintide acetate)</i>	T2	ST; QL (19 per Rx); DM
<i>SYMLINPEN 60 (pramlintide acetate)</i>	T2	ST; QL (1 per Rx); DM
<i>SYNJARDY (empagliflozin/metformin hcl)</i>	T2	ST; QL (60 per Rx); DM
<i>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG (empagliflozin/metformin hcl)</i>	T2	ST; QL (60 per Rx); DM
<i>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG (empagliflozin/metformin hcl)</i>	T2	ST; QL (30 per Rx); DM
<i>TRADJENTA (linagliptin)</i>	T3	PA; ST; QL (30 per Rx); DM
<i>TRIJARDY XR (empagliflozin/linagliptin/metformin hcl)</i>	T2	ST; DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY (<i>dulaglutide</i>)	T2	ST; QL (2 per Rx); DM
VICTOZA 2-PAK (<i>liraglutide</i>)	T3	PA; ST; QL (6 per Rx); DM
VICTOZA 3-PAK (<i>liraglutide</i>)	T3	PA; ST; QL (9 per Rx); DM
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	T2	ST; QL (30 per Rx); DM
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	T2	ST; QL (60 per Rx); DM

THYROID HORMONES - DRUGS TO TREAT THYROID CONDITIONS

ARMOUR THYROID (<i>thyroid,pork</i>)	T2	
CYTOMEL (<i>liothyronine sodium</i>)	T3	
<i>euthyrox</i>	T1	
<i>levo-t</i>	T1	
<i>levothyroxine oral tablet</i>	T1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>liothyronine oral</i>	T1	
<i>np thyroid</i>	T1	
SYNTHROID (<i>levothyroxine sodium</i>)	T3	
THYROLAR-1 (<i>liotrix</i>)	T3	
THYROLAR-1/2 (<i>liotrix</i>)	T3	
THYROLAR-1/4 (<i>liotrix</i>)	T3	
THYROLAR-2 (<i>liotrix</i>)	T3	
THYROLAR-3 (<i>liotrix</i>)	T3	
TIROSINT (<i>levothyroxine sodium</i>)	T3	
TIROSINT-SOL (<i>levothyroxine sodium</i>)	T3	
<i>unithroid</i>	T1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	T1	

GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS

ANTIDIARRHEALS & ANTISPASMODICS - DRUGS TO TREAT DIARRHEA AND OTHER BOWEL CONDITIONS

<i>anaspaz</i>	T1	
<i>belladonna alkaloids-opium</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide-clidinium</i>	T1	
CUVPOSA (<i>glycopyrrolate</i>)	T3	
<i>dicyclomine oral capsule</i>	T1	
<i>dicyclomine oral solution</i>	T1	
<i>dicyclomine oral tablet</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i> (Donnatal Oral Elixir 16.2-0.1037 -0.0194 Mg/5 ML)	T3	
<i>phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb</i> (Donnatal Oral Tablet)	T3	
<i>ed-spaZ</i>	T1	
GLYCATE (<i>glycopyrrolate</i>)	T3	
<i>glycopyrrolate oral</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<i>hyosyne</i>	T1	
LEVBID (<i>hyoscyamine sulfate</i>)	T3	
LEVSIN ORAL (<i>hyoscyamine sulfate</i>)	T3	
LEVSIN/SL (<i>hyoscyamine sulfate</i>)	T3	
LIBRAX (WITH CLIDINIUM) (<i>chlordiazepoxide/clidinium bromide</i>)	T3	
LOMOTIL (<i>diphenoxylate hcl/atropine sulfate</i>)	T3	
<i>methscopolamine</i>	T3	
MOTOFEN (<i>difenoxin hcl/atropine sulfate</i>)	T3	
MYTESI (<i>crofelemer</i>)	T3	PA; ST
NULEV (<i>hyoscyamine sulfate</i>)	T3	
<i>opium tincture</i>	T1	
<i>oscimin oral tablet</i>	T1	
<i>oscimin sl</i>	T1	
<i>oscimin sr</i>	T1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	T1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	T1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	T1	
<i>phenohydro oral tablet</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propantheline</i>	T3	
SYMAX DUOTAB (<i>hyoscyamine sulfate</i>)	T3	
<i>symax fastabs</i>	T1	
<i>symax-sl</i>	T1	
<i>symax-sr</i>	T1	

MISCELLANEOUS GASTROINTESTINAL AGENTS - OTHER DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS

ACTIGALL (<i>ursodiol</i>)	T3	
AKYNZEO (NETUPITANT) (<i>netupitant/palonosetron hcl</i>)	T3	PA; ST; QL (1 per Rx)
<i>alophen (bisacodyl)</i>	T0	AGE; PC
<i>alosetron</i>	T1	
AMITIZA (<i>lubiprostone</i>)	T3	PA; ST; QL (60 per Rx)
ANA-LEX KIT (<i>hydrocortisone acetate/lidocaine hcl/aloe vera</i>)	T3	
<i>hydrocortisone acetate/pramoxine hcl</i> (Analpram-Hc Rectal Cream 1-1 %)	T3	
ANALPRAM-HC RECTAL CREAM 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	
<i>anucort-hc</i>	T1	
ANUSOL-HC RECTAL SUPPOSITORY (<i>hydrocortisone acetate</i>)	T3	ST
<i>hydrocortisone</i> (Anusol-Hc Topical)	T3	ST
<i>aprepitant oral capsule 125 mg, 40 mg</i>	T1	QL (1 per Rx)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (2 per Rx)
<i>aprepitant oral capsule, dose pack</i>	T1	QL (3 per Rx)
APRISO (<i>mesalamine</i>)	T1	
ASACOL HD (<i>mesalamine</i>)	T3	
AURYXIA (<i>ferric citrate</i>)	T3	
AZULFIDINE (<i>sulfasalazine</i>)	T3	
AZULFIDINE EN-TABS (<i>sulfasalazine</i>)	T3	
<i>balsalazide</i>	T1	
<i>bisacodyl oral</i>	T0	AGE; PC
<i>bisa-lax (bisacodyl)</i>	T0	AGE; PC
BONJESTA (<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>)	T3	QL (360 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide oral capsule,delayed,extend.release</i>	T1	
<i>calcium acetate(phosphat bind)</i>	T1	
<i>CANASA (mesalamine)</i>	T3	
<i>chenodiol</i> (Chenodal)	T4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG (<i>cholic acid</i>)	T4	PA; ST; SP
CHOLBAM ORAL CAPSULE 50 MG (<i>cholic acid</i>)	T4	PA; ST; QL (60 per Rx); SP
CIMZIA (<i>certolizumab pegol</i>)	T4	PA; ST; SP; QL (2 per 30 days)
CIMZIA POWDER FOR RECONST (<i>certolizumab pegol</i>)	T4	PA; ST; SP; QL (1 per 30 days)
<i>citrate of magnesia</i>	T0	AGE; PC
<i>citroma</i>	T0	AGE; PC
<i>clearlax</i>	T0	AGE; PC
CLENPIQ (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	T0	AGE; PC
COLAZAL (<i>balsalazide disodium</i>)	T3	
<i>procchlorperazine maleate</i> (Compazine)	T3	
<i>procchlorperazine</i> (Compro)	T1	
<i>lactulose</i> (Constulose)	T1	
CORTENEMA (<i>hydrocortisone</i>)	T3	
CORTIFOAM (<i>hydrocortisone acetate</i>)	T3	PA; ST
CREON (<i>lipase/protease/amylase</i>)	T2	
<i>cromolyn oral</i>	T1	
CYSTADANE (<i>betaine</i>)	T4	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) (<i>mesalamine</i>)	T3	
DICLEGIS (<i>doxylamine succinate/pyridoxine hcl (vitamin b6)</i>)	T1	QL (720 per 365 days)
DIPENTUM (<i>olsalazine sodium</i>)	T3	PA; ST
<i>dronabinol</i>	T1	PA; ST
<i>ducodyl (bisacodyl)</i>	T0	AGE; PC
<i>dulcolax (magnesium hydroxide)</i>	T0	AGE; PC
EMEND ORAL CAPSULE 40 MG (<i>aprepitant</i>)	T3	QL (1 per Rx)
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	T3	QL (2 per Rx)
EMEND ORAL CAPSULE,DOSE PACK (<i>aprepitant</i>)	T3	QL (3 per Rx)
EMEND ORAL SUSPENSION FOR RECONSTITUTION (<i>aprepitant</i>)	T3	PA; ST; QL (3 per Rx)
ENTEREG (<i>alvimopan</i>)	T3	
ENTOCORT EC (<i>budesonide</i>)	T3	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose</i> (Enulose)	T1	
FOSRENOL ORAL POWDER IN PACKET (<i>lanthanum carbonate</i>)	T3	PA; ST
FOSRENOL ORAL TABLET,CHEWABLE (<i>lanthanum carbonate</i>)	T3	
GASTROCROM (<i>cromolyn sodium</i>)	T3	
GATTEX 30-VIAL (<i>teduglutide</i>)	T4	SP
<i>gavilax oral powder</i>	T0	AGE; PC
<i>gavilyte-c</i>	T0	AGE; PC
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G)	T0	AGE; PC
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Gavilyte-N)	T0	AGE; PC
<i>lactulose</i> (Generlac)	T1	
<i>gentle laxative (bisacodyl) oral</i>	T0	AGE; PC
<i>gentlelax</i>	T0	AGE; PC
<i>glycolax oral powder</i>	T0	AGE; PC
GOLYTELY ORAL POWDER IN PACKET (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	T0	AGE; PC
GOLYTELY ORAL RECON SOLN (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	T3	
<i>granisetron hcl oral</i>	T1	QL (6 per Rx)
<i>healthylax</i>	T0	AGE; PC
<i>hemmorex-hc rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>hydrocortisone topical cream with perineal applicator</i>	T1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	T1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	T1	ST
<i>kionex (with sorbitol)</i>	T1	
<i>lactulose</i> (Kristalose)	T3	
<i>lactulose oral packet</i>	T1	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	
<i>lactulose oral solution 20 gram/30 ml</i>	T1	
<i>lanthanum</i>	T1	
<i>laxaclear</i>	T0	AGE; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>laxative (bisacodyl) oral</i>	T0	AGE; PC
<i>laxative peg 3350 oral powder</i>	T0	AGE; PC
LIALDA (<i>mesalamine</i>)	T3	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	T1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL (<i>lidocaine hcl/hydrocortisone acetate</i>)	T3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	T1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	T1	
LINZESS (<i>linaclootide</i>)	T2	QL (30 per Rx)
LOKELMA (<i>sodium zirconium cyclosilicate</i>)	T2	QL (30 per Rx)
LOTRONEX (<i>alosetron hcl</i>)	T3	
<i>magnesium citrate oral solution</i>	T0	AGE; PC
MARINOL (<i>dronabinol</i>)	T3	PA; ST
<i>mesalamine oral capsule (with del rel tablets)</i>	T1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	T1	
<i>mesalamine rectal</i>	T1	
<i>mesalamine with cleansing wipe</i>	T1	
<i>metoclopramide hcl oral</i>	T1	
<i>milk of magnesia</i>	T0	AGE; PC
<i>milk of magnesia concentrated</i>	T0	AGE; PC
<i>miralax oral powder in packet</i>	T0	AGE; PC
MOTEGRITY (<i>prucalopride succinate</i>)	T3	QL (30 per Rx)
MOVANTIK (<i>naloxegol oxalate</i>)	T2	QL (30 per Rx)
MOVIPREP (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	T3	
<i>natura-lax</i>	T0	AGE; PC
NULYTELY LEMON-LIME (<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>)	T0	AGE; PC
NULYTELY WITH FLAVOR PACKS (<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i>)	T3	
OCALIVA (<i>obeticholic acid</i>)	T4	PA; QL (30 per Rx); SP
<i>ondansetron</i>	T1	QL (9 per Rx)
<i>ondansetron hcl oral solution</i>	T1	QL (100 per Rx)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (9 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oral saline laxative oral liquid</i>	T0	AGE; PC
ORTIKOS (<i>budesonide</i>)	T3	
OSMOPREP (<i>sodium phosphate,monobasic/sodium phosphate,dibasic</i>)	T0	PA; ST; AGE; PC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT (<i>lipase/protease/amylase</i>)	T2	PA; ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	T0	AGE; PC
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	T0	AGE; PC
<i>peg-electrolyte soln</i>	T0	AGE; PC
<i>peg-prep</i>	T0	AGE; PC
PENTASA (<i>mesalamine</i>)	T2	
PERTZYE (<i>lipase/protease/amylase</i>)	T3	PA; ST
PHOSLYRA (<i>calcium acetate</i>)	T2	
<i>phosphate laxative oral liquid</i>	T0	AGE; PC
PLENVU (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	T0	AGE; PC
<i>polyethylene glycol 3350</i>	T0	AGE; PC
<i>powderlax</i>	T0	AGE; PC
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate</i>	T1	
PROCORT (<i>hydrocortisone acetate/pramoxine hcl</i>)	T3	
<i>hydrocortisone acetate</i> (Proctocort Rectal)	T3	ST
<i>hydrocortisone acetate/pramoxine hcl</i> (Proctofoam Hc)	T3	PA; ST
<i>hydrocortisone</i> (Procto-Med Hc)	T1	
<i>hydrocortisone</i> (Procto-Pak)	T1	
<i>hydrocortisone</i> (Proctosol Hc Topical)	T1	
<i>hydrocortisone</i> (Proctozone-Hc)	T1	
<i>purelax</i>	T0	AGE; PC
RECTIV (<i>nitroglycerin</i>)	T2	
REGLAN ORAL (<i>metoclopramide hcl</i>)	T3	
RELISTOR ORAL (<i>methylnaltrexone bromide</i>)	T2	ST
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylnaltrexone bromide</i>)	T2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SYRINGE (<i>methylnaltrexone bromide</i>)	T2	ST
RENAGEL ORAL TABLET 800 MG (<i>sevelamer hcl</i>)	T3	
RENVELA (<i>sevelamer carbonate</i>)	T3	
ROWASA RECTAL ENEMA KIT (<i>mesalamine with cleansing wipes</i>)	T3	
SANCUSO (<i>granisetron</i>)	T3	QL (1 per Rx)
<i>scopolamine base</i>	T1	
<i>sevelamer carbonate</i>	T1	
<i>sevelamer hcl</i>	T1	
SFROWASA (<i>mesalamine</i>)	T3	
<i>smoothlax</i>	T0	AGE; PC
<i>sodium polystyrene (sorb free)</i>	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol))	T1	
SUCRAID (<i>sacrosidase</i>)	T4	SP
<i>sulfasalazine</i>	T1	
SUPREP BOWEL PREP KIT (<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>)	T0	AGE; PC
SYMPROIC (<i>naldemedine tosylate</i>)	T2	
SYNDROS (<i>dronabinol</i>)	T3	PA; ST
TIGAN ORAL CAPSULE 300 MG (<i>trimethobenzamide hcl</i>)	T3	
TRANSDERM-SCOP (<i>scopolamine</i>)	T3	
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Trilyte With Flavor Packets)	T0	AGE; PC
<i>trimethobenzamide oral</i>	T1	
TRULANCE (<i>plecanatide</i>)	T2	
UCERIS ORAL (<i>budesonide</i>)	T1	
UCERIS RECTAL (<i>budesonide</i>)	T2	
URSO 250 (<i>ursodiol</i>)	T3	
URSO FORTE (<i>ursodiol</i>)	T3	
<i>ursodiol</i>	T1	
VARUBI ORAL (<i>rolapitant hcl</i>)	T2	QL (2 per Rx)
VELPHORO (<i>sucroferric oxyhydroxide</i>)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA (<i>patiromer calcium sorbitex</i>)	T3	PA; ST; QL (30 per Rx)
VIBERZI (<i>eluxadoline</i>)	T2	
VIOKACE (<i>lipase/protease/amylase</i>)	T2	
women's gentle laxative(<i>bisac</i>)	T0	AGE; PC
women's laxative (<i>bisacodyl</i>)	T0	AGE; PC
ZELNORM (<i>tegaserod hydrogen maleate</i>)	T3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT (<i>lipase/protease/amylase</i>)	T2	
ZOFRAN ORAL TABLET (<i>ondansetron hcl</i>)	T3	QL (9 per Rx)
ZUPLENZ (<i>ondansetron</i>)	T3	QL (30 per Rx)

ULCER THERAPY - DRUGS TO TREAT ULCERS

ACIPHEX (<i>rabeprazole sodium</i>)	T3	ST
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>)	T3	PA; ST; QL (30 per Rx)
<i>amoxicil-clarithromy-lansopraz</i>	T1	QL (2 per Rx)
CARAFATE ORAL SUSPENSION (<i>sucralfate</i>)	T1	
CARAFATE ORAL TABLET (<i>sucralfate</i>)	T3	
<i>cimetidine hcl oral</i>	T1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	
CYTOTEC (<i>misoprostol</i>)	T3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG (<i>dexlansoprazole</i>)	T3	ST; QL (30 per Rx)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG (<i>dexlansoprazole</i>)	T3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	T1	QL (30 per Rx)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	T1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	T1	ST; QL (30 per Rx)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	T1	ST
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG (<i>esomeprazole strontium</i>)	T3	PA; ST
<i>famotidine oral suspension</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
famotidine oral tablet 40 mg	T1	
HELIDAC (bismuth subsalicylate/metronidazole/tetracycline hcl)	T3	PA; ST
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	T1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	T1	QL (30 per Rx)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	T1	
misoprostol	T1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (<i>esomeprazole magnesium</i>)	T3	ST; QL (30 per Rx)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (<i>esomeprazole magnesium</i>)	T3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG (<i>esomeprazole magnesium</i>)	T3	ST; QL (30 per Rx)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	T3	PA; ST; QL (30 per Rx)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (<i>esomeprazole magnesium</i>)	T3	ST
nizatidine	T1	
OMECLAMOX-PAK (<i>omeprazole/clarithromycin/amoxicillin trihydrate</i>)	T3	QL (80 per Rx)
omeprazole oral capsule,delayed release(dr/ec) 10 mg	T1	QL (30 per Rx)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	T1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	T1	PA; ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	T1	PA; ST; QL (30 per Rx)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	T1	PA; ST
pantoprazole oral granules dr for susp in packet	T1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	T1	QL (30 per Rx)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	T1	
famotidine (Pepcid Oral Tablet 40 Mg)	T3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (<i>lansoprazole</i>)	T3	ST
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG (<i>lansoprazole</i>)	T3	ST; QL (30 per Rx)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG (<i>lansoprazole</i>)	T3	ST
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG (<i>omeprazole magnesium</i>)	T3	PA; ST; QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG (<i>omeprazole magnesium</i>)	T3	PA; ST; QL (60 per Rx)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET (<i>pantoprazole sodium</i>)	T3	ST
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (<i>pantoprazole sodium</i>)	T3	ST; QL (30 per Rx)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG (<i>pantoprazole sodium</i>)	T3	ST
PYLERA (<i>colloidal bismuth subcitrate/metronidazole/tetracycline hcl</i>)	T3	PA; ST
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE <i>rabeprazole oral tablet,delayed release (dr/ec)</i>	T3	PA; ST; QL (30 per Rx)
<i>ranitidine hcl oral syrup</i>	T3	
<i>ranitidine hcl oral tablet 300 mg</i>	T1	
<i>sucralfate oral tablet</i>	T1	
TALICIA (<i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>)	T2	QL (168 per Rx)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM (<i>omeprazole/sodium bicarbonate</i>)	T3	PA; ST
ZEGERID ORAL PACKET 20-1,680 MG (<i>omeprazole/sodium bicarbonate</i>)	T3	PA; ST; QL (30 per Rx)
ZEGERID ORAL PACKET 40-1,680 MG (<i>omeprazole/sodium bicarbonate</i>)	T3	PA; ST

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM

BIOTECHNOLOGY DRUGS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS

ARANESP (IN POLYSORBATE) INJECTION SYRINGE (<i>darbepoetin alfa in polysorbate 80</i>)	T4	PA; ST; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	T4	PA; ST; SP
FULPHILA (<i>pegfilgrastim-jmdb</i>)	T4	PA; ST; SP; QL (2 per 30 days)
GRANIX (<i>tbo-filgrastim</i>)	T4	PA; ST; SP
LEUKINE INJECTION RECON SOLN (<i>sargramostim</i>)	T4	SP
MIRCERA (<i>methoxy polyethylene glycol-epoetin beta</i>)	T4	PA; ST; SP
NEULASTA (<i>pegfilgrastim</i>)	T4	PA; ST; SP; QL (2 per 30 days)

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NEULASTA ONPRO (<i>pegfilgrastim</i>)	T4	PA; ST; SP; QL (2 per 30 days)
NEUPOGEN INJECTION SYRINGE (<i>filgrastim</i>)	T4	PA; ST; SP
NIVESTYM (<i>filgrastim-aafi</i>)	T4	PA; ST; SP
PROCERIT (<i>epoetin alfa</i>)	T4	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	T4	PA; ST; SP
UDENYCA (<i>pegfilgrastim-cbqv</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ZARXIO (<i>filgrastim-sndz</i>)	T4	PA; ST; SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>)	T4	PA; ST; SP
GROWTH HORMONES - GROWTH HORMONES		
EGRIFTA SV (<i>tesamorelin acetate</i>)	T4	PA; SP
GENOTROPIN (<i>somatropin</i>)	T4	PA; SP
GENOTROPIN MINIQUICK (<i>somatropin</i>)	T4	PA; SP
HUMATROPE (<i>somatropin</i>)	T4	PA; ST; SP
NORDITROPIN FLEXPRO (<i>somatropin</i>)	T4	PA; SP
NUTROPIN AQ NUSPIN (<i>somatropin</i>)	T4	PA; ST; SP
OMNITROPE (<i>somatropin</i>)	T4	PA; ST; SP
SAIZEN (<i>somatropin</i>)	T4	PA; ST; SP
SAIZEN SAIZENPREP (<i>somatropin</i>)	T4	PA; ST; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (<i>somatropin</i>)	T4	PA; SP
ZOMACTON (<i>somatropin</i>)	T4	PA; ST; SP
ZORBTIVE (<i>somatropin</i>)	T4	PA; SP
INTERFERONS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
AUBAGIO (<i>teriflunomide</i>)	T4	PA; ST; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT (<i>interferon beta-1a</i>)	T4	PA; ST; SP; QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT (<i>interferon beta-1a</i>)	T4	PA; ST; SP; QL (1 per 30 days)
BAFIERTAM (<i>monomethyl fumarate</i>)	T4	PA; ST; SP
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	T4	PA; ST; SP; QL (14 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	T4	PA; ST; SP; QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML <i>(glatiramer acetate)</i>	T4	PA; ST; SP; QL (1 per 30 days)
<i>dimethylfumarate</i>	T4	PA; ST; SP
EXTAVIA (<i>interferon beta-1b</i>)	T4	PA; ST; SP; QL (1 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG (<i> fingolimod hcl</i>)	T4	PA; ST; SP
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	T4	PA; ST; SP; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	T4	PA; ST; SP; QL (1 per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/Ml)	T4	PA; ST; SP; QL (30 per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 40 Mg/Ml)	T4	PA; ST; SP; QL (1 per 30 days)
KESIMPTA PEN (<i>ofatumumab</i>)	T4	PA; ST; SP
MAVENCLAD (10 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) (<i>cladribine</i>)	T4	PA; ST; SP; QL (36 per 720 days)
MAYZENT (<i>siponimod</i>)	T4	PA; ST; QL (30 per Rx); SP
PEGASYS (<i>peginterferon alfa-2a</i>)	T4	PA; SP; QL (2 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML <i>(peginterferon alfa-2b)</i>	T4	PA; SP; QL (4 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML <i>(peginterferon beta-1a)</i>	T4	PA; ST; SP; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML <i>(peginterferon beta-1a)</i>	T4	PA; ST; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML <i>(peginterferon beta-1a)</i>	T4	PA; ST; SP; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML <i>(peginterferon beta-1a)</i>	T4	PA; ST; SP; QL (1 per 365 days)

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POMALYST (<i>pomalidomide</i>)	T4	PA; ST; OAC; SP
REBIF (WITH ALBUMIN) (<i>interferon beta-1a/albumin human</i>)	T4	PA; ST; SP; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	T4	PA; ST; SP; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	T4	PA; ST; SP; QL (5 per 30 days)
REBIF TITRATION PACK (<i>interferon beta-1a/albumin human</i>)	T4	PA; ST; SP; QL (5 per 30 days)
REVLIMID (<i>lenalidomide</i>)	T4	PA; OAC; SP
<i>ribavirin oral capsule</i>	T4	ST; SP
<i>ribavirin oral tablet 200 mg</i>	T4	ST; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG (<i>peginterferon alfa-2b</i>)	T4	PA; ST; SP
TECFIDERA (<i>dimethyl fumarate</i>)	T4	PA; ST; SP
VUMERITY (<i>diroximel fumarate</i>)	T4	PA; ST; SP
ZEPOSIA (<i>ozanimod hydrochloride</i>)	T4	PA; ST; SP
ZEPOSIA STARTER KIT (<i>ozanimod hydrochloride</i>)	T4	PA; ST; SP
ZEPOSIA STARTER PACK (<i>ozanimod hydrochloride</i>)	T4	PA; ST; SP
INTERLEUKINS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ACTIMMUNE (<i>interferon gamma-1b,recomb.</i>)	T4	SP
ALDARA (<i>imiquimod</i>)	T3	
ALFERON N (<i>interferon alfa-n3</i>)	T2	
ARCALYST (<i>rilonacept</i>)	T4	PA; ST; SP
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	T3	PA; ST
<i>imiquimod topical cream in packet</i>	T1	
INTRON A INJECTION (<i>interferon alfa-2b,recomb.</i>)	T4	SP
KINERET (<i>anakinra</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ZYCLARA (<i>imiquimod</i>)	T3	PA; ST
VACCINES & MISCELLANEOUS IMMUNOLOGICALS - VACCINES		
ACTHIB (PF) (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	T0	AGE; PC
ADACEL(TDAP ADOLESN/ADULT)(PF) (<i>diphtheria,pertussis(acellular),tetanus vaccine/pf</i>)	T0	AGE; PC
AFLURIA QD 2020-21(3YR UP)(PF) (<i>influenza virus vaccine quadrivalent 2020-21 (36 mos up)/pf</i>)	T0	AGE; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QD 2020-21(6-35MO)(PF) (<i>influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/pf</i>)	T0	AGE; PC
AFLURIA QUAD 2020-2021(6MO UP)(<i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>)	T0	AGE; PC
BEXSERO (<i>meningococcal group b vaccine, 4-component</i>)	T0	AGE; PC
BOOSTRIX TDAP (<i>diphtheria,pertussis(acellular),tetanus vaccine</i>)	T0	AGE; PC
DAPTACEL (DTAP PEDIATRIC) (PF) (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	T0	AGE; PC
ENGERIX-B (PF) (<i>hepatitis b virus vaccine recombinant/pf</i>)	T0	PC
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b virus vaccine recombinant/pf</i>)	T0	PC
FLUAD 2020-2021 (65 YR UP)(PF) (<i>influenza vaccine tvs 2020-21 (65 yr up)/adjuvant mf59c.1/pf</i>)	T0	AGE; PC
FLUAD QUAD 2020-21(65Y UP)(PF) (<i>influenza vaccine quadrivalent 2020-21 (65 yr up)/mf59c.1/pf</i>)	T0	AGE; PC
FLUARIX QUAD 2020-2021 (PF) (<i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>)	T0	AGE; PC
FLUBLOK QUAD 2020-2021 (PF) (<i>influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/pf</i>)	T0	AGE; PC
FLUCELVAX QUAD 2020-2021 (<i>flu vaccine quadri 2020-2021(4 years and older)cell derived</i>)	T0	AGE; PC
FLUCELVAX QUAD 2020-2021 (PF) (<i>flu vaccine quad 2020-2021(4 years and older)cell derived/pf</i>)	T0	AGE; PC
FLULAVAL QUAD 2020-2021 (PF) (<i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>)	T0	AGE; PC
FLUMIST QUAD 2020-2021 (<i>influenza vaccine quadrivalent live 2020-2021(2 yrs-49 yrs)</i>)	T0	AGE; PC
FLUZONE HIGHDOSE QUAD 20-21 PF (<i>influenza virus vaccine quadrival split 2020-21(65 yr up)/pf</i>)	T0	AGE; PC
FLUZONE QUAD 2020-2021 (<i>influenza virus vaccine quadrivalent 2020-21 (6 mos and up)</i>)	T0	AGE; PC
FLUZONE QUAD 2020-2021 (PF) (<i>influenza virus vaccine quadrival 2020-2021(6 mos and up)/pf</i>)	T0	AGE; PC
GARDASIL 9 (PF) (<i>human papillomavirus vaccine, 9-valent/pf</i>)	T0	AGE; PC
GRASTEK (<i>allergenic extract,grass pollen-timothy,standard</i>)	T2	PA; ST
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	T0	AGE; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIBERIX (PF) (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	T0	AGE; PC
INFANRIX (DTAP) (PF) (<i>diphtheria, pertussis (acell), tetanus pediatric vaccine/pf</i>)	T0	AGE; PC
IPOP (<i>poliomyelitis vaccine, killed</i>)	T0	PC
KINRIX (PF) (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	T0	AGE; PC
MENACTRA (PF) INTRAMUSCULAR SOLUTION (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	T0	AGE; PC
MENQUADFI (PF) (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	T0	AGE; PC
MENVEO A-C-Y-W-135-DIP (PF) (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	T0	AGE; PC
M-M-R II (PF) (<i>measles, mumps, and rubella vaccine live/pf</i>)	T0	AGE; PC
ODACTRA (<i>allergenic extract, mite-d.farinae-d.pteronyssinus,standard</i>)	T2	PA; ST
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	T4	PA; ST; SP
PALFORZIA (LEVEL 1) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (45 per Rx); SP
PALFORZIA (LEVEL 2) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (90 per Rx); SP
PALFORZIA (LEVEL 3) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (45 per Rx); SP
PALFORZIA (LEVEL 4) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (15 per Rx); SP
PALFORZIA (LEVEL 5) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 6) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA (LEVEL 7) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 8) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA (LEVEL 9) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 10) (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA INITIAL DOSE (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (3 per Rx); SP
PALFORZIA LEVEL 11 MAINTENANCE (<i>peanut allergen powder-dnfp</i>)	T4	PA; ST; QL (30 per Rx); SP
PEDIARIX (PF) (<i>hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf</i>)	T0	AGE; PC
PEDVAX HIB (PF) (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	T0	AGE; PC
PENTACEL (PF) (<i>diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf</i>)	T0	AGE; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTACEL ACTHIB COMPONENT (PF) (<i>haemophilus b polysacc conj-tetanus tox, component 2 of 2/pf</i>)	T0	AGE; PC
PNEUMOVAX-23 (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	T0	AGE; PC
PREVNAR 13 (PF) (<i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i>)	T0	AGE; PC
PROQUAD (PF) (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	T0	AGE; PC
QUADRACEL (PF) (<i>diphtheria, pertussis(acell),tetanus,polio vaccine/pf</i>)	T0	AGE; PC
RAGWITEK (<i>allergenic extract-weed pollen-short ragweed</i>)	T2	PA; ST
RECOMBIVAX HB (PF) (<i>hepatitis b virus vaccine recombinant/pf</i>)	T0	PC
ROTARIX (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	T0	AGE; PC
ROTATEQ VACCINE (<i>rotavirus vaccine, live oral pentavalent</i>)	T0	AGE; PC
SHINGRIX (PF) (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	T0	AGE; PC
TDVAX (<i>tetanus and diphtheria toxoids, adult</i>)	T0	AGE; PC
TENIVAC (PF) (<i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i>)	T0	AGE; PC
TETANUS,DIPHTHERIA TOX PED(PF) (<i>tetanus,diphtheria toxoid ped/pf</i>)	T0	AGE; PC
TRUMENBA (<i>neisseria meningitidis group b, lipidated fgbp recombinant</i>)	T0	AGE; PC
TWINRIX (PF) INTRAMUSCULAR SYRINGE (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	T0	AGE; PC
VARIVAX (PF) (<i>varicella virus vaccine live/pf</i>)	T0	AGE; PC
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune globulin/maltose</i>)	T0	PC
ZOSTAVAX (PF) (<i>zoster vaccine live/pf</i>)	T0	AGE; PC

MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS

GOUT THERAPY - DRUGS TO TREAT OR PREVENT GOUT PAIN

<i>allopurinol</i>	T1	
COLCHICINE ORAL CAPSULE	T3	PA; ST
COLCRYSTALS (<i>colchicine</i>)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>febuxostat</i>	T1	ST
GLOPERBA (<i>colchicine</i>)	T3	
MITIGARE (<i>colchicine</i>)	T2	
<i>probencid</i>	T1	
<i>probencid-colchicine</i>	T1	
ULORIC (<i>febuxostat</i>)	T3	ST
ZYLOPRIM (<i>allopurinol</i>)	T3	

OSTEOPOROSIS THERAPY - DRUGS TO TREAT BONE CONDITIONS

ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	T3	ST; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	T3	ST; QL (4 per 30 days)
<i>alendronate oral solution</i>	T1	QL (4 per 30 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	T1	QL (30 per Rx)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	QL (4 per 30 days)
ATELVIA (<i>risedronate sodium</i>)	T3	ST; QL (4 per 30 days)
BINOSTO (<i>alendronate sodium</i>)	T3	ST; QL (4 per 30 days)
BONIVA ORAL (<i>ibandronate sodium</i>)	T3	ST; QL (1 per 30 days)
EVENITY (<i>romosozumab-aqqg</i>)	T4	PA; ST; QL (2 per Rx); SP
EVISTA (<i>raloxifene hcl</i>)	T3	
FORTEO (<i>teriparatide</i>)	T4	PA; ST; SP; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	T3	ST; QL (4 per 30 days)
FOSAMAX PLUS D (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	T3	ST; QL (4 per 30 days)
<i>ibandronate oral</i>	T1	QL (1 per 30 days)
<i>raloxifene</i>	T1	
<i>risedronate oral tablet 150 mg</i>	T1	QL (1 per 30 days)
<i>risedronate oral tablet 35 mg</i>	T1	QL (4 per 30 days)
<i>risedronate oral tablet 5 mg</i>	T1	QL (30 per Rx)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	T1	QL (4 per 30 days)
TERIPARATIDE (<i>teriparatide</i>)	T4	PA; ST; SP; QL (1 per 30 days)
TYMLOS (<i>abaloparotide</i>)	T4	PA; ST; QL (1 per Rx); SP

OTHER RHEUMATOLOGICALS - DRUGS TO TREAT BONE OR JOINT CONDITIONS

ACTEMRA ACTPEN (<i>tocilizumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS (<i>tocilizumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ARAVA (<i>leflunomide</i>)	T3	QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS (<i>belimumab</i>)	T4	PA; ST; SP; QL (4 per 30 days)
CUPRIMINE (<i>penicillamine</i>)	T3	PA; ST
DEPEN TITRATABS (<i>penicillamine</i>)	T3	PA; ST
ENBREL MINI (<i>etanercept</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN (<i>etanercept</i>)	T4	PA; ST; SP; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	T4	PA; ST; SP; QL (15 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (<i>etanercept</i>)	T4	PA; ST; SP; QL (15 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T4	PA; ST; SP; QL (2 per 30 days)
ENBREL SURECLICK (<i>etanercept</i>)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA (<i>adalimumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA PEN (<i>adalimumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA PEN CROHNS-UC-HS START (<i>adalimumab</i>)	T4	PA; ST; SP; QL (6 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS (<i>adalimumab</i>)	T4	PA; ST; SP; QL (4 per 365 days)
HUMIRA(CF) (<i>adalimumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T4	PA; ST; SP; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS (<i>adalimumab</i>)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (<i>adalimumab</i>)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML (<i>sarilumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML (<i>sarilumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML (<i>sarilumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (<i>sarilumab</i>)	T4	PA; ST; SP; QL (2 per 30 days)
<i>leflunomide</i>	T1	QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLUMIANT (<i>baricitinib</i>)	T4	PA; ST; QL (30 per Rx); SP
ORENCIA (<i>abatacept</i>)	T4	PA; ST; SP; QL (4 per 30 days)
ORENCIA CLICKJECT (<i>abatacept</i>)	T4	PA; ST; SP; QL (4 per 30 days)
OTEZLA (<i>apremilast</i>)	T4	PA; ST; SP; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	T4	PA; ST; SP; QL (55 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate/pf</i>)	T3	PA; ST
<i>penicillamine</i>	T1	PA; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	T2	ST
RIDAURA (<i>auranofin</i>)	T2	
RINVOQ (<i>upadacitinib</i>)	T4	PA; ST; QL (30 per Rx); SP
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	T2	ST; QL (60 per Rx)
SAVELLA ORAL TABLETS,DOSE PACK (<i>milnacipran hcl</i>)	T2	ST; QL (55 per Rx)
SIMPONI (<i>golimumab</i>)	T4	PA; ST; SP; QL (1 per 30 days)
XELJANZ (<i>tofacitinib citrate</i>)	T4	PA; ST; QL (60 per Rx); SP
XELJANZ XR (<i>tofacitinib citrate</i>)	T4	PA; ST; QL (30 per Rx); SP
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES - DRUGS OR DEVICES FOR BIRTH CONTROL		
CAYA CONTOURED (<i>diaphragms, contoured</i>)	T0	CM; PC
FC2 FEMALE CONDOM (<i>condoms, female</i>)	T0	CM; PC
FEMCAP VAGINAL DEVICE 22 MM (<i>cervical cap</i>)	T0	CM; PC
WIDE-SEAL DIAPHRAGM (<i>diaphragms, wide seal</i>)	T0	CM; PC
ESTROGENS & PROGESTINS - ESTROGENS AND PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol/norethindrone acetate</i>)	T3	
ALORA (<i>estradiol</i>)	T3	QL (8 per 30 days)
<i>estradiol/norethindrone acetate</i> (Amabelz)	T1	
ANGELIQ (<i>drospernone/estradiol</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acetate</i> (Aygestin)	T3	
BIJUVA (<i>estradiol/progesterone</i>)	T3	
<i>norethindrone</i> (Camila)	T0	PC
CLIMARA (<i>estradiol</i>)	T3	QL (4 per 30 days)
CLIMARA PRO (<i>estradiol/levonorgestrel</i>)	T3	PA; ST; QL (4 per 30 days)
COMBIPATCH (<i>estradiol/norethindrone acetate</i>)	T2	
<i>covaryx</i>	T1	
<i>covaryx h.s.</i>	T1	
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	T3	PA; ST
<i>norethindrone</i> (Deblitane)	T0	PC
DELESTROGEN (<i>estradiol valerate</i>)	T3	
<i>estradiol cypionate</i> (Depo-Estradiol)	T2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1%) (<i>estradiol</i>)	T2	QL (30 per Rx)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (<i>estradiol</i>)	T2	
<i>estradiol</i> (Dotti)	T1	QL (8 per 30 days)
DUAVEE (<i>estrogens, conjugated/bazedoxifene acetate</i>)	T2	
<i>eemt</i>	T1	
<i>eemt hs</i>	T1	
ELESTRIN (<i>estradiol</i>)	T3	PA; ST; QL (2 per Rx)
<i>norethindrone</i> (Errin)	T0	PC
<i>estradiol</i> (Estrace)	T3	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal patch semiweekly</i>	T1	QL (8 per 30 days)
<i>estradiol transdermal patch weekly</i>	T1	QL (4 per 30 days)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	
<i>estradiol-norethindrone acet</i>	T1	
ESTRING (<i>estradiol</i>)	T2	
ESTROGEL (<i>estradiol</i>)	T3	PA; ST; QL (50 per Rx)
<i>estrogens-methyltestosterone</i>	T1	
EVAMIST (<i>estradiol</i>)	T3	QL (7 per Rx)
FEMHRT LOW DOSE (<i>norethindrone acetate-ethynodiol estradiol</i>)	T3	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING (<i>estradiol acetate</i>)	T3	PA; ST
<i>norethindrone acetate-ethinyl estradiol</i> (Fyavolv)	T1	
<i>norethindrone</i> (Heather)	T0	PC
IMVEXXY MAINTENANCE PACK (<i>estradiol</i>)	T3	QL (8 per 30 days)
IMVEXXY STARTER PACK (<i>estradiol</i>)	T3	QL (18 per 365 days)
<i>norethindrone</i> (Incassia)	T0	PC
<i>norethindrone</i> (Jencycla)	T0	PC
<i>norethindrone acetate-ethinyl estradiol</i> (Jintel)	T1	
<i>estradiol</i> (Lyllana)	T1	QL (8 per 30 days)
<i>norethindrone</i> (Lyza)	T0	PC
<i>medroxyprogesterone oral</i>	T1	
<i>estrogens, esterified</i> (Menest)	T3	
MENOSTAR (<i>estradiol</i>)	T3	QL (4 per 30 days)
<i>estradiol/norethindrone acetate</i> (Mimvey)	T1	
MINIVELLE (<i>estradiol</i>)	T3	QL (8 per 30 days)
<i>nora-be</i>	T0	PC
<i>norethindrone (contraceptive)</i>	T0	PC
<i>norethindrone acetate</i>	T1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	T1	
<i>norethindrone</i> (Norlyda)	T0	PC
PREFEST (<i>estradiol/norgestimate</i>)	T3	
PREMARIN ORAL (<i>estrogens, conjugated</i>)	T2	
PREMARIN VAGINAL (<i>estrogens, conjugated</i>)	T2	
PREMPHASE (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	T2	
PREMPRO (<i>estrogens, conjugated/medroxyprogesterone acetate</i>)	T2	
<i>progesterone micronized</i>	T1	
PROMETRIUM (<i>progesterone, micronized</i>)	T3	
PROVERA (<i>medroxyprogesterone acetate</i>)	T3	
<i>norethindrone</i> (Sharobel)	T0	PC
<i>norethindrone</i> (Tulana)	T0	PC
VAGIFEM (<i>estradiol</i>)	T3	
VIVELLE-DOT (<i>estradiol</i>)	T3	QL (8 per 30 days)

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol</i> (Yuvafem)	T1	
MISCELLANEOUS OB/GYN - OTHER GYNECOLOGY MEDICINES		
ANNOVERA (<i>segesterone acetate/ethinyl estradiol</i>)	T3	CM; QL (1 per 30 days)
CERVIDIL (<i>dinoprostone</i>)	T3	
CLEOCIN VAGINAL (<i>clindamycin phosphate</i>)	T3	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE (<i>clindamycin phosphate</i>)	T3	
<i>etonogestrel/ethinyl estradiol</i> (Eluryng)	T0	CM; PC
<i>etonogestrel-ethinyl estradiol</i>	T0	CM; PC
<i>fem ph</i>	T1	
GYZNAZOLE-1 (<i>butoconazole nitrate</i>)	T3	
<i>gynol ii</i>	T0	CM; PC
INTRAROSA (<i>prasterone (dhea)</i>)	T3	PA; ST
<i>isoxsuprine</i>	T1	
LYSTEDA (<i>tranexamic acid</i>)	T3	
METROGEL VAGINAL (<i>metronidazole</i>)	T3	
<i>metronidazole vaginal</i>	T1	
<i>miconazole-3 vaginal suppository</i>	T1	
NUVESSA (<i>metronidazole</i>)	T3	
ORIAHNN (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	T2	PA; ST
OSPHENA (<i>ospemifene</i>)	T3	
PHEXXI (<i>lactic acid/citric acid/potassium bitartrate</i>)	T3	PA; ST; CM
PREPIDIL (<i>dinoprostone</i>)	T3	
PROSTIN E2 (<i>dinoprostone</i>)	T3	
RELAGARD (<i>acetic acid/oxyquinoline sulfate</i>)	T3	
<i>terconazole</i>	T1	
TODAY CONTRACEPTIVE SPONGE (<i>nonoxynol 9</i>)	T0	CM; PC
<i>tranexamic acid oral</i>	T1	
TRIMO-SAN JELLY (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	T2	
TWIRLA (<i>levonorgestrel/ethinyl estradiol</i>)	T3	PA; ST; CM
<i>vaginal contraceptive foam</i>	T0	CM; PC
<i>vandazole</i>	T1	
VCF CONTRACEPTIVE FILM (<i>nonoxynol 9</i>)	T2	CM

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF CONTRACEPTIVE GEL (<i>nonoxynol 9</i>)	T2	CM
<i>xulane</i>	T0	CM; PC
ORAL CONTRACEPTIVES & RELATED AGENTS - DRUGS OR DEVICES FOR BIRTH CONTROL		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle)	T0	CM; PC
AFTERA (<i>levonorgestrel</i>)	T0	QL (1 per Rx); CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Altavera (28))	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28))	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Lo)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Amethyst (28))	T0	CM; PC
<i>desogestrel-ethinyl estradiol</i> (Apri)	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Aubra)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Aubra Eq)	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1.5/30 (21))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol</i> (Aurovela 1/20 (21))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Aurovela 24 Fe)	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Aurovela Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Aurovela Fe 1-20 (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Aviane)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Ayuna)	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28))	T0	CM; PC
BALCOLTRA (<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>)	T3	ST; CM
<i>norethindrone-ethinyl estradiol</i> (Balziva (28))	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Bekyree (28))	T0	CM; PC
BEYAZ (<i>drosipirenone/ethinyl estradiol/levomefolate calcium</i>)	T0	ST; CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Blisovi 24 Fe)	T0	CM; PC

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 Updated 01/01/2021

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<i>norethindrone acetate-ethynodiol/ferrous fumarate</i> (Blisovi Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol/ferrous fumarate</i> (Blisovi Fe 1/20 (28))	T0	CM; PC
<i>norethindrone-ethynodiol</i> (Brielllyn)	T0	CM; PC
<i>camrese</i>	T0	CM; PC
<i>camrese lo</i>	T0	CM; PC
<i>desogestrel-ethynodiol</i> (Caziant (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol/ferrous fumarate</i> (Charlotte 24 Fe)	T0	CM; PC
<i>levonorgestrel/ethynodiol</i> (Chateal (28))	T0	CM; PC
<i>levonorgestrel/ethynodiol</i> (Chateal Eq (28))	T0	CM; PC
<i>norgestrel-ethynodiol</i> (Cryselle (28))	T0	CM; PC
<i>norethindrone-ethynodiol</i> (Cyclafem 1/35 (28))	T0	CM; PC
<i>norethindrone-ethynodiol</i> (Cyclafem 7/7/7 (28))	T0	CM; PC
<i>desogestrel-ethynodiol</i> (Cyred)	T0	CM; PC
<i>desogestrel-ethynodiol</i> (Cyred Eq)	T0	CM; PC
<i>norethindrone-ethynodiol</i> (Dasetta 1/35 (28))	T0	CM; PC
<i>norethindrone-ethynodiol</i> (Dasetta 7/7/7 (28))	T0	CM; PC
<i>levonorgestrel/ethynodiol and ethynodiol</i> (Daysee)	T0	CM; PC
<i>desog-e.estradiol/e.estradiol</i>	T0	CM; PC
<i>drospirenone-e.estradiol-lm.fa</i>	T0	CM; PC
<i>drospirenone-ethynodiol</i>	T0	CM; PC
<i>econtra ez</i>	T0	QL (1 per Rx); CM; PC
<i>econtra one-step</i>	T0	QL (1 per Rx); CM; PC
<i>norgestrel-ethynodiol</i> (Elinest)	T0	CM; PC
<i>ELLA (ulipristal acetate)</i>	T0	QL (1 per Rx); CM; PC
<i>desogestrel-ethynodiol</i> (Emoquette)	T0	CM; PC
<i>levonorgestrel/ethynodiol</i> (Enpresse)	T0	CM; PC
<i>desogestrel-ethynodiol</i> (Enskyce)	T0	CM; PC
<i>norgestimate-ethynodiol</i> (Estarylla)	T0	CM; PC
<i>ESTROSTEP FE-28 (norethindrone acetate-ethynodiol/ferrous fumarate)</i>	T0	ST; CM; PC
<i>ethynodiol diac-eth estradiol</i>	T0	CM; PC
<i>levonorgestrel/ethynodiol</i> (Falmina (28))	T0	CM; PC

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<i>levonorgestrel/ethynodiol diacetate and ethynodiol diacetate</i> (Fayosim)	T0	CM; PC
<i>norgestimate-ethynodiol diacetate</i> (Femynor)	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Gemmily)	T0	CM; PC
GENERESS FE (<i>norethindrone-ethynodiol diacetate/ferrous fumarate</i>)	T0	ST; CM; PC
<i>gianvi (28)</i>	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate</i> (Hailey)	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Hailey 24 Fe)	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Hailey Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Hailey Fe 1/20 (28))	T0	CM; PC
<i>levonorgestrel/ethynodiol diacetate</i> (Introvale)	T0	CM; PC
<i>desogestrel-ethynodiol diacetate</i> (Isibloom)	T0	CM; PC
<i>levonorgestrel/ethynodiol diacetate and ethynodiol diacetate</i> (Jaimiess)	T0	CM; PC
<i>ethynodiol/drospirenone</i> (Jasmiel (28))	T0	CM; PC
<i>jolessa</i>	T0	CM; PC
<i>desogestrel-ethynodiol diacetate</i> (Juleber)	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate</i> (Junel 1.5/30 (21))	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate</i> (Junel 1/20 (21))	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Junel Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Junel Fe 1/20 (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate/ferrous fumarate</i> (Junel Fe 24)	T0	CM; PC
<i>norethindrone-ethynodiol diacetate/ferrous fumarate</i> (Kaitlib Fe)	T0	CM; PC
<i>desogestrel-ethynodiol diacetate</i> (Kalliga)	T0	CM; PC
<i>desogestrel-ethynodiol diacetate/ethynodiol diacetate</i> (Kariva (28))	T0	CM; PC
<i>ethynodiol diacetate-ethynodiol diacetate</i> (Kelnor 1/35 (28))	T0	CM; PC
<i>ethynodiol diacetate-ethynodiol diacetate</i> (Kelnor 1-50 (28))	T0	CM; PC
<i>levonorgestrel/ethynodiol diacetate</i> (Kurvelo (28))	T0	CM; PC
<i>l norgest/e.estriodiol-e.estriodiol</i>	T0	CM; PC
<i>norethindrone acetate-ethynodiol diacetate</i> (Larin 1.5/30 (21))	T0	CM; PC

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<i>norethindrone acetate-ethinyl estradiol</i> (Larin 1/20 (21))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Larin 24 Fe)	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Larin Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Larin Fe 1/20 (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Larissa)	T0	CM; PC
<i>layolis fe</i>	T0	CM; PC
<i>leena 28</i>	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Lessina)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Levonest (28))	T0	CM; PC
<i>levonorgestrel oral tablet 1.5 mg</i>	T0	QL (1 per Rx); CM; PC
<i>levonorgestrel-ethinyl estrad</i>	T0	CM; PC
<i>levonorg-eth estrad triphasic</i>	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Levora-28)	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Lillow (28))	T0	CM; PC
<i>LO LOESTRIN FE (norethindrone acetate-ethinyl estradiol/ferrous fumarate)</i>	T2	ST; CM
<i>norethindrone acetate-ethinyl estradiol</i> (Loestrin 1.5/30 (21))	T0	ST; CM; PC
<i>norethindrone acetate-ethinyl estradiol</i> (Loestrin 1/20 (21))	T0	ST; CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Loestrin Fe 1.5/30 (28-Day))	T0	ST; CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Loestrin Fe 1/20 (28-Day))	T0	ST; CM; PC
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Lojaimiess)	T0	CM; PC
<i>ethinyl estradiol/drospirenone</i> (Loryna (28))	T0	CM; PC
<i>LOSEASONIQUE (levonorgestrel/ethinyl estradiol and ethinyl estradiol)</i>	T0	ST; CM; PC
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel (28))	T0	CM; PC
<i>ethinyl estradiol/drospirenone</i> (Lo-Zumandimine (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Lutera (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Marlissa (28))	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Melodetta 24 Fe)	T0	CM; PC

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 Updated 01/01/2021

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<i>norethindrone acetate-ethynodiol/ferrrous fumarate</i> (Mibelas 24 Fe)	T0	CM; PC
<i>norethindrone acetate-ethynodiol</i> (Microgestin 1.5/30 (21))	T0	CM; PC
<i>norethindrone acetate-ethynodiol</i> (Microgestin 1/20 (21))	T0	CM; PC
<i>norethindrone acetate-ethynodiol/ferrrous fumarate</i> (Microgestin 24 Fe)	T0	ST; CM; PC
<i>norethindrone acetate-ethynodiol/ferrrous fumarate</i> (Microgestin Fe 1.5/30 (28))	T0	CM; PC
<i>norethindrone acetate-ethynodiol/ferrrous fumarate</i> (Microgestin Fe 1/20 (28))	T0	CM; PC
<i>norgestimate-ethynodiol</i> (Mili)	T0	CM; PC
MINASTRIN 24 FE (<i>norethindrone acetate-ethynodiol/ferrrous fumarate</i>)	T0	ST; CM; PC
<i>desogestrel-ethynodiol/ethynodiol</i> (Mircette (28))	T0	ST; CM; PC
<i>norgestimate-ethynodiol</i> (Mono-Linyah)	T0	CM; PC
<i>my choice</i>	T0	QL (1 per Rx); CM; PC
<i>my way</i>	T0	QL (1 per Rx); CM; PC
NATAZIA (<i>estradiol valerate/dienogest</i>)	T3	ST; CM
<i>norethindrone-ethynodiol estradiol</i> (Necon 0.5/35 (28))	T0	CM; PC
<i>new day</i>	T0	QL (1 per Rx); CM; PC
<i>ethynodiol/drospirenone</i> (Nikki (28))	T0	CM; PC
<i>noreth-ethynodiol-iron</i>	T0	CM; PC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T0	CM; PC
<i>norethindrone-e.estriadiol-iron oral capsule</i>	T0	CM; PC
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	T0	CM; PC
<i>norethindrone-e.estriadiol-iron oral tablet, chewable</i>	T0	CM; PC
<i>norgestimate-ethynodiol estradiol</i>	T0	CM; PC
<i>norethindrone-ethynodiol estradiol</i> (Nortrel 0.5/35 (28))	T0	CM; PC
<i>nortrel 1/35 (21)</i>	T0	CM; PC
<i>norethindrone-ethynodiol estradiol</i> (Nortrel 1/35 (28))	T0	CM; PC
<i>norethindrone-ethynodiol estradiol</i> (Nortrel 7/7/7 (28))	T0	CM; PC
<i>ocella</i>	T0	CM; PC
<i>opcicon one-step</i>	T0	QL (1 per Rx); CM; PC
<i>option-2</i>	T0	QL (1 per Rx); CM; PC

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<i>levonorgestrel/ethinyl estradiol</i> (Orsythia)	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Philith)	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28))	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Pirmella)	T0	CM; PC
PLAN B ONE-STEP (<i>levonorgestrel</i>)	T0	QL (1 per Rx); CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Portia 28)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Previfem)	T0	CM; PC
QUARTETTE (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	T0	ST; CM; PC
<i>desogestrel-ethinyl estradiol</i> (Reclipsen (28))	T0	CM; PC
<i>rivilsa</i>	T0	CM; PC
SAFYRAL (<i>drosipirenone/ethinyl estradiol/levomefolate calcium</i>)	T0	ST; CM; PC
SEASONIQUE (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	T0	ST; CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Setlakin)	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Simpesse)	T0	CM; PC
SLYND (<i>drosipirenone</i>)	T3	ST; CM
<i>norgestimate-ethinyl estradiol</i> (Sprintec (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Sronyx)	T0	CM; PC
<i>ethinyl estradiol/drosipirenone</i> (Syeda)	T0	CM; PC
TAKE ACTION (<i>levonorgestrel</i>)	T0	QL (1 per Rx); CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina 24 Fe)	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tarina Fe 1/20 (28))	T0	CM; PC
TAYTULLA (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	T0	ST; CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tilia Fe)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri Femynor)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Estarylla)	T0	CM; PC
<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i> (Tri-Legest Fe)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Linyah)	T0	CM; PC

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<i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Estarylla)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Marzia)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Mili)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Lo-Sprintec)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Mili)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Previfem (28))	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Sprintec (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Trivora (28))	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Vylibra)	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Tri-Vylibra Lo)	T0	CM; PC
TYBLUME (<i>levonorgestrel/ethinyl estradiol</i>)	T0	ST; CM; PC
<i>drosipренone/ethinyl estradiol/levomefолate calcium</i> (Tydemy)	T0	CM; PC
<i>desogestrel-ethinyl estradiol</i> (Velvet Triphasic Regimen (28))	T0	CM; PC
<i>levonorgestrel/ethinyl estradiol</i> (Vienna)	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28))	T0	CM; PC
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28))	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Vyfemla (28))	T0	CM; PC
<i>norgestimate-ethinyl estradiol</i> (Vylibra)	T0	CM; PC
<i>norethindrone-ethinyl estradiol</i> (Wera (28))	T0	CM; PC
<i>norethindrone-ethinyl estradiol/ferrous fumarate</i> (Wymzya Fe)	T0	CM; PC
YASMIN (28) (<i>ethinyl estradiol/drosipренone</i>)	T0	ST; CM; PC
YAZ (28) (<i>ethinyl estradiol/drosipренone</i>)	T0	ST; CM; PC
<i>ethinyl estradiol/drosipренone</i> (Zarah)	T0	CM; PC
<i>ethynodiol diacetate-ethinyl estradiol</i> (Zovia 1/35E (28))	T0	CM; PC
<i>ethinyl estradiol/drosipренone</i> (Zumandimine (28))	T0	CM; PC

OXYTOCICS - OTHER GYNECOLOGY MEDICINES

<i>methylergonovine maleate</i> (Methergine)	T1	ST; QL (240 per Rx)
<i>methylergonovine oral</i>	T1	ST; QL (240 per Rx)

OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS

ANTIBIOTICS - DRUGS TO TREAT EYE INFECTIONS

<i>bacitracin/polymyxin b sulfate</i> (Ak-Poly-Bac)	T1	
AZASITE (<i>azithromycin</i>)	T2	
<i>bacitracin</i> (Baciguent)	T3	
<i>bacitracin ophthalmic (eye)</i>	T1	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	T1	
BESIVANCE (<i>besifloxacin hcl</i>)	T3	
BETADINE OPHTHALMIC PREP (<i>povidone-iodine</i>)	T3	
CILOXAN OPHTHALMIC (EYE) DROPS (<i>ciprofloxacin hcl</i>)	T3	
CILOXAN OPHTHALMIC (EYE) OINTMENT (<i>ciprofloxacin hcl</i>)	T3	PA; ST
<i>ciprofloxacin hcl ophthalmic (eye)</i>	T1	
<i>erythromycin ophthalmic (eye)</i>	T1	
<i>gatifloxacin</i>	T1	
<i>gentamicin sulfate</i> (Gentak Ophthalmic (Eye) Ointment)	T1	
<i>gentamicin ophthalmic (eye) drops</i>	T1	
<i>levofloxacin ophthalmic (eye)</i>	T1	
MOXEZA (<i>moxifloxacin hcl</i>)	T3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION (<i>moxifloxacin hcl in balanced salt solution no.2/pf</i>)	T3	
<i>moxifloxacin ophthalmic (eye)</i>	T1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION (<i>moxifloxacin hcl in sodium chloride,iso-osmotic/pf</i>)	T3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML (<i>moxifloxacin hcl in sodium chloride,iso-osmotic/pf</i>)	T3	
NATACYN (<i>natamycin</i>)	T2	
<i>neomycin-bacitracin-polymyxin</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neomycin sulfate/bacitracin/polymyxin b</i> (Neo-Polycin)	T1	
OCUFLOX (<i>ofloxacin</i>)	T3	
<i>ofloxacin ophthalmic (eye)</i>	T1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin)	T1	
<i>polymyxin b sulf-trimethoprim</i>	T1	
POLYTRIM (<i>polymyxin b sulfate(trimethoprim)</i>)	T3	
<i>tobramycin ophthalmic (eye)</i>	T1	
<i>tobramycin</i> (Tobrex)	T3	
VIGAMOX (<i>moxifloxacin hcl</i>)	T3	
ZYMAXID (<i>gatifloxacin</i>)	T3	

ANTIVIRALS - DRUGS TO TREAT EYE INFECTIONS

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trifluridine</i>	T1	
ZIRGAN (<i>ganciclovir</i>)	T3	
BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol ophthalmic (eye)</i>	T1	
BETIMOL (<i>timolol</i>)	T3	
BETOPTIC S (<i>betaxolol hcl</i>)	T3	
<i>carteolol</i>	T1	
ISTALOL (<i>timolol maleate</i>)	T3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	
<i>timolol maleate (pf)</i>	T1	
<i>timolol maleate ophthalmic (eye)</i>	T1	
TIMOPTIC (<i>timolol maleate</i>)	T3	
TIMOPTIC OCUDOSE (PF) (<i>timolol maleate/pf</i>)	T3	PA; ST
TIMOPTIC-XE (<i>timolol maleate</i>)	T3	
CHOLINESTERASE INHIBITOR MIOPTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>)	T2	
CYCLOPLEGIC MYDRIATICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
<i>atropine ophthalmic (eye) drops</i>	T1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION (<i>atropine sulfate</i>)	T3	
<i>atropine ophthalmic (eye) ointment</i>	T1	
<i>cyclopentolate hcl</i> (Cyclogyl)	T3	
<i>cyclopentolate</i>	T1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	T3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT (<i>cyclopentolate/tropicamide/phenylephrine/ketorolac in water</i>)	T3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT (<i>cyclopent/tropicamide/proparacaine/phenyl/ketorolac in water</i>)	T3	
<i>homatropaire</i>	T1	
ISOPTO ATROPINE (<i>atropine sulfate</i>)	T3	
<i>tropicamide</i> (Mydriacyl)	T3	
PAREMYD (<i>hydroxyamphetamine hbr/tropicamide</i>)	T3	
PHENYLEPH-TROPICAMIDE IN WATER (<i>phenylephrine hcl/tropicamide in sterile water</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tropicamide</i>	T1	
DIRECT ACTING MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
ISOPTO CARPINE (<i>pilocarpine hcl</i>)	T3	
MIOCHOL-E (<i>acetylcholine chloride</i>)	T3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
MISCELLANEOUS OPHTHALMOLOGICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
AKTEN (PF) (<i>lidocaine hcl/pf</i>)	T3	
<i>proparacaine hcl</i> (Alcaine)	T3	
ALOCRIL (<i>nedocromil sodium</i>)	T3	PA; ST
ALOMIDE (<i>lodoxamide tromethamine</i>)	T3	PA; ST
<i>altacaine</i>	T1	
ALTAFLUOR BENOX (<i>benoxinate hcl/fluorescein sodium</i>)	T3	
<i>azelastine ophthalmic (eye)</i>	T1	
BEOVU (<i>brolucizumab-dbll</i>)	T4	PA; SP
BEPREVE (<i>bepotastine besilate</i>)	T3	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML, 3.75 MG/0.15 ML (<i>bevacizumab</i>)	T3	
CEQUA (<i>cyclosporine</i>)	T3	PA
<i>cromolyn ophthalmic (eye)</i>	T1	
CYCLOSPORINE IN KLARITY (<i>cyclosporine/chondroitin sulfate a sodium</i>)	T3	
CYSTADROPS (<i>cysteamine hcl</i>)	T4	PA; ST; SP
CYSTARAN (<i>cysteamine hcl</i>)	T4	SP
DEXAMET-MOXIFL-KETORO-NACL(PF) (<i>dexamethasone sod ph/moxifloxacin hcl/ketorolac/sod chlor/pf</i>)	T3	
<i>epinastine</i>	T1	
<i>fluorescein-proparacaine</i>	T1	
KLARITY-A (AZITHRO-CHONDR)(PF) (<i>azithromycin/chondroitin sulfate a sodium/pf</i>)	T3	
KLARITY-B (BETAMETH-CHOND)(PF) (<i>betamethasone sodium phos/chondroitin sulfate a sodium/pf</i>)	T3	
KLARITY-L (LOTEPRED-CHOND)(PF) (<i>loteprednol etabonate/chondroitin sulfate a sodium/pf</i>)	T3	
LACRISERT (<i>hydroxypropyl cellulose</i>)	T3	
LASTACAFT (<i>alcaftadine</i>)	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOCAINE-PHENYLEPHRIN-BSS(PF) (<i>lidocaine hcl/phenylephrine/balanced salt irrigation no.2/pf</i>)	T3	
<i>lidocaine-phenylephrin in water</i>	T1	
MYDRIATIC4(TROP-PROP-PE-KTRLC) (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	T3	
OMIDRIA (<i>phenylephrine hcl/ketorolac tromethamine</i>)	T3	
OXERVATE (<i>cenegeamin-bk bj</i>)	T4	PA; SP
PHOTREXA CROSS-LINKING KIT (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	T3	
PHOTREXA VISCOUS (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	T3	
PREDNISOL ACE-GATIFLOX-BROMFEN (<i>prednisolone acetate/gatifloxacin/bromfenac sodium</i>)	T3	
PREDNISOLN SP-GATIFLOX-BROMFEN (<i>prednisolone sodium phosphate/gatifloxacin/bromfenac sodium</i>)	T3	
PREDNISOLN SP-MOXIFLOX-BROMFEN (<i>prednisolone sodium phosphate/moxifloxacin hcl/bromfenac sod</i>)	T3	
PREDNISOLONE ACETATE-BROMFENAC (<i>prednisolone acetate/bromfenac sodium</i>)	T3	
PREDNISOLONE ACETATE-NEPAFENAC (<i>prednisolone acetate/nepafenac</i>)	T3	
PREDNISOLONE-MOXIFLO-NEPAFENAC (<i>prednisolone acetate/moxifloxacin hcl/nepafenac</i>)	T3	
PREDNISOLONE-MOXIFLOX-BROMFEN (<i>prednisolone acetate/moxifloxacin hcl/bromfenac sodium</i>)	T3	
<i>proparacaine</i>	T1	
RACEPINEPH-LIDOCAINE-BSS 7(PF) (<i>racepinephrine hcl/lidocaine hcl/balanced salt soln no.7/pf</i>)	T3	
RESTASIS (<i>cyclosporine</i>)	T2	PA; QL (60 per Rx)
RESTASIS MULTIDOSE (<i>cyclosporine</i>)	T2	PA; QL (7 per Rx)
<i>tetracaine hcl</i>	T1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) (<i>tetracaine hcl/pf</i>)	T3	
XIIDRA (<i>lifitegrast</i>)	T2	PA; ST; QL (60 per Rx)
ZERVIATE (<i>cetirizine hcl</i>)	T2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION		
ACULAR (<i>ketorolac tromethamine</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACULAR LS (<i>ketorolac tromethamine</i>)	T3	
ACUVAIL (PF) (<i>ketorolac tromethamine/pf</i>)	T3	PA; ST
<i>bromfenac</i>	T1	
BROMSITE (<i>bromfenac sodium</i>)	T3	
<i>diclofenac sodium ophthalmic (eye)</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO (<i>nepafenac</i>)	T3	
<i>ketorolac ophthalmic (eye)</i>	T1	
NEVANAC (<i>nepafenac</i>)	T3	PA; ST
PROLENSA (<i>bromfenac sodium</i>)	T3	
ORAL DRUGS FOR GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
<i>acetazolamide</i>	T1	
<i>methazolamide</i>	T1	
OTHER GLAUCOMA DRUGS - DRUGS TO TREAT GLAUCOMA		
AZOPT (<i>brinzolamide</i>)	T2	
<i>bimatoprost ophthalmic (eye)</i>	T1	ST
BRIMONIDINE-DORZOLAMIDE (PF) (<i>brimonidine tartrate/dorzolamide hcl/pf</i>)	T3	
COMBIGAN (<i>brimonidine tartrate/timolol maleate</i>)	T2	
COSOPT (<i>dorzolamide hcl/timolol maleate</i>)	T3	
COSOPT (PF) (<i>dorzolamide hcl/timolol maleate/pf</i>)	T3	
<i>dorzolamide</i>	T1	
DORZOLAMIDE (PF) (<i>dorzolamide hcl/pf</i>)	T3	
<i>dorzolamide-timolol</i>	T1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	T1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS (<i>dorzolamide hcl/timolol maleate/pf</i>)	T3	
<i>latanoprost</i>	T1	ST
LATANOPROST (PF) (<i>latanoprost/pf</i>)	T3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (<i>bimatoprost</i>)	T2	ST
<i>miostat</i>	T1	
MITOSOL (<i>mitomycin</i>)	T3	
RHOPRESSA (<i>netarsudil mesylate</i>)	T2	
ROCKLATAN (<i>netarsudil mesylate/latanoprost</i>)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMBRINZA (<i>brinzolamide/brimonidine tartrate</i>)	T3	
TIMOL-BRIMON-DORZO-LATANOP(PF) (<i>timolol malea/brimonidine tar/dorzolamide hcl/latanoprost/pf</i>)	T3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) (<i>timolol maleate/brimonidine tartrate/dorzolamide hcl/pf</i>)	T3	
TIMOLOL-DORZOLAMID-LATANOP(PF) (<i>timolol maleate/dorzolamide hcl/latanoprost/pf</i>)	T3	
TIMOLOL-LATANOPROST(PF) (<i>timolol maleate/latanoprost/preservative free</i>)	T3	
TRAVATAN Z (<i>travoprost</i>)	T3	ST
<i>travoprost</i>	T1	ST
TRUSOPT (<i>dorzolamide hcl</i>)	T3	
VYZULTA (<i>latanoprostene bunod</i>)	T3	ST
XALATAN (<i>latanoprost</i>)	T3	ST
XELPROS (<i>latanoprost</i>)	T3	PA; ST
ZIOPTAN (PF) (<i>tafluprost/pf</i>)	T2	ST
STEROID-ANTIBIOTIC COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
DEXAMETH-MOXIFLOX(PF)-NAACLISO (<i>dexamethasone sod ph/moxifloxacin hcl in nacl,iso-osmotic/pf</i>)	T3	
MAXITROL (<i>neomycin/polymyxin b sulfate/dexamethasone neomycin-bacitracin-poly-hc</i>)	T3	
<i>neomycin-polymyxin b-dexameth</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	T1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc)</i>	T1	
PRED-G (<i>gentamicin sulfate/prednisolone acetate</i>)	T3	
PRED-G S.O.P. (<i>gentamicin sulfate/prednisolone acetate</i>)	T3	
PREDNISOLONE ACET-GATIFLOXACIN (<i>prednisolone acetate/gatifloxacin</i>)	T3	
PREDNISOLONE SOD PH-MOXIFLOX (<i>prednisolone sodium phosphate/moxifloxacin hcl</i>)	T3	
PREDNISOLONE-MOXIFLOXACIN HCL (<i>prednisolone acetate/moxifloxacin hcl</i>)	T3	
<i>tobramycin/dexamethasone</i> (Tobradex Ophthalmic (Eye) Drops,Suspension)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT <i>(tobramycin/dexamethasone)</i>	T2	
TOBRADEX ST (<i>tobramycin/dexamethasone</i>)	T2	
<i>tobramycin-dexamethasone</i>	T1	
TRIAMCINOLON-MOXIFLOX-WATR(PF) (<i>triamcinolone acetonide/moxifloxacin hcl/water/pf</i>)	T3	
ZYLET (<i>tobramycin/loteprednol etabonate</i>)	T2	
STEROIDS - DRUGS TO TREAT EYE INFLAMMATION		
ALREX (<i>loteprednol etabonate</i>)	T3	ST
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	T1	
DEXTENZA (<i>dexamethasone</i>)	T3	
DEXYCU (PF) (<i>dexamethasone/pf</i>)	T3	
DUREZOL (<i>difluprednate</i>)	T3	
FLAREX (<i>fluorometholone acetate</i>)	T3	
<i>fluorometholone</i>	T1	
FML FORTE (<i>fluorometholone</i>)	T3	PA; ST
FML LIQUIFILM (<i>fluorometholone</i>)	T3	
FML S.O.P. (<i>fluorometholone</i>)	T3	PA; ST
INVELTYS (<i>loteprednol etabonate</i>)	T2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL (<i>loteprednol etabonate</i>)	T2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION <i>(loteprednol etabonate)</i>	T3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT (<i>loteprednol etabonate</i>)	T2	
LOTEMAX SM (<i>loteprednol etabonate</i>)	T2	
<i>loteprednol etabonate</i>	T1	
MAXIDEX (<i>dexamethasone</i>)	T3	PA; ST
PRED FORTE (<i>prednisolone acetate</i>)	T3	
PRED MILD (<i>prednisolone acetate</i>)	T3	PA; ST
<i>prednisolone acetate</i>	T1	
PREDNISOLONE ACETATE (PF) (<i>prednisolone acetate/pf</i>)	T3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	T1	
STEROID-SULFONAMIDE COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
BLEPHAMIDE (<i>sulfacetamide sodium/prednisolone acetate</i>)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium/prednisolone acetate</i> (Blephamide S.O.P.)	T3	
<i>sulfacetamide-prednisolone</i>	T1	
SULFONAMIDES - SULFA MEDICINES FOR EYE CONDITIONS		
<i>sulfacetamide sodium</i> (Bleph-10)	T3	
<i>sulfacetamide sodium ophthalmic (eye)</i>	T1	
SYMPATHOMIMETICS - OTHER MEDICINES FOR EYE CONDITIONS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % <i>(brimonidine tartrate)</i>	T2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % <i>(brimonidine tartrate)</i>	T3	
<i>apraclonidine</i>	T1	
<i>brimonidine</i>	T1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE <i>(apraclonidine hcl)</i>	T3	
VASOCONSTRICTOR DECONGESTANTS - DECONGESTANTS		
CYCLOMYDRIL (<i>cyclopentolate hcl/phenylephrine hcl</i>)	T3	
<i>phenylephrine hcl ophthalmic (eye)</i>	T1	
UPNEEQ (PF) (<i>oxymetazoline hcl/pf</i>)	T3	PA; ST
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS - DRUGS TO TREAT ALLERGIES AFFECTING THE EYE		
AUVI-Q (<i>epinephrine</i>)	T3	PA; ST; QL (2 per Rx)
<i>carbinoxamine maleate oral liquid</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T1	ST
CLARINEX ORAL TABLET (<i>desloratadine</i>)	T3	QL (30 per Rx)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine</i>	T1	
<i>desloratadine</i>	T1	QL (30 per Rx)
<i>dexchlorpheniramine maleate oral solution</i>	T1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	T3	PA; ST; QL (2 per Rx)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	QL (2 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIPEN 2-PAK (<i>epinephrine</i>)	T2	QL (2 per Rx)
EPIPEN JR 2-PAK (<i>epinephrine</i>)	T2	QL (2 per Rx)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate</i>	T1	
KARBINAL ER (<i>carbinoxamine maleate</i>)	T3	ST
<i>promethazine hcl</i> (Phenadoz Rectal Suppository 25 Mg)	T1	
<i>promethazine oral</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl</i> (Promethegan)	T1	
<i>dexchlorpheniramine maleate</i> (Ryclora)	T3	
<i>carbinoxamine maleate</i> (Ryvent)	T3	ST
SYMJEPI (<i>epinephrine</i>)	T2	QL (2 per Rx)
VISTARIL (<i>hydroxyzine pamoate</i>)	T3	

COUGH & COLD THERAPY - DRUGS FOR COUGH AND COLD

<i>benzonatate</i>	T1	
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm)	T3	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	T1	
<i>CAPCOF (chlorpheniramine maleate/phenylephrine hcl/codeine phosphate)</i>	T3	
<i>CLARINEX-D 12 HOUR (desloratadine/pseudoephedrine sulfate)</i>	T3	QL (60 per Rx)
<i>codeine-guaifenesin</i>	T1	
<i>CODITUSSIN AC (codeine phosphate/guaifenesin)</i>	T3	
<i>CODITUSSIN DAC (pseudoephedrine hcl/codeine phosphate/guaifenesin)</i>	T3	
<i>g tussin ac</i>	T1	
<i>guaiatussin ac</i>	T1	
<i>HISTEX-AC (triprolidine hcl/phenylephrine hcl/codeine phosphate)</i>	T3	
<i>hydrocodone-chlorpheniramine</i>	T1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral tablet</i>	T1	
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet)	T1	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAR-COF CG (<i>codeine phosphate/guaifenesin</i>)	T3	
<i>maxi-tuss ac</i>	T1	
MAXI-TUSS CD (<i>chlorpheniramine maleate/phenylephrine hcl/codeine phosphate</i>)	T3	
<i>m-clear wc</i>	T1	
M-END PE (<i>brompheniramine maleate/phenylephrine hcl/codeine phosphate</i>)	T3	
NINJACOF-XG (<i>codeine phosphate/guaifenesin</i>)	T3	
OBREDON (<i>guaifenesin/hydrocodone bitartrate</i>)	T3	PA; ST
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (<i>brompheniramine maleate/phenylephrine hcl/codeine phosphate</i>)	T3	
<i>promethazine-codeine</i>	T1	
<i>promethazine-dm</i>	T1	
<i>promethazine-phenyleph-ph-codeine</i>	T1	
<i>promethazine-phenylephrine</i>	T1	
RESPA-AR (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	T3	
SEMPREX-D (<i>pseudoephedrine hcl/acrivastine</i>)	T3	
TESSALON PERLES (<i>benzonatate</i>)	T3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG (<i>hydrocodone polistirex/chlorpheniramine polistirex</i>)	T3	PA; ST
UXARIN ER (<i>chlorpheniramine maleate/codeine phosphate</i>)	T3	
TUZISTRA XR (<i>codeine polistirex/chlorpheniramine polistirex</i>)	T3	PA; ST
<i>virtussin ac</i>	T1	
<i>virtussin dac</i>	T1	
Z-TUSS AC (<i>chlorpheniramine maleate/codeine phosphate</i>)	T3	
PULMONARY AGENTS - OTHER MEDICINES FOR BREATHING CONDITIONS		
ACCOLATE (<i>zafirlukast</i>)	T3	
<i>acetylcysteine</i>	T1	
ADCIRCA (<i>tadalafil</i>)	T4	PA; ST; QL (60 per Rx); SP
ADEMPAS (<i>riociguat</i>)	T4	PA; ST; SP
ADRENALIN NASAL (<i>epinephrine hcl</i>)	T3	
ADVAIR DISKUS (<i>fluticasone propionate/salmeterol xinafoate</i>)	T1	ST; QL (1 per Rx)
ADVAIR HFA (<i>fluticasone propionate/salmeterol xinafoate</i>)	T2	ST; QL (1 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO DIGIHALER (<i>fluticasone propionate/salmeterol xinafoate</i>)	T3	PA; ST; QL (1 per Rx)
AIRDUO RESPICLICK (<i>fluticasone propionate/salmeterol xinafoate</i>)	T3	PA; ST; QL (1 per Rx)
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	T1	QL (1 per Rx)
<i>albuterol sulfate inhalation solution for nebulization</i>	T1	
<i>albuterol sulfate oral</i>	T1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION (<i>ciclesonide</i>)	T3	QL (3 per Rx)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>ciclesonide</i>)	T3	QL (19 per Rx)
<i>tadalafil</i> (Alyq)	T4	PA; ST; QL (60 per Rx); SP
<i>ambrisentan</i>	T4	PA; ST; SP
ANORO ELLIPTA (<i>umeclidinium bromide/vilanterol trifenatate</i>)	T2	QL (1 per Rx)
ARCAPTA NEOHALER (<i>indacaterol maleate</i>)	T3	QL (30 per Rx)
ARMONAIR DIGIHALER (<i>fluticasone propionate</i>)	T3	PA; ST; QL (1 per Rx)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION (<i>fluticasone furoate</i>)	T2	QL (1 per Rx)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	T2	QL (30 per Rx)
ASMANEX HFA (<i>mometasone furoate</i>)	T2	QL (3 per Rx)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	T2	QL (1 per Rx)
ATROVENT HFA (<i>ipratropium bromide</i>)	T3	QL (26 per Rx)
<i>azelastine-fluticasone</i>	T1	QL (3 per Rx)
BECONASE AQ (<i>beclomethasone dipropionate</i>)	T3	PA; ST; QL (50 per Rx)
BEVESPI AEROSPHERE (<i>glycopyrrrolate/formoterol fumarate</i>)	T2	QL (1 per Rx)
<i>bosentan</i>	T4	PA; ST; SP
BREO ELLIPTA (<i>fluticasone furoate/vilanterol trifenatate</i>)	T2	ST; QL (1 per Rx)
BREZTRI AEROSPHERE (<i>budesonide/glycopyrrrolate/formoterol fumarate</i>)	T2	QL (1 per Rx)
BROVANA (<i>arformoterol tartrate</i>)	T3	QL (60 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation</i>	T1	QL (60 per Rx)
BUDESONIDE-FORMOTEROL	T3	PA; ST; QL (1 per Rx)
COMBIVENT RESPIMAT (<i>ipratropium bromide/albuterol sulfate</i>)	T2	QL (8 per Rx)
<i>cromolyn inhalation</i>	T1	
CUROSURF (<i>poractant alfa</i>)	T3	
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	T2	PA; ST; QL (30 per Rx)
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	T2	PA; ST
DUAKLIR PRESSAIR (<i>aclidinium bromide/formoterol fumarate</i>)	T3	PA; ST; QL (1 per Rx)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	T2	ST; QL (1 per Rx)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	T2	ST; QL (3 per Rx)
DYMISTA (<i>azelastine hcl/fluticasone propionate</i>)	T3	QL (3 per Rx)
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 Ml)	T3	
<i>epinephrine hcl</i>	T1	
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	T4	PA; ST; QL (270 per Rx); SP
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	T4	PA; ST; QL (270 per Rx); SP
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	T4	PA; ST; SP
FASENRA PEN (<i>benralizumab</i>)	T4	PA; ST
FIRAZYR (<i>icatibant acetate</i>)	T4	PA; ST; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION (<i>fluticasone propionate</i>)	T2	QL (1 per Rx)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (<i>fluticasone propionate</i>)	T2	QL (2 per Rx)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION (<i>fluticasone propionate</i>)	T2	QL (60 per Rx)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION (<i>fluticasone propionate</i>)	T2	QL (2 per Rx)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (<i>fluticasone propionate</i>)	T2	QL (1 per Rx)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T1	QL (50 per Rx)
<i>fluticasone propionate nasal</i>	T1	QL (16 per Rx)

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FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	PA; ST; QL (1 per Rx)
HAEGARDA (<i>c1 esterase inhibitor</i>)	T4	PA; ST; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	T3	
<i>icatibant</i>	T4	PA; ST; SP
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>)	T2	QL (1 per Rx)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 per Rx)
KALYDECO ORAL GRANULES IN PACKET 25 MG (<i>ivacaftor</i>)	T4	PA; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	T4	PA; QL (56 er Rx); SP
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	T4	PA; QL (60 per Rx); SP
LETAIRIS (<i>ambrisentan</i>)	T4	PA; ST; SP
<i>levalbuterol hcl</i>	T1	
LEVALBUTEROL TARTRATE	T3	PA; ST; QL (1 per 30 days)
LONHALA MAGNAIR REFILL (<i>glycopyrrolate/nebulizer accessories</i>)	T3	QL (60 per Rx)
LONHALA MAGNAIR STARTER (<i>glycopyrrolate/nebulizer and accessories</i>)	T3	QL (60 per Rx)
<i>metaproterenol oral syrup</i>	T1	
<i>mometasone nasal</i>	T1	QL (1 per Rx)
<i>montelukast</i>	T1	
NASONEX (<i>mometasone furoate</i>)	T3	QL (1 per Rx)
<i>nebusal inhalation solution for nebulization 3 %</i>	T1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	T3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR (<i>mepolizumab</i>)	T4	PA; ST; QL (1 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE (<i>mepolizumab</i>)	T4	PA; ST; QL (1 per 30 days)
OFEV (<i>nintedanib esylate</i>)	T4	PA; ST; QL (60 per Rx); SP
OMNARIS (<i>ciclesonide</i>)	T3	PA; ST; QL (3 per Rx)
OPSUMIT (<i>macitentan</i>)	T4	PA; ST; SP
ORKAMBI ORAL GRANULES IN PACKET (<i>lumacaftor/ivacaftor</i>)	T4	PA; ST; QL (56 per Rx); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL TABLET (<i>lumacaftor/ivacaftor</i>)	T4	PA; ST; QL (2 per Rx); SP
PERFOROMIST (<i>formoterol fumarate</i>)	T2	QL (60 per Rx)
PROAIR DIGIHALER (<i>albuterol sulfate</i>)	T3	PA; ST; QL (2 per Rx)
PROAIR HFA (<i>albuterol sulfate</i>)	T3	QL (1 per Rx)
PROAIR RESPICLICK (<i>albuterol sulfate</i>)	T3	PA; ST; QL (2 per Rx)
PROVENTIL HFA (<i>albuterol sulfate</i>)	T3	QL (1 per Rx)
PULMICORT (<i>budesonide</i>)	T3	QL (60 per Rx)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION (<i>budesonide</i>)	T2	QL (2 per Rx)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (<i>budesonide</i>)	T2	QL (1 per Rx)
<i>pulmosal</i>	T1	
PULMOZYME (<i>dornase alfa</i>)	T4	SP
QNASL (<i>beclomethasone dipropionate</i>)	T2	QL (1 per Rx)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	T2	QL (1 per Rx)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	T2	QL (2 per Rx)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION (<i>sildenafil citrate</i>)	T4	PA; ST; QL (2 per Rx); SP
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	T4	PA; ST; QL (90 per Rx); SP
SEEBRI NEOHALER (<i>glycopyrrolate</i>)	T3	QL (60 per Rx)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>)	T2	QL (1 per Rx)
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution</i>	T4	PA; ST; QL (2 per Rx); SP
<i>sildenafil (pulm. hypertension) oral tablet</i>	T4	PA; QL (90 per Rx); SP
SINGULAIR (<i>montelukast sodium</i>)	T3	
<i>sodium chloride inhalation</i>	T1	
SPIRIVA RESPIMAT (<i>tiotropium bromide</i>)	T2	QL (2 per Rx)
SPIRIVA WITH HANDIHALER (<i>tiotropium bromide</i>)	T2	QL (30 per Rx)
STIOLTO RESPIMAT (<i>tiotropium bromide/olodaterol hcl</i>)	T2	QL (2 per Rx)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>)	T3	PA; ST; QL (2 per Rx)
SURFAXIN (<i>lucinactant</i>)	T3	

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SYMBICORT (<i>budesonide/formoterol fumarate</i>)	T2	ST; QL (1 per Rx)
SYMDEKO (<i>tezacaftor/ivacaftor</i>)	T4	PA; ST; QL (56 per Rx); SP
<i>tadalafil (pulm. hypertension)</i>	T4	PA; ST; QL (60 per Rx); SP
<i>terbutaline oral</i>	T1	
THEO-24 (<i>theophylline anhydrous</i>)	T3	
<i>theophylline oral elixir</i>	T1	
<i>theophylline oral solution</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr</i>	T1	
TRACLEER ORAL TABLET (<i>bosentan</i>)	T4	PA; ST; SP
TRACLEER ORAL TABLET FOR SUSPENSION (<i>bosentan</i>)	T4	PA; SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>)	T2	QL (1 per Rx)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenat</i>)	T2	
TRIKAFTA (<i>elexacaftor/tezacaftor/ivacaftor</i>)	T4	PA; ST; SP
TUDORZA PRESSAIR (<i>aclidinium bromide</i>)	T3	PA; ST; QL (1 per Rx)
TYVASO (<i>treprostinil</i>)	T4	PA; SP
TYVASO REFILL KIT (<i>treprostinil/nebulizer accessories</i>)	T4	PA; SP
TYVASO STARTER KIT (<i>treprostinil/nebulizer and accessories</i>)	T4	PA; SP
UTIBRON NEOHALER (<i>indacaterol maleate/glycopyrrolate</i>)	T3	QL (6 per Rx)
VENTAVIS (<i>iloprost tromethamine</i>)	T4	PA; ST; SP
VENTOLIN HFA (<i>albuterol sulfate</i>)	T3	PA; ST; QL (1 per Rx)
XHANCE (<i>fluticasone propionate</i>)	T3	QL (2 per Rx)
XOPENEX (<i>levalbuterol hcl</i>)	T3	
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>)	T3	
XOPENEX HFA (<i>levalbuterol tartrate</i>)	T3	PA; ST; QL (1 per 30 days)
YUPELRI (<i>revefenacin</i>)	T2	QL (30 per Rx)
<i>zafirlukast</i>	T1	
ZETONNA (<i>ciclesonide</i>)	T3	PA; ST; QL (7 per Rx)
<i>zileuton</i>	T1	PA; ST
ZYFLO (<i>zileuton</i>)	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
ANTICHOLINERGICS & ANTISPASMODICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>darifenacin</i>	T1	
DETROL (<i>tolterodine tartrate</i>)	T3	ST
DETROL LA (<i>tolterodine tartrate</i>)	T3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (<i>oxybutynin chloride</i>)	T3	ST
<i>flavoxate</i>	T1	
GELNIQUE TRANSDERMAL GEL IN PACKET (<i>oxybutynin chloride</i>)	T2	QL (30 per Rx)
MYRBETRIQ (<i>mirabegron</i>)	T2	
<i>oxybutynin chloride</i>	T1	
OXYTROL (<i>oxybutynin</i>)	T3	ST; QL (8 per 30 days)
<i>solifenacin</i>	T1	
<i>tolterodine</i>	T1	
TOVIAZ (<i>fesoterodine fumarate</i>)	T2	
<i>trospium</i>	T1	
VESICARE (<i>solifenacin succinate</i>)	T3	ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY - DRUGS TO TREAT PROSTATE CONDITIONS		
<i>alfuzosin</i>	T1	
AVODART (<i>dutasteride</i>)	T3	ST
CIALIS ORAL TABLET 2.5 MG (<i>tadalafil</i>)	T3	PA; QL (30 per Rx)
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	T3	PA; QL (8 per 30 days)
<i>dutasteride</i>	T1	ST
<i>dutasteride-tamsulosin</i>	T1	ST
<i>finasteride oral tablet 5 mg</i>	T1	
FLOMAX (<i>tamsulosin hcl</i>)	T3	ST
JALYN (<i>dutasteride/tamsulosin hcl</i>)	T3	ST
PROSCAR (<i>finasteride</i>)	T3	ST
RAPAFLO (<i>silodosin</i>)	T3	ST
<i>silodosin</i>	T1	
<i>tadalafil oral tablet 2.5 mg</i>	T1	PA; QL (30 per Rx)
<i>tadalafil oral tablet 5 mg</i>	T1	PA; QL (8 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tamsulosin</i>	T1	
UROXATRAL (<i>alfuzosin hcl</i>)	T3	ST
CHOLINERGIC STIMULANTS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>bethanechol chloride</i>	T1	
MISCELLANEOUS UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
CAVERJECT (<i>alprostadil</i>)	T2	PA; QL (8 per 30 days)
CAVERJECT IMPULSE (<i>alprostadil</i>)	T2	PA; QL (8 per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	T3	PA; QL (8 per 30 days)
CYSTAGON (<i>cysteamine bitartrate</i>)	T4	SP
EDEX (<i>alprostadil</i>)	T3	PA; QL (8 per 30 days)
ELMIRON (<i>pentosan polysulfate sodium</i>)	T2	
<i>hyophen</i>	T1	
IFE-BIMIX 30/1 (<i>papaverine hcl/phentolamine mesylate in water</i>)	T3	
IFE-PG20 (<i>alprostadil in bacteriostatic sodium chloride</i>)	T3	
K-PHOS NO 2 (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	T3	
K-PHOS ORIGINAL (<i>potassium phosphate,monobasic</i>)	T2	
LEVITRA ORAL TABLET 10 MG, 20 MG (<i>vardenafil hcl</i>)	T3	PA; QL (8 per 30 days)
<i>methen-sod phos-meth blue-hyos</i>	T1	
MUSE (<i>alprostadil</i>)	T2	PA; QL (8 per 30 days)
ORACIT (<i>citric acid/sodium citrate</i>)	T3	
<i>phosphasal</i>	T1	
<i>potassium citrate</i>	T1	
PROCYSB1 (<i>cysteamine bitartrate</i>)	T4	PA; ST; SP
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	T2	
SHOHL'S MODIFIED (<i>citric acid/sodium citrate</i>)	T3	
<i>sildenafil</i>	T1	PA; QL (8 per 30 days)
STAXYN (<i>vardenafil hcl</i>)	T3	PA; QL (8 per 30 days)
STENDRA (<i>avanafil</i>)	T3	PA; QL (8 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	PA; QL (8 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	T3	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URELLE (<i>methenamine/methylene blue/sodium phosphorus salicylate/hyoscyamine</i>)	T3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	T1	
URIBEL (<i>methenamine/methylene blue/sodium phosphorus salicylate/hyoscyamine</i>)	T3	
<i>urimar-t</i>	T1	
<i>urin ds</i>	T1	
<i>uro-458</i>	T1	
UROCIT-K 10 (<i>potassium citrate</i>)	T3	
UROCIT-K 15 (<i>potassium citrate</i>)	T3	
UROCIT-K 5 (<i>potassium citrate</i>)	T3	
<i>urogesic-blue</i>	T1	
<i>uro-mp</i>	T1	
UROQID-ACID NO.2 (<i>methenamine mandelate/sodium phosphate, monobasic</i>)	T3	
<i>uryl</i>	T1	
<i>ustell</i>	T1	
<i>utira-c</i>	T1	
<i>vardenafil</i>	T1	PA; QL (8 per 30 days)
VIAGRA (<i>sildenafil citrate</i>)	T3	PA; QL (8 per 30 days)
URINARY ANESTHETICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIUM (<i>phenazopyridine hcl</i>)	T3	
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS		
ELECTROLYTES - DRUGS TO REPLACE ELECTROLYTES AND MINERALS		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	T3	
<i>effer-k oral tablet, effervescent 25 meq</i>	T1	
GALZIN (<i>zinc acetate</i>)	T3	
<i>potassium chloride</i> (Klor-Con)	T1	
<i>potassium chloride</i> (Klor-Con 10)	T1	
<i>klor-con 8</i>	T1	
<i>potassium chloride</i> (Klor-Con M10)	T1	
<i>potassium chloride</i> (Klor-Con M15)	T1	
<i>potassium chloride</i> (Klor-Con M20)	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>klor-con/ef</i>	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (<i>potassium chloride</i>)	T3	
<i>k-tab oral tablet extended release 8 meq</i>	T1	
<i>lugols oral</i>	T1	
POTABA ORAL CAPSULE (<i>potassium aminobenzoate</i>)	T3	
<i>potassium chloride oral</i>	T1	
<i>strong iodine oral</i>	T1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES - OTHER VITAMINS AND MINERALS		
DOJOLVI (<i>triheptanoin</i>)	T4	PA; SP
VITAMINS & HEMATINICS - VITAMINS AND IRON THERAPY		
<i>b complex 1 (with folic acid)</i>	T0	AGE; PC
<i>b complex-vitamin b12</i>	T0	AGE; PC
<i>b complex-vitamin c-folic acid oral tablet</i>	T0	AGE; PC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	T0	AGE; PC
<i>balanced b-100 oral tablet 0.4 mg</i>	T0	AGE; PC
<i>balanced b-50 oral tablet</i>	T0	AGE; PC
<i>bal-care dha</i>	T1	
BAL-CARE DHA ESSENTIAL (<i>prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3</i>)	T3	
<i>b-complex with vitamin c oral tablet</i>	T0	AGE; PC
CITRANATAL (DUAL-IRON) (<i>prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate</i>)	T3	
CITRANATAL 90 DHA (ALGAL OIL) (<i>prenatal vit no.72/iron carbonyl,gluc/folic acid/docusate/dha</i>)	T3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbonyl,gluc/folic acid/docusate/dha</i>)	T3	
CITRANATAL B-CALM (FE GLUC) (<i>prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6</i>)	T3	
CITRANATAL BLOOM (<i>iron carbonyl,gluc/folic acid/vit b12/vit c/docusate sodium</i>)	T3	
CITRANATAL DHA (ALGAL OIL) (<i>prenatal vit no.76/iron carbonyl,gluc/folic acid/docusate/dha</i>)	T3	
CITRANATAL HARMONY (IRON FUM) (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	T3	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>classic prenatal</i>	T0	AGE; PC
<i>c-nate dha</i>	T1	
<i>complete natal dha</i>	T1	
<i>complex b-100 oral tablet extended release</i>	T0	AGE; PC
<i>CONCEPT DHA (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)</i>	T3	
<i>CONCEPT OB (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)</i>	T3	
<i>cyanocobalamin (vitamin b-12) injection</i>	T1	
<i>dialyvite 800 oral tablet</i>	T0	AGE; PC
<i>DRISDOL ORAL CAPSULE (ergocalciferol (vitamin d2))</i>	T3	
<i>DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa)</i>	T3	
<i>DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s)</i>	T3	
<i>elite-ob</i>	T1	
<i>ENBRACE HR (multivit no.41/iron cysteine glycinate/folate no.8/phosph-dha)</i>	T3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	
<i>FERAHEME (ferumoxytol)</i>	T2	PA; ST
<i>FLORIVA (FLUORIDE-VITAMIN D3) (sodium fluoride/cholecalciferol (vitamin d3))</i>	T3	
<i>fluoride (sodium) oral drops</i>	T0	AGE; PC
<i>fluoride (sodium) oral tablet, chewable</i>	T0	AGE; PC
<i>fluoritab oral tablet, chewable</i>	T0	AGE; PC
<i>FLURA-DROPS (fluoride (sodium))</i>	T3	
<i>FOLET ONE (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)</i>	T3	
<i>folic acid injection</i>	T1	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T0	AGE; PC
<i>folivane-ob</i>	T1	
<i>foltabs 800</i>	T0	AGE; PC
<i>full spectrum b-vitamin c</i>	T0	AGE; PC

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxocobalamin</i>	T1	
INFED (<i>iron dextran complex</i>)	T2	PA; ST
INJECTAFER (<i>ferric carboxymaltose</i>)	T3	PA; ST
<i>kobee</i>	T0	AGE; PC
KOSHER PRENATAL PLUS IRON (<i>prenatal vitamins no.108/iron,carbonyl/folic acid</i>)	T3	
<i>kpn oral tablet</i>	T0	AGE; PC
<i>ludent fluoride</i>	T0	AGE; PC
MARNATAL-F (<i>prenatal vits with calcium no.65/iron polysacchar/folic acid</i>)	T3	
<i>m-natal plus</i>	T1	
MONOFERRIC (<i>ferric derisomaltose</i>)	T3	PA; ST
<i>multi-vitamin with fluoride</i>	T0	AGE; PC
<i>multivitamins with fluoride</i>	T0	AGE; PC
<i>mvc-fluoride</i>	T0	AGE; PC
<i>mynatal</i>	T1	
<i>mynatal advance</i>	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NASCOBAL (<i>cyanocobalamin (vitamin b-12)</i>)	T2	
NATACHEW (FE BIS-GLYCINATE) (<i>prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid</i>)	T3	
<i>natural b-100 complex</i>	T0	AGE; PC
NEEVODHA (WITH ALGAL OIL) (<i>multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin</i>)	T3	
NESTABS (<i>prenatal vitamin no.86/iron bis-glycinate/folic acid</i>)	T3	
NESTABS ABC (<i>prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa</i>)	T3	
NESTABS DHA (<i>prenatal vits with calcium no.87/iron bisgly/folic acid/dha</i>)	T3	
NESTABS ONE (<i>multivit 42/iron carbonyl,b-gche/methyltetrahydrofolate/dha</i>)	T3	
<i>newgen</i>	T1	
OB COMPLETE ONE (<i>prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil</i>)	T3	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE ORAL TABLET (<i>multivitamin with minerals no.69/iron,carbonyl/folic acid</i>)	T3	
OB COMPLETE PETITE (<i>prenatal no56/iron carbonyl,asp asparto glycinate/folic acid/dha</i>)	T3	
OB COMPLETE PREMIER (<i>prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid</i>)	T3	
OB COMPLETE WITH DHA (<i>prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3</i>)	T3	
<i>obstetrix dha</i>	T1	
OBSTETRIX EC (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	T3	
OBSTETRIX ONE (<i>multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha</i>)	T3	
OBTREX DHA (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	T3	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	T0	AGE; PC
<i>perry prenatal</i>	T0	AGE; PC
<i>pnv 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha + docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>pr natal 400</i>	T1	
<i>pr natal 400 ec</i>	T1	
<i>pr natal 430</i>	T1	
<i>pr natal 430 ec</i>	T1	
PREGENNA (<i>prenatal vitamins no.163/iron bis-glycinate/folate no.10</i>)	T3	PA; ST
<i>prena1 chew</i>	T1	
<i>prena1 pearl</i>	T1	
<i>prena1 true</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance plus</i>	T1	
PRENATA (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	T3	
<i>prenatabs fa</i>	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatabs rx</i>	T1	
<i>prenatal complete</i>	T0	AGE; PC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	T0	AGE; PC
<i>prenatal multi-dha (algal oil)</i>	T0	AGE; PC
<i>prenatal one daily</i>	T0	AGE; PC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	T0	AGE; PC
<i>prenatal plus</i>	T1	
<i>prenatal plus (calcium carb)</i>	T1	
PRENATAL PLUS DHA ORAL COMBO PACK (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	T3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	T0	AGE; PC
<i>prenatal vitamin plus low iron</i>	T1	
<i>prenatal vitamin with minerals</i>	T0	AGE; PC
<i>prenatal vits96-iron fum-folic</i>	T0	AGE; PC
<i>prenatal-u</i>	T1	
PRENATE AM (<i>multivit no.38/methyltetrahydfolate glucos,folic acid/ginger</i>)	T3	
PRENATE CHEWABLE (<i>multivitamin no.36/methyltetrahydrofolate gluc,folic acid</i>)	T3	
PRENATE DHA (FERR ASP GLYCIN) (<i>prenatal vitamins no.78/iron asparto glycine/folate no.1/dha</i>)	T3	
PRENATE ELITE (IRON ASP GLYC) (<i>prenatal vits no.114/ferrous asparto glycinate/folate no.1</i>)	T3	
PRENATE ENHANCE (<i>prenatal vitamins no.68/iron fumarate/folate no.6/dha</i>)	T3	
PRENATE ESSENTIAL(IRON-ASP-GL) (<i>multivitamin no.40/iron asparto glycinate/folate no.1/dha</i>)	T3	
PRENATE MINI (FERR ASP GLYCIN) (<i>prenatal vits no.87/iron carb-asp.glycinate/folate no.1/dha</i>)	T3	
PRENATE PIXIE (<i>prenatal vitamins no.85/iron asparto glycine/folate no.1/dha</i>)	T3	
PRENATE RESTORE (<i>prenatal vitamins no.69/iron fumarate/folate comb no.6/dha</i>)	T3	
PRENATE STAR (<i>prenatal vitamins no.77/ferrous asparto glycinate/folic acid</i>)	T3	
<i>preplus</i>	T1	
<i>pretab</i>	T1	

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 Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIMACARE (<i>prenatal vits no.118/iron asparto glycinate/folate no.6/dha</i>)	T3	
PROVIDA OB (<i>prenatal vits no.65/iron fumarate,polysac complex/folic acid</i>)	T3	
PUREFE OB PLUS (<i>multivit-mins no.73/iron fumarate,polysacc comp/folic acid</i>)	T3	
<i>rena-vite</i>	T0	AGE; PC
R-NATAL OB (<i>prenatal vitamins no.66/iron,carbonyl/folic acid/dha</i>)	T3	
SELECT-OB (<i>prenatal vitamin no.13/iron polysaccharides/folate comb no.1</i>)	T3	
SELECT-OB (FOLIC ACID) (<i>prenatal vit no.128/iron polysaccharide complex/folic acid</i>)	T3	
SELECT-OB + DHA (<i>prenatal vitamins no.33/iron polysach complex/folic acid/dha</i>)	T3	
<i>se-natal 19 chewable</i>	T1	
<i>se-natal-19</i>	T1	
<i>stress formula</i>	T0	AGE; PC
<i>stress formula with iron</i>	T0	AGE; PC
<i>stress formula with iron(sulf)</i>	T0	AGE; PC
<i>super b complex-vitamin c</i>	T0	AGE; PC
<i>super b maxi complex</i>	T0	AGE; PC
<i>super quints</i>	T0	AGE; PC
<i>super quints b-50</i>	T0	AGE; PC
<i>taron-c dha</i>	T1	
<i>taron-prex prenatal-dha</i>	T1	
THRIVITE RX (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	T3	
TRICARE (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	T3	
TRIFERIC (<i>ferric pyrophosphate citrate</i>)	T3	
<i>trinatal rx 1</i>	T1	
<i>trinate</i>	T1	
TRINAZ (<i>prenatal vitamins no.162/ferrous gluconate/folic acid</i>)	T3	PA; ST
TRISTART DHA (<i>prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha</i>)	T3	
<i>triveen-duo dha</i>	T1	

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 Updated 01/01/2021

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<i>tri-vitamin with fluoride</i>	T0	AGE; PC
VENOFER (<i>iron sucrose complex</i>)	T2	PA; ST
VINATE DHA RF (<i>multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin</i>)	T3	
<i>virt-c dha</i>	T1	
<i>virt-nate dha</i>	T1	
<i>virt-pn dha</i>	T1	
<i>virt-pn plus</i>	T1	
VITAFOL FE PLUS (<i>prenatal vits no.102/iron polysacch/folate no.1/dha</i>)	T3	
VITAFOL FE+ (WITH DOCUSATE) (<i>prenatal vits no.102/iron polysacch/folate no.1/docusate/dha</i>)	T3	
VITAFOL GUMMIES (<i>prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa</i>)	T3	
VITAFOL NANO (<i>prenatal vitamins no.75/ferrous fumarate/folate comb. no.1</i>)	T3	
VITAFOL ULTRA (<i>prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha</i>)	T3	
VITAFOL-OB (<i>prenatal vits with calcium no.10/ferrous fumarate/folic acid</i>)	T3	
VITAFOL-OB+DHA (<i>prenatal vits with calcium no.10/ferrous fum/folic acid/dha</i>)	T3	
VITAFOL-ONE (<i>prenatal vits no.26/iron polysaccharide cplex/folic acid/dha</i>)	T3	
VITAMED MD ONE RX (<i>prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha</i>)	T3	
VITAMEDMD REDICHEW RX (<i>prenatal vitamins combination no.42/folic acid</i>)	T3	
<i>vitamin b complex oral tablet</i>	T0	AGE; PC
<i>vitamin b complex-folic acid oral tablet</i>	T0	AGE; PC
<i>vitamins a,c,d and fluoride</i>	T0	AGE; PC
VITAPEARL (<i>prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha</i>)	T3	
VITATRUE (<i>prenatal vits no.105/iron amino acid chelate/folic acid/dha</i>)	T3	
<i>vp-ch-pnv</i>	T1	
VP-PNV-DHA (<i>prenatal vitamins no.52/ferrous fumarate/folic acid/dha</i>)	T3	

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Updated 01/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zatean-pn dha</i>	T1	
<i>zatean-pn plus</i>	T1	
<i>zingiber</i>	T1	

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Updated 01/01/2021

Index

A

abacavir 18
abacavir-lamivudine 18
abacavir-lamivudine-zidovudine 18
ABILIFY 44
ABILIFY MAINTENA 44
ABILIFY MYCITE 44
abiraterone 23
ABSORICA 68
ABSORICA LD 68
acamprosate 79
ACANYA 68
acarbose 98
ACCOLATE 140
ACCU-CHEK AVIVA PLUS TEST STRP 85
ACCU-CHEK GUIDE TEST STRIPS 85
ACCU-CHEK SMARTVIEW TEST STRIP 85
ACCUPRIL 53
ACCURETIC 53
ACCUTREND GLUCOSE TEST STRIPS 85
ACE AEROSOL CLOUD ENHANCER 92
acebutolol 54
acetaminophen-caff-dihydrocod 36
acetaminophen-codeine 36
acetazolamide 135
acetic acid 79, 83
acetylcysteine 140
ACIPHEX 109
ACIPHEX SPRINKLE 109
acitretin 65
ACTEMRA 118
ACTEMRA ACTPEN 118
ACTHAR 84
ACTHIB (PF) 114
ACTICLATE 15
ACTIGALL 103
ACTIMMUNE 114
ACTIQ 37
ACTIVELLA 120
ACTONEL 118

ACTOPLUS MET 98
ACTOS 98
ACULAR 134
ACULAR LS 135
ACUVAIL (PF) 135
acyclovir 18, 74
ACZONE 68
ADACEL(TDAP ADOLESN/ADULT)(PF) 114
ADALAT CC 54
adapalene 68
ADAPALENE 68
adapalene-benzoyl peroxide 68
ADASUVE 44
ADCIRCA 140
Adderall 44
ADDERALL XR 44
ADDYI 44
adefovir 18
ADEMPAS 140
ADHANSIA XR 44
Adipex-P 78
ADLYXIN 98
ADMELOG SOLOSTAR U-100 INSULIN 93
ADMELOG U-100 INSULIN LISPRO 93
ADRENALIN 140
adult aspirin regimen 40
ADVAIR DISKUS 140
ADVAIR HFA 140
ADVANCED GLUC METER TEST STRIP 85
ADVOCATE REDI-CODE 85
ADVOCATE TEST STRIPS 85
ADZENYS ER 44
ADZENYS XR-ODT 44
AEMCOLO 12
AEROCHAMBER MINI 92
AEROCHAMBER PLUS FLOW-VU 92
AEROCHAMBER PLUS Z STAT 92
AEROTRACH PLUS 92
AEROVENT PLUS 92
AFINITOR 23
AFINITOR DISPERZ 23

Afirmelle 124
AFLURIA QD 2020-21(3YR UP)(PF) 114
AFLURIA QD 2020-21(6-35MO)(PF) 115
AFLURIA QUAD 2020-2021(6MO UP) 115
AFREZZA 93
AFTERA 124
AGAMATRIX AMP TEST STRIPS 85
AGRYLIN 79
AIMOVIG AUTOINJECTOR 33
AIRDUO DIGIHALER 141
AIRDUO RESPICLICK 141
AJOVY AUTOINJECTOR 33
AJOVY SYRINGE 33
AKLIEF 68
Ak-Poly-Bac 130
AKTEN (PF) 133
AKYNZEO (NETUPITANT) 103
Ala-Scalp 74
albendazole 12
ALBENZA 12
albuterol sulfate 141
Alcaine 133
alclometasone 74
ALCORTIN A 72
ALDACTAZIDE 54
ALDACTONE 54
ALDARA 114
ALECENSA 23
alendronate 118
ALFERON N 114
alfuzosin 146
ALINIA 12
aliskiren 54
ALKERAN 23
allopurinol 117
Allzital 37
almotriptan malate 33
ALOCRIL 133
ALOGLIPTIN 98
ALOGLIPTIN-METFORMIN 98

ALOGLIPTIN-PIOGLITAZONE.....	98
ALOMIDE	133
alophen (bisacodyl).....	103
ALORA.....	120
alosetron.....	103
ALPHAGAN P.....	138
alprazolam.....	44
alprazolam intensol.....	44
ALREX	137
ALTABAX.....	72
altacaine	133
ALTACE.....	54
ALTAFLUOR BENOX	133
Altavera (28).....	124
ALTOPREV.....	62
ALTRENO	68
ALUNBRIG	23
ALVESCO	141
Alyacen 1/35 (28)	124
Alyacen 7/7/7 (28)	124
Alyq	141
Amabelz	120
amantadine hc1.....	18
AMARYL	98
AMBIEN	44
AMBIEN CR.....	44
ambrisentan	141
amcinonide	74
AMELUZ.....	67
AMERGE.....	33
Amethia.....	124
Amethia Lo.....	124
Amethyst (28).....	124
AMICAR.....	60
amiloride	54
amiloride-hydrochlorothiazide	54
aminocaproic acid	60
amiodarone	53
AMITIZA.....	103
amitriptyline	44
amitriptyline-chlordiazepoxide	44
.....	54
amlodipine.....	54
amlodipine-atorvastatin	62
amlodipine-benazepril.....	54
amlodipine-olmesartan.....	54
amlodipine-valsartan.....	54
amlodipine-valsartan-hcthiazid	54
.....	54
Amnesteem.....	68
amoxapine	45
amoxicil-clarithromy-lansopraz	109
.....	14
amoxicillin.....	15
AMPHETAMINE	45
amphetamine sulfate	45
ampicillin.....	15
AMPYRA.....	34
AMRIX	35
AMZEEQ	68
ANADROL-50.....	95
ANAFRANIL	45
anagrelide	79
ANA-LEX KIT	103
Analpram-Hc	103
ANALPRAM-HC	65, 103
ANALPRAM-HC SINGLES	103
ANAPROX DS.....	40
anaspaz.....	101
anastrozole	23
ANCOBON	17
ANDRODERM.....	95
ANDROGEL	95
Android	95
ANGELIQ	120
ANNOVERA.....	123
ANORO ELLIPTA	141
ANTARA	62
anucort-hc	103
Anusol-Hc	103
ANUSOL-HC	103
APADAZ.....	37
apexicon e	74
APIDRA SOLOSTAR U-100 INSULIN	93
APIDRA U-100 INSULIN	93
APLENZIN.....	45
APOKYN	31
apraclonidine	138
aprepitant	103
Apri.....	124
APRISO.....	103
APTENSIO XR.....	45
APTIOM	28
APTIVUS	18
APTIVUS (WITH VITAMIN E)	18
aqua care sodium chloride	79
aqua care sterile water	79
ARAKODA	12
Aranelle (28)	124
ARANESP (IN POLYSORBATE).....	111
ARAVA	118
ARAZLO	68
ARCALYST	114
ARCAPTA NEOHALER	141
ARESTIN	82
ARICEPT	34
ARIKAYCE	12
ARIMIDEX	23
ariprazole	45
ARISTADA	45
ARISTADA INITIO.....	45
ARIXTRA	60
armodafinil	45
ARMONAIR DIGIHALER	141
ARMOUR THYROID.....	101
ARNUITY ELLIPTA.....	141
AROMASIN	23
ARTHROTEC 50.....	40
ARTHROTEC 75.....	40
ARYMO ER	37
ASACOL HD.....	103
Ascomp With Codeine.....	37
Ashlyna	124
ASMANEX HFA	141
ASMANEX TWISTHALER	141
aspirin.....	40
aspirin low dose	40
aspirin-dipyridamole	60
ASPIRIN-OMEPRAZOLE	60
aspir-trin	40
ASSURE 4 STRIPS	85
ASSURE PLATINUM TEST STRIP	85
ASSURE PRISM MULTI STRIP	85
ASTAGRAF XL	23
ATACAND	54
ATACAND HCT	54
atazanavir	19
ATELVIA	118
atenolol	54
atenolol-chlorthalidone	54
ATIVAN	45
atomoxetine	45
atorvastatin	62

atovaquone	12
atovaquone-proguanil.....	12
ATRALIN	68
ATRIPLA.....	19
atropine	132
ATROPINE.....	132
ATROVENT HFA.....	141
AUBAGIO	112
Aubra	124
Aubra Eq	124
AUGMENTIN	15
AUGMENTIN XR.....	15
Aurovela 1.5/30 (21)	124
Aurovela 1/20 (21).....	124
Aurovela 24 Fe	124
Aurovela Fe 1.5/30 (28)	124
Aurovela Fe 1-20 (28)	124
AURYXIA	103
AUSTEDO	34
AUVI-Q	138
AVALIDE.....	54
AVANDIA	98
AVAPRO.....	54
avar	68
AVAR.....	68
AVAR LS.....	68
AVAR-E GREEN	68
AVAR-E LS	68
Aviane.....	124
Avidoxy	15
AVIDOXY DK.....	15
avita	68
AVITA.....	68
AVODART	146
AVONEX.....	112
Aygestin	121
Ayuna.....	124
AYVAKIT.....	23
AZASAN	23
AZASITE	130
azathioprine	23
azelaic acid	68
azelastine	82, 133
azelastine-fluticasone	141
AZELEX	69
AZILECT	31
azithromycin.....	11
AZOPT.....	135
AZOR	54
AZULFIDINE	103
AZULFIDINE EN-TABS.....	103
Azurette (28).....	124
B	
b complex 1 (with folic acid)	149
b complex-vitamin b12	149
b complex-vitamin c-folic acid	149
Baciguent.....	130
bacitracin	130
bacitracin-polymyxin b	131
baclofen.....	35
BACTRIM	15
BACTRIM DS	15
BAFIERTAM	112
balanced b-100	149
balanced b-100 complex	149
balanced b-50.....	149
bal-care dha	149
BAL-CARE DHA ESSENTIAL	149
BALCOLTRA	124
balsalazide	103
BALVERSA	23
Balziva (28)	124
BANZEL	28
BAQSIMI	92
BARACLUDE	19
BASAGLAR KWIKPEN U-100 INSULIN	93
BAXDELA	15
bayer aspirin	40
b-complex with vitamin c	149
BECONASE AQ.....	141
Bekyree (28)	124
BELBUCA	37
belladonna alkaloids-opium	101
BELSOMRA	45
benazepril	54
benazepril-hydrochlorothiazide	54
BENICAR	54
BENICAR HCT	54
BENLYSTA	119
BENZACLIN	69
BENZACLIN PUMP	69
BENZAMYCIN	69
benzepro	69
BENZEPRO (MICROSFERES)	69
BENZHYDROCODONE-ACETAMINOPHEN.....	37
BENZNIDAZOLE	12
benzonatate	139
benzoyl peroxide	69
benzphetamine	78
benztropine	31
BEOVU	133
BEPREVE	133
Beser	75
BESIVANCE	131
BETADINE OPHTHALMIC PREP	131
betamethasone dipropionate...	75
betamethasone valerate.....	75
betamethasone, augmented	75
BETAPACE	53
BETAPACE AF.....	53
BETASERON.....	112
betaxolol.....	54, 132
bethanechol chloride.....	147
BETHKIS	12
BETIMOL	132
BETOPTIC S.....	132
BEVACIZUMAB	133
BEVESPI AEROSPHERE.....	141
bexarotene	23
BEXSERO	115
BEYAZ	124
bicalutamide.....	23
BIDIL.....	54
BIJUVA.....	121
BIKTARVY	19
BILTRICIDE	12
bimatoprost	135
BINOSTO.....	118
BIONIME RIGHTEST TEST STRIPS.....	85
bisacodyl.....	103
bisa-lax (bisacodyl)	103
bisoprolol fumarate	54
bisoprolol-hydrochlorothiazide	54
Bleph-10	138
BLEPHAMIDE	137
Blephamide S.O.P.....	138
Blisovi 24 Fe	124
Blisovi Fe 1.5/30 (28).....	125
Blisovi Fe 1/20 (28).....	125
BLOOD GLUCOSE TEST	85

BONIVA.....	118
BONJESTA.....	103
BOOSTRIX TDAP	115
bosentan	141
BOSULIF	23
bp 10-1	69
BRAFTOVI.....	24
BREATHERITE MDI SPACER	92
BREO ELLIPTA	141
BREZTRI AEROSPHERE...141	
Briellyn	125
BRILINTA	60
brimonidine	138
BRIMONIDINE- DORZOLAMIDE (PF)....135	
BRISDELLE	45
BRIVIACT.....	28
Bromfed Dm.....	139
bromfenac.....	135
bromocriptine	31
brompheniramine-pseudoeph- dm	139
BROMBSITE.....	135
BROVANA.....	141
BRUKINSA	24
BRYHALI.....	75
budesonide.....	104, 142
BUDESONIDE- FORMOTEROL	142
bumetanide	54
BUNAVAIL.....	40
Bupap.....	37
BUPHENYL.....	79
buprenorphine	37
buprenorphine hcl.....	37
buprenorphine-na loxone...40, 41	
bupropion hcl.....	45
BUPROPION HCL.....	45
bupropion hcl (smoking deter)	81
buspirone.....	45
Butalbital Compound W/Code ine	37
butalbital-acetaminop-caf-cod	37
butalbital-acetaminophen.....	37
butalbital-acetaminophen-caff	37
butalbital-aspirin-caffeine.....	37
butorphanol.....	41
BUTRANS	37
BYDUREON.....	98
BYDUREON BCISE	98
BYETTA	98
BYNFEZIA	24
BYSTOLIC.....	54
C	
cabergoline	95
CABLIVI.....	60
CABOMETYX	24
CADUET.....	62
Cafergot.....	33
caffeine citrate	79
CALAN SR	54
calcipotriene.....	65
CALCIPOTRIENE.....	65
calcipotriene-betamethasone ..	65
calcitonin (salmon)	95
calcitriol.....	65, 95
calcium acetate(phosphat bind)	104
CALQUENCE	24
CAMBIA.....	41
Camila	121
camrese.....	125
camrese lo.....	125
CANASA	104
candesartan.....	54
candesartan-hydrochlorothiazid	54
CANTHARIDIN IN ACETONE	67
CAPCOF	139
capecitabine	24
CAPEX.....	75
CAPLYTA.....	45
CAPRELSA.....	24
captopril.....	54
captopril-hydrochlorothia zide	55
CARAC	67
CARAFATE	109
CARBAGLU	79
carbamazepine	28
CARBATROL	28
carbidopa	31
carbidopa-levodopa	31
carbidopa-levodopa-entacapone	32
carbinoxamine maleate	138
CARDIZEM	55
CARDIZEM CD	55
CARDIZEM LA	55
CARDURA.....	55
CARDURA XL.....	55
CARESENS N TEST STRIPS	85
CARETOUCH TEST STRIP .	86
carisoprodol.....	35
carisoprodol-aspirin.....	35
carisoprodol-aspirin-codeine..	35
CARNITOR.....	79
CARNITOR (SUGAR-FREE)79	
CAROSPIR.....	55
carteolol.....	132
Cartia Xt	55
carvedilol.....	55
carvedilol phosphate	55
CASODEX	24
CATAPRES.....	55
CATAPRES-TTS-1.....	55
CATAPRES-TTS-2.....	55
CATAPRES-TTS-3.....	55
CAVERJECT.....	147
CAVERJECT IMPULSE.....	147
CAYA CONTOURED.....	120
CAYSTON	12
Caziant (28)	125
cefaclor.....	4, 11
cefadroxil.....	11
cefdinir	11
cefditoren pivoxil	11
cefixime	11
cefpodoxime	11
cefprozil.....	11
cefuroxime axetil.....	11
CELEBREX.....	41
celecoxib.....	41
CELEXA	45
CELLCEPT	24
CELONTIN	28
CENTANY	72
CENTANY AT.....	72
cephalexin.....	11
CEQUA.....	133
CERDELGA	95
CERVIDIL	123
cevimeline	79
CHANTIX	81
CHANTIX CONTINUING MONTH BOX.....	81
CHANTIX STARTING MONTH BOX.....	81

Charlotte 24 Fe	125
Chateal (28).....	125
Chateal Eq (28).....	125
CHEMET	79
Chenodal	104
children's aspirin	41
chlordiazepoxide hcl	45
chlordiazepoxide-clidinium ..	102
chlorhexidine glucconate	82
chloroquine phosphate.....	12, 13
chlorpromazine	45
chlorthalidone	55
chlorzoazole.....	36
CHOLBAM.....	104
cholestyramine (with sugar)....	62
Cholestyramine Light.....	62
choline,magnesium salicylate .	41
CIALIS.....	146, 147
Ciclodan	73
CICLODAN KIT.....	73
ciclopirox	73
ciclopirox-ure-camph-menth-euc	73
cilostazol	60
CILOXAN.....	131
CIMDUO	19
cimetidine.....	109
cimetidine hcl	109
CIMZIA	104
CIMZIA POWDER FOR RECONST	104
cinacalcet.....	95
Cipro	15
CIPRO.....	15
CIPRO HC	83
CIPRODEX.....	83
ciprofloxacin.....	15
ciprofloxacin hcl.....	15, 83, 131
ciprofloxacin-de xamethasone .	83
CIPROFLOXACIN- FLUOCINOLONE.....	83
citalopram.....	45
CITRANATAL (DUAL-IRON)	149
CITRANATAL 90 DHA (ALGAL OIL)	149
CITRANATAL ASSURE ...	149
CITRANATAL B-CALM (FE GLUC)	149
CITRANATAL BLOOM	149
CITRANATAL DHA (ALGAL OIL).....	149
CITRANATAL HARMONY (IRON FUM)	149
citrate of magnesia	104
citroma	104
Claravis	69
CLARINEX.....	138
CLARINEX-D 12 HOUR.....	139
clarithromycin.....	11
classic prenatal.....	150
clearlax	104
clemastine	138
CLENPIQ.....	104
CLEOCIN.....	123
CLEOCIN HCL	13
Cleocin Pediatric	13
CLEOCIN T	69
CLEVER CHOICE MICRO TEST STRIP	86
CLEVER CHOICE PRO	86
CLEVER CHOICE TALK TEST	86
CLEVER CHOICE TEST STRIPS.....	86
CLEVER CHOICE VOICE+ TEST	86
CLIMARA.....	121
CLIMARA PRO	121
CLINDACIN ETZ	69
Clindacin P	69
CLINDACIN PAC	69
CLINDAGEL	69
clindamycin hcl.....	13
Clindamycin Pediatric	13
clindamycin phosphate ...	69, 123
CLINDAMYCIN PHOSPHATE	69
clindamycin-benzoyl peroxide	69
clindamycin-tretinoin	69
CLINDESSE.....	123
CLINPRO 5000	82
clobazam.....	28
clobetasol.....	75
clobetasol-emollient	75
CLOBEX.....	75
CLOCORTOLONE PIVALATE	75
Clodan	75
CLODAN KIT	75
CLODERM.....	75
clomipramine	45
clonazepam	28
clonidine	55
clonidine hcl	45, 55
clopidogrel.....	60
clorazepate dipotassium.....	45
clotrimazole	17
clotrimazole-beta methasone...	73
Clovique	79
clozapine.....	45
CLOZARIL	45
c-nate dha	150
COARTEM.....	13
COCAINE	72
codeine sulfate	37
codeine-butalbital-asa-caff....	37
codeine-guaifenesin.....	139
CODITUSSIN AC	139
CODITUSSIN DAC.....	139
COLAZAL	104
COLCHICINE	117
COLCRYS.....	117
colesevelam	62
COLESTID	62
COLESTID FLAVORED	62
colestipol	62
COMBIGAN	135
COMBIPATCH	121
COMBIVENT RESPIMAT ..	142
COMBIVIR	19
COMETRIQ	24
COMPACT SPACE CHAMBER.....	92
Compazine	104
COMPLERA	19
complete natal dha.....	150
complex b-100	150
Compro.....	104
COMTAN.....	32
CONCEPT DHA.....	150
CONCEPT OB.....	150
CONCERTA.....	45
CONDYLOX.....	67
CONSENSI.....	55
Constulose	104
CONTOUR NEXT TEST STRIPS.....	86
CONTOUR TEST STRIPS....	86
CONTRAVE	78

CONZIP	41
COOL GLUCOSE TEST STRIP	86
COPAXONE	112, 113
COPIKTRA	24
CORDRAN	75
CORDRAN TAPE LARGE ROLL	75
COREG	55
COREG CR	55
Coremino	15
CORGARD	55
CORLANOR	64
CORTANE-B	67
CORTEF	84
CORTENEMA	104
CORTIFOAM	104
cortisone	84
CORTISPORIN	72
CORTISPORIN-TC	83
COSENTYX	65
COSENTYX (2 SYRINGES)	65
COSENTYX PEN	65
COSENTYX PEN (2 PENS)	65
COSOPT	135
COSOPT (PF)	135
COTELLIC	24
COTEMPLA XR-ODT	45
covaryx	121
covaryx h.s.	121
COZAAR	55
CREON	104
CRESEMBIA	17
CRESTOR	62
CRINONE	121
CRIXIVAN	19
cromolyn	104, 133, 142
Crotan	78
Cryselle (28)	125
CUPRIMINE	119
CUROSURF	142
CUTIVATE	75
CUVPOSA	102
cyanocobalamin (vitamin b-12)	150
Cyclafem 1/35 (28)	125
Cyclafem 7/7/7 (28)	125
cyclobenzaprine	36
Cyclogy1	132
CYCLOMYDRIL	138
cyclopentolate	132
CYCOPEN-TROPIC-PHEN-KETR-WAT	132
cyclophosphamide	24
CYCLOC-TROP-PROPA-PHEN-KET-WAT	132
CYCLOSERINE	13
CYCLOSET	98
cyclosporine	24
CYCLOSPORINE IN KLARITY	133
cyclosporine modified	24
CYMBALTA	46
cyproheptadine	138
Cyred	125
Cyred Eq	125
CYSTADANE	104
CYSTADROPS	133
CYSTAGON	147
CYSTARAN	133
CYTOMEL	101
CYTOTEC	109
D	
D.H.E.45	33
dalfampridine	34
DALIRESP	142
danazol	95
DANTRIUM	36
dantrolene	36
dapsone	13, 69
DAPSONE	69
DAPTACEL (DTAP PEDIATRIC) (PF)	115
DARAPRIM	13
darifenacin	146
Dasetta 1/35 (28)	125
Dasetta 7/7/7 (28)	125
DAURISMO	24
DAYPRO	41
Daysee	125
DAYTRANA	46
DAYVIGO	46
DDAVP	95
Deblitane	121
Decadron	84
deferasirox	79
deferiprone	79
DELESTROGEN	121
DELSTRIGO	19
DELZICOL	104
demeclocycline	15
DEMSER	55
DENAVIR	74
denta 5000 plus	82
dentage1	82
DEPAKOTE	29
DEPAKOTE ER	29
DEPAKOTE SPRINKLES	29
DEPEN TITRATABS	119
Depo-Estradiol	121
Depo-Testosterone	96
DERMA-SMOOTH/EFS BODY OIL	75
DERMA-SMOOTH/EFS SCALP OIL	75
DERMOTIC OIL	83
DESCOVY	19
desipramine	46
desloratadine	138
desmopressin	96
desog-e.estradiole.estradiole..125	125
DESONATE	75
desonide	76
Desowen	76
desoximetasone	76
DESOXYN	46
DESVENLAFAKINE	46
desvenlafaxine succinate	46
DETROL	146
DETROL LA	146
Dexabliss	84
dexamethasone	84
dexamethasone intensol	84
dexamethasone sodium phosphate	137
DEXAMETH-	
MOXIFLOX(PF)-NACL,ISO	136
DEXAMET-MOXIFL-	
KETORO-NACL(PF)	133
dexchlorpheniramine maleate	138
DEXEDRINE SPANSULE	46
DEXILANT	109
dexmethylphenidate	46
DEXTENZA	137
dextroamphetamine	46

eemt	121
eemt hs	121
efavirenz.....	19
efavirenz-emtricitabin-tenofovir	19
efavirenz-lamivu-tenofovir disop	19
effer-k	148
EFFER-K	148
EFFEXOR XR	46
EFFIENT.....	60
EFUDEX.....	67
EGRIFTA SV	112
ELEMENT COMPACT TEST STRIPS.....	87
ELEMENT TEST STRIPS	87
ELESTRIN	121
eletriptan	33
ELIDEL.....	67
Elimite.....	78
Elinest	125
ELIQUIS	60
ELIQUIS DVT-PE TREAT 30D START	60
elite-ob	150
Elixophyllin.....	142
ELLA	125
ELMIRON.....	147
Eluryng.....	123
EMBRACE BLOOD GLUCOSE SYSTEM.....	87
EMBRACE EVO TEST STRIPS.....	87
EMBRACE PRO TEST STRIPS	87
EMBRACE TALK TEST STRIPS.....	87
EMCYT	24
EMEND	104
EMFLAZA	84
EMGALITY PEN	33
EMGALITY SYRINGE	33
Emquette	125
EMSAM.....	46
emtricitabine	19
emtricitabine-tenofovir (tdf) ...	19
EMTRIVA.....	19
EMVERM	13
enalapril maleate.....	56
enalapril-hydrochlorothiazide .	56
ENBRACE HR	150
ENBREL	119
ENBREL MINI.....	119
ENBREL SURECLICK.....	119
ENDARI.....	79
Endocet.....	37
ENGERIX-B (PF)	115
ENGERIX-B PEDIATRIC (PF)	115
enoxaparin	60
Enpresse	125
Enskyce	125
ENSPRYNG	24
ENSTILAR	65
entacapone	32
entecavir	19
ENTEREG	104
ENTOCORT EC	104
ENTRESTO	64
Enulose	105
ENVARSUS XR	24
ENZOCLEAR	69
EPANED	56
EPCLUSA	19
EPIDIOLEX	29
EPIDUO	69
EPIDUO FORTE	69
EPIFOAM	65
epinastine	133
epinephrine	138
EPINEPHRINE	138
epinephrine hcl.....	142
EPIPEN 2-PAK.....	139
EPIPEN JR 2-PAK.....	139
EPISIL.....	82
Epitol.....	29
EPIVIR	19
EPIVIR HBV	19
eplerenone	56
EPOGEN	111
eprosartan	56
EPZICOM	19
EQUETRO	29
ergocalciferol (vitamin d2) ...	150
ergoloid	47
ERGOMAR	33
ergotamine-caffeine.....	33
ERIVEDGE	24
ERLEADA	24
erlotinib	24
Errin	121
ERTACZO.....	73
ery pads	70
Eryge1.....	70
ERYPED 200.....	11
ERYPED 400.....	11
Ery-Tab	12
Erythrocin (As Stearate).....	12
erythromycin.....	12, 131
erythromycin ethylsuccinate ..	12
erythromycin with ethanol.....	70
erythromycin-benzoyl peroxide ..	70
ESBRIET	142
escitalopram oxalate	47
Esgic.....	37
ESKATA	67
esomeprazole magnesium	109
ESOMEPRAZOLE STRONTIUM	109
Estarylla.....	125
estazolam.....	47
Estrace.....	121
estradiol	121
estradiol valerate	121
estradiol-norethindrone acet..	121
ESTRING	121
ESTROGEL	121
estrogens-methyltestosterone	121
ESTROSTEP FE-28	125
eszopiclone	47
ethacrylic acid	56
ethambutol	13
ethosuximide	29
ethynodiol diac-eth estradiol.	125
etodolac	41
etonogestrel-ethinyl estradiol	123
etoposide	24
EUCRISA	67
EURAX	78
euthyrox.....	101
EVAMIST	121
Evekeo	47
EVEKEO ODT	47
EVENCARE G2	87
EVENCARE G3 TEST	87
EVENCARE MINI GLUCOSE TEST STR	87
EVENCARE PROVIEW TEST STRIP	87

EVENITY	118
everolimus (antineoplastic).....	24
everolimus (immunosuppressive)	24
EVISTA	118
EVOCLIN	70
EVOLUTION TEST STRIPS.	87
EVOTAZ.....	19
EVOXAC	79
EVRYSDI	35
EXELDERM	73
EXELON.....	35
exemestane	24
EXFORGE	56
EXFORGE HCT	56
EXJADE	79
EXTAVIA	113
EXTINA.....	73
EZ SMART PLUS TEST	87
EZ SMART TEST	87
EZALLOR SPRINKLE.....	62
ezetimibe	62
ezetimibe-simvastatin.....	62
F	
FABIOR.....	70
FACTIVE.....	15
Falmina (28)	125
famciclovir	19
famotidine	109, 110
FANAPT.....	47
FARESTON	24
FARXIGA	98
FARYDAK	24
FASENRA PEN.....	142
Fayosim.....	126
FC2 FEMALE CONDOM....	120
febuxostat	118
felbamate	29
FELBATOL	29
FELDENE	41
felodipine	56
fem ph	123
FEMARA	24
FEMCAP.....	120
FEMHRT LOW DOSE	121
FEMRING.....	122
Femynor	126
fenofibrate	62
FENOFIBRATE	62
fenofibrate micronized	62
fenofibrate nanocrystallized...	62
fenofibric acid.....	62
fenofibric acid (choline)	63
FENOGLIDE	63
fenoprofen	41
FENOPROFEN.....	41
FENORTHO.....	41
fentanyl.....	37
fentanyl citrate	37, 38
FENTORA.....	38
FERAHEME.....	150
FERRIPROX	80
FERRLECIT	80
FETZIMA	47
Fexmid	36
FIASP FLEXTOUCH U-100 INSULIN	93
FIASP PENFILL U-100 INSULIN	93
FIASP U-100 INSULIN	93
FIBRICOR.....	63
FIFTY50 TEST STRIP.....	87
FINACEA.....	70
finasteride	146
FINTEPLA	29
Fioricet	38
FIORICET WITH CODEINE	38
FIORINAL	38
FIORINAL-CODEINE #3.....	38
FIRAZYR.....	142
FIRDAPSE	35
FIRVANQ	17
Flac Otic Oil	83
FLAGYL	13
FLAREX	137
flavoxate	146
flecainide	53
Flector	41
FLEXICHAMBER.....	92
FLOLIPID	63
FLOMAX	146
FLORIVA (FLUORIDE- VITAMIN D3).....	150
FLOVENT DISKUS	142
FLOVENT HFA	142
FLUAD 2020-2021 (65 YR UP)(PF)	115
FLUAD QUAD 2020-21(65Y UP)(PF)	115
FLUARIX QUAD 2020-2021	
(PF)	115
FLUBLOK QUAD 2020-2021	
(PF)	115
FLUCELVAX QUAD 2020- 2021.....	115
FLUCELVAX QUAD 2020- 2021 (PF)	115
fluconazole	18
flucytosine	18
fludrocortisone	84
FLULAVAL QUAD 2020-2021	
(PF)	115
FLUMADINE.....	20
FLUMIST QUAD 2020-2021	
.....	115
flunisolide	142
fluocinolone	76
fluocinolone acetonide oil.....	83
fluocinolone and shower cap..	76
fluocinonide	76
Fluocinonide-E.....	76
fluorescein-proparacaine.....	133
fluoride (sodium).....	82, 150
FLUORIDEX DAILY	
DEFENSE.....	82
FLUORIDEX SENSITIVITY	
RELIEF	82
fluoritab	150
fluorometholone	137
FLUOROPLEX	67
fluorouracil	67
FLUOROURACIL	67
fluoxetine	47
fluphenazine decanoate.....	47
fluphenazine hcl.....	47
FLURA-DROPS	150
flurandrenolide	76
flurazepam	47
flurbiprofen	41
flurbiprofen sodium.....	135
flutamide.....	24
fluticasone propionate ...	76, 142
FLUTICASONE PROPION- SALMETEROL	143
fluvastatin	63
fluvoxamine	47
FLUZONE HIGHDOSE QUAD 20-21 PF	115

FLUZONE QUAD 2020-2021	115
FLUZONE QUAD 2020-2021 (PF)	115
FML FORTE	137
FML LIQUIFILM	137
FML S.O.P.	137
FOCALIN	47
FOCALIN XR	47
FOLET ONE	150
folic acid	150
folivane-ob	150
foltabs 800	150
fondaparinux	60
FORA 6 CONNECT GLUCOSE STRIP	87
FORA D15G STRIPS	87
FORA D20	87
FORA D40-G31 TEST STRIPS	87
FORA G20	87
FORA G30-PREMIUM V10 TEST STRP	88
FORA GD50 TEST STRIPS	88
FORA GTEL GLUCOSE TEST STRIP	88
FORA TEST STRIP	88
FORA TN'G VOICE TEST STRIPS	88
FORA V10	88
FORA V10-V12-D10-D20 STRIPS	88
FORA V12 GLUCOSE	88
FORA V20	88
FORACARE GD20	88
FORACARE GD40 TEST STRIPS	88
FORFIVO XL	47
FORTAMET	98
FORTEO	118
FORTESTA	96
FORTISCARE GLUCOSE TEST STRIPS	88
FOSAMAX	118
FOSAMAX PLUS D	118
fosamprenavir	20
fosfomycin tromethamine	17
fosinopril	56
fosinopril-hydrochlorothiazide	56
FOSRENOL	105
FRAGMIN	60
FREESTYLE INSULINX	88
FREESTYLE INSULINX TEST STRIPS	88
FREESTYLE LITE STRIPS..	88
FREESTYLE PRECISION NEO STRIPS	88
FREESTYLE TEST	88
FROVA	33
frovatriptan	33
full spectrum b-vitamin c	150
FULPHILA	111
FURADANTIN	17
furosemide	56
FUZEON	20
Fyavolv	122
FYCOMPA	29
G	
g tuss in ac	139
gabapentin	29
GABITRIL	29
GALAFOLD	96
galantamine	35
GALZIN	148
GARDASIL 9 (PF)	115
GASTROCROM	105
gatifloxacin	131
GATTEX 30-VIAL	105
gavilax	105
gavilyte-c	105
Gavilyte-G	105
Gavilyte-N	105
GAVRETO	24
GE100 BLOOD GLUCOSE TEST STRIP	88
GELCLAIR	82
GELNIQUE	146
GELX	82
gemfibrozil	63
Gemmily	126
GENERESS FE	126
Generlac	105
Gengraf	24
GENOTROPIN	112
GENOTROPIN MINIQUICK	112
GENSTRIP TEST STRIP	88
Gentak	131
gentamicin	72, 131
gentle laxative (bisacodyl)	105
gentle lax	105
GENVOYA	20
GEODON	47
gianvi (28)	126
GILENYA	113
GILOTrif	25
glatiramer	113
Glatopa	113
GLEEVEC	25
GLEOLAN	80
GLEOSTINE	25
glimepiride	98
glipizide	98
glipizide-metformin	98
GLOPERBA	118
GLUCAGEN DIAGNOSTIC KIT	92
GLUCAGEN HYPOKIT	92
GLUCAGON (HCL) EMERGENCY KIT	92
GLUCAGON EMERGENCY KIT (HUMAN)	93
GLUCAGON HCL	92
GLUCO NAVII TEST STRIP	88
GLUCOCARD 01 SENSOR PLUS	88
GLUCOCARD EXPRESSION	89
GLUCOCARD SHINE TEST STRIPS	89
GLUCOCARD VITAL SENSOR	89
GLUCOCARD VITAL TEST STRIPS	89
GLUCOCOM GLUCOSE	89
GLUCOPHAGE	99
GLUCOPHAGE XR	99
GLUCOTROL	99
GLUCOTROL XL	99
GLUMETZA	99
glyburide	99
glyburide micronized	99
glyburide-metformin	99
GLYCATE	102
glycolax	105
glycopyrrolate	102
Glydo	72
GLYNASE	99
GLYXAMBI	99

GM100.....	89
GOCOVRI.....	32
GOJJI BLOOD GLUCOSE TEST STRIP	89
GOLYTELY	105
GONITRO.....	64
GOPRELTO	72
GRALISE.....	29
granisetron hcl.....	105
GRANIX.....	111
GRASTEK	115
griseofulvin microsize	18
griseofulvin ultramicrosize	18
guaiacutin ac	139
guanfacine	47, 56
guanidine	47
GVOKE HYPOPEN 2-PACK	93
GVOKE PFS 2-PACK SYRINGE.....	93
GYZNAZOLE-1	123
gynol ii.....	123
H	
HAEGARDA.....	143
Hailey.....	126
Hailey 24 Fe	126
Hailey Fe 1.5/30 (28)	126
Hailey Fe 1/20 (28)	126
halcimonide	76
HALCION.....	47
HALDOL DECANOATE	48
halobetasol propionate.....	76
HALOBETASOL PROPIONATE.....	76
HALOG.....	76
haloperidol.....	48
haloperidol decanoate.....	48
haloperidol lactate.....	48
HARMONY GLUCOSE TEST STRIP.....	89
HARVONI	20
HEALTHPRO TEST STRIPS	89
healthylax	105
Heather.....	122
HELIDAC	110
HEMANGEOL	56
hemmorex-hc	105
hep flush-10 (pf)	60
heparin (porcine)	61
HEPARIN (PORCINE) IN 0.9% NACL.....	60
heparin (porcine) in 5 % dex..	60
heparin (porcine) in nacl(pf) .	61
heparin flush(porcine)-0.9nacl	61
heparin lock flush.....	61
heparin lock flush (porcine) ...	61
heparin lockflush(porcine)(pf)	61
heparin(porcine) in 0.45% nacl	61
HEPARIN(PORCINE) IN 0.45% NACL	61
heparin, porcine (pf)	61
HEPARIN, PORCINE (PF)...	61
HEPLISAV-B (PF).....	115
HEPSERA	20
HETLIOZ	48
HIBERIX (PF).....	116
Hidex.....	84
HIPREX	17
HISTEX-AC	139
homatropaire	132
HORIZANT.....	35
HUMALOG JUNIOR KWIKPEN U-100	93
HUMALOG KWIKPEN INSULIN	93
HUMALOG MIX 50-50 INSULN U-100	93
HUMALOG MIX 50-50 KWIKPEN	93
HUMALOG MIX 75-25 KWIKPEN	93
HUMALOG MIX 75-25(U-100)INSULN	93
HUMALOG U-100 INSULIN	93
HUMATROPE.....	112
HUMIRA.....	119
HUMIRA PEN.....	119
HUMIRA PEN CROHNS-UC-HS START.....	119
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	119
HUMIRA(CF).....	119
HUMIRA(CF) PEDI CROHNS STARTER	119
HUMIRA(CF) PEN.....	119
HUMIRA(CF) PEN CROHNS-UC-HS	119
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	119
HUMULIN 70/30 U-100 INSULIN	93
HUMULIN 70/30 U-100 KWIKPEN.....	93
HUMULIN N NPH INSULIN KWIKPEN.....	93
HUMULIN N NPH U-100 INSULIN	94
HUMULIN R REGULAR U-100 INSULN	94
HUMULIN R U-500 (CONC) INSULIN	94
HUMULIN R U-500 (CONC) KWIKPEN.....	94
HYCAMTIN.....	25
hydralazine	56
HYDREA	25
hydrochlorothiazide	56
hydrocodone bitartrate	38
hydrocodone-acetaminophen .	38
hydrocodone-chlorpheniramine	139
hydrocodone-homatropine	139
hydrocodone-ibuprofen	38
hydrocortisone	76, 84, 105
hydrocortisone acetate	105
hydrocortisone butyrate	76
hydrocortisone butyr-emollient	76
hydrocortisone valerate.....	77
hydrocortisone-acetic acid	83
hydrocortisone-pramoxine	65, 105
Hydromet.....	139
hydromorphone	38
hydroxocobalamin	151
hydroxychloroquine	13
hydroxyurea	25
hydroxyzine hcl.....	139
hydroxyzine pamoate	139
hyphen	147
hyoscyamine sulfate	102
hyosyne	102
HYPER-SAL	143
HYSINGLA ER	38
HYZAAR	56
I	
ibandronate	118
IBRANCE	25
Ibu	41

ibuprofen	41	INOVA.....	70	isoxsuprine.....	123
ibuprofen-oxycodone	38	INOVA 4-1.....	66	isradipine	57
icatibant.....	143	INOVA 8-2.....	66	ISTALOL	132
ICLUSIG.....	25	INQOVI.....	25	ISTURISA	96
icosapent ethyl.....	63	INREBIC	25	itraconazole.....	18
IDHIFA.....	25	INSPIRACHAMBER.....	92	ivermectin	13
IFE-BIMIX 30/1	147	INSPRA.....	57	J	
IFE-PG20	147	INSULIN ASP PRT-INSULIN ASPART.....	94	JADENU	80
IGLUCOSE TEST STRIP	89	INSULIN ASPART U-100....	94	JADENU SPRINKLE	80
ILEVRO.....	135	INSULIN LISPRO.....	94	Jaimiess	126
imatinib	25	INSULIN LISPRO PROTAMIN-LISPRO	94	JAKAFI	25
IMBRUVICA.....	25	INSULIN SYRINGE-NEEDLE U-100.....	92	JALYN.....	146
imipramine hc1.....	48	INTELENCE	20	Jantoven.....	61
imipramine pa moate	48	INTRAROSA	123	JANUMET	99
imiquimod	114	INTRON A.....	114	JANUMET XR	99
IMIQUIMOD	114	Introvale	126	JANUVIA.....	99
IMITREX	33	INTUNIV ER.....	48	JARDIANC.....	99
IMITREX STATDOSE PEN..	33	INVEGA	48	Jasmie1(28)	126
IMITREX STATDOSE REFILL	33	INVEGA SUSTENNA	48	JATENZO	96
IMPAVIDO.....	13	INVEGA TRINZA.....	48	Jencycla	122
IMPOYZ	77	INVELTYS.....	137	JENTADUETO	99
IMURAN	25	INVIRASE	20	JENTADUETO XR	99
IMVEXXY MAINTENANCE PACK.....	122	INVOKAMET	99	Jinteli.....	122
IMVEXXY STARTER PACK	122	INVOKAMET XR	99	jolessa.....	126
INBRIJA	32	INVOKANA.....	99	JORNAY PM.....	48
Incassia.....	122	iodine-sodium iodide	67	JUBLIA.....	73
INCRELEX	80	IODOFLEX	67	Juleber	126
INCRUSE ELLIPTA	143	IODOSORB.....	67	JULUCA	20
indapamide	56	IOPIDINE.....	138	June1 1.5/30 (21)	126
INDERAL LA	56	IPOL.....	116	June1 1/20 (21)	126
INDERAL XL	56	ipratropium bromide.....	82, 143	June1 Fe 1.5/30 (28).....	126
INDOCIN.....	42	ipratropium-a-butlerol.....	143	June1 Fe 1/20 (28)	126
indomethacin	42	irbesartan	57	June1 Fe 24.....	126
INDOMETHACIN SUBMICRONIZED	42	irbesartan-hydrochlorothiazide	57	JUXTAPID	63
INFANRIX (DTAP) (PF)....	116	IRESSA	25	JYNARQUE	96
INFASURF	80	ISENTRESS	20	K	
INFED.....	151	ISENTRESS HD	20	KADIAN	38
INFINITY TEST STRIPS	89	Isibloom.....	126	Kaitlib Fe	126
INFINITY VOICE TEST STRIP.....	89	isoniazid	13	KALETRA	20
INGREZZA	35	ISOPTO ATROPINE	132	Kalliga	126
INGREZZA INITIATION PACK.....	35	ISOPTO CARPINE.....	133	KALYDECO	143
INJECTAFER.....	151	ISORDIL	64	KAPSPARGO SPRINKLE....	57
INLYTA.....	25	ISORDIL TITRADOSE	64	KAPVAY	48
INNOPRAN XL	56	isosorbide dinitrate	65	KARBINAL ER.....	139
		isosorbide mononitrate	65	Kariva (28)	126
		otretinoin.....	70	KATERZIA	57
				KAZANO	99
				KEFLEX	11
				Kelnor 1/35 (28).....	126
				Kelnor 1-50 (28)	126

KENALOG.....	77
KEPPRA.....	29
KEPPRA XR	29
KERYDIN.....	73
KESIMPTA PEN.....	113
KETAMINE	48
ketoconazole	18, 73
Ketodan.....	73
ketodan kit.....	73
ketoprofen	42
ketorolac	42, 135
KETOROLAC.....	42
KEVEYIS.....	35
KEVZARA.....	119
KINERET.....	114
KINRIX (PF).....	116
kionex (with sorbitol)	105
KISQALI.....	25
KISQALI FEMARA CO-PACK	25
KITABIS PAK	13
KLARITY-A (AZITHRO-CHONDR)(PF).....	133
KLARITY-B (BETAMETH-CHOND)(PF).....	133
KLARITY-L (LOTEPRED-CHOND)(PF).....	133
KLARON.....	72
KLONOPIN	29
Klor-Con	148
Klor-Con 10.....	148
klor-con 8	148
Klor-Con M10	148
Klor-Con M15	148
Klor-Con M20	148
klor-con/ef.....	149
kobee.....	151
KOMBIGLYZE XR.....	99
KORLYM	96
KOSELUGO	25
KOSHER PRENATAL PLUS IRON.....	151
K-PHOS NO 2.....	147
K-PHOS ORIGINAL.....	147
kpn	151
KRINTAFEL.....	13
Kristalose	105
k-tab	149
K-TAB	149
Kurve lo (28)	126
KUVAN	96
KYNMOBI.....	32
L	
l norgest/e.estrad e.estrad	126
labetalol	57
LACRISERT	133
lactated ringers	79
lactulose.....	105
LAMICTAL.....	30
LAMICTAL ODT	29
LAMICTAL ODT STARTER (BLUE).....	29
LAMICTAL ODT STARTER (GREEN)	29
LAMICTAL ODT STARTER (ORANGE)	29
LAMICTAL STARTER (BLUE) KIT	30
LAMICTAL STARTER (GREEN) KIT	30
LAMICTAL STARTER (ORANGE) KIT	30
LAMICTAL XR	30
LAMICTAL XR STARTER (BLUE)	30
LAMICTAL XR STARTER (GREEN)	30
LAMICTAL XR STARTER (ORANGE)	30
lamivudine	20
lamivudine-zidovudine	20
lamotrigine	30
LANOXIN.....	60
lansoprazole	110
lanthanum	105
LANTUS SOLOSTAR U-100 INSULIN	94
LANTUS U-100 INSULIN....	94
lapatinib	25
Larin 1.5/30 (21)	126
Larin 1/20 (21)	127
Larin 24 Fe	127
Larin Fe 1.5/30 (28)	127
Larin Fe 1/20 (28)	127
Larissa	127
LASIX	57
LASTACAFT	133
latanoprost	135
LATANOPROST (PF)	135
LATUDA	48
laxaclear	105
laxative (bisacodyl)	106
laxative peg 3350	106
layolis fe	127
LAZANDA.....	38
LEDIPASVIR-SOFOSBUVIR	20
leena 28	127
leflunomide	119
LENVIMA.....	25
LESCOL XL	63
Lessina	127
LETAIRIS	143
letrozole	25
leucovorin calcium	23
LEUKERAN.....	25
LEUKINE.....	111
leuprolide	25
levalbuterol hcl	143
LEVALBUTEROL TARTRATE.....	143
LEVIBID	102
LEVEMIR FLEXTOUCH U-100 INSULN	94
LEVEMIR U-100 INSULIN	94
levetiracetam	30
LEVITRA	147
levobunolol	132
levocarnitine	80
levocarnitine (with sugar)	80
levofloxacin	15, 131
Levonest (28)	127
levonorgestrel	127
levonorgestrel-ethinyl estrad	127
levonorg-eth estrad triphasic	127
Levora-28	127
levorphanol tartrate	38
LEVORPHANOL TARTRATE	38
levo-t	101
levothyroxine	101
levoxyl	101
LEVSIN	102
LEVSIN/SL	102
LEVULAN	67
LEXAPRO	48
LEXETTE	77
LEXIVA	20
LIALDA	106

LIBRAX (WITH CLIDINIUM)	102
LICART	42
lidocaine	72
lidocaine hcl	72
lidocaine hcl-hydrocortison ac	72, 106
LIDOCAINE HCL-HYDROCORTISON AC..	106
Lidocaine Viscous.....	72
lidocaine-hydrocortisone-aloe	106
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	134
lidocaine-phenylephr in water	134
lidocaine-prilocaine	72
LIDOCAINE-TETRACAIN 72	72
lidocort	72
LIDODERM	72
Lillow (28)	127
lindane	78
linezolid	13
LINZESS	106
liothyronine	101
LIPITOR	63
LIPOFEN	63
lisinopril	57
lisinopril-hydrochlorothiazide ..	57
lite coat aspirin	42
LITEAIRE MDI CHAMBER	92
lithium carbonate	48
lithium citrate	48
LITHOBID	48
LITHOSTAT	80
LIVALO	63
LO LOESTRIN FE	127
LOCOID	77
LOCOID LIPOCREAM	77
Lodine	42
LODOSYN	32
Loestrin 1.5/30 (21)	127
Loestrin 1/20 (21)	127
Loestrin Fe 1.5/30 (28-Day) ..	127
Loestrin Fe 1/20 (28-Day) ...	127
Lojaimess	127
LOKELMA	106
LOMAIRA	78
LOMOTIL	102
LONHALA MAGNAIR	143
REFILL	143
LONHALA MAGNAIR	143
STARTER	143
LONSURF	25
LOPID	63
lopinavir-ritonavir	20
LOPRESSOR	57
LOPROX	74
LOPROX (AS OLAMINE) ..	73
LOPROX KIT	74
lorazepam	48
Lorazepam Intensol	48
LORBRENA	25
LORTAB ELIXIR	38
Loryna (28)	127
Lorzone	36
losartan	57
losartan-hydrochlorothiazide ..	57
LOSEASONIQUE	127
LOTEMAX	137
LOTEMAX SM	137
LOTENSIN	57
LOTENSIN HCT	57
loteprednol etabonate	137
Lotrel	57
LOTREL	57
LOTRONEX	106
lovastatin	63
LOVAZA	63
LOVENOX	61
Low-Ogestrel (28)	127
loxapine succinate	48
Lo-Zumandimine (28)	127
Lta Pre-Attached	72
LUCEMYRA	42
ludent fluoride	151
lugols	72, 149
LULICONAZOLE	74
LUMIGAN	135
LUNESTA	48
Lutera (28)	127
LUXIQ	77
LUZU	74
Lyllana	122
LYNPARZA	25
LYRICA	30
LYRICA CR	30
LYSODREN	25
LYSTEDA	123
LYUMJEV KWIKPEN U-100	94
INSULIN	94
LYUMJEV KWIKPEN U-200	94
INSULIN	94
LYUMJEV U-100 INSULIN ..	94
Lyza	122
M	
MACROBID	17
MACRODANTIN	17
mafenide acetate	72
magnesium citrate	106
MALARONE	13
MALARONE PEDIATRIC ..	13
malathion	78
maprotiline	48
MAR-COF CG	140
MARINOL	106
Marlissa (28)	127
MARNATAL-F	151
MARPLAN	48
MATULANE	25
Matzim La	57
MAVENCLAD (10 TABLET PACK)	113
MAVENCLAD (4 TABLET PACK)	113
MAVENCLAD (5 TABLET PACK)	113
MAVENCLAD (6 TABLET PACK)	113
MAVENCLAD (7 TABLET PACK)	113
MAVENCLAD (8 TABLET PACK)	113
MAVENCLAD (9 TABLET PACK)	113
MAVYRET	20
MAXALT	33
MAXALT-MLT	33
MAXIDEX	137
MAXITROL	136
maxi-tuss ac	140
MAXI-TUSS CD	140
MAXZIDE	57
MAXZIDE-25MG	57
MAYZENT	113
m-clear wc	140
meclofenamate	42
MEDROL	84
MEDROL (PAK)	84

medroxyprogesterone	122
mefenamic acid.....	42
mefloquine.....	13
megestrol.....	25
MEKINIST.....	25
MEKTOVI	26
Melodetta 24 Fe	127
meloxicam.....	42
melphalan	26
memantine	35
MEMANTINE.....	35
MENACTRA (PF).....	116
M-END PE.....	140
Menest.....	122
MENOSTAR	122
MENQUADFI (PF).....	116
MENVEO A-C-Y-W-135-DIP (PF).....	116
meperidine.....	38, 39
MEPHYTON.....	61
meprobamate	36
MEPRON.....	13
mercaptopurine	26
mesalamine.....	106
mesalamine with cleansing wipe	106
MESNEX	23
MESTINON	36
MESTINON TIMESPAN.....	36
metaproterenol.....	143
Metaxall	36
metaxalone	36
metformin.....	99, 100
methadone	39
methadose.....	39
Methadose	39
methamphetamine	48
methazolamide	135
methenamine hippurate	17
methenamine mandelate	17
methen-sod phos-meth blue- hyos.....	147
Methergine	130
methimazole	85
METHITEST	96
methocarbamol	36
methotrexate sodium	26
methotrexate sodium (pf).....	26
methoxsalen.....	67
methscopolamine	102
methyl salicylate	67
methyldopa	57
methyldopa-hydrochlorothiazide	57
methylergonovine	130
METHYLIN	48
methylphenidate hcl	48, 49
METHYLPHENIDATE HCL	49
methylprednisolone	84
methyltestosterone.....	96
metoclopramide hcl.....	106
metolazone.....	57
METOPIRONE.....	80
metoprolol succinate.....	57
metoprolol ta-hydrochlorothiaz	57
metoprolol tartrate	57
METROCREAM	70
METROGEL	70
METROGEL VAGINAL	123
metronidazole	13, 70, 123
metyrosine	57
mexiletine	53
MIACALCIN.....	96
Mibelas 24 Fe	128
MICARDIS.....	57
MICARDIS HCT	57
MICONAZOLE NITRATE- ZINC OX-PET	74
miconazole-3	123
MICRO BLOOD GLUCOSE	89
MICROCHAMBER	92
MICRODOT BLOOD GLUCOSE SYSTEM	89
MICRODOT XTRA BLOOD GLUCOSE	89
Microgestin 1.5/30 (21)	128
Microgestin 1/20 (21).....	128
Microgestin 24 Fe	128
Microgestin Fe 1.5/30 (28)	128
Microgestin Fe 1/20 (28)	128
MICROSPACER	92
mida zolam	49
midodrine	80
migergot	33
miglitol	100
miglustat	96
MIGRAL.....	34
Mili	128
milk of magnesia	106
milk of magnesia concentrated	106
millipred	84
millipred dp	84
Mimvey	122
MINASTRIN 24 FE	128
MINIPRESS	57
Minitran	65
MINIVELLE	122
minocycline	16
MINOCYCLINE.....	16
MINOLIRA ER	16
minoxidil	57
MIOCHOL-E.....	133
miostat	135
mira lax	106
MIRAPEX ER	32
MIRCERA.....	111
Mircette (28).....	128
mirtazapine	49
MIRVASO.....	70
misoprostol	110
MITIGARE	118
MITOSOL	135
MKO (MIDAZOLAM- KETAMINE-ONDAN).....	49
M-M-R II (PF).....	116
m-natal plus	151
MOBIC.....	42
modafinil	49
moexipril	57
molindone	49
mometasone	77, 143
Mondoxyne N1.....	16
MONODOX	16
MONOFERRIC	151
Mono-Linyah	128
montelukast.....	143
MONUROL	17
Morgidox	16
MORGIDOX 1X 50	16
MORGIDOX 2X100	16
morphine.....	39
morphine concentrate	39
MOTEGRITY	106
MOTOFEN	102
MOVANTIK	106
MOVIPREP	106
MOXATAG.....	15
MOXEZA	131

moxifloxacin.....	15, 131
MOXIFLOXACIN (PF)-BSS	131
MOXIFLOXACIN-SOD CHLOR.ISO(PF).....	131
MS CONTIN	39
MUGARD	82
MULPLETA.....	61
MULTAQ.....	53
multi-vitamin with fluoride ...	151
multivitamins with fluoride ..	151
mupirocin	72
mupirocin calcium	73
MUSE	147
mvv-fluoride	151
my choice	128
my way.....	128
MYALEPT	96
MYAMBUTOL	13
MYCOBUTIN.....	13
mycophenolate mofetil.....	26
mycophenolate sodium.....	26
MYDAYIS	49
Mydriacyl.....	132
MYDRIATIC4(TROP-PROP-PE-KTRLC).....	134
MYFORTIC	26
MYGLUCOHEALTH.....	89
MYLERAN	26
mynatal.....	151
mynatal advance	151
mynatal plus	151
mynatal-z.....	151
mynate 90 plus.....	151
Myorisan	70
MYRBETRIQ.....	146
MYSOLINE	30
MYTESI.....	102
N	
nabumetone	42
nadolol	58
nadolol-bendroflumethiazide ..	58
naftifine	74
NAFTIN.....	74
NALFON	42
Nalocet	39
naloxone	42
naltrexone.....	42
NAMENDA	35
NAMENDA TITRATION PAK	35
NAMENDA XR.....	35
NAMZARIC.....	35
NAPRELAN CR.....	42
NAPROSYN.....	42
naproxen.....	42
naproxen sodium.....	42
naproxen-esomeprazole	42
naratriptan.....	34
NARCAN.....	43
NARDIL.....	49
NASCOBAL.....	151
NASONEX.....	143
NATACHEW (FE BIS- GLYCINATE)	151
NATACYN.....	131
NATAZIA	128
nateglinide	100
NATESTO.....	96
NATPARA.....	96
NATROBA.....	78
natural b-100 complex	151
natura-lax.....	106
NAYZILAM.....	30
NEBUPENT	13
nebusal	143
NEBUSAL.....	143
Necon 0.5/35 (28)	128
NEEVODHA (WITH ALGAL OIL).....	151
nefazodone	49
neomycin	13
neomycin-bacitracin-poly-hc	136
neomycin-bacitracin-polymyxin	131
neomycin-polymyxin b gu	79
neomycin-polymyxin b- dexameth.....	136
neomycin-polymyxin- gramicidin	131
neomycin-polymyxin-hc .83,	136
Neo-Polycin	131
Neo-Polycin Hc.....	136
NEORAL.....	26
NEO-SYNALAR	73
NEO-SYNALAR KIT	73
NERLYNX.....	26
NESINA	100
NESTABS	151
NESTABS ABC.....	151
NESTABS DHA	151
NESTABS ONE.....	151
Neuac	70
NEUAC KIT.....	70
NEULASTA	111
NEULASTA ONPRO	112
NEUPOGEN.....	112
NEUPRO.....	32
NEURONTIN	30
NEUTEK 2TEK TEST STRIPS	89
NEVANAC.....	135
nevirapine	20
new day	128
newgen	151
NEXAVAR.....	26
NEXIUM	110
NEXIUM PACKET	110
NEXLETOL	63
NEXLIZET	63
niacin.....	63
Niacor	63
NIASPAN EXTENDED- RELEASE.....	63
nicardipine	58
NICODERM CQ.....	81
nicorette	81
NICORETTE	81
nicotine	81
nicotine (polacrilex)	81
NICOTROL	81
NICOTROL NS	81
nifedipine	58
Nikki (28)	128
NILANDRON.....	26
nilutamide	26
nimodipine	58
NINJACOF-XG	140
NINLARO	26
nisoldipine	58
nitisinone	80
Nitro-Bid	65
NITRO-DUR	65
nitrofurantoin	17
nitrofurantoin macrocrystal...	17
nitrofurantoin monohyd/m-cryst	17
nitroglycerin.....	65
NITROLINGUAL.....	65

NITROMIST	65
NITROSTAT	65
Nitro-Time.....	65
NITYR	80
NIVESTYM	112
nizatidine	110
NOCDURNA (MEN).....	96
NOCDURNA (WOMEN).....	96
NOCTIVA.....	96
Nolix	77
nora-be	122
Norco	39
NORDITROPIN FLEXPRO.....	112
noreth-ethinyl estradiol-iron	128
norethindrone (contraceptive)	122
norethindrone acetate	122
norethindrone ac-eth estradiol	122, 128
norethindrone-e.estradiol-iron	128
Norgesic Forte	36
norgestimate-ethinyl estradiol	128
NORITATE.....	70
Norlyda	122
NORPACE.....	53
NORPACE CR.....	53
NORPRAMIN.....	49
NORTHERA	80
Nortrel 0.5/35 (28)	128
nortrel 1/35 (21)	128
Nortrel 1/35 (28)	128
Nortrel 7/7/7 (28)	128
nortriptyline	49
NORVASC.....	58
NORVIR	20, 21
NOURIANZ.....	32
NOVA MAX GLUCOSE TEST	89
NOVOLIN 70-30 FLEXPEN U-100	94
NOVOLIN N FLEXPEN.....	94
NOVOLIN R FLEXPEN.....	94
NOVOLOG FLEXPEN U-100 INSULIN	94
NOVOLOG MIX 70-30 U-100 INSULN	94
NOVOLOG MIX 70-30FLEXPEN U-100	94
NOVOLOG PENFILL U-100 INSULIN	94
NOVOLOG U-100 INSULIN ASPART	94
NOXAFILE	18
np thyroid	101
NUBEQA	26
NUCALA	143
NUCORT	77
NUCYNTA.....	43
NUCYNTA ER.....	43
NUEDEXTA	35
NULEV	102
NULYTELY LEMON-LIME	106
NULYTELY WITH FLAVOR PACKS	106
NUMBRINO	72
NUPLAZID	49
NURTEC ODT	34
NUTROPIN AQ NUSPIN	112
NUVESSA.....	123
NUVIGIL	49
NUZYRA	16
Nyamyc	74
NYMALIZE	58
nystatin	18, 74
nystatin-triamcinolone	74
Nystop	74
O	
OB COMPLETE	152
OB COMPLETE ONE	151
OB COMPLETE PETITE.....	152
OB COMPLETE PREMIER.....	152
OB COMPLETE WITH DHA	152
OBREDON	140
obstetrix dha	152
OBSTETRIX EC	152
OBSTETRIX ONE	152
OBTREX DHA	152
OCALIVA	106
ocella	128
octreotide acetate.....	26
OCUFLOX	131
ODACTRA	116
ODEFSEY	21
ODOMZO	26
OFEV	143
ofloxacin	15, 83, 131
olanzapine	49
olanzapine-fluoxetine	49
olmesartan	58
olmesartan-amlodipin-hcthiazid	58
olmesartan-hydrochlorothiazide	58
olopatadine	82
OLUMIANT	120
OLUX	77
OLUX-E	77
OMECLAMOX-PAK.....	110
omega-3 acid ethyl esters.....	63
omeprazole	110
omeprazole-sodium bicarbonate	110
OMIDRIA	134
OMNARIS.....	143
OMNITROPE	112
ON CALL EXPRESS TEST STRIP	89
ON CALL PLUS TEST STRIP	90
ON CALL VIVID TEST STRIP	90
ondansetron	106
ondansetron hcl	106
one daily prenatal	152
ONETOUCH ULTRA BLUE TEST STRIP	90
ONETOUCH VERIO TEST STRIPS	90
ONEXTON	70
ONFI	30
ONGLYZA	100
ONZETRA XSAIL	34
opc icon one-step	128
opium tincture	102
OPSUMIT	143
OPTICHAMBER DIAMOND VHC	92
option-2	128
OPTION EZ	90
OPTION TEST	90
OPTUMRX	90
Oracea	16
ORACIT	147
oral saline laxative	107
ORALAIR	116
Oralone	82

ORAMAGICRX	82
ORAPRED ODT	84
ORAVIG	18
ORENCIA	120
ORENCIA CLICKJECT	120
ORENITRAM	58
ORFADIN	80
ORIAHNN	123
ORILISSA	96
ORKAMBI	143, 144
orphe nadrine citrate	36
orphe nadrine-asa-caffeine	36
Orphengesic Forte	36
Orsythia	129
ORTIKOS	107
oscimin	102
oscimin sl	102
oscimin sr	102
oselta mivir	21
OSENI	100
OSMOLEX ER	32
OSMOPREP	107
OSPHENA	123
OTEZLA	120
OTEZLA STARTER	120
OTIPRIO	83
OTOVEL	84
OTREXUP (PF)	120
OVACE	65
OVACE PLUS	66
OVACE PLUS SHAMPOO	66
OVACE PLUS WASH	66
Ovide	78
oxandrolone	96
oxaprozin	43
OXAYDO	39
oxazepam	49
OXBRYTA	80
oxcarbazepine	30
OXERVATE	134
oxiconazole	74
OXISTAT	74
OXSORALEN ULTRA	67
OXTELLAR XR	30
oxybutynin chloride	146
oxycodone	39
OXYCODONE	39
oxycodone-acetaminophen	39
oxycodone-aspirin	39
OXYCONTIN	39
oxymorphone	39
OXYTROL	146
OZEMPIC	100
OZOBAX	36
P	
Pacerone	53
PACNEX	70
PALFORZIA (LEVEL 1)	116
PALFORZIA (LEVEL 2)	116
PALFORZIA (LEVEL 3)	116
PALFORZIA (LEVEL 4)	116
PALFORZIA (LEVEL 5)	116
PALFORZIA (LEVEL 6)	116
PALFORZIA (LEVEL 7)	116
PALFORZIA (LEVEL 8)	116
PALFORZIA (LEVEL 9)	116
PALFORZIA (LEVEL 10)	116
PALFORZIA INITIAL DOSE	116
PALFORZIA LEVEL 11	
MAINTENANCE	116
paliperidone	49
PALYNZIQ	96, 97
PAMELOR	49
PANCREAZE	107
PANDEL	77
PANRETIN	67
pantoprazole	110
PAREMYD	132
paricalcitol	97
PARLODEL	32
PARNATE	49
Paroex Oral Rinse	82
paromomycin	13
paroxetine hcl	49, 50
paroxetine	
mesylate(menop.sym)	50
PASER	13
PATANASE	82
PAXIL	50
PAXIL CR	50
PEDIARIX (PF)	116
PEDVAX HIB (PF)	116
peg 3350-electrolytes	107
peg3350-sod sul-nacl-kcl-asp-c	
	107
PEGASYS	113
peg-electrolyte soln	107
PEGINTRON	113
peg-prep	107
PEMAZYRE	26
penicillamine	120
penicillin v potassium	15
PENNSAID	43
PENTACEL (PF)	116
PENTACEL ACTHIB COMPONENT (PF)	117
pentamidine	13
PENTASA	107
pentazocine-naloxone	43
pentoxifylline	61
Pepcid	110
Percocet	39
PERFOROMIST	144
PERIDEX	82
perindopril erbumine	58
Periogard	82
permethrin	78
perphenazine	50
perphenazine-amitriptyline	50
perry prenatal	152
PERSERIS	50
PERTZYE	107
PEXEVA	50
PHARMACIST CHOICE	90
Phenadoz	139
phenazopyridine	148
phendimetrazine tartrate	78
phene lzine	50
phenobarb-hyoscy-atropine-scop	
	102
phenobarbital	30
phenoxyhydro	102
phenoxybenzamine	58
phentermine	78
phenylephrine hcl	138
PHENYLEPH-TROPICAMIDE IN WATER	132
Phentyek	30
phenytoin	30
phenytoin sodium extended	30
PHEXXI	123
Philith	129
PHOSLYRA	107
phosphasal	147
phosphate laxative	107
PHOSPHOLINE IODIDE	132
PHOTREXA CROSS-LINKING KIT	134
PHOTREXA VISCOSUS	134

PHYSIOLYTE.....	79
PHYSIOSOL IRRIGATION ..	79
phytonadione (vitamin k1).....	61
PHYTONADIONE (VITAMIN K1).....	61
PICATO.....	67
PIFELTRO	21
pilocarpine hc1.....	80, 83, 133
pimecrolimus	67
pimozide.....	50
Pimtrea (28)	129
pindolol.....	58
pioglitazone	100
pioglitazone-glimepiride.....	100
pioglitazone-metformin	100
PIQRAY.....	26
Pirmella	129
piroxicam	43
PLAN B ONE-STEP.....	129
PLAQUENIL.....	13
PLAVIX.....	61
PLEGRIDY	113
PLENVU.....	107
PLEXION.....	70
PLEXION CLEANSING CLOTHS	70
PLIAGLIS	72
PNEUMOVAX-23.....	117
pnv 29-1	152
pnv-dha	152
pnv-dha + docusate	152
pnv-omega.....	152
pnv-select	152
POCKET CHAMBER.....	92
podofilox	67
Polycin	131
polyethylene glycol 3350.....	107
polymyxin b sulf-trimethoprim	131
POLYTRIM	131
POLY-TUSSIN AC	140
POMALYST	114
Portia 28.....	129
posaconazole	18
POTABA.....	149
potassium chloride	149
potassium citrate	147
powderlax	107
PR BENZOYL PEROXIDE...70	
pr natal 400	152
pr natal 430	152
pr natal 430 ec	152
PRADAXA.....	61
PRALUENT PEN	63
pramipexole	32
PRAMOSONE.....	66
Prandin	100
prasugrel.....	61
PRAVACHOL.....	63
pravastatin	63
praziquantel	13
prazosin	58
PRECISION PCX PLUS TEST	90
PRECISION PCX TEST	90
PRECISION POINT OF CARE TEST	90
PRECISION Q-I-D TEST.....	90
PRECISION XTRA TEST	90
PRECOSE	100
PRED FORTE	137
PRED MILD.....	137
PRED-G	136
PRED-G S.O.P.....	136
prednicarbate	77
PREDNISOL ACE-GATIFLOX-BROMFEN	134
PREDNISOLN SP-GATIFLOX-BROMFEN	134
PREDNISOLN SP-MOXIFLOX-BROMFEN	134
prednisolone.....	84
prednisolone acetate.....	137
PREDNISOLONE ACETATE (PF)	137
PREDNISOLONE ACETATE-BROMFENAC.....	134
PREDNISOLONE ACETATE-NEPAFENAC	134
PREDNISOLONE ACET- GATIFLOXACIN	136
PREDNISOLONE SOD PH-MOXIFLOX	136
prednisolone sodium phosphate	84, 137
PREDNISOLONE-MOXIFLO- NEPAFENAC	134
PREDNISOLONE-MOXIFLOXACIN HCL...136	
PREDNISOLONE-MOXIFLOX-BROMFEN	134
prednisone	84
prednisone intensol.....	84
PREFEST	122
pregabalin	30
PREGENNA.....	152
PREMARIN	122
PREMIER TEST STRIP.....	90
PREMIUM V10.....	90
PREMPHASE.....	122
PREMPRO	122
prena1 chew	152
prena1 pearl	152
prena1 true	152
prenaissance	152
prenaissance plus	152
PRENATA.....	152
prenatabs fa	152
prenatabs rx	153
prenatal	153
prenatal complete	153
prenatal formula	153
prenatal multi-dha (algal oil)	153
prenatal one daily	153
prenatal plus	153
prenatal plus (calcium carb)	153
PRENATAL PLUS DHA.....	153
prenatal vitamin	153
prenatal vitamin plus low iron	153
prenatal vitamin with minerals	153
prenatal vits96-iron fum-folic	153
prenatal-u	153
PRENATE AM	153
PRENATE CHEWABLE	153
PRENATE DHA (FERR ASP GLYCIN)	153
PRENATE ELITE (IRON ASP GLYC)	153
PRENATE ENHANCE	153
PRENATE ESSENTIAL(IRON-ASP-GL)	153
PRENATE MINI (FERR ASP GLYCIN)	153
PRENATE PIXIE	153
PRENATE RESTORE	153
PRENATE STAR	153

PREPIDIL.....	123
preplus.....	153
PRESTALIA	58
pretab	153
PRETOMANID.....	14
PREVACID.....	110
PREVACID SOLUTAB.....	110
Prevalite	63
PREVIDENT.....	83
PREVIDENT 5000 BOOSTER PLUS.....	83
PREVIDENT 5000 DRY MOUTH	83
PREVIDENT 5000 ENAMEL PROTECT	83
PREVIDENT 5000 ORTHO DEFENSE	83
PREVIDENT 5000 PLUS	83
PREVIDENT 5000 SENSITIVE	83
Previfem.....	129
PREVNAR 13 (PF).....	117
PREVYMIS.....	21
PREZCOBIX.....	21
PREZISTA	21
PRIFTIN	14
PRILOSEC.....	110, 111
PRIMACARE.....	154
primaquine.....	14
PRIMEAIRE	92
primidone	30
PRIMLEV	39
PRIMSOL	17
PRINVIL.....	58
PRISTIQ	50
PRO VOICE V8-V9 TEST STRIP.....	90
PROAIR DIGIHALER.....	144
PROAIR HFA	144
PROAIR RESPICLICK	144
probenecid.....	118
probenecid-colchicine	118
PROCARDIA.....	58
PROCARDIA XL.....	58
Procentra	50
PROCHAMBER.....	92
prochlorperazine	107
prochlorperazine maleate.....	107
PROCORT	107
PROCRT.....	112
Proctocort	107
Proctofoam Hc	107
Procto-Med Hc.....	107
Procto-Pak.....	107
Proctosol Hc	107
Proctozone-Hc	107
PROCYSBI.....	147
PRODIGY NO CODING	90
progesterone micronized.....	122
PROGLYCEM.....	93
PROGRAF.....	26
Prolate	39
PROLENSA	135
PROMACTA	61
promethazine	139
promethazine-codeine.....	140
promethazine-dm	140
promethazine-phenyleph- codeine	140
promethazine-phenylephrine	140
Promethegan	139
PROMETRIUM.....	122
propafenone	53
propanthecline	103
proparacaine.....	134
propranolol	58
propranolol-hydrochlorothiazid	58
propylthiouracil.....	85
PROQUAD (PF).....	117
PROSCAR.....	146
PROSTIN E2.....	123
PROTHELIAL.....	83
PROTONIX.....	111
PROTOPIC.....	67
protriptyline	50
PROVENTIL HFA.....	144
PROVERA	122
PROVIDA OB	154
PROVIGIL	50
PROZAC	50
prudoxin	67
PSORCON.....	77
PULMICORT	144
PULMICORT FLEXHALER	144
pulmosal.....	144
PULMOZYME	144
PUREFE OB PLUS.....	154
pure lax.....	107
PURIXAN	26
PYLERA	111
pyrazinamide	14
PYRIDIUM.....	148
pyridostigmine bromide.....	36
PYRIDOSTIGMINE BROMIDE.....	36
pyrimethamine	14
Q	
QBRELIS	58
QBREXZA	67
QINLOCK.....	26
QNDSL	144
QSYMIA	79
QTERN	100
QUADRACEL (PF).....	117
QUALAQUIN	14
QUARTETTE.....	129
QUAZEPAM.....	50
QUDEXY XR	30
Questran	63
Questran Light	63
quetiapine	50
QUILLICHEW ER.....	50
QUILLIVANT XR.....	50
quinapril	58
quinapril-hydrochlorothiazide	58
quinidine gluconate	53
quinidine sulfate	53
quinine sulfate.....	14
QUINTET AC	90
quit 2	81
quit 4	81
QVAR REDIHALER.....	144
R	
rabeprazole	111
RABEPRAZOLE	111
RACEPINEPH-LIDOCAINE- BSS 7(PF)	134
RADIOGARDASE	80
RAGWITEK	117
raloxifene	118
ramelteon	50
ramipril	58
RANEXA	64
ranitidine hcl.....	111
ranolazine	64
RAPAFLO	146
RAPAMUNE	26
rasagiline	32

RASUVO (PF).....	120	REVEAL TEST STRIP	91	Roweepra.....	30
RAVICTI	80	REVLIMID.....	114	ROXICODONE	39
RAYALDEE	97	REXULTI.....	50	ROZEREM	51
RAYOS.....	84	REYATAZ	21	ROZLYTREK.....	26
RAZADYNE ER	35	REYVOW	34	RUBRACA.....	26
REBIF (WITH ALBUMIN)	114	RHOFADE	70	rufinamide	30
REBIF REBIDOSE.....	114	RHOPRESSA	135	RUKOBIA.....	21
REBIF TITRATION PACK.....	114	ribavirin.....	21, 114	RUZURGI	35
Reclipsen (28).....	129	RIDAURA.....	120	RYBELSUS.....	100
RECOMBIVAX HB (PF).....	117	rifabutin.....	14	Ryclora	139
RECTIV	107	RIFADIN.....	14	RYDAPT.....	26
REFUAH PLUS.....	90	RIFAMATE.....	14	RYTARY	32
REGLAN	107	rifampin.....	14	RYTHMOL SR.....	53
REGRANEX	68	RIFATER	14	Ryvent	139
Relafen.....	43	RIGHTEST GS550 TEST STRIPS.....	91	S	
RELAFEN DS.....	43	RILUTEK.....	80	SABRIL.....	30
RELAGARD	123	riluzole	80	SAFYRAL.....	129
RELENZA DISKHALER	21	rimantadine	21	SAIZEN.....	112
Relexxii	50	ringer's.....	79	SAIZEN SAIZENPREP	112
RELION CONFIRM-MICRO 90		RINVOQ	120	SALAGEN (PILOCARPINE)	80, 83
RELION NOVOLIN 70/30	94	RIOMET.....	100	salsalate	43
RELION NOVOLIN N	94	RIOMET ER.....	100	SAMSCA	97
RELION NOVOLIN R	94	risedronate	80, 118	SANCUSO	108
RELION PRIME TEST STRIPS		RISPERDAL	51	SANDIMMUNE	26
.....	91	RISPERDAL CONSTA.....	51	SANDOSTATIN	26
RELISTOR.....	107, 108	risperidone	51	SANTYL	78
RELPAX.....	34	RITALIN	51	SAPHRIS	51
REMERON	50	RITALIN LA.....	51	sapropterin	97
REMERON SOLTAB	50	RITEFLO AEROCHAMBER	92	SAVAYSA	61
RENACIDIN.....	147	ritonavir	21	SAVELLA	120
RENAGEL	108	rivastigmine	35	SAXENDA	79
rena-vite	154	rivastigmine tartrate.....	35	scalacort.....	77
RENELVA	108	rivelsa	129	SCALACORT DK	77
repaglinide.....	100	rizatriptan	34	scopolamine base	108
repaglinide-metformin.....	100	R-NATAL OB	154	SEASONIQUE	129
REPATHA PUSHTRONEX..	64	ROBAXIN-750.....	36	seconal sodium.....	51
REPATHA SURECLICK.....	64	ROCALTROL	97	SECUADO	51
REPATHA SYRINGE	64	ROCKLATAN.....	135	SEEBRI NEOHALER.....	144
REQUIP XL	32	ROMIDEPSIN	26	SEGLUROMET	100
RESPA-AR	140	ropinirole	32	SELECT-OB	154
RESTASIS	134	Rosadan.....	70	SELECT-OB (FOLIC ACID)	154
RESTASIS MULTIDOSE....	134	ROSADAN.....	70, 71	SELECT-OB + DHA.....	154
RESTORIL.....	50	ROSANIL.....	71	selegiline hcl.....	32
RETACRIT	112	ROSULA.....	71	selenium sulfide	66
RETEVMO.....	26	rosula cleansing cloths	71	SELRX.....	66
RETIN-A.....	70	rosuvastatin	64	SELZENTRY	21
RETIN-A MICRO	70	ROTARIX	117	SEMGLEE PEN U-100 INSULIN	95
RETIN-A MICRO PUMP	70	ROTATEQ VACCINE.....	117		
RETROVIR.....	21	ROWASA.....	108		
REVATIO	144				

SEMGLEE U-100 INSULIN	95
SEMPREX-D	140
se-natal 19 chewable	154
se-natal-19	154
SENSIPAR	97
SEREVENT DISKUS	144
SERNIVO	77
SEROQUEL	51
SEROQUEL XR	51
SEROSTIM	112
sertraline	51
Setlakin	129
sevelamer carbonate	108
sevelamer hc1	108
SEYSARA	16
sf 83	
sf 5000 plus	83
SFROWASA	108
Sharobel	122
SHINGRIX (PF)	117
SHOHL'S MODIFIED	147
SIGNIFOR	26
SIKLOS	27
sildenafil	147
sildenafil (pulm.hypertension)	144
SILENOR	51
SILIQ	66
silodosin	146
SILVADENE	66
silver sulfadiazine	66
SIMBRINZA	136
Simliya (28)	129
Simpesse	129
SIMPONI	120
simvastatin	64
SINEMET	32
SINGULAIR	144
sirolimus	27
SIRTURO	14
SITAVIG	21
SIVEXTRO	14
SKELAXIN	36
SKLICE	78
SKYRIZI	66
SLYND	129
SMART SENSE TEST STRIPS	91
SMARTEST TEST	91
smoothlax	108
sodium chloride	80, 144
sodium chloride 0.9 %	80
sodium chloride 0.9 % (flush)	80
sodium ferric gluconat-sucrose	80
sodium fluoride 5000 plus	83
sodium fluoride-pot nitrate	83
sodium phenylbutyrate	80
sodium polystyrene (sorb free)	108
sodium polystyrene sulfonate	108
SOFOSBUVIR-VELPATASVIR	21
solifenacin	146
SOLIQUA 100/33	95
SOLODYN	16
SOLOSEC	14
SOLTAMOX	27
SOLUS V2 TEST STRIPS	91
SOMA	36
SOMAVERT	97
SOOLANTRA	71
SORBITOL	79
SORBITOL-MANNITOL	79
SORIATANE	66
SORILUX	66
Sorine	53
sotalol	53
Sotalol Af	53
SOTYLIZE	53
SOVALDI	21
SPACE CHAMBER	92
SPECTRACEF	11
spinosad	78
SPIRIVA RESPIMAT	144
SPIRIVA WITH HANIDHALER	144
spironolactone	58
spironolacton-hydrochlorothiaz	58
SPORANOX	18
SPORANOX PULSEPAK	18
SPRAVATO	51
Sprintec (28)	129
SPRITAM	30
SPRIX	43
SPRYCEL	27
Sps (With Sorbitol)	108
Sronyx	129
ssd	66
SSKI	85
sss 10-5	71
st joseph aspirin	43
st. joseph aspirin	43
STALEVO 100	32
STALEVO 125	32
STALEVO 150	32
STALEVO 200	32
STALEVO 50	32
STALEVO 75	32
STARLIX	100
stavudine	21
STAXYN	147
STEGLATRO	100
STEGLUJAN	100
STELARA	66
STENDRA	147
STIOLTO RESPIMAT	144
STIVARGA	27
stop smoking aid	82
STRATTERA	51
STRENSIQ	97
stress formula	154
stress formula with iron	154
stress formula with iron(sulf)	154
STRIBILD	22
STRIVERDI RESPIMAT	144
STROMECTOL	14
strong iodine	73, 149
SUBOXONE	43
SUBSYS	40
Subvenite	30
Subvenite Starter (Blue) Kit	30
Subvenite Starter (Green) Kit	31
Subvenite Starter (Orange) Kit	31
SUCRAID	108
sucralfate	111
SULAR	58
SULCONAZOLE	74
sulfacetamide sodium	66, 138
sulfacetamide sodium (acne)	73
sulfacetamide sodium-sulfur	71
sulfacetamide-prednisolone	138
sulfacetamide-sulfur-cleansr23	71
sulfacleanse 8-4	71
sulfadiazine	15

sulfamethoxazole-trimethoprim	15	SYNDROS	108	TECFIDERA	114
SULFAMYLYON	73	SYNERA.....	72	TEGRETOL	31
sulfasalazine	108	SYNJARDY	100	TEGRETOL XR	31
sulfatrim	15	SYNJARDY XR	100	TEGSEDI	35
sulindac	43	SYNRIBO	27	TEKTURNA.....	59
SUMADAN.....	71	SYNTHROID	101	TEKTURNA HCT	59
SUMADAN XLT	71	SPRINE	80	TELCARE TEST STRIPS	91
sumatriptan	34	T		telmisartan	59
sumatriptan succinate	34	TABLOID	27	telmisartan-amlodipine	59
sumatriptan-naproxen.....	34	TABRECTA	27	telmisartan-hydrochlorothiazid	59
SUMAXIN	71	TACLONEX.....	66	temazepam.....	51
SUMAXIN CP.....	71	tacrolimus	27, 68	TEMIXYS	22
SUMAXIN TS	71	tadalafil.....	146, 147	TEMODAR	27
SUNOSI.....	51	tadalafil (pulm. hypertension)	145	TEMOVATE	77
super b complex-vitamin c....	154	TAFINLAR	27	temozolomide	27
super b maxi complex	154	TAGRISSO.....	27	Tencon.....	40
super quints	154	TAKE ACTION.....	129	TENIVAC (PF).....	117
super quints b-50.....	154	TALICIA.....	111	tenofovir disoproxil fumarate.	22
SUPRAX.....	11	TALTZ AUTOINJECTOR....	66	TENORETIC 100	59
SUPREP BOWEL PREP KIT	108	TALTZ AUTOINJECTOR (2		TENORETIC 50	59
SURE-TEST EASYPLUS MINI	91	PACK).....	66	TENORMIN	59
SURFAXIN	144	TALTZ AUTOINJECTOR (3		terazosin	59
SURVANTA	80	PACK).....	66	terbinafine hcl.....	18
SUSTIVA.....	22	TALTZ SYRINGE	66	terbutaline	145
SUTENT	27	TALZENNA.....	27	terconazole	123
Syeda	129	Tamiflu.....	22	TERIPARATIDE	118
SYLATRON.....	114	TAMIFLU	22	TERSI FOAM.....	66
SYMAX DUOTAB.....	103	tamoxifen.....	27	TESSALON PERLES	140
symax fastabs	103	tamsulosin.....	147	TEST N'GO TEST	91
symax-s1.....	103	Tapazole	85	TESTIM	97
symax-sr.....	103	Taperdex.....	85	testosterone	97
SYMBICORT.....	145	TARCEVA	27	testosterone cypionate	97
SYMBYAX.....	51	Targadox.....	16	testosterone enanthate.....	97
SYMDEKO	145	TARGRETIN.....	27	Testred.....	97
SYMFI	22	Tarina 24 Fe.....	129	TETANUS,DIPHTHERIA TOX	
SYMFI LO	22	Tarina Fe 1/20 (28).....	129	PED(PF)	117
SYMJEPI	139	TARKA.....	58	tetrabenazine	35
SYMLINPEN 120.....	100	taron-c dha	154	tetracaine hcl.....	134
SYMLINPEN 60	100	taron-prex prenatal-dha.....	154	TETRACAINE HCL (PF)....	134
SYMPAZAN.....	31	TASIGNA	27	tetracycline	16
SYMPROIC	108	TASMAR	32	TEXACORT	77
SYMTUZA	22	tavaborole	74	THALOMID	27
SYNALAR.....	77	TAVALISSE	62	THEO-24.....	145
SYNALAR CREAM KIT	77	TAYTULLA.....	129	theophylline	145
SYNALAR OINTMENT KIT	77	tazarotene	71	THIOLA	80
SYNALAR TS.....	77	TAZORAC	71	THIOLA EC	81
SYNAREL	97	Taztia Xt.....	58	thioridazine	51
		TAZVERIK	27	thiothixene	51
		TDVAX.....	117	THRIVITE RX	154

THYROLAR-1	101
THYROLAR-1/2	101
THYROLAR-1/4	101
THYROLAR-2	101
THYROLAR-3	101
Tiadylt Er	59
tiagabine	31
TIAZAC	59
TIBSOVO	27
TIGAN	108
TIGLUTIK	81
TIKOSYN	53
Tilia Fe	129
TIMOL-BRIMON-DORZO- LATANOP(PF).....	136
timolol maleate	59, 132
timolol maleate (pf).....	132
TIMOLOL-BRIMONIDI- DORZOLAM(PF).....	136
TIMOLOL-DORZOLAMID- LATANOP(PF).....	136
TIMOLOL- LATANOPROST(PF).....	136
TIMOPTIC	132
TIMOPTIC OCUDOSE (PF)	132
TIMOPTIC-XE	132
tinidazole	14
TIROSINT	101
TIROSINT-SOL	101
tis-u-sol penta lyte.....	79
TIVICAY	22
TIVICAY PD	22
TIVORBEX.....	43
tizanidine	36
TOBI.....	14
TOBI PODHALER.....	14
Tobradex	136
TOBRADEX	137
TOBRADEX ST	137
tobramycin.....	14, 131
tobramycin in 0.225 % nacl....	14
TOBRAMYCIN WITH NEBULIZER	14
tobramycin-dexamethasone ..	137
Tobrex	131
TODAY CONTRACEPTIVE SPONGE	123
TOLAK.....	68
tolcapone	33
tolmetin	43
TOLSURA.....	18
tolterodine	146
tolvaptan	97
TOPAMAX	31
Topicort	77
topiramate	31
TOPIRAMATE.....	31
TOPROL XL	59
toremifene	27
torsemide	59
TOSYMRA.....	34
TOUJEO MAX U-300 SOLOSTAR	95
TOUJEO SOLOSTAR U-300 INSULIN	95
Tovet Emollient	77
TOVIAZ.....	146
TRACLEER.....	145
TRADJENTA	100
tramadol.....	43
TRAMADOL.....	43
tramadol-acetaminophen.....	43
trandolapril	59
trandolapril-verapamil	59
tranexamic acid	123
TRANSDERM-SCOP	108
TRANXENE T-TAB	52
tranylcypromine	52
TRAVATAN Z	136
travoprost.....	136
trazodone	52
TRECATOR	14
TRELEGY ELLIPTA.....	145
TREMFYA	66
TRESIBA FLEXTOUCH U-100	95
TRESIBA FLEXTOUCH U-200	95
TRESIBA U-100 INSULIN... <td>95</td>	95
tretinoïn	71
tretinoïn (antineoplastic)	27
tretinoïn microspheres	71
TRETIN-X.....	71
TRETIN-X CREAM KIT	71
TREXALL	27
TREXIMET	34
Trezix	40
Tri Femynor	129
triamecinolone acetonide ...	77, 78,
83	
TRIAMCINOLON-	
MOXIFLOX-WATR(PF) .	137
triamterene	59
triamterene-hydrochlorothiazid	59
Trianex	78
triazolam	52
TRIBENZOR	59
TRICARE	154
TRICOR	64
Triderm	78
TRIDESILON	78
trientine	81
TRIESENCE (PF)	85
Tri-Estarylla	129
TRIFERIC	154
trifluoperazine	52
trifluridine	132
trihexyphenidyl	33
TRIJARDY XR	100
TRIKAFTA	145
Tri-Le gest Fe	129
TRILEPTAL	31
Tri-Linyah	129
TRILIPIX	64
Tri-Lo-Estarylla	130
Tri-Lo-Marzia	130
Tri-Lo-Mili	130
Tri-Lo-Sprintec	130
Trilyte With Flavor Packets ..	108
trimethobenzamide	108
trimethoprim	17
Tri-Mili	130
trimipramine	52
TRI-MIX (PAPAVRN- PHNTLMN-PGE1).....	147
TRIMO-SAN JELLY	123
trinatal rx 1	154
trinate	154
TRINAZ	154
TRINTELLIX	52
Tri-Previfem (28)	130
Tri-Sprintec (28)	130
TRISTART DHA	154
TRIUMEQ	22
triveen-duo dha	154
tri-vitamin with fluoride	155
Trivora (28)	130

Tri-Vylibra	130
Tri-Vylibra Lo	130
TRIZIVIR.....	22
TROKENDI XR	31
tropicamide.....	133
trospium	146
TRUE METRIX GLUCOSE TEST STRIP	91
TRUETEST TEST STRIPS....	91
TRUETRACK TEST	91
TRULANCE.....	108
TRULICITY	101
TRUMENBA.....	117
TRUSOPT.....	136
TRUVADA	22
TUDORZA PRESSAIR	145
TUKYSA	27
Tulana	122
TURALIO	27
TUSSICAPS.....	140
TUXARIN ER.....	140
TUZISTRA XR	140
TWINRIX (PF).....	117
TWIRLA	123
TYBLUME.....	130
TYBOST	22
Tydemey	130
TYKERB.....	27
TYMLOS	118
TYVASO	145
TYVASO REFILL KIT.....	145
TYVASO STARTER KIT....	145
U	
UBRELVY	34
UCERIS	108
UDENYCA	112
ULESFIA	78
ULORIC.....	118
ULTIMA TEST STRIPS	91
ULTRACET	43
ULTRAM.....	43
ULTRATRAK.....	91
ULTRATRAK ULTIMATE..	91
ULTRAVATE	78
UNISTRIP1 TEST STRIP	91
unithroid.....	101
UPNEEQ (PF).....	138
UPTRAVI.....	59
URELLE	148
uretron d-s	148
URIBEL	148
urimar-t.....	148
urin ds.....	148
uro-458	148
UROCIT-K 10	148
UROCIT-K 15	148
UROCIT-K 5	148
urogesic-blue	148
uro-mp	148
UROQID-ACID NO.2.....	148
UROXATRAL.....	147
URSO 250	108
URSO FORTE	108
ursodiol.....	108
uryl.....	148
ustell.....	148
UTIBRON NEOHALER.....	145
utira-c	148
V	
VAGIFEM	122
vaginal contraceptive foam ..	123
valacyclovir	22
VALCHLOR	68
VALCYTE	22
valganclovir	22
VALIUM.....	52
valproic acid	31
valproic acid (as sodium salt).	31
valsartan	59
valsartan-hydrochlorothiazide	59
VALTOCO.....	31
VALTREX	22
Vanadom	36
Vanatol Lq.....	40
Vanatol S.....	40
VANCOCIN	17
vancomycin.....	17
vandazole	123
VANOS.....	78
VANOXIDE-HC.....	71
vardenafil.....	148
VARIVAX (PF).....	117
VARIZIG	117
VARUBI	108
VASCEPA.....	64
VASERETIC	59
VASOTEC.....	59
VCF CONTRACEPTIVE FILM	123
VCF CONTRACEPTIVE GEL	124
VECAMYL	64
VECTICAL	66
Velivet Triphasic Regimen (28)	130
VELPHORO.....	108
VELTASSA.....	109
VELTIN	71
VEMLIDY.....	22
VENCLEXTA	27
VENCLEXTA STARTING PACK.....	27
venlafaxine	52
VENOFER.....	155
VENTAVIS	145
VENTOLIN HFA	145
verapamil.....	59
VERASENS TEST STRIP	91
VERDESO.....	78
VEREGEN	68
VERELAN	59
VERELAN PM.....	59
VERSACLOZ.....	52
VERZENIO	27
VESICARE.....	146
VFEND	18
VIAGRA	148
VIBERZI	109
VIBRAMYCIN.....	16, 17
VICTOZA 2-PAK.....	101
VICTOZA 3-PAK.....	101
VIEKIRA PAK.....	22
Vienna	130
vigabatrin.....	31
Vigadron	31
VIGAMOX.....	131
VIIBRYD	52
VIMOVO	43
VIMPAT	31
VINATE DHA RF	155
VIOKACE	109
Viorele (28)	130
VIRACEPT.....	22
VIRAMUNE	22
VIRAMUNE XR.....	22
VIRAZOLE	22
VIREAD.....	22, 23
virt-c dha	155
virt-nate dha.....	155

virt-pn dha	155
virt-pn plus	155
virtussin ac	140
virtussin dac.....	140
VISTARIL.....	139
VISTOGARD	23
VITAFOL FE PLUS	155
VITAFOL FE+ (WITH DOCUSATE).....	155
VITAFOL GUMMIES	155
VITAFOL NANO.....	155
VITAFOL ULTRA	155
VITAFOL-OB	155
VITAFOL-OB+DHA	155
VITAFOL-ONE.....	155
VITAMED MD ONE RX....	155
VITAMEDMD REDICHEW RX.....	155
vitamin b complex.....	155
vitamin b complex-folic acid	155
Vitamin K.....	62
Vitamin K1	62
vitamins a,c,d and fluoride....	155
VITAPEARL.....	155
VITATRUE.....	155
VITRAKVI.....	27
VIVAGUARD INO TEST STRIP.....	91
VIVELLE-DOT	122
VIVITROL.....	44
VIVLODEX	44
VIZIMPRO	27
VOGELXO.....	97, 98
Volnea (28).....	130
VOLTAREN	44
voriconazole	18
VORTEX HOLDING CHAMBER	92
VOSEVI.....	23
VOTRIENT.....	28
vp-ch-pnv	155
VP-PNV-DHA.....	155
VRAYLAR	52
Vtol Lq.....	40
VUMERTY	114
VUSION	74
Vyfemla (28)	130
VYLEESI	52
Vylibra	130
VYNDAMAX	64
VYNDAQEL.....	64
VYTORIN 10-10	64
VYTORIN 10-20	64
VYTORIN 10-40	64
VYTORIN 10-80	64
VYVANSE.....	52
VYZULTA	136
W	
WAKIX.....	52
warfarin	62
water for irrigation, sterile	81
WAVESENSE JAZZ	91
WAVESENSE PRESTO	92
WELCHOL.....	64
WELLBUTRIN SR	52
WELLBUTRIN XL.....	52
Wera (28).....	130
westhroid	101
WIDE-SEAL DIAPHRAGM	120
wintergreen oil	68
women's gentle laxative(bisac)	109
women's laxative (bisacodyl)	109
Wymzya Fe	130
X	
XADAGO	33
XALATAN.....	136
XALKORI	28
XANAX	52
XANAX XR	52
XARELTO	62
XARELTO DVT-PE TREAT 30D START	62
XATMEP	28
XCOPRI	31
XCOPRI MAINTENANCE PACK.....	31
XCOPRI TITRATION PACK31	31
XELJANZ	120
XELJANZ XR	120
XELODA	28
XELPROS	136
XENAZINE	35
XENICAL	79
XENLETA.....	14
XEPI.....	73
XERESE.....	74
XERMELO.....	28
XHANCE	145
XIFAXAN	14
XIGDUO XR	101
XiIDRA.....	134
XIMINO	17
XOFLUZA	23
XOLEGEL.....	74
XOPENEX	145
XOPENEX CONCENTRATE	145
XOPENEX HFA	145
XOSPATA.....	28
XPOVIO.....	28
XTAMPZA ER.....	40
XTANDI.....	28
xulane	124
XULTOPHY 100/3.6	95
XURIDEN	81
XYOSTED	98
XYREM	52
XYWAV	52
Y	
YASMIN (28).....	130
YAZ (28).....	130
YONSA.....	28
YOSPRALA	62
YUPELRI.....	145
Yuvafem.....	123
Z	
zafirlukast	145
zaleplon	52
ZANAFLEX	36
Zarah.....	130
ZARONTIN	31
ZARXIO	112
zatean-pn dha	156
zatean-pn plus	156
ZAVESCA.....	98
ZCORT.....	85
Zebutal	40
ZEGERID	111
ZEJULA	28
ZELAPAR	33
ZELBORAF	28
ZELNORM	109
ZEMBRACE SYMTOUCH ..	34
ZEMPLAR	98
Zenatane	71
ZENPEP	109
Zenzedi.....	52
ZENZEDI	52

ZEPATIER	23
ZEPOSIA	114
ZEPOSIA STARTER KIT	114
ZEPOSIA STARTER PACK	114
ZERVIA TE	134
ZESTORETIC	59
ZESTRIL	59
ZETIA	64
ZETONNA	145
ZIAC	59
ZIAGEN	23
ZIANA	71
zidovudine	23
ZIEXTENZO	112
zileuton	145
ZILXI	71
zingiber	156
ZIOPTAN (PF)	136
ziprasidone hc1	52
ZIPSOR	44
ZIRGAN	132
ZITHROMAX	12
ZITHROMAX TRI-PAK	12
ZITHROMAX Z-PAK	12
ZOCOR	64
ZOFTRAN	109
ZOHYDRO ER	40
ZOLINZA	28
zolmitriptan	34
ZOLOFT	53
zolpidem	53
ZOLPIMIST	53
ZOMACTON	112
ZOMIG	34
ZOMIG ZMT	34
ZONALON	68
ZONEGRAN	31
zonisamide	31
ZONTIVITY	62
ZORBTIVE	112
ZORTRESS	28
ZORVOLEX	44
ZOSTAVAX (PF)	117
Zovia 1/35E (28)	130
ZOVIRAX	23, 74
ZTLIDO	72
Z-TUSS AC	140
ZUBSOLV	44
Zumandimine (28)	130
ZUPLENZ	109
ZYCLARA	114
ZYDELIG	28
ZYFLO	145
ZYKADIA	28
ZYLET	137
ZYLOPRIM	118
ZYMAXID	131
ZYPITAMAG	64
ZYPREXA	53
ZYPREXA RELPREVV	53
ZYPREXA ZYDIS	53
ZYTIGA	28
ZYVOX	14