

Select 4 Tier Drug List

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

HMO Saver	PPO Share 2500
PPO Share 1000	PPO Share 3500
PPO Share 1000 (Kirchner)	PPO Share 500
PPO Share 1500	PPO Share 7500

Here are a few things to remember:

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 Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

2020 California Select Drug List

Table of Contents

INFORMATIONAL SECTION 4

***ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM** 11

***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS** 12

ANALGESICS - ANTI-INFLAMMATORY 15

***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER** 12

***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER** 16

***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER** 16

***ANDROGENS-ANABOLIC* - HORMONES** 18

ANORECTAL AGENTS 18

***ANTHELMINTICS* - DRUGS FOR INFECTIONS** 19

***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART** 19

***ANTIANKXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 19

***ANTIARRHYTHMICS* - DRUGS FOR THE HEART** 20

***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS** 20

***ANTICOAGULANTS* - DRUGS FOR THE BLOOD** 22

***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM** 23

***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM** 25

***ANTIDIABETICS* - HORMONES** 26

ANTIDIARRHEALS 29

ANTIDOTES 29

***ANTIEMETICS* - DRUGS FOR THE STOMACH** 29

***ANTIFUNGALS* - DRUGS FOR INFECTIONS** 30

***ANTIHISTAMINES* - DRUGS FOR THE LUNGS** 30

***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART** 31

***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART** 32

***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS** 34

***ANTIMALARIALS* - DRUGS FOR INFECTIONS** 35

ANTIMYASTHENIC AGENTS 35

***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES** 36

***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS** 36

***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER** 36

ANTIPARKINSON AGENTS 41

***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM** 42

***ANTIVIRALS* - DRUGS FOR INFECTIONS** 43

ASSORTED CLASSES 47

***BETA BLOCKERS* - DRUGS FOR THE HEART** 48

***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART** 49

***CARDIOTONICS* - DRUGS FOR THE HEART** 50

***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART** 51

***CEPHALOSPORINS* - DRUGS FOR INFECTIONS** 51

***CONTRACEPTIVES* - DRUGS FOR WOMEN** 52

***CORTICOSTEROIDS* - HORMONES** 59

***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS** 59

CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS** 60

***DERMATOLOGICALS* - DRUGS FOR THE SKIN** 60

DIAGNOSTIC PRODUCTS 67

***DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION** 67

***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH** 68

***DIURETICS* - DRUGS FOR THE HEART** 68

***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES** 69

***ESTROGENS* - HORMONES** 71

***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS** 71

***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH** 71

***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM** 72

GLYCOPEPTIDES** 73

***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER** 73

***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD** 73

HEMATOPOIETIC AGENTS	74
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	74
HEMOSTATICS - DRUGS FOR THE BLOOD	75
*HEPATITIS C AGENT - COMBINATIONS***	75
HYPNOTICS	75
LAXATIVES - DRUGS FOR THE STOMACH	76
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***	77
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***	77
MACROLIDES - DRUGS FOR INFECTIONS	77
MEDICAL DEVICES	77
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	84
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	84
*MONOBACTAMS***	85
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	85
MULTIVITAMINS - DRUGS FOR NUTRITION	87
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	90
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	91
NUTRIENTS - DRUGS FOR NUTRITION	91
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	91
OTIC AGENTS - DRUGS FOR THE EAR	94
OXYTOCICS - HORMONES	94
*PA ENDONUCLEASE INHIBITORS***	94
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***	94
PENICILLINS - DRUGS FOR INFECTIONS	94
PHARMACEUTICAL ADJUVANTS	95
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***	95
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**	95
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***	95
*POTASSIUM REMOVING AGENTS***	96
PROGESTINS - HORMONES	96
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	96
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***	98
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	98
*SEROTONIN MODULATORS***	98
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***	98
*STEROIDS - MOUTH/THROAT/DENTAL***	98
SULFONAMIDES - DRUGS FOR INFECTIONS	99
TETRACYCLINES - DRUGS FOR INFECTIONS	99
THYROID AGENTS - HORMONES	99
TOXOIDS - BIOLOGICAL AGENTS	100
ULCER DRUGS	100
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM	101
URINARY ANTISPASMODICS	102
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	102
VACCINES - BIOLOGICAL AGENTS	103
VAGINAL PRODUCTS	105
VASOPRESSORS - DRUGS FOR THE HEART	106
VITAMINS - DRUGS FOR NUTRITION	106

Select Drug List – Informational Section

Definitions

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

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

“**Coinsurance**” means a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Copayment**” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Deductible**” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

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

“**Drug Tier**” is 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 enrollee’s portion of the cost for the drug.

“**Enrollee**” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“**Exception request**” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

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

“**Formulary**” or “**prescription drug list**” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“**Generic drug**” is 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.

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

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

“**Nonformulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

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

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization (PA)” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

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

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

“Step therapy (ST)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Frequently Asked Questions

How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

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

How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and

(B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

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

How are drugs shown on the list?

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

PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS
<i>NUEDEXTA ORAL CAPSULE (dextromethorphan)</i>

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

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
<i>amoxicillin oral capsule</i>

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

<i>levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)</i>

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

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

What are my options for getting my prescriptions?

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

Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

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

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

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

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

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

Who decides what drugs are on the list?

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

What is a specialty drug and how do I get them?

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

Does the drug list change, and how will I know if it does?

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

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

What kind of drugs can I find on the formulary?

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

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

What drugs can I find in each tier?

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.
- Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.

How will I know how much my drug will cost?

Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

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

How does Anthem promote safety?

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

Our clinical edit programs are:

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

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

How does my doctor start the Prior Authorization process?

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

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

What is Step Therapy? How does it work?

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

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

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

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

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

KEY

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

BRAND name drugs are in UPPER CASE, plain type.

generic drugs are in lower case, italic bold type.

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

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

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

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

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

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

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

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

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

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

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

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

CURRENT AS OF 12/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 2	PA; DO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution)	Tier 1	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 1	PA; DO

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	PA; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release)	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 27 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier 1	PA
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 54 mg, 72 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>paromomycin sulfate oral capsule</i>	Tier 1	
<i>tobramycin inhalation nebulization solution</i>	Tier 4	SP; QL (9.4 mL per 1 day)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 syringe per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Tier 2	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 200 mg</i>	Tier 2	ST; QL (2 capsule per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	ST; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	Tier 3	
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 800 Mg)	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen</i> (Ibu Oral Tablet 600 Mg)	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen oral tablet 600 mg</i>	Tier 1	
<i>indomethacin er oral capsule extended release</i>	Tier 1	QL (2 capsule per 1 day)
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsule per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>meloxicam oral suspension</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	Tier 1	
<i>naproxen kit oral tablet</i>	Tier 1	
<i>naproxen oral suspension</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 500 Mg)	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone</i> (Relafen Oral Tablet 750 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>sulindac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 injections per 28 days)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 pens per 28 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - ANTI-INFLAMMATORY		
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 syringe per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 syringe per 28 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-asa-caffeine oral capsule</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Capacet Oral Capsule)	Tier 1	
<i>marten-tab oral tablet</i>	Tier 1	
<i>butalbital-apap-caffeine</i> (Phrenilin Forte Oral Capsule)	Tier 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</i>)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET (<i>aspirin</i>)	Tier 1	
<i>diflunisal oral tablet</i>	Tier 1	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	Tier 1	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier 1	QL (5 tablets per 1 day)
IBUDONE ORAL TABLET (<i>hydrocodone-ibuprofen</i>)	Tier 1	QL (5 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet)	Tier 2	QL (6 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen</i> (Vicodin Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>zamicet oral solution</i>	Tier 1	QL (90 mL per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	Tier 2	PA; QL (15 patches per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier 1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydromorphone hcl rectal suppository</i>	Tier 2	QL (4 suppositories per 1 day)
<i>meperidine hcl injection solution</i>	Tier 1	
<i>meperidine hcl oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution</i>	Tier 1	QL (6 mL per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>morphine sulfate rectal suppository</i>	Tier 1	QL (6 suppositories per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 2	QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	Tier 2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet</i>	Tier 1	QL (8 tablet per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-aspirin oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 2	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 2	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier 2	QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier 2	QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Tier 2	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
<i>oxandrolone oral tablet</i>	Tier 2	PA
*ANDROGENS*** - DRUGS FOR MEN		
ANDROXY ORAL TABLET (<i>fluoxymesterone</i>)	Tier 2	
<i>danazol oral capsule</i>	Tier 2	
<i>methitest oral tablet</i>	Tier 3	
<i>testosterone cypionate injection solution</i>	Tier 1	PA
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/lact (1%), 20.25 mg/lact (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 2	PA; QL (2 packets per 1 day)
ANORECTAL AGENTS		
*INTRARECTAL STEROIDS***		
<i>hydrocortisone</i> (Colocort Rectal Enema)	Tier 1	
<i>hydrocortisone rectal enema</i>	Tier 1	
*RECTAL ANESTHETIC/STEROIDS***		
<i>hydrocortisone ace-pramoxine external cream</i>	Tier 1	
<i>hydrocortisone ace-pramoxine rectal cream</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	Tier 3	
<i>lidocaine-hydrocortisone ace rectal kit</i>	Tier 1	
<i>pramcort rectal cream</i>	Tier 1	
*RECTAL STEROIDS***		
<i>hydrocortisone (perianal) external cream</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone rectal cream</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak External Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream)	Tier 1	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>ivermectin oral tablet</i>	Tier 1	
<i>praziquantel oral tablet</i>	Tier 2	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*NITRATES*** - DRUGS FOR ANGINA		
<i>isosorbide dinitrate</i> (Isochron Oral Tablet Extended Release)	Tier 1	
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier 1	
<i>isosorbide dinitrate oral tablet</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin er oral capsule extended release</i>	Tier 1	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin translingual aerosol solution</i>	Tier 2	
<i>nitroglycerin translingual solution</i>	Tier 2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE (<i>nitroglycerin</i>)	Tier 1	
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANKXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet</i>	Tier 1	
<i>hydroxyzine hcl oral syrup</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule</i>	Tier 1	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	Tier 1	QL (8 mL per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral solution</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	Tier 2	
<i>quinidine sulfate er oral tablet extended release</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule</i>	Tier 2	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	
<i>propafenone hcl oral tablet</i>	Tier 2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>dofetilide oral capsule</i>	Tier 2	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	Tier 3	QL (2 tablets per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier 2	QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	Tier 1	QL (1 inhaler per 30 days)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Tier 1	QL (60 mL per 30 days)
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 1	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	Tier 1	
<i>metaproterenol sulfate oral tablet</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	Tier 2	QL (1 inhaler per 30 days)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	Tier 3	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	Tier 3	QL (1 inhaler per 30 days)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	Tier 3	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (60 mL per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	Tier 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	Tier 2	QL (2 inhalers per 30 days)
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone dipropionate</i>)	Tier 2	QL (1 inhaler per 30 days)
QVAR INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone dipropionate</i>)	Tier 2	QL (2 inhalers per 30 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>theophylline</i>)	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline oral solution</i>	Tier 1	
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET (<i>apixaban</i>)	Tier 3	QL (1 pack per 365 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	Tier 3	QL (74 tablets per 1 year)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 3	QL (74 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	Tier 3	QL (42 tablets per 1 fill)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	Tier 3	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	Tier 3	QL (1 pack per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	Tier 4	QL (30 syringes per 30 days)
<i>enoxaparin sodium subcutaneous solution</i>	Tier 4	QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	Tier 4	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
PRADAXA ORAL CAPSULE (<i>dabigatran etexilate mesylate</i>)	Tier 3	QL (2 capsules per 1 day)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clonazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 200 mg</i>	Tier 1	QL (8 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Tier 1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Tier 1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	Tier 1	QL (10 tablets per 1 day)
<i>carbamazepine</i> (Epitol Oral Tablet)	Tier 1	QL (8 tablets per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 2	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 2	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	Tier 2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	Tier 2	
<i>levetiracetam oral tablet 1000 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Tier 2	QL (6 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levetiracetam oral tablet 750 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	Tier 2	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>primidone oral tablet</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet)	Tier 1	QL (2 tablets per 1 day)
<i>topiramate oral capsule sprinkle</i>	Tier 1	QL (2 capsules per 1 day)
<i>topiramate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	Tier 2	QL (6 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	Tier 2	
<i>felbamate oral tablet</i>	Tier 2	
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	Tier 2	
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>)	Tier 3	
PEGANONE ORAL TABLET (<i>ethotoin</i>)	Tier 3	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	Tier 1	
<i>ethosuximide oral solution</i>	Tier 1	
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Tier 2	
<i>valproate sodium oral solution</i>	Tier 1	
<i>valproic acid oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	Tier 1	
<i>mirtazapine oral tablet dispersible</i>	Tier 1	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 tablets per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO
<i>maprotiline hcl oral tablet</i>	Tier 1	
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet</i>	Tier 1	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Tier 1	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Tier 1	QL (1.5 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

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

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	
<i>metformin hcl oral tablet</i>	Tier 1	
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl (rdna)</i>)	Tier 2	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION KIT (<i>glucagon (rdna)</i>)	Tier 2	QL (2 kits per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	Tier 2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	Tier 2	ST; DO
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 mL per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	Tier 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	PA; QL (18 mL per 30 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution pen-injector</i>	Tier 2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 3	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 3	ST; QL (2 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 3	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 3	QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	Tier 2	ST; QL (1 box (2 pens) per 30 days)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	Tier 3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	Tier 2	ST; QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	
<i>glyburide-metformin oral tablet</i>	Tier 1	
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet</i>	Tier 1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	
<i>glipizide oral tablet</i>	Tier 1	
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier 1	
<i>glyburide oral tablet</i>	Tier 1	
<i>tolbutamide oral tablet</i>	Tier 2	
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
ANTIDIARRHEALS		
*ANTIPERISTALTIC AGENTS***		
<i>diphenatol oral tablet</i>	Tier 1	
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	Tier 3	
ANTIDOTES		
*ANTIDOTES - CHELATING AGENTS***		
CHEMET ORAL CAPSULE (<i>succimer</i>)	Tier 3	
*OPIOID ANTAGONISTS***		
<i>naloxone hcl injection solution</i>	Tier 2	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 2	QL (6 syringes per 90 days)
<i>naltrexone hcl oral tablet</i>	Tier 1	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	Tier 3	QL (6 nasal spray per 90 days)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>ondansetron hcl oral solution</i>	Tier 2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
CESAMET ORAL CAPSULE (<i>nabilone</i>)	Tier 3	
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>bio-statin oral powder</i>	Tier 1	
<i>flucytosine oral capsule</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
<i>nystatin oral powder</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>itraconazole oral capsule</i>	Tier 2	PA; QL (126 capsules per 30 days)
ANTI-HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	Tier 1	
<i>carbinoxamine maleate oral tablet</i>	Tier 1	
<i>clemastine fumarate oral tablet</i>	Tier 1	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>diphenhydramine hcl oral capsule</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>allergy 24-hr oral tablet</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	Tier 1	QL (1 tablet per 1 day)
<i>hm fexofenadine hcl oral tablet</i>	Tier 1	
<i>kp fexofenadine hcl oral tablet</i>	Tier 1	
<i>levocetirizine dihydrochloride oral solution</i>	Tier 1	QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>qc fexofenadine hydrochloride oral tablet</i>	Tier 1	
<i>sm fexofenadine hcl oral tablet</i>	Tier 1	
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl</i> (Phenadoz Rectal Suppository)	Tier 2	
<i>promethazine hcl oral solution</i>	Tier 1	
<i>promethazine hcl oral syrup</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>promethazine hcl rectal suppository</i>	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY (<i>promethazine hcl</i>)	Tier 2	
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>triklo oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>colesevelam hcl oral packet</i>	Tier 2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>choline fenofibrate oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	QL (2 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 1	QL (1 tablet per 1 day)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Tier 1	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	Tier 1	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	Tier 1	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>fosinopril sodium oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>ramipril oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
<i>trandolapril oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>methyldopa-hydrochlorothiazide oral tablet</i>	Tier 1	
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	PA; QL (12 capsules per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 1	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg</i>	Tier 2	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	QL (3 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 1	DO
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>guanfacine hcl oral tablet</i>	Tier 1	
<i>methyldopa oral tablet</i>	Tier 1	
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nadolol-bendroflumethiazide oral tablet</i>	Tier 1	
<i>propranolol-hctz oral tablet</i>	Tier 1	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>metronidazole oral capsule</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet</i>	Tier 1	
<i>trimethoprim oral tablet</i>	Tier 1	
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Tier 1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	Tier 3	
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	Tier 3	
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ertapenem sodium</i>)	Tier 3	
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	Tier 2	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid oral suspension reconstituted</i>	Tier 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (28 tablets per 30 days)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	Tier 3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (16 tablets per 1 fill)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 fill)
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 1	QL (16 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	Tier 1	QL (5 tablets per 28 days)
<i>primaquine phosphate oral tablet</i>	Tier 3	
<i>pyrimethamine oral tablet</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	Tier 2	PA; QL (60 capsules per 365 days)
ANTIMYASTHENIC AGENTS		
*ANTIMYASTHENIC AGENTS***		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTI TB COMBINATIONS*** - ANTIBIOTICS		
RIFATER ORAL TABLET (<i>isoniazid-rifamp-pyrazinamide</i>)	Tier 3	
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	Tier 2	
<i>ethambutol hcl oral tablet</i>	Tier 2	
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	Tier 3	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifabutin oral capsule</i>	Tier 2	
<i>rifampin oral capsule</i>	Tier 2	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
HEXALEN ORAL CAPSULE (<i>altretamine</i>)	Tier 4	PA
MYLERAN ORAL TABLET (<i>busulfan</i>)	Tier 4; OC	
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET (<i>abiraterone acetate</i>)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	Tier 4; OC	LD; QL (38 tablets per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	Tier 2; OC	
<i>flutamide oral capsule</i>	Tier 2; OC	
<i>nilutamide oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
<i>tamoxifen citrate oral tablet</i>	Tier 2; OC; \$0	
<i>toremifene citrate oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	Tier 4; OC	PA; SP
<i>mercaptopurine oral tablet</i>	Tier 2; OC	
<i>methotrexate oral tablet</i>	Tier 2; OC	
<i>methotrexate sodium oral tablet</i>	Tier 2; OC	
TABLOID ORAL TABLET (<i>thioguanine</i>)	Tier 4; OC	
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
FARYDAK ORAL CAPSULE (<i>panobinostat lactate</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE 1 MG (<i>pomalidomide</i>)	Tier 4; OC	PA; SP; LD; QL (5 capsules per 1 day)
POMALYST ORAL CAPSULE 2 MG (<i>pomalidomide</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	Tier 4	PA; SP
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	Tier 4; OC	PA; SP
AFINITOR ORAL TABLET (<i>everolimus</i>)	Tier 4; OC	PA; SP
<i>everolimus oral tablet</i>	Tier 4	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	Tier 4; OC	PA; SP; QL (3 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Tier 4; OC	PA; LD; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; LD; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; LD; QL (1 dose pack per 28 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	Tier 3; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	Tier 4; OC	PA; LD; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (<i>ponatinib hcl</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 4; OC	PA; SP; QL (8 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
<i>lapatinib ditosylate oral tablet</i>	Tier 4	SP; QL (6 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (1 pack per 30 days)
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	Tier 4; OC	PA; SP; LD; QL (6 tablets per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
ZYKADIA ORAL CAPSULE (<i>ceritinib</i>)	Tier 4; OC	PA; SP; LD; QL (5 capsules per 1 day)
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ALFERON N INJECTION SOLUTION (<i>interferon alfa-n3</i>)	Tier 4	SP
<i>hydroxyurea oral capsule</i>	Tier 2; OC	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTRON A INJECTION SOLUTION (<i>interferon alfa-2b</i>)	Tier 4	SP; LD
INTRON A INJECTION SOLUTION RECONSTITUTED (<i>interferon alfa-2b</i>)	Tier 4	SP; LD
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	Tier 4; OC	LD
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	Tier 2; OC; \$0	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	Tier 2; OC; \$0	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	Tier 2; OC; \$0	QL (1 tablet per 1 day)
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	Tier 4; OC	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium oral tablet</i>	Tier 2	
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Tier 4; OC	PA; SP; QL (2 capsule per 1 day)
<i>temozolomide oral capsule 140 mg, 180 mg</i>	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	Tier 4; OC	PA; SP; QL (3 capsule per 1 day)
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (5 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (2.5 tablets per 1 day)
JAKAFI ORAL TABLET 25 MG (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (10 tablets per 1 day)
*LHRH ANALOGS*** - DRUGS FOR CANCER		
<i>leuprolide acetate injection kit</i>	Tier 4	PA; SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	Tier 4; OC	SP
*NITROGEN MUSTARDS*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	Tier 4; OC	SP

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	Tier 4; OC	
<i>melfalan oral tablet</i>	Tier 4; OC	SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
GLEOSTINE ORAL CAPSULE (<i>Iomustine</i>)	Tier 4; OC	PA
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	Tier 2; OC	
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	Tier 4; OC	PA; SP; QL (10 capsules per 1 day)
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
HYCANTIN ORAL CAPSULE (<i>topotecan hcl</i>)	Tier 4; OC	PA; SP
ANTIPARKINSON AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
<i>benztropine mesylate oral tablet</i>	Tier 1	
<i>trihexyphenidyl hcl oral elixir</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
*ANTIPARKINSON DOPAMINERGICS***		
<i>amantadine hcl oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>amantadine hcl oral syrup</i>	Tier 2	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
<i>bromocriptine mesylate oral capsule</i>	Tier 1	
<i>bromocriptine mesylate oral tablet</i>	Tier 1	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
<i>rasagiline mesylate oral tablet</i>	Tier 2	
<i>selegiline hcl oral capsule</i>	Tier 2	
<i>selegiline hcl oral tablet</i>	Tier 2	
*DECARBOXYLASE INHIBITORS***		
<i>carbidopa oral tablet</i>	Tier 2	
*LEVODOPA COMBINATIONS***		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***		
APOKYN SUBCUTANEOUS SOLUTION (<i>apomorphine hcl</i>)	Tier 4	PA; QL (2 mL per 1 day)
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	Tier 4	PA; SP; LD; QL (2 mL per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
*PERIPHERAL COMT INHIBITORS***		
<i>entacapone oral tablet</i>	Tier 2	QL (8 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release</i>	Tier 1	
<i>lithium carbonate oral capsule</i>	Tier 1	
<i>lithium carbonate oral tablet</i>	Tier 1	
<i>lithium oral solution</i>	Tier 2	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	Tier 2	DO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Tier 2	QL (2 capsules per 1 day)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg)	Tier 2	QL (2 tablets per 1 day)
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible 3 Mg, 4 Mg)	Tier 2	
<i>risperidone oral solution</i>	Tier 1	QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>risperidone oral tablet 3 mg, 4 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	Tier 2	QL (4 tablets per 1 day)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol oral tablet</i>	Tier 1	
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	Tier 2	QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 2	DO
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 2	QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Tier 2	DO

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIBENZOTHAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	DO
<i>quetiapine fumarate oral tablet 200 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule</i>	Tier 1	
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl oral tablet</i>	Tier 2	
<i>fluphenazine hcl oral concentrate</i>	Tier 1	
<i>fluphenazine hcl oral elixir</i>	Tier 1	
<i>fluphenazine hcl oral tablet</i>	Tier 1	
<i>perphenazine oral tablet</i>	Tier 1	
<i>prochlorperazine maleate oral tablet</i>	Tier 1	
<i>thioridazine hcl oral tablet</i>	Tier 1	
<i>trifluoperazine hcl oral tablet</i>	Tier 1	
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Tier 2	DO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	Tier 2	QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	DO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	Tier 2	QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	DO
<i>olanzapine oral tablet dispersible 15 mg</i>	Tier 2	QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	Tier 2	QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule</i>	Tier 1	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2	QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET (<i>emtricitabine-tenofovir af</i>)	Tier 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet</i>	Tier 2; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 2	QL (1 tablet per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	Tier 2	QL (16 mL per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	Tier 2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	Tier 2; \$0	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	Tier 2	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	Tier 2	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	Tier 2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	Tier 2	PA
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	Tier 2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	Tier 2	QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	Tier 2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 2	QL (1 capsule per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	Tier 2	QL (12 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	Tier 2	QL (6 capsules per 1 day)
<i>fosamprenavir calcium oral tablet</i>	Tier 2	QL (4 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVIRASE ORAL CAPSULE (<i>saquinavir mesylate</i>)	Tier 2	
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	Tier 2	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	Tier 2	QL (60 mL per 1 day)
NORVIR ORAL CAPSULE (<i>ritonavir</i>)	Tier 2	
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	Tier 2	QL (16 mL per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	Tier 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	Tier 2	QL (1 tablet per 1 day)
<i>ritonavir oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Tier 2	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Tier 2	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	Tier 2	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	PA; QL (16 tablets per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
RESCRIPTOR ORAL TABLET 100 MG (<i>delavirdine mesylate</i>)	Tier 2	
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	Tier 2	QL (6 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	Tier 1	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 125 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>didanosine oral capsule delayed release 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>didanosine oral capsule delayed release 400 mg</i>	Tier 1	
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	Tier 2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	Tier 2; \$0	QL (1 capsule per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	Tier 2	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>stavudine oral solution reconstituted</i>	Tier 1	
<i>zidovudine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 tablet per 1 day)
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	Tier 4	
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	Tier 2	QL (20 mL per 1 day)
TYZEKA ORAL TABLET (<i>telbivudine</i>)	Tier 4	
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	Tier 4	SP; QL (1 tablet per 1 day)
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin</i> (Moderiba Oral Tablet)	Tier 4	SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	Tier 4	SP; QL (2 pens per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	Tier 4	SP; QL (2 syringes per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	SP; QL (4 vials per 28 days)
PEG-INTRON REDIPEN PAK 4 SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Tier 4	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Tier 4	
PEG-INTRON SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	Tier 4	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (<i>peginterferon alfa-2b</i>)	Tier 4	SP
<i>ribavirin</i> (Ribasphere Oral Capsule)	Tier 4	SP

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin</i> (Ribasphere Oral Tablet)	Tier 4	SP
<i>ribavirin oral capsule</i>	Tier 4	SP
<i>ribavirin oral tablet</i>	Tier 4	SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 1	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 fill)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 1	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	Tier 1	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	Tier 1	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (10 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (180 ML per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	Tier 2	QL (1 package per 90 days)
ASSORTED CLASSES		
*ANTILEPROTICS***		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
*CHELATING AGENTS***		
<i>trientine hcl</i> (Clovique Oral Capsule)	Tier 2	PA; SP; QL (8 capsules per 1 day)
<i>penicillamine oral tablet</i>	Tier 2	PA; QL (8 tablets per 1 day)
<i>trientine hcl oral capsule</i>	Tier 2	PA; SP; QL (8 capsules per 1 day)
*CYCLOSPORINE ANALOGS***		
<i>cyclosporine modified oral capsule</i>	Tier 4	
<i>cyclosporine modified oral solution</i>	Tier 4	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine oral capsule</i>	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 4	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES***		
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
<i>mycophenolate mofetil oral capsule</i>	Tier 4	
<i>mycophenolate mofetil oral tablet</i>	Tier 4	
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	
*MACROLIDE IMMUNOSUPPRESSANTS***		
<i>sirolimus oral solution</i>	Tier 4	
*POTASSIUM REMOVING RESINS***		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 2	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	Tier 2	
*PURINE ANALOGS***		
<i>azathioprine oral tablet</i>	Tier 2	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	Tier 1	
<i>atenolol oral tablet</i>	Tier 1	
<i>betaxolol hcl oral tablet</i>	Tier 1	
<i>bisoprolol fumarate oral tablet</i>	Tier 1	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral solution</i>	Tier 1	
<i>propranolol hcl oral tablet</i>	Tier 1	
<i>sotalol hcl</i> (Sorine Oral Tablet)	Tier 2	
<i>sotalol hcl (af) oral tablet</i>	Tier 2	
<i>sotalol hcl oral tablet</i>	Tier 2	
<i>sotalol hydrochloride oral tablet</i>	Tier 2	
<i>timolol maleate oral tablet</i>	Tier 1	
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 2	DO
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 2	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem cd oral capsule extended release 24 hour 240 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	Tier 1	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	Tier 1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	Tier 1	DO
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine</i> (Nifedical XI Oral Tablet Extended Release 24 Hour)	Tier 1	DO
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	Tier 2	DO
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	Tier 1	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg</i>	Tier 1	QL (3 tablets per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet)	Tier 1	
<i>digoxin</i> (Digox Oral Tablet)	Tier 1	
<i>digoxin oral solution</i>	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>digoxin oral tablet</i>	Tier 1	
LANOXIN ORAL TABLET (<i>digoxin</i>)	Tier 3	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	DO
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution</i>	Tier 4	PA; SP; LD
<i>treprostinil sodium injection solution</i>	Tier 4	PA
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	Tier 4	PA; SP; LD; QL (9 mL per 1 day)
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	Tier 4	PA; SP; QL (2 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; SP; QL (2 tablet per 1 day)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	PA; QL (8 tablets per 25 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (30 tablets per 25 days)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin oral capsule</i>	Tier 1	
<i>cephalexin oral suspension reconstituted</i>	Tier 1	
<i>cephalexin oral tablet</i>	Tier 1	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral tablet</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	Tier 1	QL (20 capsules per 1 fill)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	Tier 1	QL (240 mL per 1 fill)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	Tier 1	QL (120 mL per 1 fill)
<i>cefditoren pivoxil oral tablet</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	QL (10 capsules per 1 fill)
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 2	
<i>cefpodoxime proxetil oral tablet</i>	Tier 2	
<i>ceftibuten oral capsule</i>	Tier 2	
<i>ceftibuten oral suspension reconstituted</i>	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>cefixime</i>)	Tier 3	QL (40 mL per 1 fill)
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Bekyree Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kimidess Oral Tablet)	Tier 1; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	Tier 3; \$0	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Tier 1; \$0	
<i>viorele oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1; \$0	
<i>alyacen 1/35 oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1; \$0	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Tier 1; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	Tier 3; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>briellyn oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Gildagia Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Gildess 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1; \$0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Lomedia 24 Fe Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Tier 1; \$0	
<i>marlissa oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet)	Tier 1; \$0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet)	Tier 1; \$0	
NECON 1/50 (28) ORAL TABLET (<i>norethindrone-mestranol</i>)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	Tier 1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Tier 1; \$0	
OGESTREL ORAL TABLET (<i>norgestrel-ethinyl estradiol</i>)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	Tier 1; \$0	
<i>drospirenone-eth estrad-levomefol</i> (Rajani Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	Tier 1; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	Tier 3; \$0	
TYBLUME ORAL TABLET (<i>levonorgestrel-ethinyl estrad</i>)	Tier 1; \$0	
<i>drospirenone-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	Tier 1; \$0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Vienna Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Zenchent Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/50E (28) Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
XULANE TRANSDERMAL PATCH WEEKLY (<i>norelgestromin-eth estradiol</i>)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL *** - BIRTH CONTROL PILLS		
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Tier 1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	Tier 3; \$0	
<i>levonorgestrel oral tablet</i>	Tier 1; \$0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
NEXT CHOICE ONE DOSE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
PREVENTEZA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
REACT ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	Tier 1; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	Tier 3; \$0	
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1; \$0	
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jolivette Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1; \$0	
<i>norethindrone oral tablet</i>	Tier 1; \$0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	Tier 3; \$0	
<i>norethindrone</i> (Tulana Oral Tablet)	Tier 1; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Myzilra Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Necon 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa Lo Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	Tier 1; \$0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet)	Tier 1; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 capsule per 1 day)
<i>cortisone acetate oral tablet</i>	Tier 1	
<i>dexamethasone</i> (Decadron Oral Elixir)	Tier 1	
<i>dexamethasone</i> (Decadron Oral Tablet)	Tier 1	
<i>prednisone</i> (Deltasone Oral Tablet)	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>hydrocortisone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone oral syrup</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	Tier 1	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	
<i>hydromet oral syrup</i>	Tier 1	
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>cheratussin ac oral syrup</i>	Tier 1	PA
<i>g tussin ac oral solution</i>	Tier 1	PA
<i>guaifatussin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin-codeine oral solution</i>	Tier 1	PA
<i>robafen ac oral solution</i>	Tier 1	PA

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>virtussin alc oral solution</i>	Tier 1	PA
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup</i>	Tier 1	
<i>promethazine vc plain oral solution</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine-phenylephrine oral syrup</i>	Tier 1	QL (120 mL per 1 fill)
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	Tier 2	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral solution</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine-dm oral syrup</i>	Tier 1	QL (120 mL per 1 fill)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup)	Tier 1	
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 1	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 1	QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	Tier 3	PA
VITUZ ORAL SOLUTION (<i>hydrocodone-chlorpheniramine</i>)	Tier 3	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vclcodeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 1	PA; QL (120 mL per 1 fill)
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS***		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	Tier 1	
<i>clindamycin phosphate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 1	QL (4 mL per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external solution</i>	Tier 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	Tier 1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	Tier 2	QL (60 grams per 30 days)
<i>ery external pad</i>	Tier 1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>erythromycin external pad</i>	Tier 1	QL (2 pads per 1 day)
<i>erythromycin external solution</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 1	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	QL (45 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 1	QL (2 packets per 1 day)
<i>sulfacetamide sodium-sulfur</i> (Cerisa Wash External Emulsion)	Tier 1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 1	QL (50 grams per 30 days)
<i>sulfacetamide sodium-sulfur external emulsion</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external pad</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external suspension</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external gel</i>	Tier 1	
<i>sulfamez wash external emulsion</i>	Tier 1	
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>adapalene external cream</i>	Tier 1	
<i>adapalene external gel</i>	Tier 1	QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 2	PA
<i>tretinoin</i> (Avita External Cream)	Tier 1	PA; QL (45 grams per 30 days)
<i>benzoyl peroxide cleanser external lotion</i>	Tier 1	
<i>benzoyl peroxide external foam</i>	Tier 1	
<i>benzoyl peroxide external gel</i>	Tier 1	QL (42.5 grams per 30 days)
<i>bp foaming wash external liquid</i>	Tier 1	
<i>bpo foaming cloths external</i>	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 2	PA
<i>benzoyl peroxide</i> (Clearplex X External Gel)	Tier 1	
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external cream 0.1 %</i>	Tier 1	PA
<i>tretinoin external gel 0.01 %</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel 0.025 %</i>	Tier 1	PA
<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 2	PA

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	Tier 3	
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
<i>tretinoin (emollient) external cream</i>	Tier 1	PA; QL (40 grams per 30 days)
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
CORTISPORIN EXTERNAL OINTMENT (<i>bacit-poly-neo hc</i>)	Tier 1	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	Tier 3	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Tier 1	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>nystatin-triamcinolone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	Tier 1	
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox external gel</i>	Tier 1	
<i>ciclopirox external shampoo</i>	Tier 1	
<i>ciclopirox external solution</i>	Tier 1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 1	
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	QL (30 grams per 30 days)
<i>nystatin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Tier 1	QL (30 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Tier 1	QL (30 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel</i>	Tier 2	QL (1000 grams per 30 days)
<i>diclofenac sodium transdermal gel</i>	Tier 2	QL (1000 grams per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream</i>	Tier 1	QL (40 grams per 365 days)
<i>fluorouracil external solution</i>	Tier 1	QL (10 mL per 365 days)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methoxsalen oral capsule</i>	Tier 2; OC	SP
<i>methoxsalen rapid oral capsule</i>	Tier 2; OC	SP
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 2	QL (120 grams per 30 days)
*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>sodium sulfacetamide wash external liquid</i>	Tier 2	
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>selenium sulfide external shampoo</i>	Tier 1	
<i>sodium sulfacetamide external shampoo</i>	Tier 1	
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>silver sulfadiazine external cream</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Tier 1	
<i>silver sulfadiazine</i> (Thermazene External Cream)	Tier 1	
*CORTICOSTEROIDS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>alclometasone dipropionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 1	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>amcinonide external ointment</i>	Tier 2	QL (60 grams per 30 days)
<i>fluticasone propionate</i> (Beser External Lotion)	Tier 1	QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 1	QL (45 grams per 30 days)
<i>clobetasol prop emollient base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 1	QL (60 grams per 30 days)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol propionate emulsion external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	Tier 1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 1	
<i>clobetasol propionate external solution</i>	Tier 1	QL (50 mL per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>clocortolone pivalate pump external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 1	
<i>clobetasol propionate</i> (Cormax Scalp Application External Solution)	Tier 1	QL (1.7 mL per 1 day)
<i>desonide external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>desonide external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>desonide external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Tier 1	QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external ointment</i>	Tier 1	QL (100 grams per 30 days)
<i>diflorasone diacetate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	Tier 1	
<i>fluocinonide external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinonide external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	Tier 2	QL (120 grams per 30 days)
<i>flurandrenolide external lotion</i>	Tier 2	QL (120 mL per 30 days)
<i>flurandrenolide external ointment</i>	Tier 2	QL (120 grams per 30 days)
<i>fluticasone propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide external cream</i>	Tier 1	QL (216 grams per 30 days)
<i>halobetasol propionate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 1	QL (50 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Tier 1	
<i>hydrocortisone butyrate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>hydrocortisone external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>prednicarbate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>prednicarbate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Tier 1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>triamcinolone acetonide</i> (Trianex External Ointment)	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream)	Tier 1	QL (454 grams per 30 days)
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	Tier 1	QL (450 grams per 30 days)
<i>ammonium lactate external lotion</i>	Tier 1	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>clotrimazole af external cream</i>	Tier 1	
<i>clotrimazole anti-fungal external cream</i>	Tier 1	
<i>clotrimazole external cream</i>	Tier 1	
<i>clotrimazole external solution</i>	Tier 1	
CLOTRIMAZOLE GRX EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs clotrimazole external cream</i>	Tier 1	
<i>cvs clotrimazole external solution</i>	Tier 1	
<i>econazole nitrate external cream</i>	Tier 1	
<i>ketoconazole external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Tier 1	
<i>ketoconazole external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>kp clotrimazole external cream</i>	Tier 1	
<i>qc clotrimazole external cream</i>	Tier 1	
<i>ra clotrimazole external cream</i>	Tier 1	
<i>tgt clotrimazole external cream</i>	Tier 1	
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL *** - DRUGS FOR THE SKIN		
<i>imiquimod external cream</i>	Tier 1	PA; QL (48 packets per 365 days)
*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external solution</i>	Tier 1	
<i>salicylic acid</i> (Salacyn External Cream)	Tier 1	
<i>salicylic acid</i> (Salacyn External Lotion)	Tier 1	
<i>salicylic acid external cream</i>	Tier 1	
<i>salicylic acid external gel</i>	Tier 1	
<i>salicylic acid external liquid</i>	Tier 1	
<i>salicylic acid external lotion</i>	Tier 1	
<i>salicylic acid-cleanser external kit</i>	Tier 1	
<i>salitech forte external lotion</i>	Tier 1	
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	Tier 1	PA; QL (100 grams per 90 days)
<i>tacrolimus external ointment</i>	Tier 1	PA; QL (100 grams per 90 days)
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	Tier 2	QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>metronidazole external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Tier 1	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	Tier 1	QL (59 mL per 30 days)
<i>metronidazole</i> (Rosadan External Cream)	Tier 1	QL (45 grams per 30 days)
<i>metronidazole</i> (Rosadan External Gel)	Tier 1	QL (45 grams per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>lindane external shampoo</i>	Tier 1	QL (60 mL per 30 days)
<i>malathion external lotion</i>	Tier 1	
<i>permethrin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	Tier 1	QL (120 mL per 7 days)
*SKIN CLEANSERS*** - DRUGS FOR THE SKIN		
<i>essentra wipes 9x9" external</i>	Tier 3	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (1 gram per 1 day)
<i>lidocaine-prilocaine external kit</i>	Tier 1	QL (1 kit per 30 days)
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 1	QL (400 grams per 28 days)
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl rdna (diagnostic)</i>)	Tier 2	
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	Tier 3	
<i>ketone test in vitro strip</i>	Tier 3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
RELION KETONE IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*INFANT FOODS*** - DRUGS FOR NUTRITION		
ENFAGROW PREMIUM LIPIL ORAL POWDER (<i>infant foods</i>)	Tier 3	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER (<i>infant foods</i>)	Tier 3	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PURE BLISS ORAL POWDER (<i>infant foods</i>)	Tier 3	
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
<i>equacare jr oral powder</i>	Tier 3	
ESSENTIAL CARE JR ORAL POWDER (<i>nutritional supplements</i>)	Tier 3	
GLYTACTIN BURST ORAL PACKET (<i>nutritional supplements</i>)	Tier 3	
KATE FARMS CORE ESSENTIALS 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
NUTRAMINE ORAL PACKET (<i>nutritional supplements</i>)	Tier 3	
PKU SPHERE 20 ORAL PACKET (<i>nutritional supplements</i>)	Tier 3	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	
<i>methazolamide oral tablet</i>	Tier 2	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torseamide oral tablet</i>	Tier 1	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	Tier 2	
<i>spironolactone oral tablet</i>	Tier 1	
<i>triamterene oral capsule</i>	Tier 2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet</i>	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrochlorothiazide oral capsule</i>	Tier 1	DO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg</i>	Tier 1	DO
<i>hydrochlorothiazide oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>indapamide oral tablet</i>	Tier 1	
<i>methyclothiazide oral tablet</i>	Tier 1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	Tier 1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Tier 3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral tablet</i>	Tier 1	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (4 tablets per 28 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	Tier 2	QL (1 bottle per 30 days)
FORTICAL NASAL SOLUTION (<i>calcitonin (salmon)</i>)	Tier 2	QL (1 bottle per 30 days)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution</i>	Tier 1	
<i>levocarnitine oral tablet</i>	Tier 2	
<i>levocarnitine sf oral solution</i>	Tier 1	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	Tier 1	QL (16 tablets per 30 days)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 4	PA; SP; QL (2 units per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 4	PA; SP; QL (2 units per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION (<i>somatropin</i>)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 4	PA; SP; QL (2 units per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule</i>	Tier 4	PA; LD
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	Tier 4	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CYSTADANE ORAL POWDER (<i>betaine</i>)	Tier 3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET (<i>carglumic acid</i>)	Tier 4	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>paricalcitol oral capsule</i>	Tier 1	PA
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier 4	PA; SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KUVAN ORAL TABLET SOLUBLE (<i>sapropterin dihydrochloride</i>)	Tier 4	PA; SP; LD
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	Tier 1; \$0	
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	Tier 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	Tier 4	PA; SP; QL (2 kits per 28 days)
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sodium phenylbutyrate oral tablet</i>	Tier 2	PA; QL (40 tablets per 1 day)
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>jevantique lo oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 patches per 28 days)
<i>estropipate oral tablet</i>	Tier 1	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	Tier 3	QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 1000 mg</i>	Tier 1	QL (14 tablets per 30 days)
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (3 tablets per 30 days)
<i>levofloxacin oral tablet</i>	Tier 2	QL (14 tablets per 30 days)
<i>ofloxacin oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	Tier 3	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1	
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 2	QL (4 capsules per 1 day)
<i>mesalamine-cleanser rectal kit</i>	Tier 2	QL (1 kit per 28 days)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	Tier 1	
<i>generlac oral solution</i>	Tier 1	
<i>lactulose encephalopathy oral solution</i>	Tier 1	
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>calcium acetate oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Tier 1	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Tier 1	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	Tier 1	QL (9 tablets per 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>finasteride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
<i>potassium citrate-citric acid oral packet</i>	Tier 1	
<i>potassium citrate-citric acid oral solution</i>	Tier 1	
<i>potassium citrate-citric acid</i> (Taron-Crystals Oral Packet)	Tier 1	
<i>virtrate-k oral solution</i>	Tier 1	
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	Tier 1	
<i>sodium chloride irrigation solution</i>	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	Tier 3	QL (3 capsules per 1 day)
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet)	Tier 1	
<i>phenazopyridine hcl oral tablet</i>	Tier 1	
*GLYCOPEPTIDES***		
*GLYCOPEPTIDES***		
<i>vancomycin hcl oral capsule</i>	Tier 2	PA
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet</i>	Tier 1	
<i>colchicine oral capsule</i>	Tier 2	QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Tier 2	QL (2.3 tablets per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	Tier 1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA; SP; LD; QL (24 vials per 30 days)
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	Tier 2	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	Tier 2	
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule</i>	Tier 2	
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>ticlopidine hcl oral tablet</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution</i>	Tier 1	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 4	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 vials per 28 days)
<i>aranesp (albumin free) injection solution 150 mcg/0.75ml</i>	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 30 days)
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folic acid oral tablet</i>	Tier 1	
<i>kp folic acid oral tablet</i>	Tier 1	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>fe c tab plus oral tablet</i>	Tier 1	
ICAR-C PLUS ORAL TABLET (<i>iron-vit c-vit b12-folic acid</i>)	Tier 1	QL (1 tablet per 1 day)
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP; LD; DO
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
HEMATOPOIETIC AGENTS		
*ERYTHROPOIETINS***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 vials per 28 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aranesp (albumin free) injection solution 150 mcg/0.75ml</i>	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 30 days)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>tranexamic acid oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
*HEPATITIS C AGENT - COMBINATIONS***		
*HEPATITIS C AGENT - COMBINATIONS***		
SOFOSBUVIR-VELPATASVIR ORAL TABLET	Tier 4	PA; SP; QL (1 tablet per 1 day)
HYPNOTICS		
*ANTI-HISTAMINE HYPNOTICS***		
<i>cvs sleep aid nighttime oral capsule</i>	Tier 1	
<i>eq nighttime sleep aid max st oral capsule</i>	Tier 1	
*BARBITURATE HYPNOTICS***		
<i>phenobarbital oral elixir</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral solution</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg</i>	Tier 1	QL (800 tablets per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	Tier 1	QL (741 tablets per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	Tier 1	QL (400 tablets per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	Tier 1	QL (370 tablets per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	Tier 1	QL (200 tablets per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (185 tablets per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	Tier 1	QL (123 tablets per 30 days)
*BENZODIAZEPINE HYPNOTICS***		
<i>temazepam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS***		
<i>doxepin hcl oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
SILENOR ORAL TABLET (<i>doxepin hcl</i>)	Tier 3	QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
<i>zaleplon oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit)	Tier 1; \$0	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 3	QL (1 gram per 30 days)
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 1; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 1; \$0	QL (1 gram per 30 days)
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit)	Tier 1; \$0	
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 3	QL (1 gram per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution</i>	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
<i>peg 3350 oral packet</i>	Tier 1; \$0	
<i>peg 3350 oral powder</i>	Tier 1; \$0	
<i>polyethylene glycol 3350</i> (Pegylax Oral Powder)	Tier 1; \$0	
<i>polyethylene glycol 3350 oral packet</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
<i>cvs phosphate saline laxative oral solution</i>	Tier 1	
OSMOPREP ORAL TABLET (<i>sod phos mono-sod phos dibasic</i>)	Tier 3	QL (32 tablet per 30 days)
<i>phosphate laxative oral solution</i>	Tier 3	
<i>ra oral saline laxative oral solution</i>	Tier 1	
<i>ra saline laxative oral solution</i>	Tier 1	
<i>saline laxative oral solution 0.9-2.4 gm/5ml</i>	Tier 3	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>saline laxative oral solution 2.7-7.2 gm/5ml</i>	Tier 1	
<i>sm oral saline laxative oral solution</i>	Tier 1	
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
*LHRH/GNRH AGONIST ANALOG COMBINATIONS***		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG (<i>leuprolide & norethindrone</i>)	Tier 4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	Tier 4	PA; SP; QL (1 kit per 28 days)
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG***		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	Tier 3	PA; QL (2 vial per 1 day)
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 30 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (15 ML per 30 days)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Tier 1	QL (15 mL per 30 days)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 tablets per 30 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 tablets per 28 days)
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	
<i>clarithromycin oral tablet</i>	Tier 1	
*ERYTHROMYCINS*** - ANTIBIOTICS		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
ERYTHROCIN STEARATE ORAL TABLET (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 1	
<i>erythromycin stearate oral tablet</i>	Tier 1	
MEDICAL DEVICES		
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	Tier 3; \$0	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIAPHRAGMS***		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Tier 3; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
*GLUCOSE MONITORING TEST SUPPLIES***		
ONETOUCH COMBO PACK (<i>lancets</i>)	Tier 2	QL (200 lancets per 30 days)
ONETOUCH DELICA LANCETS FINE (<i>lancets</i>)	Tier 2	QL (200 lancets per 30 days)
*NEBULIZERS***		
BESTMED COMPRESSOR NEBULIZER (<i>nebulizers</i>)	Tier 3	
BESTMED ULTRASONIC NEBULIZER (<i>nebulizers</i>)	Tier 3	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (<i>nebulizers</i>)	Tier 3	
LEXAN POCKET NEBULIZER (<i>nebulizers</i>)	Tier 3	
<i>nebulizer updraft-style</i>	Tier 3	
PULMOMATE COMP/MICRO-MIST NEB (<i>nebulizers</i>)	Tier 3	
*NEEDLES & SYRINGES***		
<i>1st tier unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>1st tier unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>anti-stick allergy syringe</i>	Tier 3	
<i>anti-stick immun syringe</i>	Tier 3	
<i>anti-stick insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>anti-stick tuberculin syringe</i>	Tier 3	
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
aurora pen needles	Tier 3	QL (200 needles per 30 days)
aurora unifine pentips	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
careone insulin syringe	Tier 3	QL (200 syringes per 30 days)
careone unifine pentips	Tier 3	QL (200 needles per 30 days)
careone unifine pentips plus	Tier 3	QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
clickfine pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm	Tier 3	QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	
DROPLET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>dropsafe safety pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>drug mart unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>drug mart unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
<i>easy comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>easy glide pen needles</i>	Tier 3	QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>eql insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
EXEL COMFORT POINT PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>freds pharmacy unifine pentip+</i>	Tier 3	QL (200 needles per 30 days)
<i>freds pharmacy unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
FREESTYLE PRECISION INS SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>global easy glide insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>global inject ease insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>global insulin syringes</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>gnp insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>gnp ultra com insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>	Tier 3	QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>healthwise micron pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise short pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>healthwise unifine pentips</i>	Tier 3	QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>healthy accents unifine pentip</i>	Tier 3	QL (200 needles per 30 days)
<i>h-e-b incontrol pen needles</i>	Tier 3	QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>insulin syringeneedle</i>	Tier 3	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Tier 3	QL (200 syringes per 30 days)
<i>insupen pen needles</i>	Tier 3	QL (200 needles per 30 days)
INSUPEN SENSITIVE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
INSUPEN ULTRAFIN (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>kinray insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	Tier 3	QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	Tier 3	QL (200 syringes per 30 days)
<i>croger insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>croger pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>leader insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>longs insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>medicine shoppe pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>meijer pen needles</i>	Tier 3	QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>mm insulin syringeneedle</i>	Tier 3	QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
NOVOFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOFINE AUTOCOVER (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
NOVOTWIST (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>pc unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles 1/2"</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles 3/16"</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles 5/16"</i>	Tier 3	QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>preferred plus insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>preferred plus unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>pro comfort pen needles 31g x 8 mm , 32g x 5 mm , 32g x 6 mm</i>	Tier 3	QL (200 needles per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM	Tier 3	QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>px extra short pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>px insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>px mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>px pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>px shortlength pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>qc pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>qc unifine pentips</i>	Tier 3	QL (200 needles per 30 days)
<i>ra insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>ra pen needles</i>	Tier 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
RELI-ON INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
SAFESNAP INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>sb insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
SHOPKO UNIFINE PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>sm insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>sure comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sure comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
SURE-FINE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
<i>techlite insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
TERUMO SURGUARD2 SYRINGE (<i>syringeneedle (disp)</i>)	Tier 3	
<i>todays health mini pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>todays health pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>todays health short pen needle</i>	Tier 3	QL (200 needles per 30 days)
<i>topcare clickfine pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>topcare ultra comfort ins syr</i>	Tier 3	QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Tier 3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>ultiguard safepack pen needle</i>	Tier 3	QL (200 needles per 30 days)
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>ultracare insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>ultracare pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>ultra-comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>value health insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valumark pen needles</i>	Tier 3	QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
VIDA MIA UNIFINE PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>vp insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>	Tier 3	QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</i>)	Tier 1	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	QL (8 bottles per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 2	QL (5 vial per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	QL (6 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	QL (6 cartriges per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier 2	QL (2 syringes per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcium + d3 oral tablet</i>	Tier 1	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Tier 1	
<i>qc calcium 600 +d3 oral tablet</i>	Tier 1	
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLUOR-A-DAY ORAL TABLET CHEWABLE (<i>sodium fluoride-xylitol</i>)	Tier 3	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>floritab oral tablet chewable</i>	Tier 1; \$0	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable)	Tier 1; \$0	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	Tier 1; \$0	
<i>sodium fluoride oral solution</i>	Tier 1; \$0	QL (2 mL per 1 day)
<i>sodium fluoride oral tablet</i>	Tier 1; \$0	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet chewable</i>	Tier 1; \$0	
*POTASSIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
EFFER-K ORAL TABLET EFFERVESCENT (<i>potassium bicarb-citric acid</i>)	Tier 3	
<i>effervescent pot chloride oral tablet effervescent</i>	Tier 1	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	Tier 1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	Tier 1	
<i>k-effervescent oral tablet effervescent</i>	Tier 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (<i>potassium chloride crys er</i>)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	Tier 1	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent)	Tier 1	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent)	Tier 1	
<i>k-vescent oral tablet effervescent</i>	Tier 1	
<i>potassium bicarbonate oral tablet effervescent</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release</i>	Tier 1	
<i>potassium chloride er oral capsule extended release</i>	Tier 1	
<i>potassium chloride er oral tablet extended release</i>	Tier 1	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>sodium chloride (pf) injection solution</i>	Tier 1	
<i>sodium chloride injection solution</i>	Tier 1	
<i>sodium chloride intravenous solution</i>	Tier 1	
*MONOBACTAMS***		
*MONOBACTAMS***		
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	Tier 4	LD; QL (84 vials per 28 days)
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL *** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine viscous mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat lozenge</i>	Tier 2	QL (5 tablet per 1 day)
<i>clotrimazole mouth/throat troche</i>	Tier 2	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Pareox Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sod fluoride-potassium nitrate</i> (Fluoridex Sensitivity Relief Dental Paste)	Tier 1	
<i>sodium fluoride 5000 sensitive dental paste</i>	Tier 1	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel)	Tier 1	
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	Tier 1	
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	Tier 1	
<i>sodium fluoride</i> (Dentagel Dental Gel)	Tier 1	
<i>sodium fluoride</i> (Fluoridex Dental Paste)	Tier 1	
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	Tier 1	
<i>sodium fluoride</i> (Karigel Dental Gel)	Tier 1	
<i>sodium fluoride</i> (Karigel-N Dental Gel)	Tier 1	
<i>sodium fluoride</i> (Neutragard Advanced Dental Gel)	Tier 1	
<i>neutral sodium fluoride mouth/throat solution</i>	Tier 1	
<i>sf 5000 plus dental cream</i>	Tier 1	
<i>sf dental gel</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental paste</i>	Tier 1	
<i>sodium fluoride dental cream</i>	Tier 1	
<i>sodium fluoride dental gel</i>	Tier 1	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	Tier 2	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b-plex oral tablet</i>	Tier 1; \$0	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multi vit/fl oral tablet chewable</i>	Tier 3; \$0	
<i>multi vitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>multi-vit/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>multi-vitamins/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamins/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable)	Tier 1; \$0	
<i>polyvitamin/fluoride oral solution</i>	Tier 3; \$0	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adclf (0.5mg/ml) oral solution</i>	Tier 1; \$0	
<i>triple-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vit/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vitelfluoride oral solution</i>	Tier 1; \$0	
<i>vitamins acd-fluoride oral solution</i>	Tier 1; \$0	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
BAL-CARE DHA ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 2	
<i>bp multinatal plus oral tablet</i>	Tier 1	
<i>bp multinatal plus oral tablet chewable</i>	Tier 1	
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	Tier 2	
<i>completenate oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dothelle dha oral capsule</i>	Tier 2	
ELITE-OB ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	QL (1 tablet per 1 day)
FOLCAPS OMEGA 3 ORAL CAPSULE (<i>prenatal-fecbn-feasppl-fa-omeg</i>)	Tier 2	
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>hemenatal ob + dha oral</i>	Tier 2	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	QL (1 tablet per 1 day)
M-VIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
MYNATAL ORAL CAPSULE (<i>prenatal multivit-min-fe-fa</i>)	Tier 2	QL (1 capsule per 1 day)
MYNATAL ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>mynatal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>mynatal-z oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>mynate 90 plus oral tablet extended release</i>	Tier 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>neonatal complete oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OBSTETRIX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	Tier 2	QL (1 EA per 1 day)
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OBTREX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	Tier 2	
O-CAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>pnv folic acid + iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	Tier 2	
<i>pnv prenatal plus multivitamin oral tablet</i>	Tier 2	
<i>pnv tabs 29-1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv-vp-u oral capsule</i>	Tier 2	
<i>prenaissance harmony dha oral</i>	Tier 2	
PRENATA ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal one daily oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal oral tablet</i>	Tier 2	QL (1 tablet per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	Tier 2	
<i>prenatal vitamin plus low iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>preplus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pretab oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>purefe ob plus oral capsule</i>	Tier 2	
SELECT-OB ORAL TABLET CHEWABLE (<i>prenatal vit-fe psac cmplx-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
TARON-BC ORAL (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	Tier 2	
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	QL (1 capsule per 1 day)
<i>thrivite 19 oral tablet</i>	Tier 2	
<i>thrivite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>tl folate oral tablet</i>	Tier 2	
<i>tl-care dha oral capsule</i>	Tier 2	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE 0.8 MG (<i>prenatal multivit-min-fe-fa</i>)	Tier 2	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG (<i>prenatal-fefum-fa-dss-fish oil</i>)	Tier 2	QL (1 capsule per 1 day)
<i>trinatal rx 1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	QL (1 tablet per 1 day)
<i>tri-tabs dha oral</i>	Tier 2	
<i>ultimatecare one oral capsule</i>	Tier 2	
<i>vena-bal dha oral</i>	Tier 2	
<i>vil-rx oral tablet</i>	Tier 2	
VINATE CARE ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	
VINATE II ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VINATE M ORAL TABLET (<i>prenatal vit-sel-fe fum-fa</i>)	Tier 2	
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>virt nate oral tablet</i>	Tier 2	
<i>virt-advance oral tablet</i>	Tier 2	
<i>virt-c dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-pn oral tablet</i>	Tier 2	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>virt-vite gt oral tablet</i>	Tier 2	
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VITA-PREN ORAL TABLET (<i>prenatal vit-docusate-iron-fa</i>)	Tier 2	
VITATHELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>vol-nate oral tablet</i>	Tier 2	
<i>vol-plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>vol-tab rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>vp-heme ob + dha oral</i>	Tier 2	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
<i>complete natal dha oral</i>	Tier 2	
PR NATAL 400 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 2	
PR NATAL 400 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 2	
PR NATAL 430 EC ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 2	
PR NATAL 430 ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 2	
TRIVEEN-DUO DHA ORAL (<i>prenat-febis-fepro-fa-ca-omega</i>)	Tier 2	
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
<i>cadeau dha oral capsule</i>	Tier 2	
OBSTETRIX ONE ORAL CAPSULE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
<i>pnv ob+dha oral</i>	Tier 2	
<i>pnv-dha+docusate oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
PREFERAOB +DHA ORAL (<i>prenat fepoly-fehempo-fa-dha</i>)	Tier 2	
<i>prena 1 true oral</i>	Tier 2	
TARON-PREX ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
VEMAVITE-PRX 2 ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 2	
<i>virtprex oral capsule</i>	Tier 2	
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
<i>bp folinatal plus b oral tablet</i>	Tier 1	
<i>prenaissance next oral tablet</i>	Tier 2	
<i>prenaissance next-b oral tablet</i>	Tier 2	
<i>vp-ggr-b6 prenatal oral tablet</i>	Tier 2	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (3 tablets per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium oral capsule</i>	Tier 2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 28 days)
<i>olopatadine hcl nasal solution</i>	Tier 1	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension</i>	Tier 1	QL (1 bottle per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Tier 1	QL (1 bottle per 30 days)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
<i>amino acids</i> (Aminoamrms Oral Capsule)	Tier 1	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	QL (0.5 mL per 1 day)
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
<i>metipranolol ophthalmic solution</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier 1	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.5 %</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	Tier 3	QL (5 mL per 30 days)
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRILOPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	Tier 3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (<i>Iodoxamide tromethamine</i>)	Tier 3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Tier 2	ST; QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	Tier 3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	Tier 1	QL (7 grams per 30 days)
<i>gentamicin sulfate ophthalmic ointment</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	QL (1 vial per 30 days)
<i>ofloxacin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	Tier 3	QL (5 gram per 7 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl ophthalmic solution</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC DECONGESTANTS*** - DRUGS FOR ITCHY EYE		
<i>naphazoline hcl ophthalmic solution</i>	Tier 1	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 1	
<i>fluorometholone ophthalmic suspension</i>	Tier 1	
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	Tier 3	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	Tier 3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier 1	
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	Tier 2	
<i>latanoprost ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	Tier 3	QL (7.5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	QL (5 mL per 30 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	Tier 1	
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CORTANE-B AQUEOUS OTIC SOLUTION (<i>pramoxine-hc-chloroxylenol aq</i>)	Tier 1	
<i>pramoxine-hc-chloroxylenol</i> (Cortic-Nd Otic Solution)	Tier 1	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	Tier 1	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	Tier 1	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 1	QL (7.5 mL per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution)	Tier 2	QL (1 fill per 30 days)
<i>fluocinolone acetonide otic oil</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Tier 1	
<i>methylergonovine maleate oral tablet</i>	Tier 1	
*PA ENDONUCLEASE INHIBITORS***		
*PA ENDONUCLEASE INHIBITORS***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 3	QL (1 dose pack per 90 days)
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS***		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	Tier 4	PA; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	QL (500 mL per 1 fill)
<i>amoxicillin oral tablet</i>	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>ampicillin oral capsule</i>	Tier 1	
<i>ampicillin oral suspension reconstituted</i>	Tier 1	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	QL (40 tablets per 1 fill)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 1	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	
PHARMACEUTICAL ADJUVANTS		
*ORAL VEHICLES***		
<i>solvatech plus oral suspension</i>	Tier 2	
<i>solvatech sweet sf oral syrup</i>	Tier 2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS***		
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS**		
LYNPARZA ORAL CAPSULE (<i>olaparib</i>)	Tier 4	PA; SP; LD; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET (<i>olaparib</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS***		
LYNPARZA ORAL CAPSULE (<i>olaparib</i>)	Tier 4	PA; SP; LD; QL (16 capsules per 1 day)
LYNPARZA ORAL TABLET (<i>olaparib</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POTASSIUM REMOVING AGENTS***		
*POTASSIUM REMOVING AGENTS***		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	Tier 2	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	Tier 2	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Tier 1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Tier 2	DO
<i>galantamine hydrobromide oral solution</i>	Tier 2	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	Tier 2	QL (2 capsules per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	Tier 3	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	Tier 3	QL (1 pack per 365 days)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX INTRAMUSCULAR KIT (<i>interferon beta-1a</i>)	Tier 4	PA; SP

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (4 kits per 28 days)
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Tier 4	PA; SP; QL (15 kits per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 4	PA; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl oral solution</i>	Tier 2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>memantine hcl oral tablet 5 mg</i>	Tier 2	DO
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral capsule</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>pimozide oral tablet</i>	Tier 2	
*SMOKING DETERRENENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1; \$0	QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	Tier 3; \$0	QL (2 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline tartrate</i>)	Tier 3; \$0	QL (2 tablets per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	Tier 3; \$0	QL (1 dose pack per 365 days)
NICOTROL INHALATION INHALER (<i>nicotine</i>)	Tier 3; \$0	
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	Tier 3; \$0	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>bupropion hcl (smoking deter)</i>)	Tier 3; \$0	QL (2 tablets per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (<i>ingolimod hcl</i>)	Tier 4	PA; SP; QL (1 capsule per 1 day)
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS***		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	Tier 4	PA; SP; LD; QL (2 capsules per 1 day)
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET 25 MG (<i>ivacaftor</i>)	Tier 4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	Tier 4	PA; LD; QL (2 tablets per 1 day)
*SEROTONIN MODULATORS***		
*SEROTONIN MODULATORS***		
<i>nefazodone hcl oral tablet</i>	Tier 1	
<i>trazodone hcl oral tablet</i>	Tier 1	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 3	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 3	ST; QL (2 tablets per 1 day)
*STERIODS - MOUTH/THROAT/DENTAL ***		
*STERIODS - MOUTH/THROAT/DENTAL ***		
<i>triamcinolone acetamide</i> (Oralone Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetamide mouth/throat paste</i>	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	Tier 2	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Tier 1	ST
<i>demeclocycline hcl oral tablet</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i>	Tier 1	
<i>doxycycline hyclate oral tablet delayed release</i>	Tier 1	PA
<i>doxycycline monohydrate oral capsule</i>	Tier 1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier 1	ST
<i>minocycline hcl oral capsule</i>	Tier 1	
<i>minocycline hcl oral tablet</i>	Tier 1	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule)	Tier 1	
<i>tetracycline hcl oral capsule</i>	Tier 1	
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	Tier 1	
<i>propylthiouracil oral tablet</i>	Tier 1	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet)	Tier 1	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	Tier 1	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levothyroxine-liothyronine oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Tier 1	
<i>liothyronine sodium oral tablet</i>	Tier 1	
NATURE-THROID ORAL TABLET (<i>thyroid</i>)	Tier 1	
<i>np thyroid oral tablet</i>	Tier 1	
SYNTHROID ORAL TABLET (<i>levothyroxine sodium</i>)	Tier 1	
<i>thyroid oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET (<i>thyroid</i>)	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Tier 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Tier 3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 3; \$0	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Tier 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	Tier 3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Tier 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Tier 3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	Tier 3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	Tier 3; \$0	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	Tier 3	
ULCER DRUGS		
*ANTISPASMODICS***		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	
*BELLADONNA ALKALOIDS***		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	Tier 1	
*H-2 ANTAGONISTS***		
<i>cimetidine 200 oral tablet</i>	Tier 1	
<i>cimetidine hcl oral solution</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cimetidine oral tablet 300 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cvs heartburn relief oral tablet</i>	Tier 1	
<i>famotidine oral suspension reconstituted</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>gnp heartburn relief oral tablet</i>	Tier 1	
<i>hm famotidine oral tablet</i>	Tier 1	
<i>px acid reducer max st oral tablet</i>	Tier 1	
<i>sb cimetidine oral tablet</i>	Tier 1	
*MISC. ANTI-ULCER***		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	
*PROTON PUMP INHIBITORS***		
<i>cvs lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eq lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eql lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>gnp lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>kls lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole capsule delayed release 20 mg oral (rx)</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 1	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	
<i>ra lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
*QUATERNARY ANTICHOLINERGICS***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 2	
<i>methscopolamine bromide oral tablet</i>	Tier 1	
*ULCER DRUGS - PROSTAGLANDINS***		
<i>misoprostol oral tablet</i>	Tier 1	
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>methenamine mandelate oral tablet</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	QL (14 capsules per 1 fill)
<i>nitrofurantoin oral suspension</i>	Tier 1	QL (80 mL per 1 day)

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	Tier 1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	Tier 2	
URINARY ANTISPASMODICS		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)***		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	Tier 1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOL)*** (NEW)		
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	Tier 1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW)		
<i>bethanechol chloride oral tablet</i>	Tier 2	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS***		
<i>bethanechol chloride oral tablet</i>	Tier 2	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Tier 2; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Tier 3; \$0	
MENQUADFI INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	Tier 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Tier 3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	Tier 2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	Tier 2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Tier 2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	Tier 3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Tier 2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Tier 3; \$0	
M-M-R II SUBCUTANEOUS INJECTABLE (<i>measles, mumps & rubella vac</i>)	Tier 3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a-hep b recomb vac</i>)	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	Tier 3; \$0	
*VIRAL VACCINES*** - VACCINES		
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Tier 1; \$0	QL (2 injections per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Tier 1; \$0	QL (2 injections per 180 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
ENGERIX-B INTRAMUSCULAR INJECTABLE (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>influenza vac subunit quad</i>)	Tier 1; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION (<i>influenza vac recombinant ha</i>)	Tier 1; \$0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUVIRIN INTRAMUSCULAR SUSPENSION (<i>influenza vac typ a&b surf ant</i>)	Tier 1; \$0	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac typ a&b surf ant</i>)	Tier 1; \$0	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	Tier 1	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR (<i>influenza vac split quad</i>)	Tier 1; \$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1; \$0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Tier 2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	Tier 2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION (<i>hepatitis b vac recomb adj</i>)	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	Tier 3; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	Tier 3	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Tier 3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Tier 3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	Tier 3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	Tier 3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	Tier 2; \$0	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	Tier 3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Tier 3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>zoster vaccine live</i>)	Tier 2; \$0	
VAGINAL PRODUCTS		
*IMIDAZOLE-RELATED ANTIFUNGALS***		
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Tier 1	QL (6 suppositories per 30 days)
*VAGINAL ANTI-INFECTIVES***		
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
<i>metronidazole</i> (Vandazole Vaginal Gel)	Tier 1	

BRAND=Brand drug generic=generic drug Tier 1=Drugs with the lowest cost share Tier 2=Drugs with a higher cost share than Tier 1 Tier 3=Drugs with a higher cost share than Tier 2 Tier 4=Drugs with the highest cost share and usually include specialty brand and generic drugs \$0=Preventive Drug DO=Dose Optimization LD=Limited Distribution OC=Oral Chemotherapy PA=Prior Authorization QL=Quantity Limit SP=Specialty Pharmacy ST=Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VAGINAL ESTROGENS***		
<i>estradiol vaginal cream</i>	Tier 2	
<i>estradiol vaginal tablet</i>	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	Tier 3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Tier 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	Tier 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvaferm Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL (2 pens per 1 fill)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet</i>	Tier 2	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

Index

1st tier unifine pentips	78	allopurinol	73	Ashlyna.....	57
1st tier unifine pentips plus	78	ALOCRIL.....	92	ASMANEX (120 METERED	
abacavir sulfate	45	alogliptin benzoate	27	DOSES).....	21
abacavir sulfate-lamivudine	43	ALOMIDE.....	92	ASMANEX (14 METERED	
abacavir-lamivudine-zidovudine ..	43	alprazolam	19	DOSES).....	21
abiraterone acetate	36	ALTABAX.....	62	ASMANEX (30 METERED	
acamprosate calcium	96	Altavera.....	52	DOSES).....	21
acarbose	26	alyacen 1135	52	ASMANEX (60 METERED	
ACCU-CHEK AVIVA PLUS.....	67	alyacen 71717	58	DOSES).....	21
ACCU-CHEK COMPACT PLUS.....	67	Alyq.....	51	ASMANEX (7 METERED DOSES)..	21
ACCU-CHEK GUIDE.....	67	Amabelz.....	71	aspirin-dipyridamole er	73
ACCU-CHEK SMARTVIEW.....	67	amantadine hcl	41	ASSURE ID INSULIN SAFETY	
ACCUTREND GLUCOSE.....	67	ambrisentan	51	SYR.....	78
acebutolol hcl	48	amcinonide	63	ASSURE ID SAFETY PEN	
acetaminophen-codeine	16	Amethia.....	57	NEEDLES.....	79
acetaminophen-codeine #2	16	Amethia Lo.....	57	ATABEX EC.....	87
acetaminophen-codeine #3	16	Amethyst.....	56	ATABEX OB.....	87
acetaminophen-codeine #4	16	amiloride hcl	68	atazanavir sulfate	44
Acetasol Hc.....	94	amiloride-hydrochlorothiazide ...	68	atenolol	48
acetazolamide	68	Aminoamrms.....	91	atenolol-chlorthalidone	34
acetazolamide er	68	AMITIZA.....	71	atomoxetine hcl	11
acetic acid	94	amitriptyline hcl	26	atorvastatin calcium	32
acetylcysteine	60	amlodipine besy-benazepril hcl ...	32	atovaquone-proguanil hcl	35
acitretin	62	amlodipine besylate	49	Aubra.....	52
ACTHIB.....	103	amlodipine besylate-valsartan ...	33	Aubra Eq.....	52
acyclovir	47	amlodipine-atorvastatin	51	aurora pen needles	79
ADACEL.....	100	amlodipine-valsartan-hctz	34	aurora unifine pentips	79
adapalene	61	ammonium lactate	65	Aurovela 1.5/30.....	52
adapalene-benzoyl peroxide	61	Amnesteem.....	61	Aurovela 1/20.....	53
adcl/f (0.5mg/ml)	87	amoxapine	26	Aurovela 24 Fe.....	53
adefovir dipivoxil	46	amoxicillin	94, 95	Aurovela Fe 1.5/30.....	53
ADEMPAS.....	51	amoxicillin-pot clavulanate	95	Aurovela Fe 1/20.....	53
ADVAIR HFA.....	20	amoxicillin-pot clavulanate er ...	95	Aviane.....	53
ADVOCATE INSULIN PEN		amphetamine-dextroamphet er ...	11	Avita.....	61
NEEDLES.....	78	amphetamine-		AVONEX.....	96
ADVOCATE INSULIN SYRINGE.....	78	dextroamphetamine	11	AVONEX PEN.....	97
Afeditab Cr.....	49	ampicillin	95	AVONEX PREFILLED.....	97
AFINITOR.....	38	anagrelide hcl	73	Ayuna.....	53
AFINITOR DISPERZ.....	38	anastrozole	40	azathioprine	48
Afirmelle.....	52	ANDROXY.....	18	azelaic acid	66
AFLURIA.....	103	anti-stick allergy syringe	78	azelastine hcl	91, 92
AFLURIA PRESERVATIVE FREE.....	103	anti-stick immun syringe	78	azithromycin	77
AFLURIA QUADRIVALENT.....	104	anti-stick insulin syringe	78	Azurette.....	52
AFTERA.....	56	anti-stick tuberculin syringe	78	bacitracin	92
ak-poly-bac	92	APOKYN.....	41	bacitracin-polymyxin b	92
albuterol sulfate	21	apraclonidine hcl	93	bacitra-neomycin-polymyxin-hc ...	93
ALBUTEROL SULFATE HFA.....	21	Apri.....	52	baclofen	90, 91
alclometasone dipropionate	63	APTIVUS.....	44	BAL-CARE DHA.....	87
alendronate sodium	69	Aranelle.....	58	BALCOLTRA.....	53
ALFERON N.....	39	ARANESP (ALBUMIN FREE)....	74, 75	balsalazide disodium	72
alfuzosin hcl er	72	aranesp (albumin free)	74, 75	Balziva.....	53
ALINIA.....	35	aripiprazole	43	BARACLUDGE.....	46
allergy 24-hr	31	Ascomp-Codeine.....	16		

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

BAYER ASPIRIN EXTRA STRENGTH.....	16	Blisovi 24 Fe.....	53	CAREFINE PEN NEEDLES.....	79
BD AUTOSHIELD.....	79	Blisovi Fe 1.5/30.....	53	<i>careone insulin syringe</i>	79
BD AUTOSHIELD DUO.....	79	Blisovi Fe 1/20.....	53	<i>careone unifine pentips</i>	79
BD INSULIN SYRINGE.....	79	BOOSTRIX.....	100	<i>careone unifine pentips plus</i>	79
BD INSULIN SYRINGE MICROFINE.....	79	BOSULIF.....	38	CARETOUCH INSULIN SYRINGE..	79
BD INSULIN SYRINGE U/F.....	79	<i>bp foaming wash</i>	61	CARETOUCH PEN NEEDLES.....	79
BD INSULIN SYRINGE U/F 1/2UNIT.....	79	<i>bp folinatal plus b</i>	90	<i>carteolol hcl</i>	91
BD INSULIN SYRINGE ULTRAFINE.....	79	<i>bp multinatal plus</i>	87	Cartia Xt.....	49
BD PEN NEEDLE MICRO U/F.....	79	<i>b-plex</i>	87	<i>carvedilol</i>	48
BD PEN NEEDLE MINI U/F.....	79	<i>bpo foaming cloths</i>	61	Cavarest.....	86
BD PEN NEEDLE NANO 2ND GEN.....	79	<i>briellyn</i>	53	CAYA.....	78
BD PEN NEEDLE NANO U/F.....	79	<i>brimonidine tartrate</i>	93	CAYSTON.....	85
BD PEN NEEDLE ORIGINAL U/F...	79	Bromfed Dm.....	60	Caziant.....	58
BD PEN NEEDLE SHORT U/F.....	79	<i>bromocriptine mesylate</i>	41	<i>cefaclor</i>	52
BD SAFETYGLIDE INSULIN SYRINGE.....	79	<i>budesonide</i>	21, 59	<i>cefaclor er</i>	51
BD SAFETY-LOK INSULIN SYRINGE.....	79	<i>budesonide-formoterol fumarate</i> ..	20	<i>cefadroxil</i>	51
BD VEO INSULIN SYR U/F 1/2UNIT.....	79	<i>buprenorphine hcl</i>	18	<i>cefdinir</i>	52
BD VEO INSULIN SYRINGE U/F...	79	<i>buprenorphine hcl-naloxone hcl</i> ..	18	<i>cefditoren pivoxil</i>	52
Bekyree.....	52	<i>bupropion hcl</i>	25	<i>cefixime</i>	52
<i>benazepril hcl</i>	33	<i>bupropion hcl er (smoking det)</i>	97	<i>cefpodoxime proxetil</i>	52
<i>benazepril-hydrochlorothiazide</i>	32	<i>bupropion hcl er (sr)</i>	25	<i>cefprozil</i>	52
<i>benzonatate</i>	59	<i>bupropion hcl er (xl)</i>	25	<i>ceftibuten</i>	52
<i>benzoyl peroxide</i>	61	<i>buspirone hcl</i>	19	<i>cefuroxime axetil</i>	52
<i>benzoyl peroxide cleanser</i>	61	<i>butalbital-acetaminophen</i>	16	<i>celecoxib</i>	13
<i>benzoyl peroxide-erythromycin</i>	61	<i>butalbital-apap</i>	16	<i>cephalexin</i>	51
<i>benztropine mesylate</i>	41	<i>butalbital-apap-caff-cod</i>	16	Cerisa Wash.....	61
BERINERT.....	73	<i>butalbital-apap-caffeine</i>	16	CESAMET.....	30
Beser.....	63	<i>butalbital-asa-caff-codeine</i>	16	<i>cevimeline hcl</i>	86
BESIVANCE.....	92	<i>butalbital-asa-caffeine</i>	16	CHANTIX.....	98
BESTMED COMPRESSOR NEBULIZER.....	78	<i>butalbital-aspirin-caffeine</i>	16	CHANTIX CONTINUING MONTH PAK.....	97
BESTMED ULTRASONIC NEBULIZER.....	78	<i>butorphanol tartrate</i>	18	CHANTIX STARTING MONTH PAK.....	98
<i>betamethasone dipropionate</i>	63	<i>cabergoline</i>	69	Charlotte 24 Fe.....	53
<i>betamethasone dipropionate aug</i>	63	<i>cadeau dha</i>	90	Chateal.....	53
<i>betamethasone valerate</i>	63	<i>calcipotriene</i>	63	Chateal Eq.....	53
<i>betaxolol hcl</i>	48, 91	<i>calcipotriene-betameth diprop</i>	67	CHEMET.....	29
<i>bethanechol chloride</i>	102	<i>calcitonin (salmon)</i>	69	CHEMSTRIP K.....	67
<i>bexarotene</i>	41	Calcitrene.....	63	<i>cheratussin ac</i>	59
BEXSERO.....	103	<i>calcium + d3</i>	84	<i>chlorhexidine gluconate</i>	86
<i>bicalutamide</i>	36	<i>calcium acetate</i>	72	<i>chloroquine phosphate</i>	35
BIKTARVY.....	43	<i>calcium acetate (phos binder)</i>	72	<i>chlorthalidone</i>	68
<i>bimatoprost</i>	93	Camila.....	57	<i>chlorzoxazone</i>	91
<i>bio-statin</i>	30	Camrese.....	57	<i>choline fenofibrate</i>	31
<i>bisoprolol fumarate</i>	48	Camrese Lo.....	57	<i>chorionic gonadotropin</i>	70
<i>bisoprolol-hydrochlorothiazide</i>	34	<i>candesartan cilexetil-hctz</i>	33	<i>ciclopirox</i>	62
		Capacet.....	16	<i>ciclopirox olamine</i>	62
		<i>capecitabine</i>	37	<i>cilostazol</i>	73
		CAPRELSA.....	38	<i>cimetidine</i>	100
		CARBAGLU.....	70	<i>cimetidine 200</i>	100
		<i>carbamazepine</i>	23	<i>cimetidine hcl</i>	100
		<i>carbamazepine er</i>	23	<i>cinacalcet hcl</i>	69
		<i>carbidopa</i>	41	CIPRODEX.....	94
		<i>carbidopa-levodopa</i>	41		
		<i>carbidopa-levodopa er</i>	41		
		<i>carbinoxamine maleate</i>	30		

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>ciprofloxacin hcl</i>	71, 92, 94	COMFORT EZ PEN NEEDLES.....	79	<i>desmopressin ace spray refrig</i>	70
<i>ciprofloxacin-ciproflox hcl er</i>	71	COMFORT EZ SHORT PEN		<i>desmopressin acetate</i>	70
<i>ciprofloxacin-dexamethasone</i>	94	NEEDLES.....	79	<i>desmopressin acetate spray</i>	70
<i>citalopram hydrobromide</i>	25	<i>complete natal dha</i>	90	<i>desogestrel-ethinyl estradiol</i> ..	52, 53
CITRANATAL B-CALM.....	87	<i>completenate</i>	87	<i>desonide</i>	64
Claravis.....	61	CO-NATAL FA.....	87	<i>desoximetasone</i>	64
<i>clarithromycin</i>	77	CONCEPT DHA.....	87	<i>desvenlafaxine succinate er</i>	26
<i>clarithromycin er</i>	77	CONCEPT OB.....	87	<i>dexamethasone</i>	59
Clearplex X.....	61	<i>constulose</i>	76	<i>dexamethasone sodium</i>	
<i>clemastine fumarate</i>	30	Coremino.....	99	<i>phosphate</i>	93
CLEVER CHOICE COMFORT EZ...	79	Cormax Scalp Application.....	64	<i>dexmethylphenidate hcl</i>	12
CLICKFINE PEN NEEDLES.....	79	CORTANE-B AQUEOUS.....	94	<i>dexmethylphenidate hcl er</i>	12
<i>clickfine pen needles</i>	79	Cortic-Nd.....	94	<i>dextroamphetamine sulfate</i>	11
Clindacin Etz.....	60	<i>cortisone acetate</i>	59	<i>dextroamphetamine sulfate er</i>	11
Clindacin-P.....	60	CORTISPORIN.....	62	DIASTIX.....	67
<i>clindamycin hcl</i>	35	CRIXIVAN.....	44	DIATHRIVE PEN NEEDLE.....	79
<i>clindamycin palmitate hcl</i>	35	<i>cromolyn sodium</i>	20, 92	<i>diazepam</i>	19, 20
<i>clindamycin phos-benzoyl perox</i> ..	61	Cryelle-28.....	53	Diazepam Intensol.....	19
<i>clindamycin phosphate</i> ... 60, 61, 105		Curity Sterile Saline.....	72	<i>diclofenac potassium</i>	13
Clinpro 5000.....	86	<i>cvs clotrimazole</i>	66	<i>diclofenac sodium</i>	13, 62, 93
<i>clobetasol prop emollient base</i> ...	63	<i>cvs heartburn relief</i>	100	<i>diclofenac sodium er</i>	13
<i>clobetasol propionate</i>	64	<i>cvs lansoprazole</i>	101	<i>dicloxacillin sodium</i>	95
<i>clobetasol propionate e</i>	63	<i>cvs phosphate saline laxative</i>	76	<i>dicyclomine hcl</i>	100
<i>clobetasol propionate emulsion</i> ...	64	<i>cvs sleep aid nighttime</i>	75	<i>didanosine</i>	45
<i>clocortolone pivalate</i>	64	<i>cyanocobalamin</i>	74	<i>diflorasone diacetate</i>	64
<i>clocortolone pivalate pump</i>	64	Cyclafem 1/35.....	53	<i>diflunisal</i>	16
Clodan.....	64	Cyclafem 7/7/7.....	58	Digitek.....	50
<i>clomipramine hcl</i>	26	<i>cyclobenzaprine hcl</i>	91	Digox.....	50
<i>clonazepam</i>	23	<i>cyclophosphamide</i>	40	<i>digoxin</i>	50, 51
<i>clonidine hcl</i>	34	<i>cycloserine</i>	36	<i>dihydroergotamine mesylate</i>	84
<i>clopidogrel bisulfate</i>	73	<i>cyclosporine</i>	48	DILANTIN.....	24
<i>clotrimazole</i>	65, 86	<i>cyclosporine modified</i>	47	<i>diltiazem cd</i>	49
<i>clotrimazole af</i>	65	<i>cyproheptadine hcl</i>	31	<i>diltiazem hcl</i>	49
<i>clotrimazole anti-fungal</i>	65	Cyred.....	53	<i>diltiazem hcl er</i>	49
CLOTTRIMAZOLE GRX.....	65	Cyred Eq.....	53	<i>diltiazem hcl er beads</i>	49
<i>clotrimazole-betamethasone</i>	62	CYSTADANE.....	70	<i>diltiazem hcl er coated beads</i>	49
Clovique.....	47	DALIRESP.....	21	<i>dilt-xr</i>	49, 50
<i>clozapine</i>	42	<i>danazol</i>	18	<i>diphenatol</i>	29
COARTEM.....	35	<i>dantrolene sodium</i>	91	<i>diphenhydramine hcl</i>	30
<i>codeine sulfate</i>	17	<i>dapsone</i>	35, 61	<i>diphenoxylate-atropine</i>	29
<i>colchicine</i>	73	DAPTACEL.....	100	<i>diphtheria-tetanus toxoids dt</i>	100
<i>colchicine-probenecid</i>	73	Dasetta 1/35.....	53	<i>dipyridamole</i>	73
<i>colesevelam hcl</i>	31	Dasetta 7/7/7.....	58	<i>disopyramide phosphate</i>	20
Colocort.....	18	Daysee.....	57	<i>disulfiram</i>	96
COMETRIQ (100 MG DAILY		Deblitane.....	57	<i>divalproex sodium</i>	24
DOSE).....	38	Decadron.....	59	<i>divalproex sodium er</i>	24
COMETRIQ (140 MG DAILY		Deltasone.....	59	<i>dofetilide</i>	20
DOSE).....	38	Delyla.....	53	<i>dorzolamide hcl</i>	92
COMETRIQ (60 MG DAILY DOSE).....	38	<i>demeclocycline hcl</i>	99	<i>dorzolamide hcl-timolol mal</i>	91
COMFORT ASSIST INSULIN		Denta 5000 Plus.....	86	<i>dothelle dha</i>	88
SYRINGE.....	79	Dentagel.....	86	Dotti.....	71
COMFORT EZ INSULIN SYRINGE.....	79	DESCOVY.....	44	<i>doxazosin mesylate</i>	34
COMFORT EZ MICRO PEN		<i>desipramine hcl</i>	26	<i>doxepin hcl</i>	26, 75
NEEDLES.....	79	<i>desloratadine</i>	31	<i>doxycycline</i>	66

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>doxycycline hyclate</i>	99	ENFAGROW PREMIUM OLDER	EZ FLU SHOT-FLUCELVAX
<i>doxycycline monohydrate</i>	99	TODDLER.....	QUAD.....
DROPLET INSULIN SYRINGE.....	79	ENGERIX-B.....	Falmina.....
DROPLET PEN NEEDLES.....	80	<i>enoxaparin sodium</i>	<i>famciclovir</i>
<i>dropsafe safety pen needles</i>	80	Enpresse-28.....	<i>famotidine</i>
<i>drospiren-eth estrad-levomefol</i>	53	Enskyce.....	FARXIGA.....
<i>drospirenone-ethinyl estradiol</i>	53	<i>entacapone</i>	FARYDAK.....
DROXIA.....	74	<i>enulose</i>	Fayosim.....
<i>drug mart unifine pentips</i>	80	<i>epinastine hcl</i>	<i>fe c tab plus</i>
<i>drug mart unifine pentips plus</i>	80	<i>epinephrine</i>	<i>felbamate</i>
DULERA.....	20	Epitol.....	<i>felodipine er</i>
<i>duloxetine hcl</i>	26	EPIVIR HBV.....	FEMCAP.....
E.E.S. 400.....	77	<i>eq lansoprazole</i>	Femynor.....
<i>easy comfort insulin syringe</i>	80	<i>eq nighttime sleep aid max st</i>	<i>fenofibrate</i>
<i>easy comfort pen needles</i>	80	<i>eql insulin syringe</i>	<i>fenofibrate micronized</i>
<i>easy glide pen needles</i>	80	<i>eql lansoprazole</i>	<i>fenofibric acid</i>
EASY TOUCH FLIPLOCK		<i>equacare jr</i>	<i>fentanyl</i>
INSULIN SY.....	80	ERBITUX.....	FIFTY50 PEN NEEDLES.....
EASY TOUCH INSULIN SAFETY		<i>ergocalciferol</i>	FIFTY50 SUPERIOR COMFORT
SYR.....	80	<i>ergoloid mesylates</i>	SYR.....
EASY TOUCH INSULIN SYRINGE.....	80	<i>ergotamine-caffeine</i>	<i>finasteride</i>
EASY TOUCH PEN NEEDLES.....	80	ERIVEDGE.....	<i>flecainide acetate</i>
EASY TOUCH SAFETY PEN		<i>erlotinib hcl</i>	FLOVENT DISKUS.....
NEEDLES.....	80	Errin.....	FLOVENT HFA.....
EASY TOUCH SHEATHLOCK		<i>ertapenem sodium</i>	FLUAD.....
SYRINGE.....	80	<i>ery</i>	FLUAD QUADRIVALENT.....
<i>ec-naproxen</i>	13	Ery-Tab.....	FLUARIX QUADRIVALENT.....
<i>econazole nitrate</i>	66	ERYTHROCIN STEARATE.....	FLUBLOK.....
ECONTRA EZ.....	56	<i>erythromycin</i>	FLUBLOK QUADRIVALENT.....
ECONTRA ONE-STEP.....	56	<i>erythromycin base</i>	FLUCELVAX QUADRIVALENT....
EDURANT.....	45	<i>erythromycin ethylsuccinate</i>	<i>fluconazole</i>
<i>efavirenz</i>	45	<i>erythromycin stearate</i>	<i>flucytosine</i>
EFFER-K.....	85	<i>escitalopram oxalate</i>	<i>fludrocortisone acetate</i>
Effer-K.....	85	ESSENTIAL CARE JR.....	FLULAVAL QUADRIVALENT.....
<i>effervescent pot chloride</i>	85	<i>essentra wipes 9x9"</i>	FLUMIST QUADRIVALENT.....
Elinest.....	53	Estarylla.....	<i>fluocinolone acetonide</i>
ELIQUIS.....	22	<i>estradiol</i>	<i>fluocinolone acetonide body</i>
ELIQUIS DVT/PE STARTER PACK.....	22	<i>estradiol-norethindrone acet</i>	<i>fluocinolone acetonide scalp</i>
ELITE-OB.....	88	ESTRING.....	<i>fluocinonide</i>
ELLA.....	56	<i>estropipate</i>	<i>fluocinonide emulsified base</i>
ELMIRON.....	73	<i>ethacrynic acid</i>	FLUOR-A-DAY.....
Eluryng.....	56	<i>ethambutol hcl</i>	Fluoridex.....
EMCYT.....	40	<i>ethosuximide</i>	Fluoridex Enhanced Whitening.....
Emoquette.....	53	<i>ethynodiol diac-eth estradiol</i>	Fluoridex Sensitivity Relief.....
<i>emtricitabine</i>	45	<i>etonogestrel-ethinyl estradiol</i>	<i>fluoritab</i>
<i>emtricitabine-tenofovir df</i>	44	<i>etoposide</i>	<i>fluorometholone</i>
EMTRIVA.....	45, 46	Euthyrox.....	<i>fluorouracil</i>
<i>enalapril maleate</i>	33	<i>everolimus</i>	<i>fluoxetine hcl</i>
<i>enalapril-hydrochlorothiazide</i>	32	EXEL COMFORT POINT INSULIN	<i>fluoxetine hcl (pmdd)</i>
ENBREL.....	14	SYR.....	<i>fluphenazine hcl</i>
ENBREL MINI.....	14	EXEL COMFORT POINT PEN	<i>flurandrenolide</i>
ENBREL SURECLICK.....	14	NEEDLE.....	<i>flutamide</i>
Endocet.....	17	<i>exemestane</i>	<i>fluticasone propionate</i>
ENFAGROW PREMIUM LIPIL.....	67	EXTAVIA.....	<i>fluticasone-salmeterol</i>

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>fluvastatin sodium</i>	32	<i>global insulin syringes</i>	80	HM ULTICARE SHORT PEN	
<i>fluvastatin sodium er</i>	32	GLUCAGEN DIAGNOSTIC.....	67	NEEDLES.....	81
FLUVIRIN.....	104	GLUCAGEN HYPOKIT.....	27	HUMALOG.....	27
FLUZONE HIGH-DOSE.....	104	GLUCAGON EMERGENCY.....	27	HUMALOG JUNIOR KWIKPEN.....	27
FLUZONE HIGH-DOSE		<i>glucagon hcl (diagnostic)</i>	67	HUMALOG KWIKPEN.....	27
QUADRIVALENT.....	104	<i>glyburide</i>	29	HUMALOG MIX 50/50.....	27
FLUZONE QUADRIVALENT.....	104, 105	<i>glyburide-metformin</i>	29	HUMALOG MIX 50/50 KWIKPEN.....	27
FOLCAPS OMEGA 3.....	88	<i>glycopyrrolate</i>	101	HUMALOG MIX 75/25.....	27
<i>folic acid</i>	74	GLYTACTIN BURST.....	68	HUMALOG MIX 75/25 KWIKPEN.....	27
FOLIVANE-OB.....	88	<i>gnp clickfine pen needles</i>	80	HUMIRA.....	13, 15
<i>fondaparinux sodium</i>	23	<i>gnp heartburn relief</i>	101	HUMIRA PEDIATRIC CROHNS	
FORTICAL.....	69	<i>gnp insulin syringe</i>	80	START.....	12, 13, 15
FOSAMAX PLUS D.....	69	<i>gnp lansoprazole</i>	101	HUMIRA PEN.....	13, 15
<i>fosamprenavir calcium</i>	44	<i>gnp ultra com insulin syringe</i>	80	HUMIRA PEN-CD/UC/HS	
<i>fosinopril sodium</i>	33	<i>goodsense clickfine pen needle</i>	80	STARTER.....	13, 15
<i>fosinopril sodium-hctz</i>	32	<i>goodsense lansoprazole</i>	101	HUMIRA PEN-PS/UV/ADOL HS	
<i>freds pharmacy unifine pentip+</i>	80	GOODSENSE PEN NEEDLE		START.....	13, 15
<i>freds pharmacy unifine pentips</i>	80	PENFINE.....	80	HUMULIN 70/30.....	27
FREESTYLE PRECISION INS		<i>griseofulvin microsize</i>	30	HUMULIN 70/30 KWIKPEN.....	27
SYR.....	80	<i>griseofulvin ultramicrosize</i>	30	HUMULIN N.....	28
<i>furosemide</i>	68	<i>guaiaatussin ac</i>	59	HUMULIN N KWIKPEN.....	28
FUZEON.....	44	<i>guaifenesin ac</i>	59	HUMULIN R.....	28
Fyavolv.....	71	<i>guaifenesin-codeine</i>	59	HUMULIN R U-500	
<i>g tussin ac</i>	59	<i>guanfacine hcl</i>	34	(CONCENTRATED).....	28
<i>gabapentin</i>	23	<i>guanidine hcl</i>	35, 36	HUMULIN R U-500 KWIKPEN.....	28
<i>galantamine hydrobromide</i>	96	Hailey 1.5/30.....	53	HYCAMTIN.....	41
<i>galantamine hydrobromide er</i>	96	Hailey 24 Fe.....	53	<i>hydralazine hcl</i>	34
GARDASIL 9.....	105	Hailey Fe 1.5/30.....	54	<i>hydrochlorothiazide</i>	69
GAVILYTE-C.....	76	Hailey Fe 1/20.....	54	<i>hydrocod polst-cpm polst er</i>	60
Gavilyte-G.....	76	<i>halcinonide</i>	65	<i>hydrocodone-acetaminophen</i>	16
Gavilyte-H.....	76	<i>halobetasol propionate</i>	65	<i>hydrocodone-homatropine</i>	59
Gavilyte-N With Flavor Pack.....	76	HALOG.....	65	<i>hydrocodone-ibuprofen</i>	16
<i>gemfibrozil</i>	31	<i>haloperidol</i>	42	<i>hydrocortisone</i>	18, 19, 59, 65
<i>generlac</i>	72	HAVRIX.....	105	<i>hydrocortisone (perianal)</i>	18
Gengraf.....	48	<i>healthwise micron pen needles</i>	80	<i>hydrocortisone ace-pramoxine</i>	18
GENTAK.....	92	<i>healthwise mini pen needles</i>	80	<i>hydrocortisone butyr lipo base</i>	65
<i>gentamicin sulfate</i>	92	<i>healthwise pen needles</i>	80	<i>hydrocortisone butyrate</i>	65
GENVOYA.....	44	<i>healthwise short pen needles</i>	80	<i>hydrocortisone valerate</i>	65
Gianvi.....	53	<i>healthwise unifine pentips</i>	80	<i>hydrocortisone-acetic acid</i>	94
Gildagia.....	53	<i>healthy accents unifine pentip</i>	81	<i>hydromet</i>	59
Gildess 1.5/30.....	53	HEALTHY LIVING		<i>hydromorphone hcl</i>	17
Gildess 1/20.....	53	COMPRESSOR/NEB.....	78	<i>hydroxychloroquine sulfate</i>	35
GILENYA.....	98	Heather.....	57	<i>hydroxyurea</i>	39
GILOTRIF.....	38	<i>h-e-b incontrol pen needles</i>	81	<i>hydroxyzine hcl</i>	19
GLEOSTINE.....	41	H-E-B INCONTROL UNIFINE		<i>hydroxyzine pamoate</i>	19
<i>glimepiride</i>	29	PENTIP.....	81	<i>hyoscyamine sulfate er</i>	100
<i>glipizide</i>	29	<i>hemenatal ob + dha</i>	88	<i>hyoscyamine sulfate sl</i>	100
<i>glipizide er</i>	29	HEPLISAV-B.....	105	HYQVIA.....	94
<i>glipizide xl</i>	29	HEXALEN.....	36	<i>ibandronate sodium</i>	69
<i>glipizide-metformin hcl</i>	29	HIBERIX.....	103	IBRANCE.....	60
<i>global ease inject pen needles</i>	80	<i>hm famotidine</i>	101	lbu.....	13
<i>global easy glide insulin syr</i>	80	<i>hm fexofenadine hcl</i>	31	IBUDONE.....	16
<i>global easy glide pen needles</i>	80	<i>hm lansoprazole</i>	101	<i>ibuprofen</i>	13
<i>global inject ease insulin syr</i>	80	HM ULTICARE INSULIN SYRINGE	81	ICAR-C PLUS.....	74

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

ICLUSIG.....	38	JENTADUETO.....	27	<i>lamivudine-zidovudine</i>	44
<i>imatinib mesylate</i>	38	<i>jevantique lo</i>	71	<i>lamotrigine</i>	23
IMBRUVICA.....	39	Jinteli.....	71	LANOXIN.....	51
<i>imipramine hcl</i>	26	Jolessa.....	57	<i>lansoprazole</i>	101
<i>imiquimod</i>	66	Jolivetle.....	57	LANTUS.....	28
IMOVAX RABIES.....	105	Juleber.....	54	LANTUS SOLOSTAR.....	28
IMVEXXY MAINTENANCE PACK.....	106	Junel 1.5/30.....	54	<i>lapatinib ditosylate</i>	39
INATAL GT.....	88	Junel 1/20.....	54	Larin 1.5/30.....	54
Incassia.....	57	Junel Fe 1.5/30.....	54	Larin 1/20.....	54
<i>indapamide</i>	69	Junel Fe 1/20.....	54	Larin 24 Fe.....	54
<i>indomethacin</i>	13, 14	Junel Fe 24.....	54	Larin Fe 1.5/30.....	54
<i>indomethacin er</i>	13	Kaitlib Fe.....	54	Larin Fe 1/20.....	54
INFANRIX.....	100	KALETRA.....	44	Larissia.....	54
INLYTA.....	39	Kalliga.....	54	<i>latanoprost</i>	93
<i>insulin lispro</i>	28	KALYDECO.....	98	Layolis Fe.....	54
<i>insulin lispro (1 unit dial)</i>	28	Karigel.....	86	<i>leader insulin syringe</i>	81
<i>insulin lispro junior kwikpen</i>	28	Karigel-N.....	86	LEADER UNIFINE PENTIPS.....	81
<i>insulin lispro prot & lispro</i>	28	Kariva.....	52	LEADER UNIFINE PENTIPS PLUS.....	81
<i>insulin syringe</i>	81	KATE FARMS CORE.....		Leena.....	58
<i>insulin syringe/needle</i>	81	ESSENTIALS 1.0.....	68	LENVIMA (10 MG DAILY DOSE)....	39
<i>insulin syringe-needle u-100</i>	81	KATE FARMS STANDARD 1.0.....	68	LENVIMA (12 MG DAILY DOSE)....	39
<i>insupen pen needles</i>	81	<i>k-effervescent</i>	85	LENVIMA (14 MG DAILY DOSE)....	39
INSUPEN SENSITIVE.....	81	Kelnor 1/35.....	54	LENVIMA (18 MG DAILY DOSE)....	39
INSUPEN ULTRAFIN.....	81	Kelnor 1/50.....	54	LENVIMA (20 MG DAILY DOSE)....	39
INTELENCE.....	45	<i>ketoconazole</i>	30, 66	LENVIMA (24 MG DAILY DOSE)....	39
INTRON A.....	40	<i>ketone test</i>	67	LENVIMA (4 MG DAILY DOSE)....	39
Introvale.....	57	<i>ketorolac tromethamine</i>	14, 93	LENVIMA (8 MG DAILY DOSE)....	39
INVANZ.....	35	KETOSTIX.....	67	Lessina.....	54
INVIRASE.....	45	Kimidess.....	52	<i>letrozole</i>	40
IPOL.....	105	<i>kinray insulin syringe</i>	81	<i>leucovorin calcium</i>	40
<i>ipratropium bromide</i>	21, 91	KINRIX.....	100	LEUKERAN.....	41
<i>ipratropium-albuterol</i>	20	Kionex.....	48, 96	<i>leuprolide acetate</i>	40
<i>irbesartan</i>	33	Klor-Con.....	85	<i>levabuterol tartrate</i>	21
<i>irbesartan-hydrochlorothiazide</i>	33	Klor-Con 10.....	85	<i>levetiracetam</i>	23, 24
ISENTRESS.....	44	Klor-Con M10.....	85	<i>levetiracetam er</i>	23
Isibloom.....	54	KLOR-CON M15.....	85	<i>levocarnitine</i>	69
Isochron.....	19	Klor-Con M20.....	85	<i>levocarnitine sf</i>	69
<i>isoniazid</i>	36	Klor-Con Sprinkle.....	85	<i>levocetirizine dihydrochloride</i>	31
<i>isosorbide dinitrate</i>	19	Klor-Con/Ef.....	85	<i>levofloxacin</i>	71, 92
<i>isosorbide dinitrate er</i>	19	<i>kls lansoprazole</i>	101	Levonest.....	58
<i>isosorbide mononitrate</i>	19	<i>kmart valu insulin syringe 29g</i>	81	<i>levonorgest-eth est & eth est</i>	57
<i>isosorbide mononitrate er</i>	19	<i>kmart valu insulin syringe 30g</i>	81	<i>levonorgest-eth estrad 91-day</i>	57
<i>itraconazole</i>	30	<i>kp clotrimazole</i>	66	<i>levonorgestrel</i>	56
<i>ivermectin</i>	19	<i>kp fexofenadine hcl</i>	31	<i>levonorgestrel-ethinyl estrad</i> ..	54, 56
IXIARO.....	105	<i>kp folic acid</i>	74	<i>levonorg-eth estrad triphasic</i>	58
Jaimiess.....	57	K-Prime.....	85	Levora 0.15/30 (28).....	54
JAKAFI.....	40	<i>croger insulin syringe</i>	81	Levo-T.....	99
Jantoven.....	22	<i>croger pen needles</i>	81	<i>levothyroxine sodium</i>	99
JANUMET.....	27	Kurvelo.....	54	<i>levothyroxine-liothyronine</i>	99
JANUMET XR.....	27	KUVAN.....	70	Levoxyl.....	99
JANUVIA.....	27	<i>k-vescent</i>	85	LEXAN POCKET NEBULIZER.....	78
JARDIANCE.....	28	<i>lactulose</i>	76	LEXIVA.....	45
Jasmiel.....	54	<i>lactulose encephalopathy</i>	72	<i>lidocaine viscous</i>	86
Jencycla.....	57	<i>lamivudine</i>	46	<i>lidocaine viscous hcl</i>	85

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>lidocaine-hydrocortisone ace</i>	18	<i>medicine shoppe pen needles</i>	81	Microgestin 24 Fe.....	54
<i>lidocaine-prilocaine</i>	67	<i>medroxyprogesterone acetate</i> 57, 96		Microgestin Fe 1.5/30.....	55
Lillow.....	54	<i>mefloquine hcl</i>	35	Microgestin Fe 1/20.....	55
<i>lindane</i>	67	<i>meijer pen needles</i>	81	<i>midodrine hcl</i>	106
<i>linezolid</i>	35	MEKINIST.....	37	MIGERGOT.....	84
<i>liothyronine sodium</i>	99	Melodetta 24 Fe.....	54	Mili.....	55
<i>lisinopril</i>	33	<i>meloxicam</i>	14	Mimvey.....	71
<i>lisinopril-hydrochlorothiazide</i> 32, 33		<i>melfhalan</i>	41	Mimvey Lo.....	71
LITETOUCH INSULIN SYRINGE... 81		<i>memantine hcl</i>	97	<i>minocycline hcl</i>	99
LITETOUCH PEN NEEDLES.....	81	MENACTRA.....	103	<i>minocycline hcl er</i>	99
<i>lithium</i>	42	MENQUADFI.....	103	<i>minoxidil</i>	34
<i>lithium carbonate</i>	42	MENVEO.....	103	<i>mirtazapine</i>	25
<i>lithium carbonate er</i>	42	<i>meperidine hcl</i>	17	<i>misoprostol</i>	101
LO LOESTRIN FE.....	52	<i>mercaptapurine</i>	37	<i>mm insulin syringe/needle</i>	81
Lojaimiess.....	57	<i>mesalamine er</i>	72	MM PEN NEEDLES.....	81
Lomedia 24 Fe.....	54	<i>mesalamine-cleanser</i>	72	M-M-R II.....	103
<i>longs insulin syringe</i>	81	Metadate Er.....	12	Moderiba.....	46
<i>lopinavir-ritonavir</i>	44	<i>metaproterenol sulfate</i>	21	<i>mometasone furoate</i>	65
Lopreeza.....	71	<i>metformin hcl</i>	27	MONOJECT INSULIN SYRINGE... 81	
<i>lorazepam</i>	20	<i>metformin hcl er</i>	27	MONOJECT ULTRA COMFORT	
Lorcet.....	16	<i>methadone hcl</i>	17	SYRINGE.....	81
Lorcet Hd.....	16	Methadone Hcl Intensol.....	17	Mono-Linyah.....	55
Loryna.....	54	Methadose.....	17	Mononessa.....	55
<i>losartan potassium</i>	34	<i>methazolamide</i>	68	<i>montelukast sodium</i>	21
<i>losartan potassium-hctz</i>	33	<i>methenamine hippurate</i>	101	Morgidox.....	99
LOTEMAX.....	93	<i>methenamine mandelate</i>	101	<i>morphine sulfate</i>	17
<i>loteprednol etabonate</i>	93	Methergine.....	94	<i>morphine sulfate (concentrate)</i> 17	
<i>lovastatin</i>	32	<i>methimazole</i>	99	<i>morphine sulfate er</i>	17
Low-Ogestrel.....	54	<i>methitest</i>	18	MOTOFEN.....	29
<i>loxapine succinate</i>	43	<i>methotrexate</i>	37	MOVIPREP.....	76
Lo-Zumandimine.....	54	<i>methotrexate sodium</i>	37	<i>moxifloxacin hcl</i>	92
Ludent.....	84	<i>methoxsalen</i>	63	<i>ms insulin syringe</i>	81
LUMIGAN.....	93	<i>methoxsalen rapid</i>	63	MULTAQ.....	20
LUPANETA PACK.....	77	<i>methscopolamine bromide</i>	101	<i>multi vit/fl</i>	87
Lutera.....	54	<i>methyclothiazide</i>	69	<i>multi vitamin/fluoride</i>	87
LYNPARZA.....	95	<i>methyldopa</i>	34	<i>multi-vit/fluoride</i>	87
LYSODREN.....	36	<i>methyldopa-hydrochlorothiazide</i> 33		<i>multivitamin/fluoride</i>	87
Lyza.....	57	<i>methylergonovine maleate</i>	94	<i>multi-vitamin/fluoride</i>	87
MAGELLAN INSULIN SAFETY		<i>methylphenidate hcl</i>	12	<i>multivitamins/fluoride</i>	87
SYR.....	81	<i>methylphenidate hcl er</i>	12	<i>multi-vitamins/fluoride</i>	87
<i>malathion</i>	67	<i>methylphenidate hcl er (cd)</i>	12	<i>mupirocin</i>	62
<i>maprotiline hcl</i>	25	<i>methylphenidate hcl er (la)</i>	12	Mvc-Fluoride.....	87
MARATHON MEDICAL PENTIPS... 81		<i>methylprednisolone</i>	59	M-VIT.....	88
<i>marlissa</i>	54	<i>metipranolol</i>	91	MY CHOICE.....	56
<i>marten-tab</i>	16	<i>metoclopramide hcl</i>	71, 72	MY WAY.....	56
MATULANE.....	40	<i>metoprolol succinate er</i>	48	<i>mycophenolate mofetil</i>	48
Matzim La.....	50	<i>metoprolol tartrate</i>	48	<i>mycophenolate sodium</i>	48
MAXICOMFORT II PEN NEEDLE... 81		<i>metoprolol-hydrochlorothiazide</i> ... 34		MYLERAN.....	36
MAXI-COMFORT INSULIN		<i>metronidazole</i>	34, 35, 66, 105	MYNATAL.....	88
SYRINGE.....	81	<i>mexiletine hcl</i>	20	MYNATAL ADVANCE.....	88
MAXI-COMFORT SAFETY PEN		Mibelas 24 Fe.....	54	<i>mynatal plus</i>	88
NEEDLE.....	81	MICRODOT PEN NEEDLE.....	81	<i>mynatal-z</i>	88
<i>meclizine hcl</i>	30	Microgestin 1.5/30.....	54	<i>mynate 90 plus</i>	88
<i>meclofenamate sodium</i>	14	Microgestin 1/20.....	54	Myzilra.....	58

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>nabumetone</i>	14	<i>nitroglycerin er</i>	19	OMNIFLEX DIAPHRAGM.....	78
<i>nadolol-bendroflumethiazide</i>	34	NITRO-TIME.....	19	<i>ondansetron</i>	29
Nafrinse.....	84	NIVA-PLUS.....	88	<i>ondansetron hcl</i>	29
<i>naloxone hcl</i>	29	Nora-Be.....	57	ONETOUCH COMBO PACK.....	78
<i>naltrexone hcl</i>	29	<i>norethin ace-eth estrad-fe</i>	55	ONETOUCH DELICA LANCETS	
<i>naphazoline hcl</i>	93	<i>norethindrone</i>	57	FINE.....	78
<i>naproxen</i>	14	<i>norethindrone acetate</i>	96	ONETOUCH ULTRA.....	67
<i>naproxen dr</i>	14	<i>norethindrone acet-ethinyl est</i>	55	ONETOUCH VERIO.....	67
<i>naproxen kit</i>	14	<i>norethindrone-eth estradiol</i>	71	ONGLYZA.....	27
<i>naproxen sodium</i>	14	<i>norethin-eth estradiol-fe</i>	55	OPCICON ONE-STEP.....	56
<i>naratriptan hcl</i>	84	<i>norgestimate-eth estradiol</i>	55	OPTION 2.....	56
NARCAN.....	29	<i>norgestim-eth estrad triphasic</i>	58	Oralone.....	87, 98
NATALVIT.....	88	Norlyda.....	58	ORENCIA.....	14
NATAZIA.....	57	Norlyroc.....	58	ORENCIA CLICKJECT.....	14
NATURE-THROID.....	99	Nortrel 0.5/35 (28).....	55	ORFADIN.....	70
<i>nebulizer updraft-style</i>	78	Nortrel 1/35 (21).....	55	Orsythia.....	55
Necon 0.5/35 (28).....	55	Nortrel 1/35 (28).....	55	<i>oseltamivir phosphate</i>	47
Necon 1/35 (28).....	55	Nortrel 7/7/7.....	58	OSMOPREP.....	76
NECON 1/50 (28).....	55	<i>nortriptyline hcl</i>	26	<i>oxandrolone</i>	18
Necon 7/7/7.....	58	NORVIR.....	45	<i>oxcarbazepine</i>	24
<i>nefazodone hcl</i>	26, 98	NOVOFINE.....	81	<i>oxybutynin chloride</i>	102
<i>neomycin sulfate</i>	12	NOVOFINE AUTOCOVER.....	82	<i>oxybutynin chloride er</i>	102
<i>neomycin-bacitracin zn-polymyx</i>	92	NOVOFINE PLUS.....	82	<i>oxycodone hcl</i>	17
<i>neomycin-polymyxin-dexameth</i>	93	NOVOLIN N FLEXPEN.....	28	<i>oxycodone-acetaminophen</i>	17
<i>neomycin-polymyxin-gramicidin</i>	92	NOVOLIN N FLEXPEN RELION.....	28	<i>oxycodone-aspirin</i>	17
<i>neomycin-polymyxin-hc</i>	93, 94	NOVOLIN R FLEXPEN.....	28	<i>oxycodone-ibuprofen</i>	17
<i>neonatal complete</i>	88	NOVOLIN R FLEXPEN RELION.....	28	<i>oxymorphone hcl</i>	17
NEONATAL PLUS.....	88	NOVOTWIST.....	82	OZEMPIC (0.25 OR 0.5	
Neo-Polycin.....	92	<i>np thyroid</i>	99	MG/DOSE).....	28
Neo-Polycin Hc.....	93	NUTRAMINE.....	68	OZEMPIC (1 MG/DOSE).....	28
NEULASTA.....	74	NUTROPIN AQ NUSPIN 10.....	69	<i>palonosetron hcl</i>	29, 30
NEULASTA ONPRO.....	74	NUTROPIN AQ NUSPIN 20.....	69, 70	<i>pantoprazole sodium</i>	101
Neutragard Advanced.....	86	NUTROPIN AQ NUSPIN 5.....	70	<i>paricalcitol</i>	70
<i>neutral sodium fluoride</i>	86	Nyamyc.....	62	Paroex.....	86
<i>nevirapine</i>	45	<i>nystatin</i>	30, 62, 86	<i>paromomycin sulfate</i>	12
NEW DAY.....	56	<i>nystatin-triamcinolone</i>	62	<i>paroxetine hcl</i>	25
NEXAVAR.....	38	Nystop.....	62	<i>paroxetine hcl er</i>	25
NEXT CHOICE ONE DOSE.....	56	OBSTETRIX DHA.....	88	<i>pc unifine pentips</i>	82
<i>niacin er (antihyperlipidemic)</i>	32	OBSTETRIX EC.....	88	PEDIARIX.....	100
NICOTROL.....	98	OBSTETRIX ONE.....	90	PEDVAX HIB.....	103
NICOTROL NS.....	98	OBTREX DHA.....	88	<i>peg 3350</i>	76
Nifedical XI.....	50	O-CAL FA.....	88	<i>peg 3350/electrolytes</i>	76
<i>nifedipine</i>	50	O-CAL PRENATAL.....	88	<i>peg 3350-kcl-na bicarb-nacl</i>	76
<i>nifedipine er</i>	50	Ocella.....	55	<i>peg-3350/electrolytes</i>	76
<i>nifedipine er osmotic release</i>	50	ODOMZO.....	37	<i>peg-3350/electrolytes/ascorbat</i>	76
Nikki.....	55	OFEV.....	98	PEGANONE.....	24
<i>nilutamide</i>	36	<i>ofloxacin</i>	71, 92, 94	PEGASYS.....	46
<i>nisoldipine er</i>	50	OGESTREL.....	55	PEGASYS PROCLICK.....	46
<i>nitisinone</i>	70	<i>olanzapine</i>	43	PEGINTRON.....	46
NITRO-BID.....	19	<i>olmesartan medoxomil</i>	34	PEG-INTRON.....	46
<i>nitrofurantoin</i>	101	<i>olmesartan medoxomil-hctz</i>	33	PEG-INTRON REDIPEN.....	46
<i>nitrofurantoin macrocrystal</i>	101	<i>olopatadine hcl</i>	91, 92	PEG-INTRON REDIPEN PAK 4.....	46
<i>nitrofurantoin monohyd macro</i> ..	101	<i>omega-3-acid ethyl esters</i>	31	<i>peg-kcl-nacl-nasulf-na asc-c</i>	76
<i>nitroglycerin</i>	19	<i>omeprazole</i>	101	Peg-Prep.....	76

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Pegylax.....	76	potassium citrate-citric acid	72	prochlorperazine maleate	43
pen needles	82	PR NATAL 400.....	90	Procto-Med Hc.....	19
pen needles 1/2"	82	PR NATAL 400 EC.....	90	Procto-Pak.....	19
pen needles 3/16"	82	PR NATAL 430.....	90	Proctosol Hc.....	19
pen needles 5/16"	82	PR NATAL 430 EC.....	90	Proctozone-Hc.....	19
penicillamine	47	PRADAXA.....	23	PRODIGY INSULIN SYRINGE.....	82
penicillin v potassium	95	pramcort	18	progesterone micronized	96
PENTACEL.....	100	pramipexole dihydrochloride	42	PROMACTA.....	74
PENTIPS.....	82	pravastatin sodium	32	promethazine hcl	31
pentoxifylline er	73	praziquantel	19	promethazine vc	60
Periogard.....	86	prazosin hcl	34	promethazine vc plain	60
permethrin	67	prednicarbate	65	promethazine vclcodeine	60
perphenazine	43	prednisolone	59	promethazine-codeine	60
Phenadoz.....	31	prednisolone acetate	93	promethazine-dm	60
Phenazo.....	73	prednisolone sodium phosphate	59, 93	promethazine-phenyleph-	
phenazopyridine hcl	73	59, 93	codeine	60
phenelzine sulfate	25	prednisone	59	promethazine-phenylephrine	60
phenobarbital	75	PREFERAOB +DHA.....	90	PROMETHEGAN.....	31
phenoxybenzamine hcl	33	preferred plus insulin syringe	82	PRONUTRIENTS CALCIUM+D3.....	84
phenytoin sodium extended	24	preferred plus unifine pentips	82	propafenone hcl	20
Philith.....	55	pregabalin	24	propafenone hcl er	20
phosphate laxative	76	PREMARIN.....	71, 106	propranolol hcl	49
PHOSPHOLINE IODIDE.....	92	PREMPHASE.....	71	propranolol hcl er	48
Phrenilin Forte.....	16	PREMPRO.....	71	propranolol-hctz	34
pimecrolimus	66	prena 1 true	90	propylthiouracil	99
pimozide	97	prenaissance harmony dha	88	PROQUAD.....	103
Pimtreea.....	52	prenaissance next	90	protriptyline hcl	26
pioglitazone hcl	29	prenaissance next-b	90	PROVIDA OB.....	89
Pirmella 1/35.....	55	PRENATA.....	88	pseudoeph-bromphen-dm	60
Pirmella 7/7/7.....	58	PRENATABS RX.....	88	PULMICORT FLEXHALER.....	22
PKU SPHERE 20.....	68	prenatal	88	PULMOMATE COMP/MICRO-	
PLEGRIDY.....	97	prenatal 19	88	MIST NEB.....	78
PLEGRIDY STARTER PACK.....	97	prenatal one daily	88	pure comfort pen needle	82
PLENVU.....	76	prenatal plus	89	purefe ob plus	89
PNEUMOVAX 23.....	103	prenatal plus iron	89	px acid reducer max st	101
pnv folic acid + iron	88	prenatal vitamin plus low iron	89	px extra short pen needles	82
pnv ob+dha	90	PRENATAL-U.....	89	px insulin syringe	82
pnv prenatal plus multivit+dha	88	preplus	89	px mini pen needles	82
pnv prenatal plus multivitamin	88	pretab	89	px pen needle	82
pnv tabs 29-1	88	PREVENT SAFETY PEN		px shortlength pen needles	82
pnv-dha+docusate	90	NEEDLES.....	82	pyrazinamide	36
pnv-vp-u	88	PREVENTEZA.....	56	pyridostigmine bromide	35, 36
podofilox	66	Previfem.....	55	pyrimethamine	35
Polycin.....	92	PREVNAR 13.....	103	qc calcium 600 +d3	84
polyethylene glycol 3350	76	PREZISTA.....	45	qc clotrimazole	66
polymyxin b-trimethoprim	92	PRIFTIN.....	36	qc fexofenadine hydrochloride	31
polyvitamin/fluoride	87	primaquine phosphate	35	qc pen needles	82
POMALYST.....	37	primidone	24	qc unifine pentips	82
Portia-28.....	55	PRO COMFORT INSULIN		QUADRACEL.....	100
pot bicarb-pot chloride	85	SYRINGE.....	82	Quasense.....	57
potassium bicarbonate	85	pro comfort pen needles	82	quetiapine fumarate	43
potassium chloride crys er	85	PRO COMFORT PEN NEEDLES.....	82	quinapril hcl	33
potassium chloride er	85	probenecid	73	quinapril-hydrochlorothiazide	33
potassium citrate er	72	Procentra.....	11	quinidine sulfate	20

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 12/01/2020

<i>quinidine sulfate er</i>	20	SAFESNAP INSULIN SYRINGE.....	82	SOFOSBUVIR-VELPATASVIR.....	75
<i>quinine sulfate</i>	35	Salacyn.....	66	<i>solvatech plus</i>	95
QVAR.....	22	<i>salicylic acid</i>	66	<i>solvatech sweet sf</i>	95
<i>ra clotrimazole</i>	66	<i>salicylic acid-cleanser</i>	66	Sorine.....	49
<i>ra insulin syringe</i>	82	<i>saline laxative</i>	76, 77	<i>sotalol hcl</i>	49
<i>ra lansoprazole</i>	101	<i>salitech forte</i>	66	<i>sotalol hcl (af)</i>	49
<i>ra oral saline laxative</i>	76	SANDOSTATIN LAR DEPOT.....	70	<i>sotalol hydrochloride</i>	49
<i>ra pen needles</i>	82	SAVELLA.....	96	<i>spinosad</i>	67
<i>ra saline laxative</i>	76	SAVELLA TITRATION PACK.....	96	SPIRIVA HANDIHALER.....	21
RABAVERT.....	105	<i>sb cimetidine</i>	101	SPIRIVA RESPIMAT.....	21
Rajani.....	55	<i>sb insulin syringe</i>	82	<i>spironolactone</i>	68
<i>raloxifene hcl</i>	70	<i>sb polyethylene glycol 3350</i>	76	Sprintec 28.....	55
<i>ramipril</i>	33	<i>scopolamine</i>	30	SPRYCEL.....	39
<i>rasagiline mesylate</i>	41	SELECT-OB.....	89	Sps.....	48, 96
REACT.....	56	<i>selegiline hcl</i>	41	Sronyx.....	55
REBIF.....	97	<i>selenium sulfide</i>	63	Ssd.....	63
REBIF REBIDOSE.....	97	SELZENTRY.....	44	<i>stavudine</i>	46
REBIF REBIDOSE TITRATION		<i>se-natal 19</i>	89	STIVARGA.....	38
PACK.....	97	SEREVENT DISKUS.....	21	STRIBILD.....	44
REBIF TITRATION PACK.....	97	<i>sertraline hcl</i>	26	Subvenite.....	24
Reclipsen.....	55	Setlakin.....	57	<i>sucralfate</i>	101
RECOMBIVAX HB.....	105	<i>sevelamer carbonate</i>	72	<i>sulfacetamide sodium</i>	93
Relafen.....	14	<i>sf</i>	86	<i>sulfacetamide sodium (acne)</i>	61
RELENZA DISKHALER.....	47	<i>sf 5000 plus</i>	86	<i>sulfacetamide sodium-sulfur</i>	61
RELION INSULIN SYRINGE.....	82	Sharobel.....	58	<i>sulfacetamide-prednisolone</i>	93
RELI-ON INSULIN SYRINGE.....	82	SHINGRIX.....	105	<i>sulfacetamide-sulfur in urea</i>	61
RELION KETONE.....	67	SHOPKO UNIFINE PENTIPS.....	82	<i>sulfadiazine</i>	99
RELION KETONE TEST.....	67	SHOPKO UNIFINE PENTIPS		<i>sulfamethoxazole-trimethoprim</i> ...	35
RELION MINI PEN NEEDLES.....	82	PLUS.....	82	<i>sulfamez wash</i>	61
RELION PEN NEEDLES.....	82	SILENOR.....	75	<i>sulfasalazine</i>	72
RELION SHORT PEN NEEDLES...	82	<i>silver sulfadiazine</i>	63	Sulfatrim Pediatric.....	35
RESCRIPTOR.....	45	SIMILAC PURE BLISS.....	68	<i>sulindac</i>	14
REVLIMID.....	48	Simliya.....	52	<i>sumatriptan succinate</i>	84
Ribasphere.....	46, 47	Simpesse.....	57	<i>sumatriptan succinate refill</i>	84
<i>ribavirin</i>	47	SIMPONI.....	13, 15	SUPRAX.....	52
RIDAURA.....	13	SIMPONI ARIA.....	13, 15	<i>sure comfort insulin syringe</i>	82
<i>rifabutin</i>	36	<i>simvastatin</i>	32	<i>sure comfort pen needles</i>	83
<i>rifampin</i>	36	<i>sirolimus</i>	48	SURE-FINE PEN NEEDLES.....	83
RIFATER.....	36	SIRTURO.....	36	SURE-JECT INSULIN SYRINGE...	83
<i>rimantadine hcl</i>	47	SLYND.....	58	SUSPENDRX W/BITTERBLOC	
<i>risedronate sodium</i>	69	<i>sm fexofenadine hcl</i>	31	SWEET.....	95
<i>risperidone</i>	42	<i>sm insulin syringe</i>	82	SUSPENDRX W/BITTERBLOC	
Risperidone M-Tab.....	42	<i>sm lansoprazole</i>	101	UNSWEET.....	95
<i>ritonavir</i>	45	<i>sm oral saline laxative</i>	77	SUTENT.....	38
<i>rivastigmine tartrate</i>	96	<i>sodium chloride</i>	72, 85	Syeda.....	55
Rivelsa.....	57	<i>sodium chloride (pf)</i>	85	SYMBICORT.....	20
<i>rizatriptan benzoate</i>	84	<i>sodium fluoride</i>	84, 85, 86	SYNJARDY.....	98
<i>robafen ac</i>	59	<i>sodium fluoride 5000 plus</i>	86	SYNTHROID.....	99
<i>ropinirole hcl</i>	42	<i>sodium fluoride 5000 ppm</i>	86	TABLOID.....	37
<i>ropinirole hcl er</i>	42	<i>sodium fluoride 5000 sensitive</i>	86	<i>tacrolimus</i>	66
Rosadan.....	66	<i>sodium phenylbutyrate</i>	70	<i>tadalafil</i>	51
<i>rosuvastatin calcium</i>	32	<i>sodium polystyrene sulfonate</i> 48, 96		<i>tadalafil (pah)</i>	51
ROTARIX.....	105	<i>sodium sulfacetamide</i>	63	TAFINLAR.....	37
ROTATEQ.....	105	<i>sodium sulfacetamide wash</i>	63	TAKE ACTION.....	56

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

<i>tamoxifen citrate</i>	37	<i>tolterodine tartrate</i>	102	TRIUMEQ.....	44
<i>tamsulosin hcl</i>	72	<i>tolterodine tartrate er</i>	102	TRIVEEN-DUO DHA.....	90
Tarina 24 Fe.....	55	<i>topcare clickfine pen needles</i>	83	<i>tri-vitlfluride</i>	87
Tarina Fe 1/20.....	55	<i>topcare ultra comfort ins syr</i>	83	<i>tri-vitaminlfluride</i>	87
Tarina Fe 1/20 Eq.....	55	<i>topiramate</i>	24	<i>tri-vitelfluride</i>	87
TARON-BC.....	89	<i>toremifene citrate</i>	37	Trivora (28).....	58
TARON-C DHA.....	89	<i>torse mide</i>	68	Tri-Vylibra.....	59
Taron-Crystals.....	72	Tovet.....	65	Tri-Vylibra Lo.....	58
TARON-PREX.....	90	TRADJENTA.....	27	<i>true comfort insulin syringe</i>	83
TASIGNA.....	39	<i>tramadol hcl</i>	17	TRUE COMFORT PEN NEEDLES..	83
TAYTULLA.....	55	<i>trandolapril</i>	33	TRUEPLUS 5-BEVEL PEN	
Taztia Xt.....	50	<i>trandolapril-verapamil hcl er</i>	32	NEEDLES.....	83
TDVAX.....	100	<i>tranexamic acid</i>	75	TRUEPLUS INSULIN SYRINGE....	83
<i>techlite insulin syringe</i>	83	<i>tranylcypropmine sulfate</i>	25	TRUEPLUS PEN NEEDLES.....	83
TECHLITE PEN NEEDLES.....	83	<i>travoprost (bak free)</i>	93	TRULICITY.....	28
<i>temazepam</i>	75	<i>trazodone hcl</i>	26, 98	TRUMENBA.....	103
<i>temozolomide</i>	40	<i>treprostinil</i>	51	TRUVADA.....	44
TENCON.....	16	<i>treprostinil sodium</i>	51	Tulana.....	58
TENIVAC.....	100	<i>tretinoin</i>	41, 61	TUZISTRA XR.....	60
<i>tenofovir disoproxil fumarate</i>	46	<i>tretinoin (emollient)</i>	62	TWINRIX.....	103
<i>terazosin hcl</i>	34	Tri Femynor.....	58	TYBLUME.....	55
<i>terbinafine hcl</i>	30	<i>triamcinolone acetonide</i>		Tydemy.....	55
<i>terconazole</i>	105	65, 87, 91, 98	TYKERB.....	39
TERUMO SURGUARD2 SYRINGE..	83	<i>triamterene</i>	68	TYPHIM VI.....	103
<i>testosterone</i>	18	<i>triamterene-hctz</i>	68	TYZEKA.....	46
<i>testosterone cypionate</i>	18	Trianex.....	65	ULTICARE INSULIN SAFETY SYR..	83
<i>tetanus-diphtheria toxoids td</i>	100	<i>triazolam</i>	75	ULTICARE INSULIN SYRINGE.....	83
<i>tetracycline hcl</i>	99	TRICARE.....	89	ULTICARE MICRO PEN	
<i>tgt clotrimazole</i>	66	TRICARE PRENATAL DHA ONE...	89	NEEDLES.....	83
THALOMID.....	47	Triderm.....	65	ULTICARE MINI PEN NEEDLES...	83
THEOCHRON.....	22	<i>trientine hcl</i>	47	ULTICARE PEN NEEDLES.....	83
<i>theophylline</i>	22	Tri-Estarylla.....	58	ULTICARE SHORT PEN	
<i>theophylline er</i>	22	<i>trifluoperazine hcl</i>	43	NEEDLES.....	83
Thermazene.....	63	<i>trihexyphenidyl hcl</i>	41	<i>ultiguard safepack pen needle</i>	83
<i>thioridazine hcl</i>	43	<i>triklo</i>	31	ULTILET INSULIN SYRINGE	
<i>thiothixene</i>	43	Tri-Legest Fe.....	58	SHORT.....	83
<i>thrivite 19</i>	89	Tri-Linyah.....	58	ULTILET PEN NEEDLE.....	83
<i>thrivite rx</i>	89	Tri-Lo-Estarylla.....	58	<i>ultimatecare one</i>	89
<i>thyroid</i>	99	Tri-Lo-Marzia.....	58	ULTRA THIN PEN NEEDLES.....	83
Tiadyt Er.....	50	Tri-Lo-Mili.....	58	<i>ultracare insulin syringe</i>	83
<i>tiagabine hcl</i>	24	Tri-Lo-Sprintec.....	58	<i>ultracare pen needles</i>	83
<i>ticlopidine hcl</i>	73	Trilyte.....	76	<i>ultra-comfort insulin syringe</i>	83
Tilia Fe.....	58	<i>trimethobenzamide hcl</i>	30	ULTRA-THIN II INS SYR SHORT...	83
<i>timolol maleate</i>	49, 91	<i>trimethoprim</i>	35	ULTRA-THIN II INSULIN SYRINGE	83
TIVICAY.....	44	Tri-Mili.....	58	ULTRA-THIN II MINI PEN NEEDLE	83
<i>tizanidine hcl</i>	91	<i>trimipramine maleate</i>	26	ULTRA-THIN II PEN NEEDLE	
<i>tl folate</i>	89	<i>trinatal rx 1</i>	89	SHORT.....	83
<i>tl-care dha</i>	89	TRINATE.....	89	ULTRA-THIN II PEN NEEDLES....	83
<i>tobramycin</i>	12, 92	Trinessa (28).....	58	UNIFINE PENTIPS.....	83
<i>tobramycin-dexamethasone</i>	93	Trinessa Lo.....	58	UNIFINE PENTIPS PLUS.....	83
<i>today's health mini pen needles</i>	83	<i>triple-vitaminlfluride</i>	87	Unithroid.....	99
<i>today's health pen needles</i>	83	Tri-Previfem.....	58	<i>valacyclovir hcl</i>	47
<i>today's health short pen needle</i>	83	Tri-Sprintec.....	58	<i>valproate sodium</i>	24
<i>tolbutamide</i>	29	<i>tri-tabs dha</i>	89	<i>valproic acid</i>	24

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

valsartan	34	VOTRIENT.....	39	ZYDELIG.....	95
valsartan-hydrochlorothiazide	33	vp insulin syringe	84	ZYKADIA.....	39
value health insulin syringe	83	vp-ggr-b6 prenatal	90	ZYTIGA.....	36
valumark pen needles	84	vp-heme ob + dha	90		
vancomycin hcl	73	Vyfemla.....	56		
Vandazole.....	105	Vylibra.....	56		
VANISHPOINT INSULIN SYRINGE.....	84	VYVANSE.....	11		
VAQTA.....	105	warfarin sodium	22		
VARIVAX.....	105	wegmans unifine pentips plus	84		
Velivet.....	59	Wera.....	56		
VEMAVITE-PRX 2.....	90	WESTHROID.....	99		
VEMLIDY.....	46	WIDE-SEAL DIAPHRAGM 60.....	78		
vena-bal dha	89	WIDE-SEAL DIAPHRAGM 65.....	78		
venlafaxine hcl	26	WIDE-SEAL DIAPHRAGM 70.....	78		
venlafaxine hcl er	26	WIDE-SEAL DIAPHRAGM 75.....	78		
VENTAVIS.....	51	WIDE-SEAL DIAPHRAGM 80.....	78		
verapamil hcl	50	WIDE-SEAL DIAPHRAGM 85.....	78		
verapamil hcl er	50	WIDE-SEAL DIAPHRAGM 90.....	78		
VEREGEN.....	62	WIDE-SEAL DIAPHRAGM 95.....	78		
Vestura.....	55	Wixela Inhub.....	20		
Vicodin.....	17	Wymzya Fe.....	56		
Vicodin Es.....	16	XALKORI.....	39		
Vicodin Hp.....	16	XARELTO.....	22		
VICTOZA.....	28	XARELTO STARTER PACK.....	22		
VIDA MIA UNIFINE PENTIPS.....	84	XIGDUO XR.....	98		
Vienna.....	56	XIIDRA.....	77		
vil-rx	89	XOFLUZA (40 MG DOSE).....	94		
VINATE CARE.....	89	XOFLUZA (80 MG DOSE).....	94		
VINATE II.....	89	XTANDI.....	37		
VINATE M.....	89	XULANE.....	56		
VINATE ONE.....	89	YF-VAX.....	105		
viorele	52	Yuvafem.....	106		
VIRACEPT.....	45	zaleplon	75		
VIREAD.....	46	zamicet	17		
virt nate	89	Zarah.....	56		
virt-advance	89	Zebutal.....	16		
virt-c dha	89	ZELBORAF.....	37		
virt-pn	89	Zenatane.....	61		
virtprex	90	Zenchent.....	56		
virtrate-k	72	Zenchent Fe.....	56		
virtussin alc	60	ZENPEP.....	68		
virt-vite gt	90	Zenzedi.....	11		
VITAFOL GUMMIES.....	90	zidovudine	46		
VITAFOL-OB.....	90	ziprasidone hcl	42		
vitamin d (ergocalciferol)	106	ZIRGAN.....	92		
vitamins acd-fluoride	87	ZOLINZA.....	37		
VITA-PREN.....	90	zolpidem tartrate	75		
VITATHELY WITH GINGER.....	90	zolpidem tartrate er	75		
VITUZ.....	60	zonisamide	24		
VIVOTIF.....	103	ZOSTAVAX.....	105		
vol-nate	90	Zovia 1/35E (28).....	56		
Volnea.....	52	Zovia 1/50E (28).....	56		
vol-plus	90	Zumandimine.....	56		
vol-tab rx	90	ZYBAN.....	98		

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Most plans include our home delivery program at no extra cost to you. Find out more by going online to [anthem.com/ca](https://www.anthem.com/ca) or call 833-236-6196.

For information about your pharmacy benefit, log in at [anthem.com/ca](https://www.anthem.com/ca).

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



Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Rev. 7/19