



# 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.

Anthem Bronze EPO 65/5600/40%	Anthem Platinum HMO/Select/Priority Select HMO 20
Anthem Bronze PPO/Select PPO 40/5600/40%	Anthem Platinum PPO/Select PPO 15/250/10%
Anthem Bronze PPO/Select PPO 5000/45% w/HSA	Anthem Platinum PPO/Select PPO 20/10%
Anthem Bronze PPO/Select PPO 60/6000/30%	Anthem Platinum Select HMO 15
Anthem Bronze PPO/Select PPO 65/4600/40%	Anthem Platinum Select PPO 15/10%
Anthem Bronze PPO/Select PPO 6600/0% w/HSA	Anthem Silver Advantage PPO 40/1350/40%
Anthem Bronze PPO/Select PPO 70/6300/35%	Anthem Silver Advantage PPO 45/1500/40%
Anthem Bronze Select PPO 6000/40% w/HSA	Anthem Silver EPO 2000/25% w/HSA
Anthem Gold Advantage PPO 30/500/20%	Anthem Silver EPO 50/2200/35%
Anthem Gold EPO 35/500/20%	Anthem Silver HMO/Select HMO 2250/40%
Anthem Gold EPO 35/1700/20%	Anthem Silver HMO/Select/Priority Select HMO 55
Anthem Gold HMO/Select/Priority Select HMO 25	Anthem Silver HMO/Select HMO 55/2100/40%
Anthem Gold HMO/Select/Priority Select HMO 35	Anthem Silver HMO/Select HMO 55/2250/40%
Anthem Gold HMO/Select HMO 30	Anthem Silver PPO/Select PPO 2000/25% w/HSA-RxC
Anthem Gold PPO/Select PPO 20/30%	Anthem Silver PPO/Select PPO 40/1500/40%
Anthem Gold PPO/Select PPO 30/500/20%	Anthem Silver PPO/Select PPO 40/1750/40%
Anthem Gold PPO/Select PPO 30/750/20%	Anthem Silver PPO/Select PPO 50/2000/40%
Anthem Gold PPO/Select PPO 35/1000/20%	Anthem Silver PPO/Select PPO 55/1750/35%
Anthem Gold PPO 35/1000/20%	Anthem Silver Priority Select HMO 55/2250/40%
Anthem Gold Select PPO 30/20%	Anthem Silver Select HMO 2100/40%
Anthem Gold Select PPO 25/1000/25%	Anthem Silver Select PPO 45/1700/35%
Anthem Gold Select PPO 25/1200/25%	Anthem Silver Select PPO 45/2000/20%
Anthem Gold Select PPO 30/60/500/20%	
Anthem Platinum HMO/Select/Priority Select HMO 10	

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](http://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](http://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](http://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.

## 2019 California Select Drug List

### Table of Contents

INFORMATIONAL SECTION.....	2
ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC - DRUGS FOR PAIN AND FEVER.....	9
ANORECTAL PREPARATIONS - RECTAL PREPARATIONS.....	14
ANTIDOTES AND OTHER REVERSAL AGENTS - DRUGS FOR OVERDOSE OR POISONING.....	14
ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS.....	14
ANTINEOPLASTICS - DRUGS FOR CANCER.....	22
BIOLOGICALS - BIOLOGICAL AGENTS.....	27
CARDIOVASCULAR THERAPY AGENTS - DRUGS FOR THE HEART.....	31
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	39
CHEMICAL DEPENDENCY, AGENTS TO TREAT - DRUGS FOR ADDICTION.....	46
CHEMICALS-PHARMACEUTICAL ADJUVANTS.....	47
COGNITIVE DISORDER THERAPY - DRUGS FOR THE NERVOUS SYSTEM.....	47
CONTRACEPTIVES - DRUGS FOR WOMEN.....	48
DERMATOLOGICAL - DRUGS FOR THE SKIN.....	54
DIAGNOSTIC AGENTS.....	59
DRUGS TO TREAT ERECTILE DYSFUNCTION - DRUGS FOR THE URINARY SYSTEM.....	59
ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS - DRUGS FOR NUTRITION.....	59
ENDOCRINE - HORMONES.....	63
GASTROINTESTINAL THERAPY AGENTS - DRUGS FOR THE STOMACH.....	68
GENITOURINARY THERAPY - DRUGS FOR THE URINARY SYSTEM.....	72
GOUT AND HYPERURICEMIA THERAPY - DRUGS FOR PAIN AND FEVER.....	73
HEMATOLOGICAL AGENTS - DRUGS FOR THE BLOOD.....	73
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR ORGAN TRANSPLANTS.....	74
LOCOMOTOR SYSTEM - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES.....	75
MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME) - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT.....	75
MEDICAL SUPPLY, FDB SUPERSET.....	77
METABOLIC MODIFIERS - DRUGS THAT ALTER METABOLISM.....	79
MOUTH-THROAT-DENTAL - PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT.....	79
MULTIPLE SCLEROSIS AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	81
OPHTHALMIC AGENTS - DRUGS FOR THE EYE.....	81
OTIC (EAR) - DRUGS FOR THE EAR.....	83
RESPIRATORY THERAPY AGENTS - DRUGS FOR THE LUNGS.....	84
VAGINAL PRODUCTS - DRUGS FOR WOMEN.....	88

## 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
NUDEXTA ORAL CAPSULE ( <i>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-ethynodiol dihydrogesterone</i> (Portia 28 Oral Tablet)
---

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](http://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.covermymeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](http://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](http://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 one shall consist of most generic drugs and low-cost preferred brand name drugs.
- Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.
- Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

### **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.<sup>1</sup>

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](http://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.<sup>1</sup>

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.

<sup>1</sup> 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** = Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.

**Tier 2** = Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.

**Tier 3** = Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.

**Tier 4** = Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

## 2019 California Select Drug List

CURRENT AS OF 10/10/2019

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ANALGESIC, ANTI-INFLAMMATORY OR ANTIPYRETIC - DRUGS FOR PAIN AND FEVER</b>		
<b>ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS</b>		
<i>codeine sulfate</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>diskets</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>fentanyl</i>	Tier 2	PA; QL (15 patches per 30 days)
<i>hydromorphone oral liquid</i>	Tier 1	QL (24 mL per 1 day)
<i>hydromorphone oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydromorphone rectal</i>	Tier 2	QL (4 suppositories per 1 day)
<i>meperidine injection</i>	Tier 1	QL (4 ML per 1 day)
<i>meperidine oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>meperidine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>methadone</i> (Methadone Intensol)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone oral tablet,soluble</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methadose oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone</i> (Methadose Oral Tablet,Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
<i>morphine concentrate</i>	Tier 1	QL (6 mL per 1 day)
<i>morphine oral capsule,extend.release pellets</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>morphine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>morphine rectal</i>	Tier 1	QL (6 suppositories per 1 day)
<i>oxycodone oral capsule</i>	Tier 2	QL (6 capsules per 1 day)
<i>oxycodone oral concentrate</i>	Tier 2	QL (6 mL per 1 day)
<i>oxycodone oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>oxycodone oral syringe</i>	Tier 2	QL (6 mL per 1 day)
<i>oxycodone oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxymorphone</i>	Tier 2	QL (6 tablets per 1 day)
<i>tramadol</i>	Tier 1	QL (8 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
<b>ANALGESIC OPIOID CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<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>codeine</i> (Ascomp With Codeine)	Tier 1	PA; QL (6 capsules per 1 day)
<i>codeine</i> (Butalbital Compound W/Codeine)	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-acetaminop-caf-cod</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>codeine-butalbital-asa-caff</i>	Tier 1	PA; QL (6 capsules per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<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</i> (Vicodin Es)	Tier 2	QL (6 tablets per 1 day)
<i>hydrocodone</i> (Vicodin Hp)	Tier 2	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE AND NSAID COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-ibuprofen</i>	Tier 1	QL (5 tablets per 1 day)
<b>ANALGESIC OPIOID HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<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</i>	Tier 1	QL (5 tablets per 1 day)
<i>hydrocodone</i> (Vicodin Es)	Tier 2	QL (6 tablets per 1 day)
<i>hydrocodone</i> (Vicodin Hp)	Tier 2	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID OXYCODONE AND NON-SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone</i> (Endocet)	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i>	Tier 1	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID OXYCODONE AND NSAID COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>ibuprofen-oxycodone</i>	Tier 1	QL (4 tablets per 1 day)
<b>ANALGESIC OPIOID OXYCODONE AND SALICYLATE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone-aspirin</i>	Tier 1	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID OXYCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone</i> (Endocet)	Tier 2	QL (6 tablets per 1 day)
<i>ibuprofen-oxycodone</i>	Tier 1	QL (4 tablets per 1 day)
<i>oxycodone-acetaminophen</i>	Tier 1	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>oxycodone-aspirin</i>	Tier 1	QL (6 tablets per 1 day)
<b>ANALGESIC OPIOID PARTIAL-MIXED AGONISTS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butorphanol tartrate</i>	Tier 1	QL (2 bottles per 30 days)
<b>ANALGESIC OR ANTIPYRETIC NON-OPIOID/SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-acetaminophen</i>	Tier 1	
<i>butalbital-acetaminophen-caff</i>	Tier 1	
<i>butalbital</i> (Tencon)	Tier 1	
<i>butalbital</i> (Zebutal)	Tier 2	
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, NON-SELECTIVE - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 pens per 28 days)
<b>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS, TNF-ALPHA SEL - ARTHRITIS AND PAIN DRUGS</b>		
HUMIRA ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN CROHNS-UC-HS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEN ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
SIMPONI ARIA ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 pen 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
SIMPONI SUBCUTANEOUS SYRINGE ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>DMARD - ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITING AGENTS - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 pens per 28 days)
HUMIRA ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN CROHNS-UC-HS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEN ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
SIMPONI ARIA ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>DMARD - ANTIMALARIALS - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydroxychloroquine</i>	Tier 1	
<b>DMARD - ANTIMETABOLITES - ARTHRITIS AND PAIN DRUGS</b>		
<i>methotrexate sodium</i>	Tier 2; OC	
<b>DMARD - ANTNFLAMMATORY, SELECT. COSTIMULATION MODULATOR,T-CELL INHIB. - ARTHRITIS AND PAIN DRUGS</b>		
ORENCIA (WITH MALTOSE) ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA CLICKJECT ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes 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
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 injections per 28 days)
<b>DMARD - GOLD COMPOUNDS - ARTHRITIS AND PAIN DRUGS</b>		
RIDAURA ( <i>auranofin</i> )	Tier 3	
<b>DMARD - IMMUNOSUPPRESSIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>azathioprine</i>	Tier 2	
CYCLOPHOSPHAMIDE ( <i>cyclophosphamide</i> )	Tier 4; OC	SP
<i>cyclosporine</i>	Tier 4	SP
<i>cyclosporine modified</i>	Tier 4	SP
<i>cyclosporine</i> (Gengraf)	Tier 4	SP
<i>mycophenolate mofetil</i>	Tier 4	SP
<b>DMARD - OTHER - ARTHRITIS AND PAIN DRUGS</b>		
<i>minocycline</i>	Tier 1	
<i>penicillamine</i>	Tier 2	
<i>sulfasalazine</i>	Tier 1	QL (8 tablets per 1 day)
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - ANTHRANILIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>meclofenamate</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OTHER - ARTHRITIS AND PAIN DRUGS</b>		
<i>ketorolac</i>	Tier 1	QL (20 tablets per 30 days)
<i>nabumetone</i>	Tier 1	
<i>sulindac</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - OXICAM DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>meloxicam oral suspension</i>	Tier 1	QL (10 mL per 1 day)
<i>meloxicam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PHENYLACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium</i>	Tier 1	
<i>diclofenac sodium</i>	Tier 1	
<b>NSAID ANALGESICS (COX NON-SPECIFIC) - PROPIONIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>ec-naproxen</i>	Tier 1	
<i>ibuprofen</i> (Ibu)	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	Tier 1	
<i>naproxen</i>	Tier 1	
<i>naproxen sodium</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
<b>NSAID ANALGESICS, (COX NON-SPECIFIC) - INDOLE ACETIC ACID DERIVATIVES - ARTHRITIS AND PAIN DRUGS</b>		
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsule per 1 day)
<i>indomethacin oral capsule, extended release</i>	Tier 1	QL (2 capsule per 1 day)
<b>SALICYLATE ANALGESIC AND SEDATIVE COMBINATIONS - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-aspirin-caffeine</i>	Tier 1	
<b>SALICYLATE ANALGESICS - ARTHRITIS AND PAIN DRUGS</b>		
<i>diflunisal</i>	Tier 1	
<i>extra strength bayer</i>	Tier 1	
<b>ANORECTAL PREPARATIONS - RECTAL PREPARATIONS</b>		
<b>ANORECTAL - GLUCOCORTICOIDS - RECTAL PREPARATIONS</b>		
<i>hydrocortisone</i>	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc)	Tier 1	
<b>ANORECTAL - HEMORRHOIDAL RECTAL GLUCOCORTICOID- LOCAL ANESTHETIC COMB - RECTAL PREPARATIONS</b>		
<i>hydrocortisone-pramoxine</i>	Tier 1	
<b>ANTIDOTES AND OTHER REVERSAL AGENTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>ANTIDOTE - ACETAMINOPHEN POISONING - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>acetylcysteine</i>	Tier 2	
<b>CHELATING AGENTS - COPPER - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>penicillamine</i>	Tier 2	
<i>trientine</i>	Tier 2	SP
<b>CHELATING AGENTS - LEAD POISONING - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>CHEMET (succimer)</i>	Tier 3	
<b>OPIOID REVERSAL AGENTS - OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>naloxone injection solution</i>	Tier 2	QL (6 vial per 90 days)
<i>naloxone injection syringe</i>	Tier 2	QL (6 syringes per 90 days)
<i>naltrexone</i>	Tier 1	
<b>ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS</b>		
<b>AMEBICIDES - DRUGS FOR PARASITES</b>		
<i>paromomycin</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
<b>AMINOGLYCOSIDE ANTIBIOTIC - ANTIBIOTICS</b>		
<i>neomycin</i>	Tier 1	
<b>AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS</b>		
<i>amoxicillin</i>	Tier 1	
<i>ampicillin</i>	Tier 1	
<b>AMINOPENICILLIN ANTIBIOTIC - BETA-LACTAMASE INHIBITOR COMBINATIONS - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate</i>	Tier 1	
<b>ANTHELMINTIC AGENTS - MACROCYCLIC LACTONES - DRUGS FOR PARASITES</b>		
<i>ivermectin</i>	Tier 1	
<b>ANTHELMINTIC AGENTS OTHER - DRUGS FOR PARASITES</b>		
<i>ivermectin</i>	Tier 1	
<i>praziquantel</i>	Tier 2	
<b>ANTIBACTERIAL FOLATE ANTAGONIST - OTHER COMBINATIONS - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim</i>	Tier 1	
<i>sulfatrim</i>	Tier 1	
<b>ANTIBACTERIAL FOLATE ANTAGONIST OTHERS - ANTIBIOTICS</b>		
<i>trimethoprim</i>	Tier 1	
<b>ANTIBACTERIAL NITROFURAN DERIVATIVES - ANTIBIOTICS</b>		
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<b>ANTIFUNGAL - ALLYLAMINES - DRUGS FOR FUNGUS</b>		
<i>terbinafine hcl</i>	Tier 1	QL (1 tablet per 1 day)
<b>ANTIFUNGAL - AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR FUNGUS</b>		
<i>nystatin</i>	Tier 1	
<b>ANTIFUNGAL - IMIDAZOLES - DRUGS FOR FUNGUS</b>		
<i>ketoconazole</i>	Tier 1	QL (2 tablets per 1 day)
<b>ANTIFUNGAL - TRIAZOLES - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension for reconstitution 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</i>	Tier 2	PA; QL (126 capsules 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
<b>ANTIFUNGAL OTHER - DRUGS FOR FUNGUS</b>		
<i>flucytosine</i>	Tier 2	
<i>griseofulvin microsize</i>	Tier 1	
<i>griseofulvin ultramicrosize</i>	Tier 1	
<b>ANTILEPROTIC - IMMUNOMODULATORS - ANTIBIOTICS</b>		
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)
<b>ANTILEPROTIC - SULFONE AGENTS - ANTIBIOTICS</b>		
DAPSONE	Tier 2	
<b>ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES</b>		
<i>atovaquone-proguanil</i>	Tier 1	
COARTEM ( <i>artemether</i> )	Tier 3	
<b>ANTIMALARIALS - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate</i>	Tier 1	
DARAPRIM ( <i>pyrimethamine</i> )	Tier 3	PA; LD; QL (3 tablets per 1 day)
<i>hydroxychloroquine</i>	Tier 1	
<i>mefloquine</i>	Tier 1	
PRIMAQUINE	Tier 3	
<i>quinine sulfate</i>	Tier 2	PA; QL (60 capsules per 365 days)
<b>ANTIPROTOZOAL AGENTS - OTHER - DRUGS FOR PARASITES</b>		
ALINIA ( <i>nitazoxanide</i> )	Tier 3	
<b>ANTIPROTOZOAL AGENTS (ANTIPARASITIC) - 5-NITROTHIAZOLYL DERIVATIVES - DRUGS FOR PARASITES</b>		
ALINIA ( <i>nitazoxanide</i> )	Tier 3	
<b>ANTIPROTOZOAL-ANTIBACTERIAL 1ST GENERATION 2-METHYL-5-NITROIMIDAZOLE - DRUGS FOR INFECTIONS</b>		
<i>metronidazole</i>	Tier 1	
<b>ANTIRETROVIRAL - CCR5 CO-RECEPTOR ANTAGONIST - DRUGS FOR VIRAL INFECTIONS</b>		
SELZENTRY ( <i>maraviroc</i> )	Tier 2	
<b>ANTIRETROVIRAL - HIV-1 FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
FUZEON ( <i>enfuvirtide</i> )	Tier 2	
<b>ANTIRETROVIRAL - HIV-1 INTEGRASE STRAND TRANSFER INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
ISENTRESS ( <i>raltegravir</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
TIVICAY ( <i>dolutegravir</i> )	Tier 2	
<b>ANTIRETROVIRAL - NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIB (NNRTI) - DRUGS FOR VIRAL INFECTIONS</b>		
EDURANT ( <i>rilpivirine</i> )	Tier 2	
<i>efavirenz</i>	Tier 2	
INTELENCE ( <i>etravirine</i> )	Tier 2	
<i>nevirapine</i>	Tier 1	
RESCRIPTOR ( <i>delavirdine</i> )	Tier 2	
<b>ANTIRETROVIRAL - NUCLEOSIDE AND NUCLEOTIDE ANALOG RTIS COMBINATIONS - DRUGS FOR VIRAL INFECTIONS</b>		
TRUVADA ( <i>emtricitabine</i> )	Tier 2	
<b>ANTIRETROVIRAL - NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir</i>	Tier 1	
<i>didanosine</i>	Tier 1	
EMTRIVA ( <i>emtricitabine</i> )	Tier 2	
<i>lamivudine</i>	Tier 1	
<i>stavudine</i>	Tier 1	
<i>zidovudine</i>	Tier 1	
<b>ANTIRETROVIRAL - NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>tenofovir disoproxil fumarate</i>	Tier 2	
VIREAD ( <i>tenofovir</i> )	Tier 2	
<b>ANTIRETROVIRAL COMBINATIONS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
KALETRA ( <i>lopinavir</i> )	Tier 2	
<i>lopinavir-ritonavir</i>	Tier 2	
<b>ANTIRETROVIRAL- NUCLEOSIDE AND NUCLEOTIDE ANALOGS, INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
BIKTARVY ( <i>bictegravir</i> )	Tier 2	
GENVOYA ( <i>elvitegravir</i> )	Tier 2	
STRIBILD ( <i>elvitegravir</i> )	Tier 2	
<b>ANTIRETROVIRAL-NUCLEOSIDE ANALOGS AND INTEGRASE INHIBITOR COMBINATIONS - DRUGS FOR VIRAL INFECTIONS</b>		
TRIUMEQ ( <i>abacavir</i> )	Tier 2	
<b>ANTIRETROVIRAL-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) COMB - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir-lamivudine</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>abacavir-lamivudine-zidovudine</i>	Tier 2	
<i>lamivudine-zidovudine</i>	Tier 1	
<b>ANTITUBERCULAR - D-ALANINE ANALOGS - ANTIBIOTICS</b>		
CYCLOSERINE	Tier 3	
<b>ANTITUBERCULAR - DIARYLQUINOLINE ANTIBIOTICS - ANTIBIOTICS</b>		
SIRTURO ( <i>bedaquiline</i> )	Tier 3	
<b>ANTITUBERCULAR - ISONICOTINIC ACID DERIVATIVES - ANTIBIOTICS</b>		
<i>isoniazid</i>	Tier 1	
<b>ANTITUBERCULAR - NIACINAMIDE DERIVATIVES - ANTIBIOTICS</b>		
<i>pyrazinamide</i>	Tier 2	
<b>ANTITUBERCULAR - RIFAMYCIN AND DERIVATIVES - ANTIBIOTICS</b>		
PRIFTIN ( <i>rifapentine</i> )	Tier 3	
<i>rifabutin</i>	Tier 2	
<i>rifampin</i>	Tier 2	
<b>ANTITUBERCULAR AGENTS OTHER - ANTIBIOTICS</b>		
<i>ethambutol</i>	Tier 2	
<b>ANTITUBERCULAR COMBINATIONS - ANTIBIOTICS</b>		
RIFATER ( <i>rifampin</i> )	Tier 3	
<b>CARBAPENEM ANTIBIOTICS (THIENAMYCINS) - ANTIBIOTICS</b>		
<i>ertapenem</i>	Tier 2	
<b>CEPHALOSPORIN ANTIBIOTICS - 1ST GENERATION - ANTIBIOTICS</b>		
<i>cefadroxil</i>	Tier 1	
<i>cephalexin</i>	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 2ND GENERATION - ANTIBIOTICS</b>		
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr</i>	Tier 2	
<i>cefprozil</i>	Tier 1	
<i>cefuroxime axetil</i>	Tier 1	
<b>CEPHALOSPORIN ANTIBIOTICS - 3RD GENERATION - ANTIBIOTICS</b>		
<i>cefdinir</i>	Tier 1	
<i>cefditoren pivoxil</i>	Tier 2	
<i>cefixime</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>cefpodoxime</i>	Tier 2	
SUPRAX ( <i>cefixime</i> )	Tier 3	
<b>FLUOROQUINOLONE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl</i>	Tier 1	QL (28 tablets per 30 days)
<i>levofloxacin</i>	Tier 2	QL (14 tablets per 30 days)
<i>ofloxacin</i>	Tier 1	QL (28 tablets per 30 days)
<b>GLYCOPEPTIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>vancomycin</i>	Tier 2	PA
<b>HEPATITIS B TREATMENT- NUCLEOSIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS</b>		
<i>BARACLUDE (entecavir)</i>	Tier 4	SP
<i>EPIVIR HBV (lamivudine)</i>	Tier 4	SP
<b>HEPATITIS B TREATMENT- NUCLEOTIDE ANALOGS (ANTIVIRAL) - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir</i>	Tier 4	SP
<i>tenofovir disoproxil fumarate</i>	Tier 2	
<i>VIREAD (tenofovir)</i>	Tier 2	
<b>HEPATITIS C - INTERFERONS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>PEGASYS PROCLICK (peginterferon alfa-2a)</i>	Tier 4	SP; QL (2 pens per 28 days)
<i>PEGASYS SUBCUTANEOUS SOLUTION (peginterferon alfa-2a)</i>	Tier 4	SP; QL (4 vials per 28 days)
<i>PEGASYS SUBCUTANEOUS SYRINGE (peginterferon alfa-2a)</i>	Tier 4	SP; QL (2 syringes per 28 days)
<i>PEGINTRON (peginterferon alfa-2b)</i>	Tier 4	SP
<b>HEPATITIS C - NS5A INHIBITOR AND NS3/4A PROTEASE INHIBITOR COMBINATION - DRUGS FOR VIRAL INFECTIONS</b>		
<i>MAVYRET (glecaprevir)</i>	Tier 4	PA; SP; QL (3 tablets per 1 day)
<b>HEPATITIS C - NS5B POLYMERASE AND NS5A INHIBITOR COMBINATIONS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>SOFOSBUVIR-VELPATASVIR</i>	Tier 4	PA; SP; QL (1 tablet per 1 day)
<b>HEPATITIS C - NUCLEOSIDE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>ribavirin</i> (Ribasphere)	Tier 4	SP
<i>ribavirin</i> (Ribasphere Ribapak)	Tier 4	SP
<i>ribavirin</i>	Tier 4	SP
<b>HERPES ANTIVIRAL AGENT - PURINE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir</i>	Tier 1	
<i>valacyclovir</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
<b>HERPES ANTIVIRAL AGENT - THYMIDINE ANALOGS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>famciclovir</i>	Tier 1	
<b>INFLUENZA ANTIVIRAL AGENTS - NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 2	QL (20 capsules per 90 days)
<i>oseltamivir oral capsule 45 mg</i>	Tier 2	QL (10 capsules per 90 days)
<i>oseltamivir oral capsule 75 mg</i>	Tier 2	QL (10 capsule per 90 days)
<i>oseltamivir oral suspension for reconstitution</i>	Tier 2	QL (180 ML per 90 days)
RELENZA DISKHALER ( <i>zanamivir</i> )	Tier 2	QL (1 package per 90 days)
<b>INFLUENZA ANTIVIRAL AGENTS - PA ENDONUCLEASE INHIBITOR - DRUGS FOR VIRAL INFECTIONS</b>		
XOFLUZA ( <i>baloxavir marboxil</i> )	Tier 3	
<b>INFLUENZA-A ANTIVIRAL AGENTS - DRUGS FOR VIRAL INFECTIONS</b>		
<i>rimantadine</i>	Tier 1	
<b>LINCOSAMIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>clindamycin hcl</i>	Tier 1	
<i>clindamycin palmitate hcl</i>	Tier 1	
<i>clindamycin</i> (Clindamycin Pediatric)	Tier 1	
<b>MACROLIDE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 30 days)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	QL (15 ML per 30 days)
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</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)
<i>clarithromycin</i>	Tier 1	
<i>erythromycin base</i> (E.E.S. 400)	Tier 2	
<i>erythromycin base</i> (Ery-Tab)	Tier 1	
<i>erythromycin base</i> (Erythrocin (As Stearate))	Tier 1	
<i>erythromycin ethylsuccinate</i>	Tier 2	
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	Tier 2	
<i>erythromycin oral tablet</i>	Tier 2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	Tier 1	
<b>MISC ANTI-INFECTIVE - DRUGS FOR INFECTIONS</b>		
<i>methenamine hippurate</i>	Tier 2	
<i>methenamine mandelate</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
<b>OXAZOLIDINONE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>linezolid oral suspension for reconstitution</i>	Tier 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (28 tablets per 30 days)
<b>PENICILLIN ANTIBIOTIC - NATURAL - ANTIBIOTICS</b>		
<i>penicillin v potassium</i>	Tier 1	
<b>PENICILLIN ANTIBIOTIC - PENICILLINASE-RESISTANT - ANTIBIOTICS</b>		
<i>dicloxacillin</i>	Tier 1	
<b>PROTEASE INHIBITORS (NON-PEPTIDIC) ANTIRETROVIRAL - DRUGS FOR VIRAL INFECTIONS</b>		
<i>APTIVUS (tipranavir)</i>	Tier 2	
<i>PREZISTA (darunavir)</i>	Tier 2	
<b>PROTEASE INHIBITORS (PEPTIDIC) ANTIRETROVIRAL - DRUGS FOR VIRAL INFECTIONS</b>		
<i>atazanavir</i>	Tier 2	
<i>CRIVIXAN (indinavir)</i>	Tier 2	
<i>fosamprenavir</i>	Tier 2	
<i>INVIRASE (saquinavir)</i>	Tier 2	
<i>LEXIVA (fosamprenavir)</i>	Tier 2	
<i>NORVIR (ritonavir)</i>	Tier 2	
<i>ritonavir</i>	Tier 2	
<i>VIRACEPT (nelfinavir)</i>	Tier 2	
<b>RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>PRIFTIN (rifapentine)</i>	Tier 3	
<i>rifabutin</i>	Tier 2	
<i>rifampin</i>	Tier 2	
<b>SULFONAMIDE ANTIBIOTIC - ANTIBIOTICS</b>		
<i>sulfadiazine</i>	Tier 2	
<b>TETRACYCLINE ANTIBIOTICS - ANTIBIOTICS</b>		
<i>doxycycline</i> (Avidoxy)	Tier 1	
<i>demeocycline</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 (dr/ec)</i>	Tier 1	PA
<i>doxycycline monohydrate</i>	Tier 1	
<i>minocycline oral capsule</i>	Tier 1	
<i>minocycline 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>minocycline oral tablet extended release 24 hr</i>	Tier 1	PA
<i>doxycycline</i> (Morgodox)	Tier 1	
<i>doxycycline</i> (Oracea)	Tier 3	
<i>tetracycline</i>	Tier 1	
<b>ANTINEOPLASTICS - DRUGS FOR CANCER</b>		
<b>ANTINEOPLASIC-EPIDERM.GROWTH FACTOR-EGFR (ERBB1),HER-2 (ERBB2)R.INHIB - DRUGS FOR CANCER</b>		
TYKERB ( <i>lapatinib</i> )	Tier 4; OC	PA; SP; QL (6 tablets per 1 day)
<b>ANTINEOPLASTIC - CYP17 (17 ALPHA-HYDROXYLASE/C17,20-LYASE) INHIBITOR - DRUGS FOR CANCER</b>		
<i>abiraterone</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ( <i>abiraterone</i> )	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
<b>ANTINEOPLASTIC - 1ST GENERATION EGFR TYROSINE KINASE INHIBITOR - DRUGS FOR CANCER</b>		
<i>erlotinib</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<b>ANTINEOPLASTIC - 2ND GENERATION EGFR TYROSINE KINASE INHIBITOR - DRUGS FOR CANCER</b>		
GILOTRIF ( <i>afatinib</i> )	Tier 3; OC	PA; SP; LD; QL (1 tablet per 1 day)
<b>ANTINEOPLASTIC - ALKYLATING AGENT - ALKYL SULFONATES - DRUGS FOR CANCER</b>		
MYLERAN ( <i>busulfan</i> )	Tier 4; OC	
<b>ANTINEOPLASTIC - ALKYLATING AGENT - METHYLHYDRAZINES - DRUGS FOR CANCER</b>		
MATULANE ( <i>procarbazine</i> )	Tier 4; OC	LD
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROGEN MUSTARDS - DRUGS FOR CANCER</b>		
CYCLOPHOSPHAMIDE ( <i>cyclophosphamide</i> )	Tier 4; OC	SP
LEUKERAN ( <i>chlorambucil</i> )	Tier 4; OC	
<i>melphalan</i>	Tier 4; OC	SP
<b>ANTINEOPLASTIC - ALKYLATING AGENT - NITROSOUreas - DRUGS FOR CANCER</b>		
GLEOSTINE ( <i>lomustine</i> )	Tier 4; OC	PA
<b>ANTINEOPLASTIC - ALKYLATING AGENT - TRIAZENES - DRUGS FOR CANCER</b>		
<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)

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>temozolomide oral capsule 5 mg</i>	Tier 4; OC	PA; SP; QL (3 capsule per 1 day)
<b>ANTINEOPLASTIC - ANAPLASTIC LYMPHOMA KINASE (ALK) INHIBITORS - DRUGS FOR CANCER</b>		
XALKORI ( <i>crizotinib</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
ZYKADIA ( <i>ceritinib</i> )	Tier 4; OC	PA; SP; QL (5 capsules per 1 day)
<b>ANTINEOPLASTIC - ANTIADRENALS - DRUGS FOR CANCER</b>		
LYSODREN ( <i>mitotane</i> )	Tier 4; OC	QL (38 tablets per 1 day)
<b>ANTINEOPLASTIC - ANTIANDROGENS - DRUGS FOR CANCER</b>		
<i>abiraterone</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
<i>bicalutamide</i>	Tier 2; OC	
<i>flutamide</i>	Tier 2; OC	
<i>nilutamide</i>	Tier 4; OC	QL (1 tablet per 1 day)
XTANDI ( <i>enzalutamide</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
ZYTIGA ( <i>abiraterone</i> )	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
<b>ANTINEOPLASTIC - ANTIMETABOLITE - FOLIC ACID ANALOGS - DRUGS FOR CANCER</b>		
<i>methotrexate sodium</i>	Tier 2; OC	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PURINE ANALOGS - DRUGS FOR CANCER</b>		
<i>mercaptopurine</i>	Tier 2; OC	
TABLOID ( <i>thioguanine</i> )	Tier 4; OC	
<b>ANTINEOPLASTIC - ANTIMETABOLITE - PYRIMIDINE ANALOGS - DRUGS FOR CANCER</b>		
<i>capecitabine</i>	Tier 4; OC	PA; SP
<b>ANTINEOPLASTIC - ANTIMETABOLITE - UREA DERIVATIVES - DRUGS FOR CANCER</b>		
<i>hydroxyurea</i>	Tier 2; OC	
<b>ANTINEOPLASTIC - AROMATASE INHIBITORS - DRUGS FOR CANCER</b>		
<i>anastrozole</i>	Tier 2; OC	QL (1 tablet per 1 day)
<i>exemestane</i>	Tier 2; OC	QL (2 tablets per 1 day)
<i>letrozole</i>	Tier 2; OC	QL (1 tablet per 1 day)
<b>ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER</b>		
TAFINLAR ( <i>dabrafenib</i> )	Tier 4; OC	PA; SP; QL (4 capsules 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
ZELBORAFA (vemurafenib)	Tier 4; OC	PA; SP; QL (8 tablets per 1 day)
<b>ANTINEOPLASTIC - BRUTON'S TYROSINE KINASE (BTK) INHIBITOR - DRUGS FOR CANCER</b>		
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	Tier 4; OC	PA; LD; QL (4 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)
<b>ANTINEOPLASTIC - CYCLIN-DEPENDENT KINASE (CDK) 4/6 INHIBITORS - DRUGS FOR CANCER</b>		
IBRANCE ( <i>palbociclib</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
<b>ANTINEOPLASTIC - EPIPODOPHYLLOTOXINS - DRUGS FOR CANCER</b>		
etoposide	Tier 4; OC	SP
<b>ANTINEOPLASTIC - ESTROGENS - DRUGS FOR CANCER</b>		
EMCYT ( <i>estramustine</i> )	Tier 4; OC	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR - DRUGS FOR CANCER</b>		
ERIVEDGE ( <i>vismodegib</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
ODOMZO ( <i>sonidegib</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
<b>ANTINEOPLASTIC - HISTONE DEACETYLASE (HDAC) INHIBITORS - DRUGS FOR CANCER</b>		
FARYDAK ( <i>panobinostat</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
ZOLINZA ( <i>vorinostat</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
<b>ANTINEOPLASTIC - INTERFERONS - DRUGS FOR CANCER</b>		
INTRON A ( <i>interferon alfa-2b,recomb.</i> )	Tier 4	SP
<b>ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS - DRUGS FOR CANCER</b>		
JAKAFI ORAL TABLET 10 MG ( <i>ruxolitinib</i> )	Tier 4; OC	PA; SP; LD; QL (5 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG ( <i>ruxolitinib</i> )	Tier 4; OC	PA; SP; LD; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG ( <i>ruxolitinib</i> )	Tier 4; OC	PA; SP; LD; QL (2.5 tablets per 1 day)
JAKAFI ORAL TABLET 25 MG ( <i>ruxolitinib</i> )	Tier 4; OC	PA; SP; LD; 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
JAKAFI ORAL TABLET 5 MG ( <i>ruxolitinib</i> )	Tier 4; OC	PA; SP; LD; QL (10 tablets per 1 day)
<b>ANTINEOPLASTIC - LHRH (GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS - DRUGS FOR CANCER</b>		
Ieuprolide	Tier 4	PA; SP
<b>ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS - DRUGS FOR CANCER</b>		
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib</i> )	Tier 4; OC	PA; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
<b>ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER</b>		
AFINITOR ( <i>everolimus</i> )	Tier 4; OC	PA; SP
AFINITOR DISPERZ ( <i>everolimus</i> )	Tier 4; OC	PA; SP
<b>ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER</b>		
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1) ( <i>cabozantinib</i> )	Tier 4; OC	PA; LD; QL (2 capsules per 1 day)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3) ( <i>cabozantinib</i> )	Tier 4; OC	PA; LD; QL (4 capsules per 1 day)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY) ( <i>cabozantinib</i> )	Tier 4; OC	PA; LD; QL (3 capsules per 1 day)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib</i> )	Tier 4; OC	PA; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib</i> )	Tier 4; OC	PA; QL (1 tablet per 1 day)
NEXAVAR ( <i>sorafenib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
STIVARGA ( <i>regorafenib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
<b>ANTINEOPLASTIC - PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER</b>		
ZYDELIG ( <i>idelalisib</i> )	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
<b>ANTINEOPLASTIC - PI3K-DELTA INHIBITORS - DRUGS FOR CANCER</b>		
ZYDELIG ( <i>idelalisib</i> )	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
<b>ANTINEOPLASTIC - POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER</b>		
LYNPARZA ( <i>olaparib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
<b>ANTINEOPLASTIC - PROTEIN-TYROSINE KINASE INHIBITORS - DRUGS FOR CANCER</b>		
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)

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
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; QL (1 tablet per 1 day)
<i>imatinib oral tablet 100 mg</i>	Tier 4; OC	PA; SP; QL (8 tablets per 1 day)
<i>imatinib oral tablet 400 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
IMBRUICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	Tier 4; OC	PA; LD; QL (4 capsules per 1 day)
IMBRUICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	Tier 4; OC	PA; LD; QL (1 capsule per 1 day)
IMBRUICA 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; QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1) ( <i>lenvatinib</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 4 MG ( <i>lenvatinib</i> )	Tier 4; OC	PA; SP
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) ( <i>lenvatinib</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA ORAL CAPSULE 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) ( <i>lenvatinib</i> )	Tier 4; OC	PA; SP; LD; QL (3 capsules per 1 day)
OFEV ( <i>nintedanib</i> )	Tier 4	PA; SP; LD; QL (2 capsules per 1 day)
SPRYCEL ( <i>dasatinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
SUTENT ORAL CAPSULE 12.5 MG ( <i>sunitinib</i> )	Tier 4; OC	PA; SP; QL (3 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG ( <i>sunitinib</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib</i> )	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
VOTRIENT ( <i>pazopanib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
<b>ANTINEOPLASTIC - RETINOIDS - DRUGS FOR CANCER</b>		
<i>tretinooin (chemotherapy)</i>	Tier 2; OC	
<b>ANTINEOPLASTIC - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR CANCER</b>		
<i>tamoxifen</i>	Tier 2; OC; \$0	
<i>toremifene</i>	Tier 4; OC	QL (1 tablet per 1 day)
<b>ANTINEOPLASTIC - SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER</b>		
<i>bexarotene</i>	Tier 4; OC	PA; SP; QL (10 capsules 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
<b>ANTINEOPLASTIC - THALIDOMIDE ANALOGS - DRUGS FOR CANCER</b>		
POMALYST ORAL CAPSULE 1 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
POMALYST ORAL CAPSULE 2 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
REVLIMID ( <i>lenalidomide</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
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)
<b>ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER</b>		
HYCAMTIN ( <i>topotecan</i> )	Tier 4; OC	PA; SP
<b>EPIDERMAL GROWTH FACTOR RECEPT BLOCKER (HER-1 TYPE), REC-MC ANTIBODY - DRUGS FOR CANCER</b>		
ERBITUX ( <i>cetuximab</i> )	Tier 4	PA; SP
<b>METHOTREXATE RESCUE AGENTS - DRUGS FOR CANCER</b>		
<i>leucovorin calcium</i>	Tier 2	
<b>METHOTREXATE RESCUE AGENTS - FOLIC ACID ANTAGONIST TYPE - DRUGS FOR CANCER</b>		
<i>leucovorin calcium</i>	Tier 2	
<b>BIOLOGICALS - BIOLOGICAL AGENTS</b>		
<b>HEPATITIS A AND HEPATITIS B VACCINE COMBINATIONS - VACCINES</b>		
TWINRIX (PF) ( <i>hepatitis a virus vaccine</i> )	Tier 3; \$0	
<b>HEPATITIS A VACCINE - SINGLE AGENTS - VACCINES</b>		
HAVRIX (PF) ( <i>hepatitis a virus vaccine</i> )	Tier 3; \$0	
VAQTA (PF) ( <i>hepatitis a virus vaccine</i> )	Tier 3; \$0	
<b>HEPATITIS B VACCINE COMBINATIONS - VACCINES</b>		
PEDIARIX (PF) ( <i>hepatitis b virus vaccine</i> )	Tier 3; \$0	
<b>HEPATITIS B VACCINES - SINGLE AGENTS - VACCINES</b>		
ENGERIX-B (PF) ( <i>hepatitis b virus vaccine</i> )	Tier 3; \$0	
ENGERIX-B PEDIATRIC (PF) ( <i>hepatitis b virus vaccine</i> )	Tier 3; \$0	
HEPLISAV-B (PF) ( <i>hepatitis b virus vaccine</i> )	Tier 3; \$0	
RECOMBIVAX HB (PF) ( <i>hepatitis b virus vaccine</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
<b>IMMUNE GLOBULIN - GAMMA GLOBULIN (IGG), HUMAN - BIOLOGICAL AGENTS</b>		
HYQVIA ( <i>immune globulin,gamma (igg) human</i> )	Tier 4	PA; SP
<b>LIVE VACCINE AND LIVE VIRUS FORMULATIONS - VACCINES</b>		
FLUMIST QUAD 2019-2020 ( <i>influenza virus vaccine qval 2019-2020 (2-49 yrs)</i> )	Tier 1; \$0	QL (2 units per 180 days)
M-M-R II (PF) ( <i>measles, mumps, and rubella vaccine live</i> )	Tier 3; \$0	
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
ROTARIX ( <i>rotavirus vacc,live oral, 89-12 strain,g1p(8) type</i> )	Tier 3; \$0	
ROTATEQ VACCINE ( <i>rotavirus vacc, live oral pentavalent</i> )	Tier 3; \$0	
VARIVAX (PF) ( <i>varicella virus vaccine live</i> )	Tier 3; \$0	
VIVOTIF ( <i>typhoid vaccine</i> )	Tier 2	
YF-VAX (PF) ( <i>yellow fever vaccine live</i> )	Tier 3	
ZOSTAVAX (PF) ( <i>varicella virus vaccine live</i> )	Tier 2; \$0	
<b>TOXOID VACCINE COMBINATIONS - VACCINES</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) ( <i>diphtheria,pertussis (acellular),tetanus vaccine</i> )	Tier 3; \$0	
BOOSTRIX TDAP ( <i>diphtheria,pertussis (acellular),tetanus vaccine</i> )	Tier 3; \$0	
DAPTACEL (DTAP PEDIATRIC) (PF) ( <i>diphtheria,pertussis (acellular),tetanus vaccine</i> )	Tier 3; \$0	
INFANRIX (DTAP) (PF) ( <i>diphtheria,pertussis (acellular),tetanus vaccine</i> )	Tier 3; \$0	
KINRIX (PF) ( <i>diphtheria,pertussis (acell),tetanus,polio vaccine</i> )	Tier 3; \$0	
PEDIARIX (PF) ( <i>hepatitis b virus vaccine</i> )	Tier 3; \$0	
QUADRACEL (PF) ( <i>diphtheria,pertussis (acell),tetanus,polio vaccine</i> )	Tier 3; \$0	
TENIVAC (PF) ( <i>tetanus and diphtheria toxoids</i> )	Tier 3; \$0	
TETANUS,DIPHTHERIA TOX PED(PF) ( <i>tetanus and diphtheria toxoids</i> )	Tier 3; \$0	
<b>VACCINE BACTERIAL - GRAM NEGATIVE BACILLI (NON-ENTERIC) - VACCINES</b>		
ACTHIB (PF) ( <i>haemophilus b polysaccharide conj w/tetanus toxoid</i> )	Tier 3; \$0	
HIBERIX (PF) ( <i>haemophilus b polysaccharide conj w/tetanus toxoid</i> )	Tier 3; \$0	
PEDVAX HIB (PF) ( <i>haemophilus b polysach conjugat with meningococcal</i> )	Tier 3; \$0	
PENTACEL ACTHIB COMPONENT (PF) ( <i>haemophilus b polysacc conj-tetan tox, comp 2 of 2</i> )	Tier 3; \$0	
TYPHIM VI ( <i>typhoid vaccine</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
VIVOTIF ( <i>typhoid vaccine</i> )	Tier 2	
<b>VACCINE BACTERIAL - GRAM NEGATIVE COCCI - VACCINES</b>		
MENACTRA (PF) ( <i>meningococcal vaccine a,c,y and w-135, dip tox con</i> )	Tier 3; \$0	
MENVEO A-C-Y-W-135-DIP (PF) ( <i>meningococcal vaccine a,c,y and w-135, dip tox con</i> )	Tier 3; \$0	
<b>VACCINE BACTERIAL - GRAM POSITIVE COCCI - VACCINES</b>		
PNEUMOVAX 23 ( <i>pneumococcal vaccine</i> )	Tier 2; \$0	
PREVNAR 13 (PF) ( <i>pneumococcal vaccine</i> )	Tier 2; \$0	
<b>VACCINE BACTERIAL - MENINGOCOCCAL GROUP B VACCINES - VACCINES</b>		
BEXSERO ( <i>neisseria meningitidis group b, nhba recombinant</i> )	Tier 2; \$0	
TRUMENBA ( <i>neisseria meningitidis grp b,lipidated fgbp, rec.</i> )	Tier 2; \$0	
<b>VACCINE MIXED COMBINATIONS (BACTERIAL AND VIRAL) - VACCINES</b>		
PENTACEL (PF) ( <i>diphtheria,pertussis (acellular),tetanus,polio vaccine</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - HUMAN PAPILLOMAVIRUS (HPV) VACCINES - VACCINES</b>		
GARDASIL 9 (PF) ( <i>human papillomavirus vaccine, 9-valent</i> )	Tier 2; \$0	
<b>VACCINE VIRAL - INFLUENZA A AND B - VACCINES</b>		
AFLURIA QD 2019-20(3YR UP)(PF) ( <i>influenza virus vaccine qv 2019-20 (36 months up)</i> )	Tier 1; \$0	
AFLURIA QD 2019-20(6-35MO)(PF) ( <i>influenza virus vaccine qv 2019-2020(6 mos-35 mos)</i> )	Tier 1; \$0	
AFLURIA QUAD 2019-20(6MO UP) ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	
FLUAD 2019-2020 (65 YR UP)(PF) ( <i>influenza virus vaccine trival 2019-2020(65 yr up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUARIX QUAD 2019-2020 (PF) ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUBLOK QUAD 2019-2020 (PF) ( <i>influenza virus vaccine qv 2019-20 (18 yr up),rcmb</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUCELVAX QUAD 2019-2020 ( <i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUCELVAX QUAD 2019-2020 (PF) ( <i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLULAVAL QUAD 2019-2020 ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLULAVAL QUAD 2019-2020 (PF) ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUMIST QUAD 2019-2020 ( <i>influenza virus vaccine qval 2019-2020 (2-49 yrs)</i> )	Tier 1; \$0	QL (2 units 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
FLUZONE HIGH-DOSE 2019-20 (PF) ( <i>influenza virus vaccine trival 2019-2020(65 yr up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUZONE QUAD 2019-2020 ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUZONE QUAD 2019-2020 (PF) ( <i>influenza virus vaccine quad 2019-20 (6 months up)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) ( <i>influenza virus vaccine qv 2019-2020(6 mos-35 mos)</i> )	Tier 1; \$0	QL (2 injections per 180 days)
<b>VACCINE VIRAL - JAPANESE ENCEPHALITIS - VACCINES</b>		
IXIARO (PF) ( <i>japanese encephalitis vaccine</i> )	Tier 3	
<b>VACCINE VIRAL - MEASLES - VACCINES</b>		
M-M-R II (PF) ( <i>measles, mumps, and rubella vaccine live</i> )	Tier 3; \$0	
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - MUMPS AND RELATED - VACCINES</b>		
M-M-R II (PF) ( <i>measles, mumps, and rubella vaccine live</i> )	Tier 3; \$0	
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - POLIOMYELITIS - VACCINES</b>		
IPOL ( <i>poliomyelitis vaccine, killed</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - RABIES - VACCINES</b>		
IMOVAX RABIES VACCINE (PF) ( <i>rabies vaccine, human diploid cell</i> )	Tier 3	
RABAVERT (PF) ( <i>rabies vaccine, purified chick-embryo cell (pcec)</i> )	Tier 3	
<b>VACCINE VIRAL - ROTAVIRUS - VACCINES</b>		
ROTARIX ( <i>rotavirus vacc, live oral, 89-12 strain, g1p(8) type</i> )	Tier 3; \$0	
ROTAQUE VACCINE ( <i>rotavirus vacc, live oral pentavalent</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - RUBELLA - VACCINES</b>		
M-M-R II (PF) ( <i>measles, mumps, and rubella vaccine live</i> )	Tier 3; \$0	
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
<b>VACCINE VIRAL - VARICELLA - VACCINES</b>		
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
SHINGRIX (PF) ( <i>varicella-zoster virus glycoprotein e, recombinant</i> )	Tier 2; \$0	
SHINGRIX GE ANTIGEN COMPONENT ( <i>varicella-zoster virus glycoprotein e, recombinant</i> )	Tier 2; \$0	
VARIVAX (PF) ( <i>varicella virus vaccine live</i> )	Tier 3; \$0	
ZOSTAVAX (PF) ( <i>varicella virus vaccine live</i> )	Tier 2; \$0	
<b>VACCINE VIRAL - YELLOW FEVER - VACCINES</b>		
YF-VAX (PF) ( <i>yellow fever vaccine live</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
<b>VACCINE VIRAL COMBINATIONS - VACCINES</b>		
M-M-R II (PF) ( <i>measles, mumps, and rubella vaccine live</i> )	Tier 3; \$0	
PROQUAD (PF) ( <i>measles, mumps, rubella, and varicella live vaccine</i> )	Tier 3; \$0	
<b>CARDIOVASCULAR THERAPY AGENTS - DRUGS FOR THE HEART</b>		
<b>ACE INHIBITOR AND CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-benazepril</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	DO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>ACE INHIBITOR AND DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide</i>	Tier 1	
<i>enalapril-hydrochlorothiazide</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	Tier 1	
<i>quinapril-hydrochlorothiazide</i>	Tier 1	
<b>ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril</i>	Tier 1	
<i>enalapril maleate</i>	Tier 1	
<i>fosinopril</i>	Tier 1	
<i>lisinopril</i>	Tier 1	
<i>quinapril</i>	Tier 1	
<i>ramipril</i>	Tier 1	
<i>trandolapril</i>	Tier 1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>spironolactone</i>	Tier 1	
<b>ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol</i>	Tier 1	
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan oral tablet 5-160 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
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-CALCIUM CHANNEL BLOCKER-DIURETIC - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-valsartan-hcthiazid 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-hcthiazid oral tablet 5-160-12.5 mg</i>	Tier 1	DO
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)-DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 32-25 mg</i>	Tier 1	
<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	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	Tier 1	DO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 2	DO
<i>olmesartan-hydrochlorothiazide 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)
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBS) - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<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)
<i>losartan oral tablet 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olmesartan oral tablet 20 mg</i>	Tier 2	DO
<i>olmesartan oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>olmesartan 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)
<b>ANTIANGINAL - CORONARY VASODILATORS (NITRATES) - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate</i>	Tier 1	
<i>isosorbide mononitrate</i>	Tier 1	
<i>nitroglycerin (Nitro-Bid)</i>	Tier 1	
<i>nitroglycerin oral</i>	Tier 2	
<i>nitroglycerin sublingual</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>nitroglycerin translingual</i>	Tier 2	
<i>nitroglycerin</i> (Nitro-Time)	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IA - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate</i>	Tier 2	
<i>quinidine sulfate</i>	Tier 1	
<b>ANTIARRHYTHMIC - CLASS IB - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>mexiletine</i>	Tier 2	
<b>ANTIARRHYTHMIC - CLASS IC - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide</i>	Tier 2	
<i>propafenone</i>	Tier 2	
<b>ANTIARRHYTHMIC - CLASS II - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>sotalol</i> (Sorine)	Tier 2	
<i>sotalol</i>	Tier 2	
<i>sotalol</i> (Sotalol Af)	Tier 2	
<b>ANTIARRHYTHMIC - CLASS III - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>dofetilide</i>	Tier 2	
<i>MULTAQ (dronedarone)</i>	Tier 3	
<b>ANTIARRHYTHMIC - CLASS IV - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (3 tablets per 1 day)
<b>ANTIHYPOLIPIDEMIC - BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL</b>		
<i>colesevelam</i>	Tier 2	
<b>ANTIHYPOLIPIDEMIC - FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL</b>		
<i>fenofibrate</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate nanocrystallized</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid (choline)</i>	Tier 1	QL (1 capsule per 1 day)
<i>gemfibrozil</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
<b>ANTIHYPERLIPIDEMIC - HMG COA REDUCTASE INHIBITORS (STATINS) - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>atorvastatin oral tablet 40 mg</i>	Tier 1	DO
<i>atorvastatin oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin oral capsule</i>	Tier 1; \$0	DO
<i>fluvastatin oral tablet extended release 24 hr</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<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 oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>pravastatin oral tablet 40 mg</i>	Tier 1; \$0	
<i>pravastatin oral tablet 80 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 2; \$0	DO
<i>rosuvastatin oral tablet 20 mg</i>	Tier 2	DO
<i>rosuvastatin 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)
<b>ANTIHYPERLIPIDEMIC - NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL</b>		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>niacin oral tablet extended release 24 hr 500 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>ANTIHYPERLIPIDEMIC - OMEGA-3 FATTY ACID TYPE - DRUGS FOR CHOLESTEROL</b>		
<i>omega-3 acid ethyl esters</i>	Tier 1	QL (4 capsules per 1 day)
<b>ANTIHYPERLIPIDEMIC AGENTS - DIETARY SOURCE - DRUGS FOR CHOLESTEROL</b>		
<i>omega-3 acid ethyl esters</i>	Tier 1	QL (4 capsules per 1 day)
<b>ANTIHYPERLIPIDEMIC AGENTS - DIETARY SOURCE COMBINATIONS - DRUGS FOR CHOLESTEROL</b>		
<i>omega 3-dha-epa-fish oil</i>	Tier 1	
<b>ANTIHYPERLIPIDEMIC HMG COA REDUCT INHIB AND CALCIUM CHANNEL BLOCKER - DRUGS FOR CHOLESTEROL</b>		
<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
<b>BETA BLOCKERS CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol</i>	Tier 1	
<i>betaxolol</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>bisoprolol fumarate</i>	Tier 1	
<i>metoprolol succinate</i>	Tier 1	
<i>metoprolol tartrate</i>	Tier 1	
<b>BETA BLOCKERS CARDIAC SELECTIVE, INTRINSIC SYMPATHOMIMETIC ACTIVITY - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acebutolol</i>	Tier 1	
<b>BETA BLOCKERS NON-CARDIAC SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>propranolol</i>	Tier 1	
<i>sotalol</i> (Sorine)	Tier 2	
<i>sotalol</i>	Tier 2	
<i>sotalol</i> (Sotalol Af)	Tier 2	
<i>timolol maleate</i>	Tier 1	
<b>CALCIUM CHANNEL BLOCKERS - BENZOTHIAZEPINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>diltiazem</i> (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem</i> (Cartia Xt Oral Capsule,Extended Release 24Hr 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	Tier 2	QL (2 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl oral capsule,extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg, 300 mg, 360 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, 90 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg</i>	Tier 1	DO
<i>diltiazem hcl oral tablet extended release 24 hr 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem</i> (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem</i> (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem</i> (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg)	Tier 1	DO
<i>diltiazem</i> (Matzim La Oral Tablet Extended Release 24 Hr 240 Mg, 300 Mg, 360 Mg, 420 Mg)	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>diltiazem</i> (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem</i> (Taztia Xt Oral Capsule, Extended Release 24 Hr 240 Mg, 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<b>CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	DO
<i>felodipine oral tablet extended release 24 hr 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	Tier 1	DO
<i>nifedipine oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>nifedipine oral tablet extended release 24hr 30 mg</i>	Tier 2	DO
<i>nifedipine oral tablet extended release 24hr 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine oral tablet extended release 30 mg</i>	Tier 2	DO
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 8.5 mg</i>	Tier 1	DO
<i>nisoldipine oral tablet extended release 24 hr 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>CALCIUM CHANNEL BLOCKERS - PHENYLAKYLAMINES - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg</i>	Tier 1	DO
<i>verapamil oral capsule, 24 hr er pellet ct 200 mg, 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg</i>	Tier 1	DO
<i>verapamil oral capsule, ext rel. pellets 24 hr 240 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil oral tablet 120 mg, 80 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil oral tablet 40 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>verapamil oral tablet extended release</i>	Tier 1	QL (2 tablets per 1 day)
<b>CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol-chlorthalidone</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz</i>	Tier 1	
<b>CARDIOVASCULAR SYMPATHOMIMETIC - ANAPHYLAXIS THERAPY SINGLE AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine</i>	Tier 1	QL (2 pens per 1 fill)
<i>SYMJEPI (epinephrine)</i>	Tier 3	QL (2 syringes per 1 fill)

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
<b>CARDIOVASCULAR SYMPATHOMIMETICS - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>midodrine</i>	Tier 2	
<b>CENTRAL ALPHA-2 AGONISTS-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>methyldopa-hydrochlorothiazide</i>	Tier 1	
<b>CENTRAL ALPHA-2 RECEPTOR AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>clonidine hcl</i>	Tier 1	
<i>guanfacine</i>	Tier 1	
<i>methyldopa</i>	Tier 1	
<b>DIGITALIS GLYCOSIDES - DRUGS FOR THE HEART</b>		
<i>digoxin</i> (Digox)	Tier 1	
<i>digoxin</i>	Tier 1	
<i>LANOXIN (digoxin)</i>	Tier 3	
<b>DIRECT ACTING VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine</i>	Tier 1	
<i>minoxidil</i>	Tier 1	
<b>DIURETIC - ALDOSTERONE RECEPTOR ANTAGONIST, NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>spironolactone</i>	Tier 1	
<b>DIURETIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide</i>	Tier 1	
<i>methazolamide</i>	Tier 2	
<b>DIURETIC - INORGANIC SALT - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>AMMONIUM CHLORIDE (ammonium)</i>	Tier 3	
<b>DIURETIC - LOOP - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ethacrynic acid</i>	Tier 2	
<i>furosemide</i>	Tier 1	
<i>torsemide</i>	Tier 1	
<b>DIURETIC - POTASSIUM SPARING - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride</i>	Tier 2	
<i>DYRENIUM (triamterene)</i>	Tier 3	
<i>triamterene</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
<b>DIURETIC - POTASSIUM SPARING-THIAZIDE AND RELATED COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide</i>	Tier 1	
<i>triamterene-hydrochlorothiazid</i>	Tier 1	
<b>DIURETIC - THIAZIDES AND RELATED - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorthalidone</i>	Tier 1	
<i>hydrochlorothiazide</i>	Tier 1	
<i>indapamide</i>	Tier 1	
<i>methyclothiazide</i>	Tier 1	
<b>NON-CARDIAC SELECTIVE BETA BLOCKER-THIAZIDE DIURETIC AND RELATED COMB. - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nadolol-bendroflumethiazide</i>	Tier 1	
<i>propranolol-hydrochlorothiazid</i>	Tier 1	
<b>PERIPHERAL ALPHA-1 RECEPTOR BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin</i>	Tier 1	
<i>phenoxybenzamine</i>	Tier 2	QL (12 capsules per 1 day)
<i>prazosin</i>	Tier 1	
<i>terazosin</i>	Tier 1	
<b>PULMONARY ANTIHYPERTENSIVE AGENTS - PROSTACYCLIN-TYPE - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>treprostин sodium</i>	Tier 4	SP
VENTAVIS ( <i>iloprost</i> )	Tier 4	PA; SP; LD; QL (9 mL per 1 day)
<b>PULMONARY ANTIHYPERTENSIVE AGENTS-SOLUBLE GUANYLATE CYCLASE STIMULATOR - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ADEMPAS ( <i>riociguat</i> )	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
<b>PULMONARY ARTERIAL HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ambrisentan</i>	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS-SELECTIVE CGMP-PDE5 INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>tadalafil</i>	Tier 1	PA; QL (8 tablets per 25 days)
<i>tadalafil (antihypertensive)</i>	Tier 4	PA; SP; QL (2 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
<b>CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>ANTIANXIETY AGENT - ANTIHISTAMINE TYPE - DRUGS FOR ANXIETY</b>		
<i>hydroxyzine hcl</i>	Tier 1	
<i>hydroxyzine pamoate</i>	Tier 1	
<b>ANTIANXIETY AGENT - BENZODIAZEPINES - DRUGS FOR ANXIETY</b>		
<i>alprazolam</i>	Tier 1	
<i>clonazepam</i>	Tier 1	
<i>diazepam</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol)	Tier 1	
<b>ANTIANXIETY AGENT - NON-BENZODIAZEPINE - DRUGS FOR ANXIETY</b>		
<i>buspirone</i>	Tier 1	
<b>ANTICONVULSANT - BARBITURATES AND DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>phenobarbital</i>	Tier 1	
<i>primidone</i>	Tier 1	
<b>ANTICONVULSANT - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>clonazepam</i>	Tier 1	
<b>ANTICONVULSANT - CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>felbamate</i>	Tier 2	
<b>ANTICONVULSANT - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>divalproex</i>	Tier 2	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</i>	Tier 1	
<b>ANTICONVULSANT - GABA ANALOGS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>gabapentin</i>	Tier 2	
<b>ANTICONVULSANT - GABA RE-UPTAKE INHIBITOR, NIPECOTIC ACID DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>tiagabine</i>	Tier 2	
<b>ANTICONVULSANT - HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>PEGANONE (ethotoin)</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>phenytoin sodium extended</i>	Tier 1	
<b>ANTICONVULSANT - IMINOSTILBENE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine</i>	Tier 1	
<i>carbamazepine</i> (Epitol)	Tier 1	
<i>oxcarbazepine</i>	Tier 2	
<b>ANTICONVULSANT - MONOSACCHARIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>topiramate</i>	Tier 1	
<b>ANTICONVULSANT - PHENYLTRIAZINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>lamotrigine</i>	Tier 1	
<b>ANTICONVULSANT - PYRROLIDINE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>levetiracetam</i>	Tier 2	
<b>ANTICONVULSANT - SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>ethosuximide</i>	Tier 1	
<b>ANTICONVULSANT - SULFONAMIDE DERIVATIVES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>zonisamide</i>	Tier 2	
<b>ANTIDEPRESSANT - ALPHA-2 RECEPTOR ANTAGONISTS (NASSA) - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine</i>	Tier 1	
<b>ANTIDEPRESSANT - MAO INHIBITOR NONSELECTIVE AND IRREVERSIBLE-TYPES A,B - DRUGS FOR DEPRESSION</b>		
<i>phenelzine</i>	Tier 1	
<i>tranylcypromine</i>	Tier 1	
<b>ANTIDEPRESSANT - SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION</b>		
<i>citalopram oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>citalopram 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 oral capsule 10 mg</i>	Tier 1	DO
<i>fluoxetine oral capsule 20 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	Tier 1	QL (4 capsules 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>fluoxetine oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>fluoxetine oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine oral tablet 20 mg</i>	Tier 1	QL (4 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)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i>	Tier 1	DO
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline oral concentrate</i>	Tier 1	QL (10 mL per 1 day)
<i>sertraline oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<b>ANTIDEPRESSANT - SEROTONIN-2 ANTAGONIST-REUPTAKE INHIBITORS (SARIS) - DRUGS FOR DEPRESSION</b>		
<i>nefazodone</i>	Tier 1	
<i>trazodone</i>	Tier 1	
<b>ANTIDEPRESSANT - SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION</b>		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg, 50 mg</i>	Tier 1	DO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	Tier 2	DO
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>SAVELLA ORAL TABLET (milnacipran)</i>	Tier 3	QL (2 tablets per 1 day)
<i>SAVELLA ORAL TABLETS, DOSE PACK (milnacipran)</i>	Tier 3	QL (1 pack per 365 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	Tier 1	DO
<i>venlafaxine oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg, 75 mg</i>	Tier 1	DO
<b>ANTIDEPRESSANT-NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIS) - DRUGS FOR DEPRESSION</b>		
<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>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	Tier 1	DO
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	Tier 1	DO
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</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>bupropion hcl oral tablet sustained-release 12 hr 200 mg</i>	Tier 1	
<b>ANTIDEPRESSANT-TRICYCLICS AND RELATED (NON-SELECT REUPTAKE INHIBITORS) - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline</i>	Tier 1	
<i>amoxapine</i>	Tier 1	
<i>clomipramine</i>	Tier 2	
<i>desipramine</i>	Tier 2	
<i>doxepin</i>	Tier 1	
<i>imipramine hcl</i>	Tier 1	
<i>maprotiline</i>	Tier 1	
<i>nortriptyline</i>	Tier 1	
<i>protriptyline</i>	Tier 2	
<i>trimipramine</i>	Tier 1	
<b>ANTIPARKINSON - DOPAMINERG-PERIPHERAL DOPA-DECARBOXYLASE INHIBIT COMB - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	Tier 2	
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>entacapone</i>	Tier 2	QL (8 tablets per 1 day)
<b>ANTIPARKINSON ADJUVANT - PERIPHERAL DOPA-DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON</b>		
<i>carbidopa</i>	Tier 2	
<b>ANTIPARKINSON THERAPY - ANTICHOLINERGIC AGENTS - DRUGS FOR PARKINSON</b>		
<i>benztropine</i>	Tier 1	
<i>trihexyphenidyl</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR PARKINSON</b>		
<i>bromocriptine</i>	Tier 1	
<b>ANTIPARKINSON THERAPY - MONOAMINE OXIDASE INHIBITOR(MAO-B) - DRUGS FOR PARKINSON</b>		
<i>rasagiline</i>	Tier 2	
<i>selegiline hcl</i>	Tier 2	
<b>ANTIPARKINSON THERAPY - NON-ERGOT DOPAMINE AGONIST AGENTS - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>amantadine hcl oral 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>amantadine hcl oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
APOKYN ( <i>apomorphine</i> )	Tier 4	SP; LD; QL (2 mL per 1 day)
<i>pramipexole</i>	Tier 2	QL (3 tablets per 1 day)
<i>ropinirole oral tablet</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr</i>	Tier 2	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOTHIAZOLONES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ziprasidone hcl</i>	Tier 2	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-BENZISOXAZOLE DERIV - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	
<i>risperidone oral tablet,disintegrating</i>	Tier 2	
<b>ANTIPSYCHOTIC - ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZODIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine</i>	Tier 2	
<b>ANTIPSYCHOTIC - BUTYROPHENONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol</i>	Tier 1	
<b>ANTIPSYCHOTIC - DIBENZOAZEPINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxpipamine succinate</i>	Tier 1	
<b>ANTIPSYCHOTIC - DIPHENYLBUTYLPIPERIDINE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>pimozide</i>	Tier 2	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, ALIPHATIC - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine</i>	Tier 2	
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERAZINE - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>prochlorperazine</i> (Compazine)	Tier 1	
<i>fluphenazine hcl</i>	Tier 1	
<i>perphenazine</i>	Tier 1	
<i>prochlorperazine maleate</i>	Tier 1	
<i>trifluoperazine</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
<b>ANTIPSYCHOTIC - PHENOTHIAZINES, PIPERIDINE - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thioridazine</i>	Tier 1	
<b>ANTIPSYCHOTIC - THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene</i>	Tier 1	
<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-DIBENZOTIAZEPINE DER - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine</i>	Tier 2	
<b>ANTIPSYCHOTIC -ATYPICAL DOPAMINE-SEROTONIN ANTAG-THIENOZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine</i>	Tier 2	
<b>ATTENTION DEFICIT-HYPERACTIVITY (ADHD) THERAPY, STIMULANT-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dexamphetamine</i>	Tier 1	PA
<i>dextroamphetamine</i>	Tier 1	PA
<i>dextroamphetamine-amphetamine</i>	Tier 1	PA
<i>methylphenidate</i> (Metadate Er)	Tier 1	PA
<i>methylphenidate hcl</i>	Tier 1	PA
<i>VYVANSE (lisdexamfetamine)</i>	Tier 3	PA
<i>dextroamphetamine</i> (Zenedi)	Tier 1	PA
<b>ATTENTION DEFICIT-HYPERACTIVITY DISORDER (ADHD) THERAPY, NRI-TYPE - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine</i>	Tier 2	PA
<b>BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>alprazolam</i>	Tier 1	
<i>clonazepam</i>	Tier 1	
<i>diazepam</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol)	Tier 1	
<b>BIPOLAR THERAPY AGENTS - ANTICONVULSANT TYPE - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine</i>	Tier 1	
<i>divalproex</i>	Tier 2	
<i>carbamazepine</i> (Epitol)	Tier 1	
<i>valproic acid</i>	Tier 1	
<i>valproic acid (as sodium salt)</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
<b>BIPOLAR THERAPY AGENTS - ATYPICAL ANTIPSYCHOTICS - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>aripiprazole</i>	Tier 2	
<i>olanzapine</i>	Tier 2	
<i>quetiapine</i>	Tier 2	
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	
<i>risperidone oral tablet,disintegrating</i>	Tier 2	
<i>ziprasidone hcl</i>	Tier 2	
<b>BIPOLAR THERAPY AGENTS - LITHIUM - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate</i>	Tier 1	
<i>lithium citrate</i>	Tier 1	
<b>CANNABIS AND CANNABINOID RECEPTOR AGONISTS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>CESAMET (nabilone)</i>	Tier 3	
<b>CNS STIMULANT - AMPHETAMINE COMBINATIONS - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine-amphetamine</i>	Tier 1	PA
<b>CNS STIMULANT - AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine</i>	Tier 1	PA
<i>dextroamphetamine (Procentra)</i>	Tier 1	PA
<i>dextroamphetamine (Zenedi)</i>	Tier 1	PA
<b>FIBROMYALGIA AGENTS - SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS) - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>duloxetine oral capsule,delayed release(dr/ec) 30 mg</i>	Tier 2	DO
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>SAVELLA ORAL TABLET (milnacipran)</i>	Tier 3	QL (2 tablets per 1 day)
<i>SAVELLA ORAL TABLETS,DOSE PACK (milnacipran)</i>	Tier 3	QL (1 pack per 365 days)
<b>MIGRAINE THERAPY - CARBOXYLIC ACID DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>divalproex</i>	Tier 2	
<b>MIGRAINE THERAPY - ERGOT ALKALOIDS AND DERIVATIVES - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>dihydroergotamine</i>	Tier 2	QL (8 bottles 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
<b>MIGRAINE THERAPY - ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>ergotamine-caffeine</i>	Tier 1	
<i>migergot</i>	Tier 1	
<b>MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>naratriptan</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	Tier 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	Tier 2	QL (6 syringes per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</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 syringe</i>	Tier 2	QL (2 syringes per 30 days)
<b>NARCOLEPSY THERAPY AGENTS - STIMULANT-TYPE, PIPERADINE DERIVATIVE - DRUGS FOR SLEEP DISORDER</b>		
<i>methylphenidate hcl</i>	Tier 1	PA
<b>NARCOLEPSY THERAPY AGENTS- STIMULANT-TYPE,SYMPATHOMIMETIC,AMPHETAMINES - DRUGS FOR SLEEP DISORDER</b>		
<i>dextroamphetamine</i>	Tier 1	PA
<i>dextroamphetamine-amphetamine</i>	Tier 1	PA
<i>dextroamphetamine</i> (Zenedi)	Tier 1	PA
<b>SEDATIVE-HYPNOTIC - ANTIHISTAMINES - DRUGS FOR INSOMNIA</b>		
<i>diphenhydramine hcl</i>	Tier 1	
<i>nighttime sleep aid (diphen)</i>	Tier 1	
<b>SEDATIVE-HYPNOTIC - BARBITURATES - DRUGS FOR INSOMNIA</b>		
<i>phenobarbital</i>	Tier 1	
<b>SEDATIVE-HYPNOTIC - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA</b>		
<i>zaleplon</i>	Tier 1	QL (1 capsule per 1 day)
<b>SEDATIVE-HYPNOTIC - TRICYCLIC ANTIDEPRESSANT TYPE - DRUGS FOR INSOMNIA</b>		
<i>SILENOR (doxepin)</i>	Tier 3	QL (1 tablet per 1 day)
<b>CHEMICAL DEPENDENCY, AGENTS TO TREAT - DRUGS FOR ADDICTION</b>		
<b>AGENTS FOR OPIOID WITHDRAWAL, OPIOID-TYPE - DRUGS FOR OPIOID ADDICTION</b>		
<i>buprenorphine hcl sublingual tablet 2 mg</i>	Tier 2	QL (12 tablets per 90 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>buprenorphine hcl sublingual tablet 8 mg</i>	Tier 2	QL (3 tablets per 90 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<b>ALCOHOL ABSTINENCE THERAPY - GLUTAMATE AND GABA SYSTEM TYPE - DRUGS FOR ALCOHOL ADDICTION</b>		
<i>acamprosate</i>	Tier 2	QL (6 tablets per 1 day)
<b>ALCOHOL DETERRENTS - DRUGS FOR ALCOHOL ADDICTION</b>		
<i>disulfiram</i>	Tier 1	
<b>SMOKING DETERRENTS - NE AND DOPAMINE REUPTAKE INHIBITOR (NDRI)-TYPE - DRUGS FOR SMOKING ADDICTION</b>		
<i>bupropion hcl</i>	Tier 1; \$0	
<i>bupropion hcl (smoking deter)</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<b>SMOKING DETERRENTS - NICOTINE-TYPE - DRUGS FOR SMOKING ADDICTION</b>		
<i>NICOTROL (nicotine)</i>	Tier 3; \$0	
<i>NICOTROL NS (nicotine)</i>	Tier 3; \$0	
<b>SMOKING DETERRENTS - NICOTINIC RECEPTOR PARTIAL AGONIST, ALPHA4BETA2 - DRUGS FOR SMOKING ADDICTION</b>		
<i>CHANTIX (varenicline)</i>	Tier 3; \$0	QL (2 tablets per 1 day)
<i>CHANTIX CONTINUING MONTH BOX (varenicline)</i>	Tier 3; \$0	QL (60 tablets per 30 days)
<i>CHANTIX STARTING MONTH BOX (varenicline)</i>	Tier 3; \$0	QL (1 dose pack per 365 days)
<b>CHEMICALS-PHARMACEUTICAL ADJUVANTS</b>		
<b>PHARMACEUTICAL ADJUVANT - VACCINE ADJUVANTS</b>		
<i>SHINGRIX ADJUVANT COMPONENT-PF (vaccine adjuvant system, as01b liposomal)</i>	Tier 2; \$0	
<b>COGNITIVE DISORDER THERAPY - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>ALZHEIMER'S DISEASE THERAPY - CHOLINESTERASE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>galantamine</i>	Tier 2	
<i>rivastigmine tartrate</i>	Tier 2	
<b>ALZHEIMER'S DISEASE THERAPY - NMDA RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine oral solution</i>	Tier 2	
<i>memantine oral tablet</i>	Tier 2	
<i>memantine oral tablets,dose pack</i>	Tier 3	
<i>NAMENDA TITRATION PAK (memantine)</i>	Tier 3	
<b>COGNITIVE DISORDER THERAPY - CEREBRAL VASODILATORS - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>ergoloid</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
<b>CONTRACEPTIVES - DRUGS FOR WOMEN</b>		
<b>CONTRACEPTIVE INJECTABLE - PROGESTIN - BIRTH CONTROL PILLS</b>		
<i>medroxyprogesterone</i>	Tier 1; \$0	
<b>CONTRACEPTIVE ORAL - BIPHASIC - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethynodiol</i> (Amethia)	Tier 1; \$0	
<i>levonorgestrel-ethynodiol</i> (Amethia Lo)	Tier 1; \$0	
<i>levonorgestrel-ethynodiol</i> (Ashlyna)	Tier 1; \$0	
<i>desogestrel-ethynodiol</i> (Asurette (28))	Tier 1; \$0	
<i>desogestrel-ethynodiol</i> (Bekyree (28))	Tier 1; \$0	
<i>camrese</i>	Tier 1; \$0	
<i>camrese lo</i>	Tier 1; \$0	
<i>levonorgestrel-ethynodiol</i> (Daysee)	Tier 1; \$0	
<i>desog-e.estradiol/e.estradiol</i>	Tier 1; \$0	
<i>desogestrel-ethynodiol</i> (Kariva (28))	Tier 1; \$0	
<i>Inorgestle.estradiol-e.estrad</i>	Tier 1; \$0	
<i>LO LOESTRIN FE (norethindrone)</i>	Tier 3; \$0	
<i>desogestrel-ethynodiol</i> (Pimtrea (28))	Tier 1; \$0	
<i>desogestrel-ethynodiol</i> (Simliya (28))	Tier 1; \$0	
<i>levonorgestrel-ethynodiol</i> (Simpesse)	Tier 1; \$0	
<i>desogestrel-ethynodiol</i> (Viorele (28))	Tier 1; \$0	
<b>CONTRACEPTIVE ORAL - MONOPHASIC - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel</i> (Afirmelle)	Tier 1; \$0	
<i>levonorgestrel</i> (Altavera (28))	Tier 1; \$0	
<i>norethindrone</i> (Alyacen 1/35 (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Amethyst (28))	Tier 1; \$0	
<i>desogestrel</i> (Apri)	Tier 1; \$0	
<i>levonorgestrel</i> (Aubra)	Tier 1; \$0	
<i>levonorgestrel</i> (Aubra Eq)	Tier 1; \$0	
<i>norethindrone</i> (Aurovela 1.5/30 (21))	Tier 1; \$0	
<i>norethindrone</i> (Aurovela 1/20 (21))	Tier 1; \$0	
<i>norethindrone</i> (Aurovela 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Aurovela Fe 1.5/30 (28))	Tier 1; \$0	
<i>norethindrone</i> (Aurovela Fe 1-20 (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Aviane)	Tier 1; \$0	
<i>levonorgestrel</i> (Ayuna)	Tier 1; \$0	
<i>BALCOLTRA (levonorgestrel)</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
<i>norethindrone</i> (Balziva (28))	Tier 1; \$0	
<i>norethindrone</i> (Blisovi 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Blisovi Fe 1.5/30 (28))	Tier 1; \$0	
<i>norethindrone</i> (Blisovi Fe 1/20 (28))	Tier 1; \$0	
<i>norethindrone</i> (Briellyn)	Tier 1; \$0	
<i>levonorgestrel</i> (Chateal (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Chateal Eq (28))	Tier 1; \$0	
<i>norgestrel</i> (Cryselle (28))	Tier 1; \$0	
<i>norethindrone</i> (Cyclafem 1/35 (28))	Tier 1; \$0	
<i>desogestrel</i> (Cyred)	Tier 1; \$0	
<i>desogestrel</i> (Cyred Eq)	Tier 1; \$0	
<i>norethindrone</i> (Dasetta 1/35 (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Delyla (28))	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i>	Tier 1; \$0	
<i>drospirenone-e.estriadiol-lm.fa</i>	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i>	Tier 1; \$0	
<i>norgestrel</i> (Elinest)	Tier 1; \$0	
<i>desogestrel</i> (Emoquette)	Tier 1; \$0	
<i>desogestrel</i> (Enskyce)	Tier 1; \$0	
<i>norgestimate</i> (Estarylla)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i>	Tier 1; \$0	
<i>levonorgestrel</i> (Falmina (28))	Tier 1; \$0	
<i>norgestimate</i> (Femynor)	Tier 1; \$0	
<i>gianvi</i> (28)	Tier 1; \$0	
<i>norethindrone</i> (Hailey)	Tier 1; \$0	
<i>norethindrone</i> (Hailey 24 Fe)	Tier 1; \$0	
<i>levonorgestrel</i> (Introvale)	Tier 1; \$0	
<i>desogestrel</i> (Isibloom)	Tier 1; \$0	
<i>ethinyl estradiol</i> (Jasmiel (28))	Tier 1; \$0	
<i>jolessa</i>	Tier 1; \$0	
<i>desogestrel</i> (Juleber)	Tier 1; \$0	
<i>norethindrone</i> (Junel 1.5/30 (21))	Tier 1; \$0	
<i>norethindrone</i> (Junel 1/20 (21))	Tier 1; \$0	
<i>norethindrone</i> (Junel Fe 1.5/30 (28))	Tier 1; \$0	
<i>norethindrone</i> (Junel Fe 1/20 (28))	Tier 1; \$0	
<i>norethindrone</i> (Junel Fe 24)	Tier 1; \$0	
<i>norethindrone</i> (Kaitlib Fe)	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>desogestrel</i> (Kalliga)	Tier 1; \$0	
<i>ethynodiol</i> (Kelnor 1/35 (28))	Tier 1; \$0	
<i>ethynodiol</i> (Kelnor 1-50)	Tier 1; \$0	
<i>levonorgestrel</i> (Kurvelo (28))	Tier 1; \$0	
<i>norethindrone</i> (Larin 1.5/30 (21))	Tier 1; \$0	
<i>norethindrone</i> (Larin 1/20 (21))	Tier 1; \$0	
<i>norethindrone</i> (Larin 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Larin Fe 1.5/30 (28))	Tier 1; \$0	
<i>norethindrone</i> (Larin Fe 1/20 (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Larissa)	Tier 1; \$0	
<i>layolis fe</i>	Tier 1; \$0	
<i>levonorgestrel</i> (Lessina)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	Tier 1; \$0	
<i>levonorgestrel</i> (Levora-28)	Tier 1; \$0	
<i>levonorgestrel</i> (Lillow (28))	Tier 1; \$0	
<i>ethinyl estradiol</i> (Loryna (28))	Tier 1; \$0	
<i>norgestrel</i> (Low-Ogestrel (28))	Tier 1; \$0	
<i>ethinyl estradiol</i> (Lo-Zumandimine (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Lutera (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Marlissa (28))	Tier 1; \$0	
<i>norethindrone</i> (Melodetta 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Mibelas 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Microgestin 1.5/30 (21))	Tier 1; \$0	
<i>norethindrone</i> (Microgestin 1/20 (21))	Tier 1; \$0	
<i>norethindrone</i> (Microgestin Fe 1.5/30 (28))	Tier 1; \$0	
<i>norethindrone</i> (Microgestin Fe 1/20 (28))	Tier 1; \$0	
<i>norgestimate</i> (Mili)	Tier 1; \$0	
<i>norgestimate</i> (Mono-Linyah)	Tier 1; \$0	
<i>norethindrone</i> (Necon 0.5/35 (28))	Tier 1; \$0	
<i>ethinyl estradiol</i> (Nikki (28))	Tier 1; \$0	
<i>noreth-ethinyl estradiol-iron</i>	Tier 1; \$0	
<i>norethindrone ac-eth estradiol</i>	Tier 1; \$0	
<i>norethindrone-e.estrad-ol-iron</i>	Tier 1; \$0	
<i>norgestimate-ethinyl estradiol</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> (Nortrel 0.5/35 (28))	Tier 1; \$0	
<i>nortrel 1/35 (21)</i>	Tier 1; \$0	
<i>norethindrone</i> (Nortrel 1/35 (28))	Tier 1; \$0	
<i>ocella</i>	Tier 1; \$0	
<i>ogestrel (28)</i>	Tier 1; \$0	
<i>levonorgestrel</i> (Orsythia)	Tier 1; \$0	
<i>norethindrone</i> (Philith)	Tier 1; \$0	
<i>norethindrone</i> (Pirmella)	Tier 1; \$0	
<i>levonorgestrel</i> (Portia 28)	Tier 1; \$0	
<i>norgestimate</i> (Previfem)	Tier 1; \$0	
<i>desogestrel</i> (Reclipsen (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Setlakin)	Tier 1; \$0	
<i>norgestimate</i> (Sprintec (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Sronyx)	Tier 1; \$0	
<i>ethinyl estradiol</i> (Syeda)	Tier 1; \$0	
<i>norethindrone</i> (Tarina 24 Fe)	Tier 1; \$0	
<i>norethindrone</i> (Tarina Fe 1/20 (28))	Tier 1; \$0	
<i>norethindrone</i> (Tarina Fe 1-20 Eq (28))	Tier 1; \$0	
TAYTULLA ( <i>norethindrone</i> )	Tier 3; \$0	
<i>drospirenone</i> (Tydemy)	Tier 1; \$0	
<i>levonorgestrel</i> (Vienna)	Tier 1; \$0	
<i>norethindrone</i> (Vyfemla (28))	Tier 1; \$0	
<i>norgestimate</i> (Vylibra)	Tier 1; \$0	
<i>norethindrone</i> (Wera (28))	Tier 1; \$0	
<i>norethindrone</i> (Wymzya Fe)	Tier 1; \$0	
<i>ethinyl estradiol</i> (Zarah)	Tier 1; \$0	
<i>ethynodiol</i> (Zovia 1/35E (28))	Tier 1; \$0	
<i>ethinyl estradiol</i> (Zumandimine (28))	Tier 1; \$0	
<b>CONTRACEPTIVE ORAL - PROGESTIN - BIRTH CONTROL PILLS</b>		
<i>norethindrone</i> (Camila)	Tier 1; \$0	
<i>norethindrone</i> (Deblitane)	Tier 1; \$0	
<i>norethindrone</i> (Errin)	Tier 1; \$0	
<i>norethindrone</i> (Heather)	Tier 1; \$0	
<i>norethindrone</i> (Incassia)	Tier 1; \$0	
<i>norethindrone</i> (Jencycla)	Tier 1; \$0	
<i>norethindrone</i> (Lyza)	Tier 1; \$0	
<i>nora-be</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 (contraceptive)</i>	Tier 1; \$0	
<i>norethindrone</i> (Norlyda)	Tier 1; \$0	
<i>norethindrone</i> (Norlyroc)	Tier 1; \$0	
<i>norethindrone</i> (Sharobel)	Tier 1; \$0	
SLYND ( <i>drospernone</i> )	Tier 3; \$0	
<i>norethindrone</i> (Tulana)	Tier 1; \$0	
<b>CONTRACEPTIVE ORAL - QUADRAPHASIC - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethynodiol</i> (Fayosim)	Tier 1; \$0	
<i>I norgest/e.estradiol-e.estrad</i>	Tier 1; \$0	
NATAZIA ( <i>estradiol</i> )	Tier 3; \$0	
RIVELSA ( <i>levonorgestrel-ethynodiol</i> )	Tier 1; \$0	
<b>CONTRACEPTIVE ORAL - TRIPHASIC - BIRTH CONTROL PILLS</b>		
<i>norethindrone</i> (Alyacen 7/7/7 (28))	Tier 1; \$0	
<i>norethindrone</i> (Aranelle (28))	Tier 1; \$0	
<i>desogestrel</i> (Caziant (28))	Tier 1; \$0	
<i>norethindrone</i> (Cyclafem 7/7/7 (28))	Tier 1; \$0	
<i>norethindrone</i> (Dasetta 7/7/7 (28))	Tier 1; \$0	
<i>levonorgestrel</i> (Enpresse)	Tier 1; \$0	
<i>leena 28</i>	Tier 1; \$0	
<i>levonorgestrel</i> (Levonest (28))	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i>	Tier 1; \$0	
<i>norgestimate-ethynodiol</i>	Tier 1; \$0	
<i>norethindrone</i> (Nortrel 7/7/7 (28))	Tier 1; \$0	
<i>norethindrone</i> (Pirmella)	Tier 1; \$0	
<i>norethindrone</i> (Tilia Fe)	Tier 1; \$0	
<i>norgestimate</i> (Tri Femynor)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Estarrylla)	Tier 1; \$0	
<i>norethindrone</i> (Tri-Legest Fe)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Linyah)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Lo-Estarrylla)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Lo-Marzia)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Lo-Mili)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Lo-Sprintec)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Mili)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Previfem (28))	Tier 1; \$0	
<i>norgestimate</i> (Tri-Sprintec (28))	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</i> (Trivora (28))	Tier 1; \$0	
<i>norgestimate</i> (Tri-Vylibra)	Tier 1; \$0	
<i>norgestimate</i> (Tri-Vylibra Lo)	Tier 1; \$0	
<i>desogestrel</i> (Velvet Triphasic Regimen (28))	Tier 1; \$0	
<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - BIRTH CONTROL PILLS</b>		
<i>xulane</i>	Tier 1; \$0	
<b>CONTRACEPTIVE TRANSDERMAL COMBINATIONS - ESTROGEN AND PROGESTIN COMB. - BIRTH CONTROL PILLS</b>		
<i>xulane</i>	Tier 1; \$0	
<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - BIRTH CONTROL PILLS</b>		
NUVARING ( <i>etonogestrel</i> )	Tier 3; \$0	
<b>CONTRACEPTIVES - INTRAVAGINAL, SYSTEMIC - ESTROGEN AND PROGESTIN COMB. - BIRTH CONTROL PILLS</b>		
NUVARING ( <i>etonogestrel</i> )	Tier 3; \$0	
<b>EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS</b>		
AFTERA ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<i>econtra ez</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>econtra one-step</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>ELLA (ulipristal)</i>	Tier 3; \$0	
<i>levonorgestrel</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>my choice</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>my way</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>opcicon one-step</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>option-2</i>	Tier 1; \$0	QL (1 tablet per 30 days)
PLAN B ONE-STEP ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<b>EMERGENCY CONTRACEPTIVES - PROGESTERONE AGONIST/ANTAGONIST TYPE - BIRTH CONTROL PILLS</b>		
<i>ELLA (ulipristal)</i>	Tier 3; \$0	
<b>EMERGENCY CONTRACEPTIVES - PROGESTIN TYPE - BIRTH CONTROL PILLS</b>		
AFTERA ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<i>econtra ez</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>econtra one-step</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>levonorgestrel</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>my choice</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>my way</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
<i>opcicon one-step</i>	Tier 1; \$0	QL (1 tablet per 30 days)
<i>option-2</i>	Tier 1; \$0	QL (1 tablet per 30 days)
PLAN B ONE-STEP ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<b>DERMATOLOGICAL - DRUGS FOR THE SKIN</b>		
<b>ACNE THERAPY SYSTEMIC - RETINOIDS AND DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg)	Tier 2	PA
<i>isotretinoin</i> (Amnesteem Oral Capsule 20 Mg, 40 Mg)	Tier 2	PA
<i>isotretinoin</i> (Claravis)	Tier 2	PA
<i>isotretinoin</i> (Zenatane)	Tier 2	PA
<b>ACNE THERAPY SYSTEMIC - TETRACYCLINE ANTIBIOTIC - DRUGS FOR THE SKIN</b>		
<i>minocycline</i>	Tier 1	PA
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE - DRUGS FOR THE SKIN</b>		
<i>azelaic acid</i>	Tier 2	
<i>clindamycin phosphate</i>	Tier 1	
<i>dapsone</i>	Tier 2	
<i>erythromycin base</i> (Ery Pads)	Tier 1	
<i>erythromycin base</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole</i> (Rosadan)	Tier 1	
<i>sulfacetamide sodium (acne)</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - ANTI-INFECTIVE-KERATOLYTIC COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>bp 10-1</i>	Tier 1	
<i>cleansing wash</i>	Tier 1	
<i>clindamycin-benzoyl peroxide</i>	Tier 1	
<i>erythromycin-benzoyl peroxide</i>	Tier 1	
<i>sss 10-5</i>	Tier 1	
<i>sulfacetamide sodium-sulfur</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
<i>sulfacetamide-sulfur-cleansr23</i>	Tier 1	
<b>ACNE THERAPY TOPICAL - KERATOLYTIC - DRUGS FOR THE SKIN</b>		
<i>benzoyl peroxide</i>	Tier 1	
<i>bpo</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
<b>ACNE THERAPY TOPICAL - RETINOID COMBINATIONS OTHER - DRUGS FOR THE SKIN</b>		
<i>adapalene-benzoyl peroxide</i>	Tier 2	
<b>ACNE THERAPY TOPICAL - RETINOID AND DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>adapalene</i>	Tier 1	
<i>avita</i>	Tier 1	PA
<i>tretinoin</i>	Tier 1	PA
<b>ANTIPSORIATIC - VITAMIN D ANALOG - GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>calcipotriene-betamethasone</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIBACTERIAL OTHER - DRUGS FOR THE SKIN</b>		
<i>mupirocin</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIBACTERIAL PLEUROMUTILIN DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>ALTABAX (retapamulin)</i>	Tier 3	
<b>DERMATOLOGICAL - ANTIBACTERIAL SULFONAMIDES - DRUGS FOR THE SKIN</b>		
<i>sss 10-5</i>	Tier 1	
<i>sulfacetamide sodium-sulfur</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>CORTISPORIN (neomycin)</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL AMPHOTERIC POLYENE MACROLIDES - DRUGS FOR THE SKIN</b>		
<i>nystatin</i> (Nyamyc)	Tier 1	
<i>nystatin</i>	Tier 1	
<i>nystatin</i> (Nystop)	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL HYDROXYPYRIDINONE - DRUGS FOR THE SKIN</b>		
<i>ciclopirox</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL IMIDAZOLE AND RELATED AGENTS - DRUGS FOR THE SKIN</b>		
<i>clotrimazole</i>	Tier 1	
<i>econazole</i>	Tier 1	
<i>ketoconazole</i>	Tier 1	
<b>DERMATOLOGICAL - ANTIFUNGAL-GLUCOCORTICOID COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>clotrimazole-betamethasone</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-iodoquinol</i>	Tier 1	
<i>nystatin-triamcinolone</i>	Tier 1	
<b>DERMATOLOGICAL - ANTINEOPLASTIC ANTIMETABOLITES - DRUGS FOR THE SKIN</b>		
CARAC ( <i>fluorouracil</i> )	Tier 2	QL (30 grams per 365 days)
<i>fluorouracil topical cream</i>	Tier 1	QL (40 grams per 365 days)
<i>fluorouracil topical solution</i>	Tier 1	QL (10 mL per 365 days)
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, PHOTOSENSITIZING - DRUGS FOR THE SKIN</b>		
<i>methoxsalen</i>	Tier 2; OC	SP
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS SYSTEMIC, VITAMIN A DERIVATIVES - DRUGS FOR THE SKIN</b>		
<i>acitretin</i>	Tier 2	
<b>DERMATOLOGICAL - ANTIPSORIATIC AGENTS TOPICAL - DRUGS FOR THE SKIN</b>		
<i>calcipotriene</i>	Tier 1	
<i>calcipotriene</i> (Calcitrene)	Tier 2	
<b>DERMATOLOGICAL - ANTISEBORRHEIC - DRUGS FOR THE SKIN</b>		
<i>selenium sulfide</i>	Tier 1	
<i>sulfacetamide sodium</i>	Tier 1	
<b>DERMATOLOGICAL - BURN PRODUCTS ANTI-INFECTIVE - DRUGS FOR THE SKIN</b>		
<i>silver sulfadiazine</i>	Tier 1	
<i>ssd</i>	Tier 1	
<b>DERMATOLOGICAL - CALCINEURIN INHIBITORS - DRUGS FOR THE SKIN</b>		
<i>pimecrolimus</i>	Tier 1	PA
<i>tacrolimus</i>	Tier 1	PA
<b>DERMATOLOGICAL - EMOLLIENTS - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate</i>	Tier 1	
<b>DERMATOLOGICAL - GLUCOCORTICOID - DRUGS FOR THE SKIN</b>		
<i>alclometasone</i>	Tier 1	
<i>amcinonide</i>	Tier 1	
<i>betamethasone dipropionate</i>	Tier 1	
<i>betamethasone valerate</i>	Tier 1	
<i>betamethasone, augmented</i>	Tier 1	
<i>clobetasol</i>	Tier 1	
<i>clobetasol-emollient</i>	Tier 1	
<i>CLODERM (clocortolone)</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
CORDRAN TAPE LARGE ROLL ( <i>flurandrenolide</i> )	Tier 3	
<i>clobetasol</i> (Cormax)	Tier 1	
<i>desonide</i>	Tier 1	
<i>desoximetasone</i>	Tier 1	
<i>diflorasone</i>	Tier 1	
<i>fluocinolone</i>	Tier 1	
<i>fluocinolone and shower cap</i>	Tier 1	
<i>fluocinonide</i>	Tier 1	
<i>fluocinonide</i> (Fluocinonide-E)	Tier 1	
<i>fluocinonide-emollient</i>	Tier 1	
<i>flurandrenolide</i>	Tier 2	
<i>fluticasone propionate</i>	Tier 1	
<i>halcinonide</i>	Tier 1	
<i>halobetasol propionate</i>	Tier 1	
HALOG ( <i>halcinonide</i> )	Tier 1	
<i>hydrocortisone butyrate</i>	Tier 1	
<i>hydrocortisone butyr-emollient</i>	Tier 1	
<i>hydrocortisone topical cream</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator</i>	Tier 1	
<i>hydrocortisone topical lotion</i>	Tier 1	
<i>hydrocortisone topical ointment</i>	Tier 1	
<i>hydrocortisone valerate</i>	Tier 1	
<i>mometasone</i>	Tier 1	
<i>prednicarbate</i>	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc)	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
<i>triamcinolone</i> (Trianex)	Tier 1	
<i>triamcinolone</i> (Triderm)	Tier 1	
<b>DERMATOLOGICAL - IMMUNOMODULATOR - CATECHINS - GENITAL WART/HPV TX - DRUGS FOR THE SKIN</b>		
VEREGEN ( <i>sinecatechins</i> )	Tier 3	
<b>DERMATOLOGICAL - IMMUNOMODULATOR - IMIDAZOQUINOLINAMINES - DRUGS FOR THE SKIN</b>		
<i>imiquimod</i>	Tier 1	PA; QL (48 packets 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
<b>DERMATOLOGICAL - IMMUNOMODULATOR - INTERFERONS - DRUGS FOR THE SKIN</b>		
ALFERON N ( <i>interferon alfa-n3</i> )	Tier 4	SP
<b>DERMATOLOGICAL - KERATOLYTIC-ANTIMITOTIC SINGLE AGENTS - DRUGS FOR THE SKIN</b>		
<i>podofilox</i>	Tier 1	
<i>salicylic acid</i>	Tier 1	
<i>salvax</i>	Tier 1	
<b>DERMATOLOGICAL - LOCAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine topical cream</i>	Tier 1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine topical kit</i>	Tier 1	
<b>DERMATOLOGICAL - NSAID SINGLE AGENTS - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium</i>	Tier 2	QL (1000 grams per 30 days)
<b>DERMATOLOGICAL - RETINOIDS (VITAMIN A DERIVATIVES) - TOPICAL COSMETIC - DRUGS FOR THE SKIN</b>		
<i>tretinoin (emollient)</i>	Tier 1	PA
<b>DERMATOLOGICAL - ROSACEA THERAPY, SYSTEMIC - DRUGS FOR THE SKIN</b>		
<i>doxycycline</i> (Oracea)	Tier 3	
<b>DERMATOLOGICAL - ROSACEA THERAPY, TOPICAL - DRUGS FOR THE SKIN</b>		
<i>azelaic acid</i>	Tier 2	
<i>cleansing wash</i>	Tier 1	
<i>metronidazole</i>	Tier 1	
<i>metronidazole</i> (Rosadan)	Tier 1	
<i>sulfacetamide sod-sulfur-urea</i>	Tier 1	
<b>DERMATOLOGICAL ANTIPRURITICS - ANTIHISTAMINES - DRUGS FOR THE SKIN</b>		
<i>prodoxin</i>	Tier 2	
<b>SCABICIDE AND PEDICULICIDE SINGLE AGENTS - DRUGS FOR THE SKIN</b>		
<i>lindane</i>	Tier 1	
<i>malathion</i>	Tier 1	
<i>permethrin</i>	Tier 1	
<i>spinosad</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
<b>DIAGNOSTIC AGENTS</b>		
<b>DIAGNOSTIC DRUGS - GASTROINTESTINAL RADIOLOGICAL ADJUNCT</b>		
GLUCAGEN DIAGNOSTIC KIT ( <i>glucagon</i> )	Tier 2	
GLUCAGON HCL ( <i>glucagon</i> )	Tier 2	
<b>DRUGS TO TREAT ERECTILE DYSFUNCTION - DRUGS FOR THE URINARY SYSTEM</b>		
<b>ERECTILE DYSFUNCTION (ED) DRUGS-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIB - DRUGS FOR ERECTILE DYSFUNCTION</b>		
<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)
<b>ELECTROLYTE BALANCE-NUTRITIONAL PRODUCTS - DRUGS FOR NUTRITION</b>		
<b>AMINO ACID-AMINO ACID COMBINATIONS, ORAL - DRUGS FOR NUTRITION</b>		
NUTRAMINE ( <i>amino acids</i> )	Tier 3	
<b>DIETARY PRODUCT - DIETARY SUPPLEMENTS - DRUGS FOR NUTRITION</b>		
<i>enfagrow toddler next step</i>	Tier 3	
<b>DILUENTS - SODIUM CHLORIDE - DRUGS FOR NUTRITION</b>		
<i>sodium chloride 0.9 %</i>	Tier 1	
<b>ELECTROLYTE DEPLETERS - ION EXCHANGE RESIN - DRUGS FOR NUTRITION</b>		
<i>sodium polystyrene sulfonate oral</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal</i>	Tier 1	
<i>polystyrene sulfonate</i> (Sps (With Sorbitol) Oral)	Tier 2	
<i>sps (with sorbitol) rectal</i>	Tier 1	
<b>IRRIGATION SOLUTIONS - DRUGS FOR NUTRITION</b>		
<i>sodium chloride</i>	Tier 1	
<b>MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT - DRUGS FOR NUTRITION</b>		
<i>calcium acetate</i>	Tier 2	
<b>MINERALS AND ELECTROLYTES - IRON - DRUGS FOR NUTRITION</b>		
<i>fe c plus</i>	Tier 1	
<b>MINERALS AND ELECTROLYTES - IRON COMBINATIONS - DRUGS FOR NUTRITION</b>		
<i>ELITE-OB (prenatal vitamins no.123)</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
<b>MINERALS AND ELECTROLYTES - POTASSIUM, ORAL - DRUGS FOR NUTRITION</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarbonate</i> )	Tier 3	
<i>effer-k oral tablet, effervescent 25 meq</i>	Tier 1	
<i>potassium</i> (Klor-Con 10)	Tier 1	
<i>klor-con 8</i>	Tier 1	
<i>potassium</i> (Klor-Con M10)	Tier 1	
<i>potassium</i> (Klor-Con M15)	Tier 1	
<i>potassium</i> (Klor-Con M20)	Tier 1	
<i>klor-con/ef</i>	Tier 1	
<i>potassium chloride oral capsule, extended release</i>	Tier 1	
<i>potassium chloride oral tablet extended release</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals</i>	Tier 1	
<b>PEDIATRIC VITAMINS WITH FLUORIDE COMBINATIONS - DRUGS FOR NUTRITION</b>		
<i>multivitamin with fluoride</i>	Tier 3; \$0	
<i>multi-vitamin with fluoride</i>	Tier 3; \$0	
<i>multivitamins with fluoride</i>	Tier 3; \$0	
<i>mvc-fluoride</i>	Tier 3; \$0	
<i>triple vitamin with fluoride</i>	Tier 3; \$0	
<i>tri-vitamin with fluoride</i>	Tier 3; \$0	
<i>tri-vite with fluoride</i>	Tier 3; \$0	
<i>vitamins a,c,d and fluoride</i>	Tier 3; \$0	
<b>PRENATAL VITAMINS AND MINERALS - DRUGS FOR NUTRITION</b>		
<i>bal-care dha</i>	Tier 1	
<i>c-nate dha</i>	Tier 1	
<i>complete natal dha</i>	Tier 1	
<i>completenate</i>	Tier 1	
<i>elite ob with dha</i>	Tier 1	
<i>ELITE-OB (prenatal vitamins no.123)</i>	Tier 1	
<i>elite-ob 400</i>	Tier 1	
<i>folivane-ob</i>	Tier 1	
<i>mynatal</i>	Tier 1	
<i>mynatal advance</i>	Tier 1	
<i>mynatal plus</i>	Tier 1	
<i>mynatal-z</i>	Tier 1	
<i>mynate 90 plus</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>obstetrix dha</i>	Tier 1	
<i>pnv ob+dha</i>	Tier 1	
<i>pnv-dha + docusate</i>	Tier 1	
<i>pnv-ferrous fumarate-docu-fa</i>	Tier 1	
<i>pnv-omega</i>	Tier 1	
<i>pr natal 400</i>	Tier 1	
<i>pr natal 400 ec</i>	Tier 1	
<i>pr natal 430</i>	Tier 1	
<i>pr natal 430 ec</i>	Tier 1	
<i>prenaissance</i>	Tier 1	
<i>prenaissance plus</i>	Tier 1	
<i>prenatabs fa</i>	Tier 1	
<i>prenatabs rx</i>	Tier 1	
<i>prenatal 19 (with docusate)</i>	Tier 1	
<i>prenatal low iron</i>	Tier 1	
<i>prenatal multivitamins</i>	Tier 1; \$0	
<b>PRENATAL ONE DAILY (<i>prenatal vitamins with calcium no.129</i>)</b>	Tier 1; \$0	
<i>prenatal plus</i>	Tier 1	
<i>prenatal plus (calcium carb)</i>	Tier 1	
<i>prenatal vitamin</i>	Tier 1	
<i>prenatal vitamin plus low iron</i>	Tier 1	
<i>prenatal-u</i>	Tier 1	
<i>preplus</i>	Tier 1	
<i>se-natal 19</i>	Tier 1	
<i>se-natal 19 (with docusate)</i>	Tier 1	
<i>taron-c dha</i>	Tier 1	
<i>taron-prex prenatal-dha</i>	Tier 1	
<i>tl-select</i>	Tier 1	
<i>triadvance</i>	Tier 1	
<i>trinatal rx 1</i>	Tier 1	
<i>trinate</i>	Tier 1	
<i>triveen-duo dha</i>	Tier 1	
<i>triveen-one</i>	Tier 1	
<i>triveen-prx rnf</i>	Tier 1	
<i>trust natal dha</i>	Tier 1	
<i>vena-bal dha</i>	Tier 1	
<i>vinacal</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
vinate care	Tier 1	
vinate gt	Tier 1	
vinate ii	Tier 1	
vinate m	Tier 1	
vinate one	Tier 1	
vinate pn care	Tier 1	
vinate ultra	Tier 1	
VIRT-NATE DHA ( <i>prenatal vitamins no.11</i> )	Tier 1	
virt-pn dha	Tier 1	
virt-pn plus	Tier 1	
vitafol-ob	Tier 1	
vp-ch plus	Tier 1	
vp-ch-pnv	Tier 1	
zatean-pn dha	Tier 1	
zatean-pn plus	Tier 1	
<b>PRENATAL VITAMINS WITH LOW OR NO IRON (LESS THAN 27 MG) - DRUGS FOR NUTRITION</b>		
zingiber	Tier 1	
<b>SODIUM CHLORIDE FLUSHES - DRUGS FOR NUTRITION</b>		
sodium chloride 0.9 %	Tier 1	
<b>SODIUM CHLORIDE SOLUTIONS, CONCENTRATED - DRUGS FOR NUTRITION</b>		
sodium chloride	Tier 1	
sodium chloride 3 %	Tier 1	
sodium chloride 5 %	Tier 1	
<b>SODIUM CHLORIDE, PARENTERAL - DRUGS FOR NUTRITION</b>		
sodium chloride	Tier 1	
sodium chloride 0.45 %	Tier 1	
sodium chloride 0.9 %	Tier 1	
sodium chloride 3 %	Tier 1	
sodium chloride 5 %	Tier 1	
<b>VITAMINS - B-12, CYANOCOBALAMIN AND DERIVATIVES - DRUGS FOR NUTRITION</b>		
cyanocobalamin ( <i>vitamin b-12</i> )	Tier 1	
<b>VITAMINS - D DERIVATIVES - DRUGS FOR NUTRITION</b>		
ergocalciferol ( <i>vitamin d2</i> )	Tier 1	
ergocalciferol ( <i>vitamin d2</i> ) (Vitamin D2)	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
<b>VITAMINS - FOLIC ACID AND DERIVATIVES - DRUGS FOR NUTRITION</b>		
<i>folic acid</i>	Tier 1	
<b>ENDOCRINE - HORMONES</b>		
<b>AGENTS TO TREAT HYPOGLYCEMIA (HYPERGLYCEMICS) - DRUGS FOR DIABETES</b>		
GLUCAGEN HYPOKIT ( <i>glucagon</i> )	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) ( <i>glucagon</i> )	Tier 2	
GLUCAGON HCL ( <i>glucagon</i> )	Tier 2	
<b>ANABOLIC STEROID - SINGLE AGENTS - DRUGS FOR MEN</b>		
<i>oxandrolone</i>	Tier 2	PA
<b>ANDROGEN - SINGLE AGENTS - DRUGS FOR MEN</b>		
METHITEST ( <i>methyltestosterone</i> )	Tier 3	
<i>testosterone 12.5 mg/1.25 gram</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone 12.5 mg/1.25 gram outer</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone 50 mg/5 gram pkt</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone 50 mg/5 gram pkt inner</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone 50 mg/5 gram pkt outer</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone cypionate</i>	Tier 1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 2	PA; QL (2 packets per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 2	PA; QL (1 packet per 1 day)
<b>ANTIDIURETIC AND VASOPRESSOR HORMONES - HORMONES</b>		
<i>desmopressin nasal</i>	Tier 2	
<i>desmopressin oral</i>	Tier 1	
<b>ANTIHYPERGLYCEMIC - ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES</b>		
<i>acarbose</i>	Tier 1	
<b>ANTIHYPERGLYCEMIC - Dipeptidyl Peptidase-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES</b>		
JANUVIA ( <i>sitagliptin</i> )	Tier 2	ST; QL (1 tablet per 1 day)
NESINA ( <i>alogliptin</i> )	Tier 3	ST; QL (1 tablet per 1 day)
ONGLYZA ( <i>saxagliptin</i> )	Tier 3	ST; QL (1 tablet per 1 day)
TRADJENTA ( <i>linagliptin</i> )	Tier 2	ST; DO
<b>ANTIHYPERGLYCEMIC - SGLT-2 INHIBITOR AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES</b>		
INVOKAMET ( <i>canagliflozin</i> )	Tier 3	ST; 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
SYNJARDY ( <i>empagliflozin</i> )	Tier 2	ST; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG ( <i>dapagliflozin</i> )	Tier 3	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG ( <i>dapagliflozin</i> )	Tier 3	ST; QL (2 tablets per 1 day)
<b>ANTIHYPERGLYCEMIC - SODIUM GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES</b>		
FARXIGA ( <i>dapagliflozin</i> )	Tier 3	ST; QL (1 tablet per 1 day)
JARDIANCE ( <i>empagliflozin</i> )	Tier 2	ST; QL (1 tablet per 1 day)
<b>ANTIHYPERGLYCEMIC - SULFONYLUREA AND BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES</b>		
<i>glipizide-metformin</i>	Tier 1	
<i>glyburide-metformin</i>	Tier 1	
<b>ANTIHYPERGLYCEMIC - SULFONYLUREA DERIVATIVES - DRUGS FOR DIABETES</b>		
<i>glimepiride</i>	Tier 1	
<i>glipizide</i>	Tier 1	
<i>glyburide</i>	Tier 1	
<i>tolbutamide</i>	Tier 2	
<b>ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE - DRUGS FOR DIABETES</b>		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) ( <i>semaglutide</i> )	Tier 3	ST; QL (1 pen per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) ( <i>semaglutide</i> )	Tier 3	ST; QL (2 pens per 28 days)
TRULICITY ( <i>dulaglutide</i> )	Tier 3	ST; QL (4 pens per 28 days)
VICTOZA 2-PAK ( <i>liraglutide</i> )	Tier 2	ST; QL (1 box (2 pens) per 30 days)
VICTOZA 3-PAK ( <i>liraglutide</i> )	Tier 2	ST; QL (1 box (3 pens) per 30 days)
<b>ANTIHYPERGLYCEMIC-DIPEPTIDYL PEPTIDASE-4(DPP-4)INHIBITOR AND BIGUANIDE - DRUGS FOR DIABETES</b>		
JANUMET ( <i>sitagliptin</i> )	Tier 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG ( <i>sitagliptin</i> )	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG ( <i>sitagliptin</i> )	Tier 2	ST; QL (2 tablets per 1 day)
JENTADUETO ( <i>linagliptin</i> )	Tier 2	ST; QL (2 tablets per 1 day)
<b>ANTITHYROID AGENTS, THIONAMIDES - IMIDAZOLE DERIVATIVES - DRUGS FOR THYROID</b>		
<i>methimazole</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
<b>ANTITHYROID AGENTS, THIONAMIDES - THIOURACIL DERIVATIVES - DRUGS FOR THYROID</b>		
<i>propylthiouracil</i>	Tier 1	
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATE AND VITAMIN D COMBINATIONS - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT ( <i>alendronic acid</i> )	Tier 3	ST; QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT ( <i>alendronic acid</i> )	Tier 3	ST
<b>BONE RESORPTION INHIBITORS - BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>alendronate oral solution</i>	Tier 1	
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 28 days)
<i>ibandronate</i>	Tier 1	QL (1 tablet per 28 days)
<i>risedronate oral tablet 150 mg</i>	Tier 1	QL (1 tablet per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	QL (4 tablets per 28 days)
<b>CALCIMIMETIC, PARATHYROID CALCIUM RECEPTOR SENSITIVITY ENHANCER - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 4	PA
<b>CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitonin (salmon)</i>	Tier 2	QL (1 bottle per 30 days)
<b>ESTROGEN-PROGESTIN - DRUGS FOR WOMEN</b>		
<i>estradiol</i> (Amabelz)	Tier 1	
<i>estradiol-norethindrone acet</i>	Tier 1	
<i>norethindrone</i> (Jinteli)	Tier 1	
<i>LOPREEZA (estradiol)</i>	Tier 1	
<i>estradiol</i> (Mimvey)	Tier 1	
<i>estradiol</i> (Mimvey Lo)	Tier 1	
<i>PREMPHASE (estrogens, conjugated)</i>	Tier 3	
<i>PREMPRO (estrogens, conjugated)</i>	Tier 3	
<b>ESTROGENS - DRUGS FOR WOMEN</b>		
<i>estradiol oral</i>	Tier 1	
<i>estradiol transdermal patch semiweekly</i>	Tier 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</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
PREMARIN ( <i>estrogens, conjugated</i> )	Tier 3	QL (1 tablet per 1 day)
<b>GLUCOCORTICOIDS - DRUGS FOR INFLAMMATION</b>		
<i>cortisone</i>	Tier 1	
<i>dexamethasone</i>	Tier 1	
<i>dexamethasone intenSol</i>	Tier 1	
<i>hydrocortisone</i>	Tier 1	
<i>methylprednisolone</i>	Tier 1	
<i>millipred</i>	Tier 1	
<i>millipred dp</i>	Tier 1	
<i>prednisolone</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<i>prednisone</i>	Tier 1	
<i>prednisone intenSol</i>	Tier 1	
<i>prednisolone</i> (Veripred 20)	Tier 1	
<b>GONADOTROPIN INHIBITOR PITUITARY SUPPRESSANTS - DRUGS FOR WOMEN</b>		
<i>danazol</i>	Tier 2	
<b>GROWTH HORMONES - DRUGS FOR GROWTH</b>		
NUTROPIN AQ NUSPIN ( <i>somatropin</i> )	Tier 4	PA; SP
<b>HUMAN CHORIONIC GONADOTROPIN (HCG) - DRUGS FOR WOMEN</b>		
<i>chorionic gonadotropin, human injection</i>	Tier 4	SP
<i>chorionic gonadotropin, human intramuscular</i>	Tier 4	PA; SP
<b>HUMAN INSULINS - FIXED COMBINATIONS - DRUGS FOR DIABETES</b>		
HUMULIN 70/30 U-100 INSULIN ( <i>insulin isophane (nph)</i> )	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN ( <i>insulin isophane (nph)</i> )	Tier 2	
<b>HUMAN INSULINS - INTERMEDIATE ACTING - DRUGS FOR DIABETES</b>		
HUMULIN N NPH INSULIN KWIKPEN ( <i>insulin isophane (nph)</i> )	Tier 2	
HUMULIN N NPH U-100 INSULIN ( <i>insulin isophane (nph)</i> )	Tier 2	
<b>HUMAN INSULINS - SHORT ACTING - DRUGS FOR DIABETES</b>		
HUMULIN R REGULAR U-100 INSULIN ( <i>insulin regular</i> )	Tier 2	
HUMULIN R U-500 (CONC) INSULIN ( <i>insulin regular</i> )	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN ( <i>insulin regular</i> )	Tier 2	
<b>INSULIN ANALOGS - FIXED COMBINATIONS - DRUGS FOR DIABETES</b>		
HUMALOG MIX 50-50 INSULIN U-100 ( <i>insulin lispro protamine</i> )	Tier 2	
HUMALOG MIX 50-50 KWIKPEN ( <i>insulin lispro protamine</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
HUMALOG MIX 75-25 KWIKPEN ( <i>insulin lispro protamine</i> )	Tier 2	
HUMALOG MIX 75-25(U-100)INSULN ( <i>insulin lispro protamine</i> )	Tier 2	
<b>INSULIN ANALOGS - LONG ACTING - DRUGS FOR DIABETES</b>		
LANTUS SOLOSTAR U-100 INSULIN ( <i>insulin glargine</i> )	Tier 2	
LANTUS U-100 INSULIN ( <i>insulin glargine</i> )	Tier 2	
<b>INSULIN ANALOGS - RAPID ACTING - DRUGS FOR DIABETES</b>		
HUMALOG JUNIOR KWIKPEN U-100 ( <i>insulin lispro</i> )	Tier 2	
HUMALOG KWIKPEN INSULIN ( <i>insulin lispro</i> )	Tier 2	
HUMALOG U-100 INSULIN ( <i>insulin lispro</i> )	Tier 2	
<i>insulin lispro</i>	Tier 2	
<b>INSULIN RESPONSE ENHancers - BIGUANIDES - DRUGS FOR DIABETES</b>		
<i>metformin</i>	Tier 1	
<b>INSULIN RESPONSE ENHancers - THIAZOLIDINEDIONES (PPAR-GAMMA AGONISTS) - DRUGS FOR DIABETES</b>		
<i>pioglitazone</i>	Tier 1	QL (1 tablet per 1 day)
<b>LHRH (GNRH) AGONIST ANALOG PITUITARY SUPP. AND PROGESTIN COMB. - DRUGS FOR WOMEN</b>		
LUPANETA PACK (1 MONTH) ( <i>leuprolide</i> )	Tier 4	PA; SP; QL (1 kit per 28 days)
LUPANETA PACK (3 MONTH) ( <i>leuprolide</i> )	Tier 4	PA; SP; QL (1 kit per 84 days)
<b>MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone</i>	Tier 1	
<b>OXYTOCIC - ERGOT ALKALOIDS - DRUGS FOR WOMEN</b>		
<i>methylergonovine</i>	Tier 1	
<b>PROGESTINS - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone</i>	Tier 1	QL (1 tablet per 1 day)
<i>norethindrone acetate</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)
<b>PROLACTIN INHIBITOR - ERGOT DERIVATIVE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN</b>		
<i>cabergoline</i>	Tier 1	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene</i>	Tier 1; \$0	
<b>SOMATOSTATIC AGENTS - DRUGS FOR GROWTH</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 30 MG ( <i>octreotide</i> )	Tier 4	PA; SP; QL (1 kit 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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 20 MG ( <i>octreotide</i> )	Tier 4	PA; SP; QL (2 kits per 28 days)
<b>THYROID HORMONES - ANIMAL SOURCE (PORCINE) - DRUGS FOR THYROID</b>		
ARMOUR THYROID ( <i>thyroid</i> )	Tier 1	
<i>nature-throid</i>	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG ( <i>thyroid</i> )	Tier 1	
<i>np thyroid oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>westhroid</i>	Tier 1	
WP THYROID ( <i>thyroid</i> )	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T3 (TRIIODOTHYRONINE) - DRUGS FOR THYROID</b>		
<i>liothyronine</i>	Tier 1	
<b>THYROID HORMONES - SYNTHETIC T4 (THYROXINE) - DRUGS FOR THYROID</b>		
<i>levothyroxine</i>	Tier 1	
<i>levoxyl</i>	Tier 1	
SYNTHROID ( <i>levothyroxine</i> )	Tier 1	
<i>unithroid</i>	Tier 1	
<b>GASTROINTESTINAL THERAPY AGENTS - DRUGS FOR THE STOMACH</b>		
<b>ANTIDIARRHEAL ANTIKERISTALTIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR DIARRHEA</b>		
<i>diphenoxylate-atropine</i>	Tier 1	
MOTOFEN ( <i>difenoxin</i> )	Tier 3	
<b>ANTIEMETIC - ANTICHOLINERGICS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>scopolamine base</i>	Tier 2	
<b>ANTIEMETIC - ANTIHISTAMINES - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>meclizine</i>	Tier 1	
<b>ANTIEMETIC - CANNABINOID TYPE - DRUGS FOR VOMITING AND NAUSEA</b>		
CESAMET ( <i>nabilone</i> )	Tier 3	
<b>ANTIEMETIC - DOPAMINE (D2)/5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>trimethobenzamide</i>	Tier 1	
<b>ANTIEMETIC - PHENOTHIAZINES - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>prochlorperazine</i> (Compazine)	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>promethazine</i> (Phenadoz)	Tier 2	
<i>prochlorperazine maleate</i>	Tier 1	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 2	
<i>promethazine</i> (Promethegan)	Tier 2	
<b>ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA</b>		
<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,disintegrating 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet,disintegrating 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<b>COLONIC ACIDIFIER (AMMONIA INHIBITOR) - DRUGS FOR THE STOMACH</b>		
<i>lactulose</i> (Enulose)	Tier 1	
<i>lactulose</i> (Generlac)	Tier 1	
<i>lactulose</i>	Tier 1	
<b>DIGESTIVE ENZYME MIXTURES - DRUGS FOR THE STOMACH</b>		
<i>ZENPEP (lipase)</i>	Tier 2	
<b>GASTRIC ACID SECRETION REDUCERS - HISTAMINE H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine</i>	Tier 1	
<i>cimetidine hcl</i>	Tier 1	
<i>famotidine</i>	Tier 1	
<i>ranitidine hcl</i>	Tier 1	
<b>GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIs) - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>lansoprazole</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole</i>	Tier 1	QL (1 capsule per 1 day)
<b>GASTRIC MUCOSA - CYTOPROTECTIVE PROSTAGLANDIN ANALOGS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol</i>	Tier 1	
<b>GASTROINTESTINAL PROKINETIC AGENTS - D2 ANTAGONIST/5-HT4 AGONISTS - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl</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
<b>GI ANTISPASMODIC - BELLADONNA ALKALOIDS - DRUGS FOR STOMACH CRAMPS</b>		
<i>anaspaz</i>	Tier 2	
<i>hyoscyamine sulfate</i>	Tier 1	
<i>methscopolamine</i>	Tier 1	
<b>GI ANTISPASMODIC - QUATERNARY AMMONIUM COMPOUNDS - DRUGS FOR STOMACH CRAMPS</b>		
<i>glycopyrrolate</i>	Tier 1	
<b>GI ANTISPASMODIC - SYNTHETIC TERTIARY AMINES - DRUGS FOR STOMACH CRAMPS</b>		
<i>dicyclomine</i>	Tier 1	
<b>IBS AGENT - GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATOR AGENTS - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
AMITIZA ( <i>lubiprostone</i> )	Tier 3	
<b>INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
APRISO ( <i>mesalamine</i> )	Tier 3	QL (4 capsules per 1 day)
<i>balsalazide</i>	Tier 1	QL (9 capsule per 1 day)
<i>mesalamine with cleansing wipe</i>	Tier 2	QL (1 kit per 28 days)
<i>sulfasalazine</i>	Tier 1	QL (8 tablets per 1 day)
<b>INFLAMMATORY BOWEL AGENT - GLUCOCORTICOIDS - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
<i>budesonide</i>	Tier 2	QL (3 capsule per 1 day)
<i>hydrocortisone</i>	Tier 2	
<b>INFLAMMATORY BOWEL AGENT - TUMOR NECROSIS FACTOR ALPHA BLOCKERS - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
HUMIRA ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN CROHNS-UC-HS START ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes 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
HUMIRA(CF) PEN ( <b>adalimumab</b> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS ( <b>adalimumab</b> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS ( <b>adalimumab</b> )	Tier 4	PA; SP; QL (1 kit per 365 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR ( <b>golimumab</b> )	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE ( <b>golimumab</b> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
AMITIZA ( <i>lubiprostone</i> )	Tier 3	
<b>LAXATIVE - SALINE AND OSMOTIC - DRUGS TO PREVENT CONSTIPATION</b>		
<i>lactulose</i> (Constulose)	Tier 1	
<i>lactulose</i>	Tier 1	
<i>polyethylene glycol 3350</i>	Tier 1; \$0	
<b>LAXATIVE - SALINE/OSMOTIC MIXTURES - DRUGS TO PREVENT CONSTIPATION</b>		
<i>polyethylene glycol 3350</i> (Gavilyte-C)	Tier 1; \$0	
<i>polyethylene glycol 3350</i> (Gavilyte-G)	Tier 1; \$0	
<i>sodium</i> (Gavilyte-N)	Tier 1; \$0	
MOVIPREP ( <i>polyethylene glycol 3350</i> )	Tier 3	
OSMOPREP ( <i>sodium phosphate</i> )	Tier 3	
<i>peg 3350-electrolytes</i>	Tier 1; \$0	
<i>peg-3350 with flavor packs</i>	Tier 1; \$0	
<i>peg-electrolyte soln</i>	Tier 1; \$0	
<i>sodium</i> (Trilyte With Flavor Packets)	Tier 1; \$0	
<b>LAXATIVE - STIMULANT AND SALINE/OSMOTIC COMBINATIONS - DRUGS TO PREVENT CONSTIPATION</b>		
<i>peg-prep</i>	Tier 1; \$0	
<b>PEPTIC ULCER - GASTRIC LUMEN ADHERENT CYTOPROTECTIVES - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>carafate</i>	Tier 1	
<i>sucralfate</i>	Tier 1	
<b>SHORT BOWEL SYNDROME (SBS) AGENTS - DRUGS FOR THE STOMACH</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG ( <b>octreotide</b> )	Tier 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 20 MG ( <b>octreotide</b> )	Tier 4	PA; SP; QL (2 kits 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
<b>GENITOURINARY THERAPY - DRUGS FOR THE URINARY SYSTEM</b>		
<b>INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM</b>		
<i>ELMIRON (pentosan polysulfate sodium)</i>	Tier 3	
<b>PHOSPHATE BINDERS - CALCIUM-BASED - DRUGS FOR THE URINARY SYSTEM</b>		
<i>calcium acetate</i>	Tier 2	
<b>PHOSPHATE BINDERS - DRUGS FOR THE URINARY SYSTEM</b>		
<i>calcium acetate</i>	Tier 2	
<i>sevelamer carbonate</i>	Tier 1	
<b>PROSTATIC HYPERPLASIA AGENT - ALPHA-1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin</i>	Tier 1	
<b>PROSTATIC HYPERPLASIA AGENT - TYPE II 5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE</b>		
<i>finasteride</i>	Tier 1	
<b>PROSTATIC HYPERPLASIA AGENT-SEL.CGMP PHOSPHODIESTERASE TYPE5 INHIBITOR - DRUGS FOR THE PROSTATE</b>		
<i>tadalafil</i>	Tier 1	PA; QL (30 tablets per 25 days)
<b>URINARY ACIDIFIER - OTHERS - DRUGS FOR INFECTIONS</b>		
<i>AMMONIUM CHLORIDE (ammonium)</i>	Tier 3	
<b>URINARY ALKALINIZER - CITRATES - DRUGS FOR INFECTIONS</b>		
<i>potassium citrate</i>	Tier 2	
<i>potassium citrate-citric acid</i>	Tier 1	
<b>URINARY ANALGESICS - DRUGS FOR INFECTIONS</b>		
<i>phenazopyridine</i>	Tier 1	
<b>URINARY ANTIBACTERIAL - METHENAMINE AND SALTS - DRUGS FOR INFECTIONS</b>		
<i>methenamine hippurate</i>	Tier 2	
<i>methenamine mandelate</i>	Tier 2	
<b>URINARY ANTIBACTERIAL - NITROFURAN DERIVATIVES - DRUGS FOR INFECTIONS</b>		
<i>nitrofurantoin</i>	Tier 1	
<i>nitrofurantoin macrocrystal</i>	Tier 1	
<i>nitrofurantoin monohyd/m-cryst</i>	Tier 1	
<b>URINARY ANTISPASMODIC - ANTICHOLINERGICS, NON-SELECTIVE - DRUGS FOR THE BLADDER</b>		
<i>anaspaz</i>	Tier 2	
<i>hyoscyamine sulfate</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
<b>URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS - DRUGS FOR THE BLADDER</b>		
<i>oxybutynin chloride</i>	Tier 1	
<i>tolterodine</i>	Tier 1	
<b>URINARY RETENTION THERAPY - PARASYMPATHOMIMETIC AGENTS - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride</i>	Tier 2	
<b>GOUT AND HYPERURICEMIA THERAPY - DRUGS FOR PAIN AND FEVER</b>		
<b>GOUT ACUTE THERAPY - ANTIMITOTICS - GOUT DRUGS</b>		
<i>colchicine</i>	Tier 3	QL (2.3 tablets per 1 day)
<i>COLCRYS (colchicine)</i>	Tier 3	QL (2.3 tablets per 1 day)
<b>GOUT AND HYPERURICEMIA - ANTIMITOTIC-URICOSURIC COMBINATIONS - GOUT DRUGS</b>		
<i>probencid-colchicine</i>	Tier 1	
<b>HYPURICEMIA THERAPY - URICOSURICS - GOUT DRUGS</b>		
<i>probencid</i>	Tier 1	
<b>HYPURICEMIA THERAPY - XANTHINE OXIDASE INHIBITORS - GOUT DRUGS</b>		
<i>allopurinol</i>	Tier 1	
<b>HEMATOLOGICAL AGENTS - DRUGS FOR THE BLOOD</b>		
<b>ANTICOAGULANTS - COUMARIN - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin</i> (Jantoven)	Tier 1	
<i>warfarin</i>	Tier 1	
<b>C1 ESTERASE INHIBITOR AGENTS - DRUGS FOR THE BLOOD</b>		
<i>BERINERT (c1 esterase inhibitor)</i>	Tier 4	PA; LD
<b>ERYTHROPOIETINS - DRUGS FOR THE BLOOD</b>		
<i>ARANESP (IN POLYSORBATE) (darbepoetin alfa)</i>	Tier 4	PA; SP
<b>GRANULOCYTE COLONY-STIMULATING FACTOR (G-CSF) - DRUGS FOR THE BLOOD</b>		
<i>NEULASTA SUBCUTANEOUS SYRINGE (pegfilgrastim)</i>	Tier 4	PA; SP; QL (2 syringes per 28 days)
<i>NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR (pegfilgrastim)</i>	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
<b>HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline</i>	Tier 1	
<b>HEMOSTATIC SYSTEMIC - ANTIFIBRINOLYTIC AGENTS - DRUGS TO PREVENT BLEEDING</b>		
<i>tranexamic acid</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
<b>INDIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux</i>	Tier 4	QL (1 syringe per 1 day)
<b>LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin</i>	Tier 4	QL (1 syringe per 1 day)
<b>PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole</i>	Tier 2	QL (2 capsule per 1 day)
<b>PLATELET AGGREGATION INHIBITORS - PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD</b>		
<i>cilostazol</i>	Tier 2	
<b>PLATELET AGGREGATION INHIBITORS - QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD</b>		
<i>anagrelide</i>	Tier 2	
<b>PLATELET AGGREGATION INHIBITORS - SALICYLATES - DRUGS FOR THE BLOOD</b>		
<i>extra strength bayer</i>	Tier 1	
<b>PLATELET AGGREGATION INHIBITORS - THIENOPYRIDINE AGENTS - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	
<i>clopidogrel oral tablet 75 mg</i>	Tier 2	QL (1 tablet per 1 day)
<b>PLATELET AGGREGATION INHIB-PDESTERASE AND ADENOSINE DEAMINASE INHIBITR - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole</i>	Tier 2	
<b>SICKLE CELL ANEMIA AGENTS - DRUGS FOR THE BLOOD</b>		
<i>DROXIA (hydroxyurea)</i>	Tier 4	
<b>THROMBOPOIETIN RECEPTOR AGONISTS - DRUGS FOR THE BLOOD</b>		
<i>PROMACTA (eltrombopag)</i>	Tier 4	PA; SP
<b>IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<b>IMMUNOSUPPRESSIVE - CALCINEURIN INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>cyclosporine</i>	Tier 4	SP
<i>cyclosporine modified</i>	Tier 4	SP
<i>cyclosporine (Gengraf)</i>	Tier 4	SP
<b>IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>mycophenolate mofetil</i>	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>mycophenolate sodium</i>	Tier 4	SP
<b>IMMUNOSUPPRESSIVE - MAMMALIAN TARGET OF RAPAMYCIN (mTOR) INHIBITORS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>sirolimus</i>	Tier 4	SP
<b>IMMUNOSUPPRESSIVE - PURINE ANALOGS - DRUGS FOR ORGAN TRANSPLANTS</b>		
<i>azathioprine</i>	Tier 2	
<b>LOCOMOTOR SYSTEM - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>ANTIMYASTHENIC AGENT - REVERSIBLE CHOLINESTERASE INHIBITORS - DRUGS FOR NERVES AND MUSCLES</b>		
<i>pyridostigmine bromide</i>	Tier 2	
<b>ANTIMYASTHENIC AGENTS OTHER - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen</i>	Tier 2	
<i>chlorzoxazone</i>	Tier 1	
<i>cyclobenzaprine</i>	Tier 1	
<i>tizanidine</i>	Tier 1	
<b>SKELETAL MUSCLE RELAXANT - DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>dantrolene</i>	Tier 2	
<b>MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT (DME) - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>MEDICAL SUPPLIES AND DME - BLOOD GLUCOSE TESTS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic)</i>	Tier 2	QL (204 strips per 30 days)
<i>ACCU-CHEK COMPACT PLUS TEST (blood sugar diagnostic, drum-type)</i>	Tier 2	QL (204 strips per 30 days)
<i>ACCU-CHEK GUIDE (blood sugar diagnostic)</i>	Tier 2	QL (204 strips per 30 days)
<i>ACCU-CHEK SMARTVIEW TEST STRIP (blood sugar diagnostic)</i>	Tier 2	QL (204 strips per 30 days)
<i>ACCU-TREND GLUCOSE (blood sugar diagnostic)</i>	Tier 2	QL (204 strips per 30 days)
<i>ONETOUCH VERIO (blood sugar diagnostic)</i>	Tier 2	QL (204 strips per 30 days)
<b>MEDICAL SUPPLIES AND DME - CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>FEMCAP (cervical cap)</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
<b>MEDICAL SUPPLIES AND DME - DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
CAYA CONTOURED ( <i>diaphragms, contoured</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 60 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
<b>MEDICAL SUPPLIES AND DME - GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK AVIVA CONTROL SOLN ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK AVIVA PLUS METER ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK COMP BLUE CONT, M-H ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CARE ( <i>blood-glucose meter, drum-type</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK FASTCLIX LANCING DEV ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK GUIDE GLUCOSE METER ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK GUIDE L1-L2 CTRL SOL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK GUIDE ME GLUCOSE MTR ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK MULTICLIX LANCET ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK NANO ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS ( <i>lancets</i> )	Tier 2	
ACCU-CHEK SMARTVIEW CONTRL SOL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ACCU-CHEK SOFT DEV LANCETS ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Tier 2	
ACCU-CHEK VOICEMATE ( <i>blood-glucose meter</i> )	Tier 2	
ACCUTREND GLUCOSE CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
<i>acti-lance lancets</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
CHEMSTRIP BG LOG BOOK ( <i>diabetic supplies, miscellaneous</i> )	Tier 2	
e-z ject lancets	Tier 1	
E-Z JECT THIN LANCETS ( <i>lancets</i> )	Tier 1	
ONETOUCH DELICA LANC DEVICE ( <i>lancing device</i> )	Tier 2	
ONETOUCH DELICA LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH ULTRA CONTROL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ONETOUCH ULTRA2 METER ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH ULTRAMINI ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH VERIO FLEX ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH VERIO HIGH CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ONETOUCH VERIO IQ METER ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH VERIO MID CONTROL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ONETOUCH VERIO SYSTEM ( <i>blood-glucose meter</i> )	Tier 2	
<b>MEDICAL SUPPLIES AND DME - INSULIN NEEDLES-SYRINGES AND ADMIN SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
insulin syringe-needle u-100	Tier 1	
thinpro insulin syringe	Tier 1	
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
<b>MEDICAL SUPPLY, FDB SUPERSET</b>		
ACCU-CHEK AVIVA CONTROL SOLN ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK AVIVA PLUS METER ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK AVIVA PLUS TEST STRP ( <i>blood sugar diagnostic</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK COMP BLUE CONT, M-H ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CARE ( <i>blood-glucose meter, drum-type</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS TEST ( <i>blood sugar diagnostic, drum-type</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK FASTCLIX LANCING DEV ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK GUIDE ( <i>blood sugar diagnostic</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE GLUCOSE METER ( <i>blood-glucose meter</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
ACCU-CHEK GUIDE L1-L2 CTRL SOL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ACCU-CHEK GUIDE ME GLUCOSE MTR ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK MULTICLIX LANCET ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK NANO ( <i>blood-glucose meter</i> )	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS ( <i>lancets</i> )	Tier 2	
ACCU-CHEK SMARTVIEW CONTRL SOL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ACCU-CHEK SMARTVIEW TEST STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SOFT DEV LANCETS ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV ( <i>lancing device</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Tier 2	
ACCU-CHEK VOICEMATE ( <i>blood-glucose meter</i> )	Tier 2	
ACCUTREND GLUCOSE ( <i>blood sugar diagnostic</i> )	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
<i>acti-lance lancets</i>	Tier 1	
CAYA CONTOURED ( <i>diaphragms, contoured</i> )	Tier 3; \$0	
CHEMSTRIP BG LOG BOOK ( <i>diabetic supplies, miscellaneous</i> )	Tier 2	
<i>e-z ject lancets</i>	Tier 1	
E-Z JECT THIN LANCETS ( <i>lancets</i> )	Tier 1	
FEMCAP ( <i>cervical cap</i> )	Tier 3; \$0	
<i>insulin syringe-needle u-100</i>	Tier 1	
ONETOUCH DELICA LANC DEVICE ( <i>lancing device</i> )	Tier 2	
ONETOUCH DELICA LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH ULTRA CONTROL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ONETOUCH ULTRA2 METER ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH ULTRAMINI ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH VERIO ( <i>blood sugar diagnostic</i> )	Tier 2	QL (204 strips per 30 days)
ONETOUCH VERIO FLEX ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH VERIO HIGH CONTROL ( <i>blood-glucose calibration control, high</i> )	Tier 2	
ONETOUCH VERIO IQ METER ( <i>blood-glucose meter</i> )	Tier 2	
ONETOUCH VERIO MID CONTROL ( <i>blood-glucose calibration control, normal</i> )	Tier 2	
ONETOUCH VERIO SYSTEM ( <i>blood-glucose meter</i> )	Tier 2	
<i>thinpro insulin syringe</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
WIDE-SEAL DIAPHRAGM 60 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 ( <i>diaphragms, wide seal</i> )	Tier 3; \$0	
<b>METABOLIC MODIFIERS - DRUGS THAT ALTER METABOLISM</b>		
<b>HYPERPARATHYROID TREATMENT AGENTS - VITAMIN D ANALOG-TYPE - DRUGS THAT ALTER METABOLISM</b>		
<i>paricalcitol</i>	Tier 1	
<b>METABOLIC MODIFIER - CARNITINE REPLENISHER AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>levocarnitine (with sugar)</i>	Tier 1	
<b>METABOLIC MODIFIER - HEREDITARY TYROSINEMIA TREATMENT AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>nitisinone</i>	Tier 4	PA
<i>ORFADIN (nitisinone)</i>	Tier 4	PA; LD
<b>METABOLIC MODIFIER - HOMOCYSTINURIA TREATMENT AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>CYSTADANE (betaine)</i>	Tier 3	LD
<b>METABOLIC MODIFIER - UREA CYCLE DISORDER AGENTS- CONJUGATING AGENTS - DRUGS THAT ALTER METABOLISM</b>		
<i>sodium phenylbutyrate</i>	Tier 2	PA; QL (40 tablets per 1 day)
<b>METABOLIC MODIFIER-CARBAMOYL PHOSPHATE SYNTHETASE 1 (CPS 1) ACTIVATOR - DRUGS THAT ALTER METABOLISM</b>		
<i>CARBAGLU (carglumic acid)</i>	Tier 4	LD
<b>PHENYLKETONURIA(PKU) TX AGENTS - COFACTOR OF PHENYLALANINE HYDROXYLASE - DRUGS THAT ALTER METABOLISM</b>		
<i>KUVAN (sapropterin)</i>	Tier 4	PA; SP; LD
<b>MOUTH-THROAT-DENTAL - PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>DENTAL PRODUCT - FLUORIDE PREPARATIONS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>dentagel</i>	Tier 1	
<i>fluoride (sodium) dental</i>	Tier 1	
<i>fluoride (sodium) oral drops</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>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	Tier 1; \$0	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	
<i>fluoridex daily defense</i>	Tier 1	
<i>fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid)</i>	Tier 1; \$0	
<i>fluoritab oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	
<i>Iudent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	Tier 1; \$0	
<i>Iudent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	
<i>PREVIDENT (fluoride)</i>	Tier 3	
<i>PREVIDENT 5000 BOOSTER PLUS (fluoride)</i>	Tier 3	
<i>PREVIDENT 5000 ENAMEL PROTECT (fluoride)</i>	Tier 3	
<i>sf</i>	Tier 1	
<b>MOUTH AND THROAT - ANTIFUNGALS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole</i>	Tier 2	QL (5 tablet per 1 day)
<i>nystatin</i>	Tier 1	
<b>MOUTH AND THROAT - ANTISEPTICS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate</i>	Tier 1	
<i>chlorhexidine</i> (Paroex Oral Rinse)	Tier 1	
<i>chlorhexidine</i> (Periogard)	Tier 1	
<b>MOUTH AND THROAT - GLUCOCORTICOIDS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone</i> (Oralone)	Tier 1	
<i>triamcinolone acetonide</i>	Tier 1	
<b>MOUTH AND THROAT - LOCAL ANESTHETIC AMIDES - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine</i> (Lidocaine Viscous)	Tier 1	QL (10 mL per 1 day)
<b>MOUTH AND THROAT - SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline</i>	Tier 2	
<b>PERIODONTAL PRODUCT - TETRACYCLINE-TYPE, COLLAGENASE INHIBITORS - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>doxycycline hyclate</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
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>MULTIPLE SCLEROSIS AGENT - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS</b>		
AVONEX ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
AVONEX (WITH ALBUMIN) ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
EXTAVIA ( <i>interferon beta-1b</i> )	Tier 4	PA; SP
PLEGRIDY ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP
REBIF (WITH ALBUMIN) ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
REBIF REBIDOSE ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
REBIF TITRATION PACK ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
<b>MULTIPLE SCLEROSIS AGENT - SPHINGOSINE 1-PHOSPHATE RECEPTOR MODULATOR - DRUGS FOR MULTIPLE SCLEROSIS</b>		
GILENYA ( <i> fingolimod</i> )	Tier 4	PA; SP; QL (1 capsule per 1 day)
<b>OPHTHALMIC AGENTS - DRUGS FOR THE EYE</b>		
<b>ARTIFICIAL TEARS AND LUBRICANT SINGLE AGENTS - DRUGS FOR THE EYE</b>		
LACRISERT ( <i>hydroxypropyl cellulose</i> )	Tier 3	
<b>MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA</b>		
PHOSPHOLINE IODIDE ( <i>echothiophate</i> )	Tier 3	
<b>OPHTHALMIC - ANTIBACTERIAL-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>neomycin-bacitracin-poly-hc</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth</i>	Tier 1	
<i>neomycin-polymyxin-hc</i>	Tier 1	
<i>neomycin</i> (Neo-Polycin Hc)	Tier 1	
<i>sulfacetamide-prednisolone</i>	Tier 1	
<i>tobramycin-dexamethasone</i>	Tier 1	
<b>OPHTHALMIC - ANTIHISTAMINES - DRUGS FOR ITCHY EYE</b>		
<i>azelastine</i>	Tier 1	QL (1 bottle per 24 days)
<i>epinastine</i>	Tier 1	QL (1 bottle per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 2	PA; QL (3 mL per 30 days)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, GLUCOCORTICOIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate</i>	Tier 1	
<i>fluorometholone</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
LOTEMAX ( <i>loteprednol</i> )	Tier 3	
<i>loteprednol etabonate</i>	Tier 2	
<i>prednisolone acetate</i>	Tier 1	
<i>prednisolone sodium phosphate</i>	Tier 1	
<b>OPHTHALMIC - ANTI-INFLAMMATORY, IMMUNOMODULATORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
XIIDRA ( <i>lifitegrast</i> )	Tier 3	PA; QL (2 vial per 1 day)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, LFA-1 ANTAGONISTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
XIIDRA ( <i>lifitegrast</i> )	Tier 3	PA; QL (2 vial per 1 day)
<b>OPHTHALMIC - ANTI-INFLAMMATORY, NSAIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>diclofenac sodium</i>	Tier 1	
<i>ketorolac</i>	Tier 1	
<b>OPHTHALMIC - BETA BLOCKERS-CARBONIC ANHYDRASE INHIBITOR COMBINATIONS - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide-timolol</i>	Tier 1	
<b>OPHTHALMIC - CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide</i>	Tier 1	
<b>OPHTHALMIC - INTRAOCULAR PRESSURE REDUCING AGENTS, BETA-BLOCKERS - DRUGS FOR GLAUCOMA</b>		
<i>betaxolol</i>	Tier 1	
<i>carteolol</i>	Tier 1	
<i>metipranolol</i>	Tier 1	
<i>timolol maleate</i>	Tier 1	
<b>OPHTHALMIC - MAST CELL STABILIZERS - DRUGS FOR ITCHY EYE</b>		
ALOCRIL ( <i>nedocromil</i> )	Tier 3	PA; QL (1 bottle per 30 days)
ALOMIDE ( <i>iodoxamide</i> )	Tier 3	PA; QL (1 bottle per 30 days)
<i>cromolyn</i>	Tier 1	QL (1 bottle per 30 days)
<b>OPHTHALMIC ANTIBACTERIAL MIXTURES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin</i> (Ak-Poly-Bac)	Tier 1	
<i>bacitracin-polymyxin b</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin</i>	Tier 1	
<i>neomycin</i> (Neo-Polycin)	Tier 1	
<i>bacitracin</i> (Polycin)	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>polymyxin b sulf-trimethoprim</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - AMINOGLYCOSIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>gentamicin</i> (Gentak)	Tier 1	
<i>gentamicin</i>	Tier 1	
<i>tobramycin</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - DEHYDROPEPTIDASE INHIBITORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - FLUOROQUINOLONES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>BESIVANCE (besifloxacin)</i>	Tier 3	
<i>ciprofloxacin hcl</i>	Tier 1	
<i>levofloxacin</i>	Tier 1	
<i>moxifloxacin</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - MACROLIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>erythromycin</i>	Tier 1	
<b>OPHTHALMIC ANTIBIOTIC - SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium</i>	Tier 1	
<b>OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ZIRGAN (ganciclovir)</i>	Tier 3	
<b>OPHTHALMIC-INTRAOCULAR PRESS. REDUCING, SEL. ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA</b>		
<i>apraclonidine</i>	Tier 1	
<i>brimonidine</i>	Tier 1	
<b>OPHTHALMIC-INTRAOCULAR PRESSURE REDUCING AGENTS, PROSTAGLANDIN ANALOGS - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost</i>	Tier 2	
<i>latanoprost</i>	Tier 1	
<i>LUMIGAN (bimatoprost)</i>	Tier 3	
<i>TRAVATAN Z (travoprost)</i>	Tier 3	
<b>OTIC (EAR) - DRUGS FOR THE EAR</b>		
<b>OTIC (EAR) - ANTI-INFECTIVE-GLUCOCORTICOID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>CIPRODEX (ciprofloxacin)</i>	Tier 3	
<i>neomycin-polymyxin-hc</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
<b>OTIC (EAR) - ANTI-INFECTIVES OTHER - ANTIBIOTICS</b>		
<i>acetic acid</i>	Tier 1	
<b>OTIC (EAR) - FLUOROQUINOLONES - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl</i>	Tier 1	
<i>ofloxacin</i>	Tier 1	
<b>OTIC (EAR) - GLUCOCORTICOIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>fluocinolone acetonide oil</i>	Tier 1	
<i>hydrocortisone-acetic acid</i>	Tier 1	
<b>RESPIRATORY THERAPY AGENTS - DRUGS FOR THE LUNGS</b>		
<b>1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>phenylephrine</i> (Promethazine Vc)	Tier 1	
<i>promethazine-phenylephrine</i>	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - ETHANOLAMINES - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate</i>	Tier 1	
<i>clemastine</i>	Tier 1	
<i>diphenhydramine hcl injection</i>	Tier 2	
<i>diphenhydramine hcl oral</i>	Tier 1	
<b>ANTIHISTAMINE - 1ST GENERATION - PHENOTHIAZINES - DRUGS FOR ALLERGIES</b>		
<i>promethazine</i> (Phenadoz)	Tier 2	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</i>	Tier 2	
<i>promethazine</i> (Promethegan)	Tier 2	
<b>ANTIHISTAMINE - 1ST GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine</i>	Tier 1	
<b>ANTIHISTAMINES - 1ST GENERATION - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate</i>	Tier 1	
<i>clemastine</i>	Tier 1	
<i>cyproheptadine</i>	Tier 1	
<i>diphenhydramine hcl injection</i>	Tier 2	
<i>diphenhydramine hcl oral</i>	Tier 1	
<i>nighttime sleep aid (diphen)</i>	Tier 1	
<i>promethazine</i> (Phenadoz)	Tier 2	
<i>promethazine oral</i>	Tier 1	
<i>promethazine rectal</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>promethazine</i> (Promethegan)	Tier 2	
<b>ANTIHISTAMINES - 2ND GENERATION - DRUGS FOR ALLERGIES</b>		
<i>desloratadine</i>	Tier 1	
<i>fexofenadine</i>	Tier 1	
<i>levocetirizine</i>	Tier 1	
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERAZINES - DRUGS FOR ALLERGIES</b>		
<i>levocetirizine</i>	Tier 1	
<b>ANTIHISTAMINES - 2ND GENERATION - PIPERIDINES - DRUGS FOR ALLERGIES</b>		
<i>desloratadine</i>	Tier 1	
<i>fexofenadine</i>	Tier 1	
<b>ANTITUSSIVES - NON-OPIOID - DRUGS FOR ALLERGIES</b>		
<i>benzonatate</i>	Tier 1	
<b>ASTHMA THERAPY - INHALED CORTICOSTEROIDS (GLUCOCORTICOIDS) - DRUGS FOR ASTHMA/COPD</b>		
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14) ( <i>mometasone furoate</i> )	Tier 2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 mL per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION ( <i>fluticasone</i> )	Tier 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION ( <i>fluticasone</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION ( <i>fluticasone</i> )	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER ( <i>budesonide</i> )	Tier 2	QL (2 inhalers per 30 days)
<b>ASTHMA THERAPY - LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD</b>		
<i>montelukast oral granules in packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast oral tablet, chewable</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
<b>ASTHMA THERAPY - MAST CELL STABILIZERS - DRUGS FOR ASTHMA/COPD</b>		
<i>cromolyn</i>	Tier 2	
<b>ASTHMA THERAPY - XANTHINES - DRUGS FOR ASTHMA/COPD</b>		
<i>theophylline</i> (Theochron)	Tier 1	
<i>theophylline</i>	Tier 1	
<b>ASTHMA/COPD - PHOSPHODIESTERASE-4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD</b>		
DALIRESP ( <i>roflumilast</i> )	Tier 3	QL (1 tablet per 1 day)
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED LONG ACTING - DRUGS FOR ASTHMA/COPD</b>		
SPIRIVA RESPIMAT ( <i>tiotropium</i> )	Tier 3	QL (1 inhaler per 30 days)
SPIRIVA WITH HANDIHALER ( <i>tiotropium</i> )	Tier 3	QL (1 capsule per 1 day)
<b>ASTHMA/COPD - ANTICHOLINERGIC AGENTS, INHALED SHORT ACTING - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium bromide</i>	Tier 1	QL (300 mL per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, LONG ACTING - DRUGS FOR ASTHMA/COPD</b>		
SEREVENT DISKUS ( <i>salmeterol</i> )	Tier 2	QL (1 inhaler per 30 days)
<b>ASTHMA/COPD THERAPY - BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate</i>	Tier 1	
PROAIR HFA ( <i>albuterol</i> )	Tier 2	QL (2 inhalers per 30 days)
PROAIR RESPICLICK ( <i>albuterol</i> )	Tier 2	QL (2 inhalers per 30 days)
PROVENTIL HFA ( <i>albuterol</i> )	Tier 3	QL (3 inhalers per 30 days)
VENTOLIN HFA ( <i>albuterol</i> )	Tier 3	QL (2 inhalers per 30 days)
XOPENEX HFA ( <i>levalbuterol</i> )	Tier 3	QL (2 inhalers per 30 days)
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC AGENTS - DRUGS FOR ASTHMA/COPD</b>		
<i>albuterol sulfate</i>	Tier 1	
<i>metaproterenol</i>	Tier 1	
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium-albuterol</i>	Tier 2	
<b>ASTHMA/COPD THERAPY - BETA ADRENERGIC-GLUCOCORTICOID COMBINATIONS - DRUGS FOR ASTHMA/COPD</b>		
ADVAIR HFA ( <i>fluticasone</i> )	Tier 2	QL (1 inhaler per 30 days)
DULERA ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler 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>fluticasone propion-salmeterol</i>	Tier 1	QL (1 inhaler per 30 days)
SYMBICORT ( <i>budesonide</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone</i> (Wixela Inhub)	Tier 1	QL (1 inhaler per 30 days)
<b>CYSTIC FIBROSIS - INHALED AMINOGLYCOSIDES - DRUGS FOR CYSTIC FIBROSIS</b>		
<i>tobramycin in 0.225 % nacl</i>	Tier 4	SP
<b>CYSTIC FIBROSIS - INHALED MONOBACTAMS - DRUGS FOR CYSTIC FIBROSIS</b>		
<i>CAYSTON (aztreonam)</i>	Tier 4	SP; LD
<b>CYSTIC FIBROSIS-TRANSMEMBRANE CONDUCTANCE REGULATOR (CFTR) POTENTIATOR - DRUGS FOR CYSTIC FIBROSIS</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG ( <i>ivacaftor</i> )	Tier 4	PA; SP; QL (2 packets per 1 day)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )	Tier 4	PA; SP; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET ( <i>ivacaftor</i> )	Tier 4	PA; SP; LD; QL (2 tablets per 1 day)
<b>MUCOLYTICS - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine</i>	Tier 2	
<b>NASAL ANTIHISTAMINE AND ANTI-INFLAMMATORY STEROID COMBINATIONS - ALLERGY</b>		
DYMISTA ( <i>azelastine</i> )	Tier 3	QL (1 bottle per 30 days)
<b>NASAL ANTIHISTAMINES - ALLERGY</b>		
<i>azelastine</i>	Tier 1	QL (1 bottle per 28 days)
<i>olopatadine</i>	Tier 1	QL (1 bottle per 30 days)
<b>NASAL CORTICOSTEROIDS - ALLERGY</b>		
<i>fluticasone propionate</i>	Tier 1	QL (1 bottle per 30 days)
<b>NASAL SYMPATHOMIMETIC DECONGESTANTS (INTRANASAL) - ALLERGY</b>		
TYZINE ( <i>tetrahydrozoline</i> )	Tier 3	
<b>NON-OPIOID ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm</i>	Tier 1	
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone-chlorpheniramine</i>	Tier 1	
<i>promethazine-codeine</i>	Tier 1	PA
TUZISTRA XR ( <i>codeine</i> )	Tier 3	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
<b>OPIOID ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE-DECONGESTANT COMB. - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-phenyleph-codeine</i>	Tier 1	PA
<b>OPIOID ANTITUSSIVE-ANTICHOLINERGIC COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone-homatropine</i>	Tier 1	
<b>OPIOID ANTITUSSIVE-EXPECTORANT COMBINATIONS - DRUGS FOR COUGH AND COLD</b>		
<i>codeine-guaifen 10-100 mg/5 ml (otc)</i>	Tier 1	PA
<i>codeine-guaifen 10-100 mg/5 ml alf,dlf,s/f (otc)</i>	Tier 1	PA
G TUSSIN AC ( <i>codeine</i> )	Tier 1	PA
<i>guaiatussin ac</i>	Tier 1	PA
<i>guaifen-codeine 100-10 mg/5 ml (otc)</i>	Tier 1	PA
<i>guaifen-codeine 100-10 mg/5 ml inner (otc)</i>	Tier 1	PA
<i>guaifen-codeine 100-10 mg/5 ml outer (otc)</i>	Tier 1	PA
<i>guaifen-codeine 200-20 mg/10 ml inner (otc)</i>	Tier 1	PA
<i>guaifen-codeine 200-20 mg/10 ml outer (otc)</i>	Tier 1	PA
<i>guaifenesin ac</i>	Tier 1	PA
<i>guaifenesin-codeine syrup (otc)</i>	Tier 1	PA
<i>guaifenesin-codeine syrup (otc)</i>	Tier 1	PA
<i>virtussin ac</i>	Tier 1	PA
<b>PULMONARY FIBROSIS TREATMENT AGENTS - MULTIKINASE INHIBITORS - DRUGS FOR THE LUNGS</b>		
<i>OFEV (nintedanib)</i>	Tier 4	PA; SP; LD; QL (2 capsules per 1 day)
<b>VAGINAL PRODUCTS - DRUGS FOR WOMEN</b>		
<b>VAGINAL ANTIBACTERIAL - LINCOBAMIDES - DRUGS FOR INFECTIONS</b>		
<i>clindamycin phosphate</i>	Tier 1	
<b>VAGINAL ANTIFUNGAL - TRIAZOLES - DRUGS FOR INFECTIONS</b>		
<i>terconazole</i>	Tier 1	
<b>VAGINAL ANTIprotozoal-ANTIBACTERIAL - NITROIMIDAZOLE DERIVATIVES - DRUGS FOR INFECTIONS</b>		
<i>metronidazole</i>	Tier 1	
<i>vandazole</i>	Tier 1	
<b>VAGINAL ESTROGENS - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream</i>	Tier 2	
<i>estradiol vaginal tablet</i>	Tier 2	QL (18 tablets per 28 days)
<i>ESTRING (estradiol)</i>	Tier 3	QL (1 ring per 90 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
PREMARIN ( <i>estrogens, conjugated</i> )	Tier 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvafem)	Tier 2	QL (18 tablets 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

## Index

<i>abacavir</i>	17	<i>acitretin</i>	56	<i>ammonium lactate</i>	56
<i>abacavir-lamivudine</i>	17	ACTHIB (PF)	28	<i>Amnesteem</i>	54
<i>abacavir-lamivudine-zidovudine</i>	18	<i>acti-lance lancets</i>	76, 78	<i>amoxapine</i>	42
<i>abiraterone</i>	22, 23	<i>acyclovir</i>	19	<i>amoxicillin</i>	15
<i>acamprosate</i>	47	ADACEL(TDAP)		<i>amoxicillin-pot clavulanate</i>	15
<i>acarbose</i>	63	ADOLESN/ADULT)(PF)	28	<i>ampicillin</i>	15
ACCU-CHEK AVIVA CONTROL SOLN	76, 77	<i>adapalene</i>	55	<i>anagrelide</i>	74
ACCU-CHEK AVIVA PLUS METER	76, 77	<i>adapalene-benzoyl peroxide</i>	55	<i>anaspaz</i>	70, 72
ACCU-CHEK AVIVA PLUS TEST STRP	75, 77	<i>adefovir</i>	19	<i>anastrozole</i>	23
ACCU-CHEK COMP BLUE CONT, M-H	76, 77	ADEMPAS	38	APOKYN	43
ACCU-CHEK COMPACT PLUS CARE	76, 77	ADVAIR HFA	86	<i>apraclonidine</i>	83
ACCU-CHEK COMPACT PLUS CONTROL	76, 77	AFINITOR	25	<i>Apri</i>	48
ACCU-CHEK COMPACT PLUS TEST	75, 77	AFINITOR DISPERZ	25	APRISO	70
ACCU-CHEK FASTCLIX LANCING DEV	76, 77	Afirmelle	48	APTIVUS	21
ACCU-CHEK GUIDE	75, 77	AFLURIA QD 2019-20(3YR		Aranelle (28)	52
ACCU-CHEK GUIDE GLUCOSE METER	76, 77	UP)(PF)	29	ARANESP (IN POLYSORBATE)	73
ACCU-CHEK GUIDE L1-L2 CTRL SOL	76, 78	AFLURIA QD 2019-20(6- 35MO)(PF)	29	<i>aripiprazole</i>	45
ACCU-CHEK GUIDE ME GLUCOSE MTR	76, 78	AFLURIA QUAD 2019-20(6MO		ARMOUR THYROID	68
ACCU-CHEK MULTICLIX LANCET	76, 78	UP)	29	Ascomp With Codeine	10
ACCU-CHEK NANO	76, 78	AFTERA	53	Ashlyna	48
ACCU-CHEK SAFE-T-PRO PLUS	76, 78	Ak-Poly-Bac	82	ASMANEX TWISTHALER	85
ACCU-CHEK SMARTVIEW CONTRL SOL	76, 78	<i>albuterol sulfate</i>	86	<i>aspirin-dipyridamole</i>	74
ACCU-CHEK SMARTVIEW TEST STRIP	75, 78	<i>aclometasone</i>	56	<i>atazanavir</i>	21
ACCU-CHEK SOFT DEV LANCETS	76, 78	<i>alendronate</i>	65	<i>atenolol</i>	34
ACCU-CHEK SOFTCLIX LANCET DEV	76, 78	ALFERON N	58	<i>atenolol-chlorthalidone</i>	36
ACCU-CHEK SOFTCLIX LANCETS	76, 78	<i>alfuzosin</i>	72	<i>atomoxetine</i>	44
ACCU-CHEK VOCEMATE	76, 78	ALINIA	16	<i>atorvastatin</i>	34
ACCUTREND GLUCOSE	75, 78	<i>allopurinol</i>	73	<i>atovaquone-proguanil</i>	16
ACCUTREND GLUCOSE CONTROL	76, 78	ALOCRIL	82	Aubra	48
<i>acebutolol</i>	35	ALOMIDE	82	Aubra Eq	48
<i>acetaminophen-codeine</i>	10	<i>alprazolam</i>	39, 44	Aurovela 1.5/30 (21)	48
<i>acetazolamide</i>	37	ALTABAX	55	Aurovela 1/20 (21)	48
<i>acetic acid</i>	84	Altavera (28)	48	Aurovela 24 Fe	48
<i>acetylcysteine</i>	14, 87	Alyacen 1/35 (28)	48	Aurovela Fe 1.5/30 (28)	48
		Alyacen 7/7/7 (28)	52	Aurovela Fe 1-20 (28)	48
		Amabelz	65	Aviane	48
		<i>amantadine hcl</i>	42, 43	Avidoxy	21
		<i>ambrisentan</i>	38	<i>avita</i>	55
		<i>amcinonide</i>	56	AVONEX	81
		Amethia	48	AVONEX (WITH ALBUMIN)	81
		Amethia Lo	48	Ayuna	48
		Amethyst (28)	48	<i>azathioprine</i>	13, 75
		<i>amiloride</i>	37	<i>azelaic acid</i>	54, 58
		<i>amiloride-hydrochlorothiazide</i>	38	<i>azelastine</i>	81, 87
		AMITIZA	70, 71	<i>azithromycin</i>	20
		<i>amitriptyline</i>	42	Azurette (28)	48
		<i>amlodipine</i>	36	<i>bacitracin</i>	83
		<i>amlodipine-atorvastatin</i>	34	<i>bacitracin-polymyxin b</i>	82
		<i>amlodipine-benazepril</i>	31	<i>baclofen</i>	75
		<i>amlodipine-valsartan</i>	31	<i>bal-care dha</i>	60
		<i>amlodipine-valsartan-hcthiazid</i>	32	BALCOLTRA	48
		AMMONIUM CHLORIDE	37, 72	<i>balsalazide</i>	70
				Balziva (28)	49

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

BARACLUDE	19	CAPRELSA	26	Clindamycin Pediatric	20
Bekyree (28)	48	CARAC	56	<i>clindamycin phosphate</i>	54, 88
<i>benazepril</i>	31	<i>carafate</i>	71	<i>clindamycin-benzoyl peroxide</i>	54
<i>benazepril-hydrochlorothiazide</i>	31	CARBAGLU	79	<i>clobetasol</i>	56
<i>benzonatate</i>	85	<i>carbamazepine</i>	40, 44	<i>clobetasol-emollient</i>	56
<i>benzoyl peroxide</i>	54	<i>carbidopa</i>	42	CLODERM	56
<i>benztropine</i>	42	<i>carbidopa-levodopa</i>	42	<i>clomipramine</i>	42
BERINERT	73	<i>carbinoxamine maleate</i>	84	<i>clonazepam</i>	39, 44
BESIVANCE	83	<i>carteolol</i>	82	<i>clonidine hcl</i>	37
<i>betamethasone dipropionate</i>	56	Cartia Xt	35	<i>clopidogrel</i>	74
<i>betamethasone valerate</i>	56	<i>carvedilol</i>	31	<i>clotrimazole</i>	55, 80
<i>betamethasone, augmented</i>	56	CAYA CONTOURED	76, 78	<i>clotrimazole-betamethasone</i>	55
<i>betaxolol</i>	34, 82	CAYSTON	87	<i>clozapine</i>	43
<i>bethanechol chloride</i>	73	Caziant (28)	52	<i>c-nate dha</i>	60
<i>bexarotene</i>	26	<i>cefaclor</i>	18	COARTEM	16
BEXSERO	29	<i>cefadroxil</i>	18	<i>codeine sulfate</i>	9
<i>bicalutamide</i>	23	<i>cefdinir</i>	18	<i>codeine-butalbital-asa-caff</i>	10
BIKTARVY	17	<i>cefditoren pivoxil</i>	18	<i>codeine-guaifenesin</i>	88
<i>bimatoprost</i>	83	<i>cefixime</i>	18	<i>colchicine</i>	73
<i>bisoprolol fumarate</i>	35	<i>cefpodoxime</i>	19	COLCRYS	73
<i>bisoprolol-hydrochlorothiazide</i>	36	<i>cefprozil</i>	18	<i>colesevelam</i>	33
Blisovi 24 Fe	49	<i>cefuroxime axetil</i>	18	COMETRIQ	25
Blisovi Fe 1.5/30 (28)	49	<i>cephalexin</i>	18	Compazine	43, 68
Blisovi Fe 1/20 (28)	49	CESAMET	45, 68	<i>complete natal dha</i>	60
BOOSTRIX TDAP	28	<i>cevimeline</i>	80	<i>completenate</i>	60
BOSULIF	25	CHANTIX	47	Constulose	71
<i>bp 10-1</i>	54	CHANTIX CONTINUING MONTH	47	CORDRAN TAPE LARGE ROLL	57
<i>bpo</i>	54	BOX	47	Cormax	57
Briellyn	49	CHANTIX STARTING MONTH	47	<i>cortisone</i>	66
<i>brimonidine</i>	83	BOX	47	CORTISPORIN	55
<i>bromocriptine</i>	42	Chateal (28)	49	CRIXIVAN	21
<i>budesonide</i>	70, 85	Chateal Eq (28)	49	<i>cromolyn</i>	82, 86
<i>buprenorphine hcl</i>	46, 47	CHEMET	14	Cryselle (28)	49
<i>buprenorphine-naloxone</i>	47	CHEMSTRIP BG LOG BOOK	77, 78	<i>cyanocobalamin (vitamin b-12)</i>	62
<i>bupropion hcl</i>	41, 42, 47	<i>chlorhexidine gluconate</i>	80	Cyclafem 1/35 (28)	49
<i>bupropion hcl (smoking deter)</i>	47	<i>chloroquine phosphate</i>	16	Cyclafem 7/7/7 (28)	52
<i>buspirone</i>	39	<i>chlorpromazine</i>	43	<i>cyclobenzaprine</i>	75
Butalbital Compound W/Codeine	10	<i>chlorthalidone</i>	38	CYCLOPHOSPHAMIDE	13, 22
<i>butalbital-acetaminop-caf-cod</i>	10	<i>chlorzoxazone</i>	75	CYCLOCLOSERINE	18
<i>butalbital-acetaminophen</i>	11	<i>chorionic gonadotropin, human</i>	66	<i>cyclosporine</i>	13, 74
<i>butalbital-acetaminophen-caff</i>	11	<i>ciclopirox</i>	55	<i>cyclosporine modified</i>	13, 74
<i>butalbital-aspirin-caffeine</i>	14	<i>cilostazol</i>	74	<i>ciproheptadine</i>	84
<i>butorphanol tartrate</i>	11	<i>cimetidine</i>	69	Cyred	49
<i>cabergoline</i>	67	<i>cimetidine hcl</i>	69	Cyred Eq	49
<i>calcipotriene</i>	56	<i>cinacalcet</i>	65	CYSTADANE	79
<i>calcipotriene-betamethasone</i>	55	CIPRODEX	83	DALIRESP	86
<i>calcitonin (salmon)</i>	65	<i>ciprofloxacin hcl</i>	19, 83, 84	<i>danazol</i>	66
Calcitrene	56	<i>citalopram</i>	40	<i>dantrolene</i>	75
<i>calcium acetate</i>	59, 72	Claravis	54	DAPSONE	16
Camila	51	<i>clarithromycin</i>	20	<i>dapsone</i>	54
<i>camrese</i>	48	<i>cleansing wash</i>	54, 58	DAPTACEL (DTAP PEDIATRIC)	
<i>camrese lo</i>	48	<i>clemastine</i>	84	(PF)	28
<i>candesartan-hydrochlorothiazid</i>	32	<i>clindamycin hcl</i>	20	DARAPRIM	16
<i>capecitabine</i>	23	<i>clindamycin palmitate hcl</i>	20	Dasetta 1/35 (28)	49

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

Dasetta 7/7/7 (28) .....	52	<b>duloxetine</b> .....	41, 45	<b>erythromycin-benzoyl peroxide</b> .....	54
Daysee .....	48	DYMISTA .....	87	<b>escitalopram oxalate</b> .....	40
Deblitane .....	51	DYRENIUM .....	37	Estarylla .....	49
Delyla (28) .....	49	E.E.S. 400 .....	20	<b>estradiol</b> .....	65, 88
<b>demecclocycline</b> .....	21	<b>ec-naproxen</b> .....	13	<b>estradiol-norethindrone acet</b> .....	65
<b>dentagel</b> .....	79	<b>econazole</b> .....	55	ESTRING .....	88
<b>desipramine</b> .....	42	<b>econtra ez</b> .....	53	<b>ethacrynic acid</b> .....	37
<b>desloratadine</b> .....	85	<b>econtra one-step</b> .....	53	<b>ethambutol</b> .....	18
<b>desmopressin</b> .....	63	EDURANT .....	17	<b>ethosuximide</b> .....	40
<b>desog-e.estradiolle.estradiol</b> .....	48	<b>efavirenz</b> .....	17	<b>ethynodiol diac-eth estradiol</b> .....	49
<b>desogestrel-ethinyl estradiol</b> .....	49	EFFER-K .....	60	<b>etoposide</b> .....	24
<b>desonide</b> .....	57	<b>effer-k</b> .....	60	<b>exemestane</b> .....	23
<b>desoximetasone</b> .....	57	Elinest .....	49	EXTAVIA .....	81
<b>desvenlafaxine succinate</b> .....	41	<b>elite ob with dha</b> .....	60	<b>extra strength bayer</b> .....	14, 74
<b>dexamethasone</b> .....	66	ELITE-OB .....	59, 60	<b>e-z ject lancets</b> .....	77, 78
<b>dexamethasone intensol</b> .....	66	<b>elite-ob 400</b> .....	60	E-Z JECT THIN LANCETS .....	77, 78
<b>dexamethasone sodium phosphate</b> .....	81	ELLA .....	53	Falmina (28) .....	49
<b>dexmethylphenidate</b> .....	44	ELMIRON .....	72	<b>famciclovir</b> .....	20
<b>dextroamphetamine</b> .....	44, 45, 46	EMCYT .....	24	<b>famotidine</b> .....	69
<b>dextroamphetamine-amphetamine</b> .....	44, 45, 46	Emoquette .....	49	FARXIGA .....	64
<b>diazepam</b> .....	39, 44	EMTRIVA .....	17	FARYDAK .....	24
Diazepam Intensol .....	39, 44	<b>enalapril maleate</b> .....	31	Fayosim .....	52
<b>diclofenac potassium</b> .....	13	<b>enalapril-hydrochlorothiazide</b> .....	31	<b>fe c plus</b> .....	59
<b>diclofenac sodium</b> .....	13, 58, 82	ENBREL .....	11, 12	<b>felbamate</b> .....	39
<b>dicloxacillin</b> .....	21	ENBREL MINI .....	11, 12	<b>felodipine</b> .....	36
<b>dicyclomine</b> .....	70	ENBREL SURECLICK .....	11, 12	FEMCAP .....	75, 78
<b>didanosine</b> .....	17	Endocet .....	10	Femynor .....	49
<b>diflorasone</b> .....	57	<b>enfagrow toddler next step</b> .....	59	<b>fenofibrate</b> .....	33
<b>dilflunisal</b> .....	14	ENGERIX-B (PF) .....	27	<b>fenofibrate micronized</b> .....	33
Digox .....	37	ENGERIX-B PEDIATRIC (PF) .....	27	<b>fenofibrate nanocrystallized</b> .....	33
<b>digoxin</b> .....	37	<b>enoxaparin</b> .....	74	<b>fenofibric acid</b> .....	33
<b>dihydroergotamine</b> .....	45	Enpresse .....	52	<b>fenofibric acid (choline)</b> .....	33
<b>diltiazem hcl</b> .....	35	Enskyce .....	49	<b>fentanyl</b> .....	9
Dilt-Xr .....	35	<b>entacapone</b> .....	42	<b>fexofenadine</b> .....	85
<b>diphenhydramine hcl</b> .....	46, 84	Enulose .....	69	<b>finasteride</b> .....	72
<b>diphenoxylate-atropine</b> .....	68	<b>epinastine</b> .....	81	<b>flecainide</b> .....	33
<b>dipyridamole</b> .....	74	<b>epinephrine</b> .....	36	FLOVENT DISKUS .....	85
<b>diskets</b> .....	9	Epitol .....	40, 44	FLOVENT HFA .....	85
<b>disopyramide phosphate</b> .....	33	EPIVIR HBV .....	19	FLUAD 2019-2020 (65 YR UP)(PF) .....	29
<b>disulfiram</b> .....	47	ERBITUX .....	27	FLUARIX QUAD 2019-2020 (PF) .....	29
<b>divalproex</b> .....	39, 44, 45	<b>ergocalciferol (vitamin d2)</b> .....	62	FLUBLOK QUAD 2019-2020 (PF) .....	29
<b>dofetilide</b> .....	33	<b>ergoloid</b> .....	47	FLUCELVAX QUAD 2019-2020 .....	29
<b>dorzolamide</b> .....	82	<b>ergotamine-caffeine</b> .....	46	FLUCELVAX QUAD 2019-2020 .....	29
<b>dorzolamide-timolol</b> .....	82	ERIVEDGE .....	24	(PF) .....	29
<b>doxazosin</b> .....	38	<b>erlotinib</b> .....	22	<b>fluconazole</b> .....	15
<b>doxepin</b> .....	42	Errin .....	51	<b>flucytosine</b> .....	16
<b>doxycycline hyclate</b> .....	21, 80	<b>ertapenem</b> .....	18	<b>fludrocortisone</b> .....	67
<b>doxycycline monohydrate</b> .....	21	Ery Pads .....	54	FLULAVAL QUAD 2019-2020 .....	29
<b>drospirenone-e.estradiol-lm.fa</b> .....	49	Erygel .....	54	FLULAVAL QUAD 2019-2020 (PF) .....	29
<b>drospirenone-ethinyl estradiol</b> .....	49	Ery-Tab .....	20	FLUMIST QUAD 2019-2020 .....	28, 29
DROXIA .....	74	Erythrocin (As Stearate) .....	20	<b>fluocinolone</b> .....	57
DULERA .....	86	<b>erythromycin</b> .....	20, 83	<b>fluocinolone acetonide oil</b> .....	84
		<b>erythromycin ethylsuccinate</b> .....	20	<b>fluocinolone and shower cap</b> .....	57
		<b>erythromycin with ethanol</b> .....	54	<b>fluocinonide</b> .....	57

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

Fluocinonide-E .....	57	<b>glyburide</b> .....	64	HUMULIN R U-500 (CONC)
<b>fluocinonide-emollient</b> .....	57	<b>glyburide-metformin</b> .....	64	KWIKPEN .....
<b>fluoride (sodium)</b> .....	79, 80	<b>glycopyrrrolate</b> .....	70	HYCAMTIN .....
<b>fluoridex daily defense</b> .....	80	<b>griseofulvin microsize</b> .....	16	<b>hydralazine</b> .....
<b>fluoritab</b> .....	80	<b>griseofulvin ultramicrosize</b> .....	16	<b>hydrochlorothiazide</b> .....
<b>fluorometholone</b> .....	81	<b>guaiatussin ac</b> .....	88	<b>hydrocodone-acetaminophen</b> .....
<b>fluorouracil</b> .....	56	<b>guaifenesin ac</b> .....	88	<b>hydrocodone-chlorpheniramine</b> .....
<b>fluoxetine</b> .....	40, 41	<b>guanfacine</b> .....	37	<b>hydrocodone-homatropine</b> .....
<b>fluphenazine hcl</b> .....	43	<b>guanidine</b> .....	75	<b>hydrocodone-ibuprofen</b> .....
<b>flurandrenolide</b> .....	57	Hailey .....	49	<b>hydrocortisone</b> .....
<b>flutamide</b> .....	23	Hailey 24 Fe .....	49	14, 57, 66, 70
<b>fluticasone propionate</b> .....	57, 87	<b>halcinonide</b> .....	57	<b>hydrocortisone butyrate</b> .....
<b>fluticasone propion-salmeterol</b> ....	87	<b>halobetasol propionate</b> .....	57	<b>hydrocortisone butyr-emollient</b> .....
<b>fluvastatin</b> .....	34	HALOG .....	57	<b>hydrocortisone valerate</b> .....
FLUZONE HIGH-DOSE 2019-20 (PF) .....	30	<b>haloperidol</b> .....	43	<b>hydrocortisone-acetic acid</b> .....
FLUZONE QUAD 2019-2020 .....	30	HAVRIX (PF) .....	27	<b>hydrocortisone-iodoquinol</b> .....
FLUZONE QUAD 2019-2020 (PF) ...	30	Heather .....	51	<b>hydrocortisone-pramoxine</b> .....
FLUZONE QUAD PEDI 2019-20 (PF) .....	30	HEPLISAV-B (PF) .....	27	<b>hydromorphone</b> .....
<b>folic acid</b> .....	63	HIBERIX (PF) .....	28	9
<b>folivane-ob</b> .....	60	HUMALOG JUNIOR KWIKPEN U- 100 .....	67	<b>hydroxychloroquine</b> .....
<b>fondaparinux</b> .....	74	HUMALOG KWIKPEN INSULIN .....	67	12, 16
FOSAMAX PLUS D .....	65	HUMALOG MIX 50-50 INSULN U- 100 .....	66	<b>hydroxyurea</b> .....
<b>fosamprenavir</b> .....	21	HUMALOG MIX 50-50 KWIKPEN .....	66	23
<b>fosinopril</b> .....	31	HUMALOG MIX 75-25 KWIKPEN .....	67	<b>hydroxyzine hcl</b> .....
<b>fosinopril-hydrochlorothiazide</b> .....	31	HUMALOG MIX 75-25(U- 100)INSULN .....	67	39
<b>furosemide</b> .....	37	HUMALOG U-100 INSULIN .....	67	<b>hydroxyzine pamoate</b> .....
FUZEON .....	16	HUMIRA .....	11, 12, 70	39
G TUSSIN AC .....	88	HUMIRA PEDIATRIC CROHNS START .....	11, 12, 70	<b>hyoscyamine sulfate</b> .....
<b> gabapentin</b> .....	39	HUMIRA PEN .....	11, 12, 70	70, 72
<b> galantamine</b> .....	47	HUMIRA PEN CROHNS-UC-HS START .....	11, 12, 70	HYQVIA .....
GARDASIL 9 (PF) .....	29	HUMIRA PEN PSOR-UVEITS- ADOL HS .....	11, 12, 70	28
Gavilyte-C .....	71	HUMIRA(CF) .....	11, 12, 70	<b>ibandronate</b> .....
Gavilyte-G .....	71	HUMIRA(CF) PEDI CROHNS STARTER .....	11, 12, 70	IBRANCE .....
Gavilyte-N .....	71	HUMIRA(CF) PEN .....	11, 12, 71	Ibu .....
<b>gemfibrozil</b> .....	33	HUMIRA(CF) PEN CROHNS-UC- HS .....	11, 12, 71	<b>ibuprofen</b> .....
Generlac .....	69	HUMIRA(CF) PEN PSOR-UV- ADOL HS .....	11, 12, 71	<b>ibuprofen-oxycodone</b> .....
Gengraf .....	13, 74	HUMULIN 70/30 U-100 INSULIN .....	66	ICLUSIG .....
Gentak .....	83	HUMULIN 70/30 U-100 KWIKPEN ..	66	<b>imatinib</b> .....
<b>gentamicin</b> .....	83	HUMULIN N NPH INSULIN KWIKPEN .....	66	IMIPRAMINE .....
GENVOYA .....	17	HUMULIN N NPH U-100 INSULIN ..	66	42
<b>gianvi (28)</b> .....	49	HUMULIN R REGULAR U-100 INSULN .....	66	<b>imiquimod</b> .....
GILENYA .....	81	HUMULIN R U-500 (CONC) INSULIN .....	66	IMOVAZ RABIES VACCINE (PF) .....
GILOTRIF .....	22		66	Incassia .....
GLEOSTINE .....	22			<b>indapamide</b> .....
<b>glimepiride</b> .....	64			38
<b>glipizide</b> .....	64			<b>indomethacin</b> .....
<b>glipizide-metformin</b> .....	64			14
GLUCAGEN DIAGNOSTIC KIT .....	59			INFANRIX (DTAP) (PF) .....
GLUCAGEN HYPOKIT .....	63			INLYTA .....
GLUCAGON EMERGENCY KIT (HUMAN) .....	63			<b>insulin lispro</b> .....
GLUCAGON HCL .....	59, 63			67
				<b>insulin syringe-needle u-100</b> .....
				77, 78
				INTELENCE .....
				17
				INTRON A .....
				49
				Introvale .....
				INVIRASE .....
				21
				INVOKAMET .....
				63
				IPOL .....
				30
				<b>ipratropium bromide</b> .....
				86
				<b>ipratropium-albuterol</b> .....
				86
				<b>irbesartan</b> .....
				32
				<b>irbesartan-hydrochlorothiazide</b> .....
				32
				ISENTRESS .....
				16
				Isibloom .....
				49
				<b>isoniazid</b> .....
				18

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>isosorbide dinitrate</i>	32	Larin Fe 1.5/30 (28).....	50	<i>malathion</i> .....	58
<i>isosorbide mononitrate</i>	32	Larin Fe 1/20 (28).....	50	<i>maprotiline</i> .....	42
<i>itraconazole</i>	15	Larissa.....	50	Marlissa (28).....	50
<i>ivermectin</i>	15	<i>latanoprost</i> .....	83	MATULANE.....	22
IXIARO (PF)	30	<i>layolis fe</i> .....	50	Matzim La.....	35
JAKAFI	24, 25	<i>leena 28</i> .....	52	MAVYRET.....	19
Jantoven	73	LENVIMA.....	26	<i>meclizine</i> .....	68
JANUMET	64	Lessina.....	50	<i>meclofenamate</i> .....	13
JANUMET XR	64	<i>letrozole</i> .....	23	<i>medroxyprogesterone</i> .....	48, 67
JANUVIA	63	<i>leucovorin calcium</i> .....	27	<i>mefloquine</i> .....	16
JARDIANCE	64	LEUKERAN.....	22	MEKINIST.....	25
Jasmiel (28)	49	<i>leuprolide</i> .....	25	Melodetta 24 Fe.....	50
Jencycla	51	<i>levetiracetam</i> .....	40	<i>meloxicam</i> .....	13
JENTADUETO	64	<i>levocarnitine (with sugar)</i> .....	79	<i>melphalan</i> .....	22
Jinteli	65	<i>levocetirizine</i> .....	85	<i>memantine</i> .....	47
<i>jolessa</i>	49	<i>levofloxacin</i> .....	19, 83	MENACTRA (PF).....	29
Juleber	49	Levonest (28).....	52	MENVEO A-C-Y-W-135-DIP (PF).....	29
Junel 1.5/30 (21)	49	<i>levonorgestrel</i> .....	53	<i>meperidine</i> .....	9
Junel 1/20 (21)	49	<i>levonorgestrel-ethinyl estrad</i> .....	50	<i>mercaptopurine</i> .....	23
Junel Fe 1.5/30 (28)	49	<i>levonorg-eth estrad triphasic</i> .....	52	<i>mesalamine with cleansing wipe</i> .....	70
Junel Fe 1/20 (28)	49	Levora-28.....	50	Metadate Er.....	44
Junel Fe 24	49	<i>levothyroxine</i> .....	68	<i>metaproterenol</i> .....	86
Kaitlib Fe	49	<i>levoxyl</i> .....	68	<i>metformin</i> .....	67
KALETRA	17	LEXIVA.....	21	<i>methadone</i> .....	9
Kalliga	50	Lidocaine Viscous.....	80	Methadone Intensol.....	9
KALYDECO	87	<i>lidocaine-prilocaine</i> .....	58	<i>methadose</i> .....	9
Kariva (28)	48	Lillow (28).....	50	Methadose.....	9
Kelnor 1/35 (28)	50	<i>lindane</i> .....	58	<i>methazolamide</i> .....	37
Kelnor 1-50	50	<i>linezolid</i> .....	21	<i>methenamine hippurate</i> .....	20, 72
<i>ketoconazole</i>	15, 55	<i>liothyronine</i> .....	68	<i>methenamine mandelate</i> .....	20, 72
<i>ketorolac</i>	13, 82	<i>lisinopril</i> .....	31	<i>methimazole</i> .....	64
KINRIX (PF)	28	<i>lisinopril-hydrochlorothiazide</i> .....	31	METHITEST.....	63
Klor-Con 10	60	<i>lithium carbonate</i> .....	45	<i>methotrexate sodium</i> .....	12, 23
<i>klor-con 8</i>	60	<i>lithium citrate</i> .....	45	<i>methoxsalen</i> .....	56
Klor-Con M10	60	LO LOESTRIN FE.....	48	<i>methscopolamine</i> .....	70
Klor-Con M15	60	<i>lopinavir-ritonavir</i> .....	17	<i>methyclothiazide</i> .....	38
Klor-Con M20	60	LOPREEZA.....	65	<i>methyldopa</i> .....	37
<i>klor-con/ef</i>	60	Loryna (28).....	50	<i>methyldopa-hydrochlorothiazide</i> .....	37
Kurvelo (28)	50	<i>losartan</i> .....	32	<i>methylergonovine</i> .....	67
KUVAN	79	<i>losartan-hydrochlorothiazide</i> .....	32	<i>methylphenidate hcl</i> .....	44, 46
<i>Inorgest/e.estradiol-e.estrad</i>	48, 52	LOTEMAX.....	82	<i>methylprednisolone</i> .....	66
LACRISERT	81	<i>loteprednol etabonate</i> .....	82	<i>metipranolol</i> .....	82
<i>lactulose</i>	69, 71	<i>lovastatin</i> .....	34	<i>metoclopramide hcl</i> .....	69
<i>lamivudine</i>	17	Low-Ogestrel (28).....	50	<i>metoprolol succinate</i> .....	35
<i>lamivudine-zidovudine</i>	18	<i>loxapine succinate</i> .....	43	<i>metoprolol ta-hydrochlorothiaz</i> .....	36
<i>lamotrigine</i>	40	Lo-Zumandimine (28).....	50	<i>metoprolol tartrate</i> .....	35
LANOXIN	37	<i>ludent fluoride</i> .....	80	<i>metronidazole</i> .....	16, 54, 58, 88
<i>lansoprazole</i>	69	LUMIGAN.....	83	<i>mexiletine</i> .....	33
LANTUS SOLOSTAR U-100		LUPANETA PACK (1 MONTH).....	67	Mibelas 24 Fe.....	50
INSULIN	67	LUPANETA PACK (3 MONTH).....	67	Microgestin 1.5/30 (21).....	50
LANTUS U-100 INSULIN	67	Lutera (28).....	50	Microgestin 1/20 (21).....	50
Larin 1.5/30 (21)	50	LYNPARZA.....	25	Microgestin Fe 1.5/30 (28).....	50
Larin 1/20 (21)	50	LYSODREN.....	23	Microgestin Fe 1/20 (28).....	50
Larin 24 Fe	50	Lyza .....	51	<i>midodrine</i> .....	37

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

<b>migergot</b>	46	<b>neomycin-polymyxin-hc</b>	81, 83
Mili	50	Neo-Polycin	82
<b>millipred</b>	66	Neo-Polycin Hc	81
<b>millipred dp</b>	66	NESINA	63
Mimvey	65	NEULASTA	73
Mimvey Lo	65	<b>nevirapine</b>	17
<b>minocycline</b>	13, 21, 22, 54	NEXAVAR	25
<b>minoxidil</b>	37	<b>niacin</b>	34
<b>mirtazapine</b>	40	NICOTROL	47
<b>misoprostol</b>	69	NICOTROL NS	47
M-M-R II (PF)	28, 30, 31	<b>nifedipine</b>	36
<b>mometasone</b>	57	<b>nighttime sleep aid (diphen)</b>	46, 84
Mono-Linyah	50	Nikki (28)	50
<b>montelukast</b>	85	<b>nilutamide</b>	23
Morgidox	22	<b>nisoldipine</b>	36
<b>morphine</b>	9	<b>nitisinone</b>	79
<b>morphine concentrate</b>	9	Nitro-Bid	32
MOTOFEN	68	<b>nitrofurantoin</b>	15, 72
MOVIPREP	71	<b>nitrofurantoin macrocrystal</b>	15, 72
<b>moxifloxacin</b>	83	<b>nitrofurantoin monohyd/m-cryst</b>	15, 72
MULTAQ	33	<b>nitroglycerin</b>	32, 33
<b>multivitamin with fluoride</b>	60	Nitro-Time	33
<b>multi-vitamin with fluoride</b>	60	<b>nora-be</b>	51
<b>multivitamins with fluoride</b>	60	<b>noreth-ethinyl estradiol-iron</b>	50
<b>mupirocin</b>	55	<b>norethindrone (contraceptive)</b>	52
<b>mvc-fluoride</b>	60	<b>norethindrone acetate</b>	67
<b>my choice</b>	53	<b>norethindrone ac-eth estradiol</b>	50
<b>my way</b>	53	<b>norethindrone-e.estriadiol-iron</b>	50
<b>mycophenolate mofetil</b>	13, 74	<b>norgestimate-ethinyl estradiol</b>	50, 52
<b>mycophenolate sodium</b>	75	Norlyda	52
MYLERAN	22	Norlyroc	52
<b>mynatal</b>	60	Nortrel 0.5/35 (28)	51
<b>mynatal advance</b>	60	<b>nortrel 1/35 (21)</b>	51
<b>mynatal plus</b>	60	Nortrel 1/35 (28)	51
<b>mynatal-z</b>	60	Nortrel 7/7/7 (28)	52
<b>mynate 90 plus</b>	60	<b>nortriptyline</b>	42
<b>nabumetone</b>	13	NORVIR	21
<b>nadolol-bendroflumethiazide</b>	38	NP THYROID	68
<b>naloxone</b>	14	<b>np thyroid</b>	68
<b>naltrexone</b>	14	NUTRAMINE	59
NAMENDA TITRATION PAK	47	NUTROPIN AQ NUSPIN	66
<b>naproxen</b>	13	NUVARING	53
<b>naproxen sodium</b>	13	Nyamyc	55
<b>naratriptan</b>	46	<b>nystatin</b>	15, 55, 80
NATAZIA	52	<b>nystatin-triamcinolone</b>	56
<b>nature-throid</b>	68	Nystop	55
Necon 0.5/35 (28)	50	<b>obstetrix dha</b>	61
<b>nefazodone</b>	41	<b>ocella</b>	51
<b>neomycin</b>	15	ODOMZO	24
<b>neomycin-bacitracin-poly-hc</b>	81	OFEV	26, 88
<b>neomycin-bacitracin-polymyxin</b>	82	<b>ofloxacin</b>	19, 83, 84
<b>neomycin-polymyxin b-dexameth</b>	81	<b>ogestrel (28)</b>	51
<b>neomycin-polymyxin-gramicidin</b>	82	<b>olanzapine</b>	44, 45
		<b>olmesartan</b>	32
		<b>olmesartan-hydrochlorothiazide</b>	32
		<b>olopatadine</b>	81, 87
		<b>omega 3-dha-epa-fish oil</b>	34
		<b>omega-3 acid ethyl esters</b>	34
		<b>omeprazole</b>	69
		<b>ondansetron</b>	69
		<b>ondansetron hcl</b>	69
		ONETOUCH DELICA LANC	
		DEVICE	77, 78
		ONETOUCH DELICA LANCE	
		.....	77, 78
		ONETOUCH ULTRA CONTROL	
		.....	77, 78
		ONETOUCH ULTRA2 METER	77, 78
		ONETOUCH ULTRAMINI	77, 78
		ONETOUCH ULTRASOFT	
		LANCETS	77, 78
		ONETOUCH VERIO	75, 78
		ONETOUCH VERIO FLEX	77, 78
		ONETOUCH VERIO HIGH	
		CONTROL	77, 78
		ONETOUCH VERIO IQ METER	77, 78
		ONETOUCH VERIO MID	
		CONTROL	77, 78
		ONETOUCH VERIO SYSTEM	77, 78
		ONGLYZA	63
		<b>opcicon one-step</b>	53, 54
		<b>option-2</b>	53, 54
		Oracea	22, 58
		Oralone	80
		ORENCIA	12, 13
		ORENCIA (WITH MALTOSE)	12
		ORENCIA CLICKJECT	12
		ORFADIN	79
		Orsythia	51
		<b>oseltamivir</b>	20
		OSMOPREP	71
		<b>oxandrolone</b>	63
		<b>oxcarbazepine</b>	40
		<b>oxybutynin chloride</b>	73
		<b>oxycodone</b>	9
		<b>oxycodone-acetaminophen</b>	10
		<b>oxycodone-aspirin</b>	10, 11
		<b>oxymorphone</b>	9
		OZEMPIC	64
		<b>paricalcitol</b>	79
		Paroex Oral Rinse	80
		<b>paromomycin</b>	14
		<b>paroxetine hcl</b>	41
		PEDIARIX (PF)	27, 28
		PEDVAX HIB (PF)	28
		<b>peg 3350-electrolytes</b>	71
		<b>peg-3350 with flavor packs</b>	71

**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

PEGANONE .....	39	<i>prednisolone acetate</i> .....	82	<i>propylthiouracil</i> .....	65
PEGASYS .....	19	<i>prednisolone sodium phosphate</i> .....	66, 82	PROQUAD (PF) .....	28, 30, 31
PEGASYS PROCLICK .....	19	<i>prednisone</i> .....	66	<i>protriptyline</i> .....	42
<i>peg-electrolyte soln</i> .....	71	<i>prednisone intensol</i> .....	66	PROVENTIL HFA .....	86
PEGINTRON .....	19	PREMARIN .....	66, 89	<i>prodoxin</i> .....	58
<i>peg-prep</i> .....	71	PREMPHASE .....	65	PULMICORT FLEXHALER .....	85
<i>penicillamine</i> .....	13, 14	PREMPRO .....	65	<i>pyrazinamide</i> .....	18
<i>penicillin v potassium</i> .....	21	<i>prenaissance</i> .....	61	<i>pyridostigmine bromide</i> .....	75
PENTACEL (PF) .....	29	<i>prenaissance plus</i> .....	61	QUADRACEL (PF) .....	28
PENTACEL ACTHIB .....		<i>prenatabs fa</i> .....	61	<i>quetiapine</i> .....	44, 45
COMPONENT (PF) .....	28	<i>prenatabs rx</i> .....	61	<i>quinapril</i> .....	31
<i>pentoxifylline</i> .....	73	<i>prenatal 19 (with docusate)</i> .....	61	<i>quinapril-hydrochlorothiazide</i> .....	31
Periogard .....	80	<i>prenatal low iron</i> .....	61	<i>quinidine sulfate</i> .....	33
<i>permethrin</i> .....	58	<i>prenatal multivitamins</i> .....	61	<i>quinine sulfate</i> .....	16
<i>perphenazine</i> .....	43	PRENATAL ONE DAILY .....	61	RABAVERT (PF) .....	30
Phenadoz .....	69, 84	<i>prenatal plus</i> .....	61	<i>raloxifene</i> .....	67
<i>phenazopyridine</i> .....	72	<i>prenatal plus (calcium carb)</i> .....	61	<i>ramipril</i> .....	31
<i>phenelzine</i> .....	40	<i>prenatal vitamin</i> .....	61	<i>ranitidine hcl</i> .....	69
<i>phenobarbital</i> .....	39, 46	<i>prenatal vitamin plus low iron</i> .....	61	<i>rasagiline</i> .....	42
<i>phenoxybenzamine</i> .....	38	<i>prenatal-u</i> .....	61	REBIF (WITH ALBUMIN) .....	81
<i>phenytoin sodium extended</i> .....	40	<i>preplus</i> .....	61	REBIF REBIDOSE .....	81
Philith .....	51	PREVENTID .....	80	REBIF TITRATION PACK .....	81
PHOSPHOLINE IODIDE .....	81	PREVENTID 5000 BOOSTER .....		Recipsen (28) .....	51
<i>pimecrolimus</i> .....	56	PLUS .....	80	RECOMBIVAX HB (PF) .....	27
<i>pimozide</i> .....	43	PREVENTID 5000 ENAMEL .....		RELENZA DISKHALER .....	20
Pimtrea (28) .....	48	PROTECT .....	80	RESCRIPTOR .....	17
<i>pioglitazone</i> .....	67	Previfem .....	51	REVЛИMID .....	27
Pirmella .....	51, 52	PREVNAR 13 (PF) .....	29	Ribasphere .....	19
PLAN B ONE-STEP .....	53, 54	PREZISTA .....	21	Ribasphere Ribapak .....	19
PLEGRIDY .....	81	PRIFTIN .....	18, 21	<i>ribavirin</i> .....	19
PNEUMOVAX 23 .....	29	PRIMAQUINE .....	16	RIDAURA .....	13
<i>pnv ob+dha</i> .....	61	<i>primidone</i> .....	39	<i>rifabutin</i> .....	18, 21
<i>pnv-dha + docusate</i> .....	61	PROAIR HFA .....	86	<i>rifampin</i> .....	18, 21
<i>pnv-ferrous fumarate-docu-fa</i> .....	61	PROAIR RESPICLICK .....	86	RIFATER .....	18
<i>pnv-omega</i> .....	61	<i>probenecid</i> .....	73	<i>rimantadine</i> .....	20
<i>podofilox</i> .....	58	<i>probenecid-colchicine</i> .....	73	<i>risedronate</i> .....	65
Polycin .....	82	Procentra .....	45	<i>risperidone</i> .....	43, 45
<i>polyethylene glycol 3350</i> .....	71	<i>prochlorperazine maleate</i> .....	43, 69	<i>ritonavir</i> .....	21
<i>polymyxin b sulf-trimethoprim</i> .....	83	Proctosol Hc .....	14, 57	<i>rivastigmine tartrate</i> .....	47
POMALYST .....	27	Proctozone-Hc .....	14, 57	RIVELSA .....	52
Portia 28 .....	51	<i>progesterone micronized</i> .....	67	<i>rizatriptan</i> .....	46
<i>potassium chloride</i> .....	60	PROMACTA .....	74	<i>ropinirole</i> .....	43
<i>potassium citrate</i> .....	72	<i>promethazine</i> .....	69, 84	Rosadan .....	54, 58
<i>potassium citrate-citric acid</i> .....	72	Promethazine Vc .....	84	<i>rosuvastatin</i> .....	34
<i>pr natal 400</i> .....	61	<i>promethazine-codeine</i> .....	87	ROTARIX .....	28, 30
<i>pr natal 400 ec</i> .....	61	<i>promethazine-dm</i> .....	87	ROTATEQ VACCINE .....	28, 30
<i>pr natal 430</i> .....	61	<i>promethazine-phenyleph-</i> <i>codeine</i> .....	88	<i>salicylic acid</i> .....	58
<i>pr natal 430 ec</i> .....	61	<i>promethazine-phenylephrine</i> .....	84	<i>salvax</i> .....	58
<i>pramipexole</i> .....	43	Promethegan .....	69, 84, 85	SANDOSTATIN LAR DEPOT .....	
<i>pravastatin</i> .....	34	<i>propafenone</i> .....	33	..... 67, 68, 71	
<i>praziquantel</i> .....	15	<i>propranolol</i> .....	35	SAVELLA .....	41, 45
<i>prazosin</i> .....	38	<i>propranolol-hydrochlorothiazid</i> .....	38	<i>scopolamine base</i> .....	68
<i>prednicarbate</i> .....	57			<i>selegiline hcl</i> .....	42
<i>prednisolone</i> .....	66			<i>selenium sulfide</i> .....	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

SELZENTRY .....	16	<i>sulfacetamide-prednisolone</i> .....	81	<i>tobramycin</i> .....	83
<i>se-natal 19</i> .....	61	<i>sulfacetamide-sulfur-cleanser</i> .....	54	<i>tobramycin in 0.225 % nacl</i> .....	87
<i>se-natal 19 (with docusate)</i> .....	61	<i>sulfadiazine</i> .....	21	<i>tobramycin-dexamethasone</i> .....	81
SEREVENT DISKUS .....	86	<i>sulfamethoxazole-trimethoprim</i> .....	15	<i>tolbutamide</i> .....	64
<i>sertraline</i> .....	41	<i>sulfasalazine</i> .....	13, 70	<i>tolterodine</i> .....	73
Setlakin .....	51	<i>sulfatrim</i> .....	15	<i>topiramate</i> .....	40
<i>sevelamer carbonate</i> .....	72	<i>sulindac</i> .....	13	<i>toremifene</i> .....	26
<i>sf</i> .....	80	<i>sumatriptan succinate</i> .....	46	<i>torsemide</i> .....	37
Sharobel .....	52	<i>SUPRAX</i> .....	19	TRADJENTA .....	63
SHINGRIX (PF) .....	30	<i>SUTENT</i> .....	26	<i>tramadol</i> .....	9
SHINGRIX ADJUVANT COMPONENT-PF .....	47	Syeda .....	51	<i>trandolapril</i> .....	31
SHINGRIX GE ANTIGEN COMPONENT .....	30	<i>SYMBICORT</i> .....	87	<i>trandolapril-verapamil</i> .....	31
SILENOR .....	46	<i>SYMJEPI</i> .....	36	<i>tranexamic acid</i> .....	73
<i>silver sulfadiazine</i> .....	56	<i>SYNJARDY</i> .....	64	<i>tranylcypromine</i> .....	40
Simliya (28) .....	48	<i>SYNTHROID</i> .....	68	TRAVATAN Z .....	83
Simpesse .....	48	TABLOID .....	23	<i>trazodone</i> .....	41
SIMPONI .....	11, 12, 71	<i>tacrolimus</i> .....	56	<i>treprostinil sodium</i> .....	38
SIMPONI ARIA .....	11, 12	<i>tadalafil</i> .....	38, 59, 72	<i>tretinoin</i> .....	55
<i>simvastatin</i> .....	34	<i>tadalafil (antihypertensive)</i> .....	38	<i>tretinoin (chemotherapy)</i> .....	26
<i>sirolimus</i> .....	75	TAFINLAR .....	23	<i>tretinoin (emollient)</i> .....	58
SIRTURO .....	18	TAKE ACTION .....	53, 54	Tri Femynor .....	52
SLYND .....	52	<i>tamoxifen</i> .....	26	<i>triadvance</i> .....	61
<i>sodium chloride</i> .....	59, 62	Tarina 24 Fe .....	51	<i>triamcinolone acetonide</i> .....	57, 80
<i>sodium chloride 0.45 %</i> .....	62	Tarina Fe 1/20 (28) .....	51	<i>triamterene</i> .....	37
<i>sodium chloride 0.9 %</i> .....	59, 62	Tarina Fe 1-20 Eq (28) .....	51	<i>triamterene-hydrochlorothiazid</i> .....	38
<i>sodium chloride 3 %</i> .....	62	<i>taron-c dha</i> .....	61	Trianex .....	57
<i>sodium chloride 5 %</i> .....	62	<i>taron-prex prenatal-dha</i> .....	61	Triderm .....	57
<i>sodium phenylbutyrate</i> .....	79	TASIGNA .....	26	<i>trientine</i> .....	14
<i>sodium polystyrene sulfonate</i> .....	59	TAYTULLA .....	51	Tri-Estarylla .....	52
SOFOSBUVIR-VELPATASVIR .....	19	Taztia Xt .....	36	<i>trifluoperazine</i> .....	43
Sorine .....	33, 35	<i>temozolomide</i> .....	22, 23	<i>trihexyphenidyl</i> .....	42
<i>sotalol</i> .....	33, 35	Tencon .....	11	Tri-Legest Fe .....	52
Sotalol Af .....	33, 35	TENIVAC (PF) .....	28	Tri-Linyah .....	52
<i>spinosad</i> .....	58	<i>tenofovir disoproxil fumarate</i> .....	17, 19	Tri-Lo-Estarylla .....	52
SPIRIVA RESPIMAT .....	86	<i>terazosin</i> .....	38	Tri-Lo-Marzia .....	52
SPIRIVA WITH HANDIHALER .....	86	<i>terbinafine hcl</i> .....	15	Tri-Lo-Mili .....	52
<i>spironolactone</i> .....	31, 37	<i>terconazole</i> .....	88	Tri-Lo-Sprintec .....	52
Sprintec (28) .....	51	<i>testosterone</i> .....	63	Trilyte With Flavor Packets .....	71
SPRYCEL .....	26	<i>testosterone cypionate</i> .....	63	<i>trimethobenzamide</i> .....	68
Sps (With Sorbitol) .....	59	TETANUS,DIPHTHERIA TOX		<i>trimethoprim</i> .....	15
<i>sps (with sorbitol)</i> .....	59	PED(PF) .....	28	Tri-Mili .....	52
Sronyx .....	51	<i>tetracycline</i> .....	22	<i>trimipramine</i> .....	42
<i>ssd</i> .....	56	THALOMID .....	16, 27	<i>trinatal rx 1</i> .....	61
<i>sss 10-5</i> .....	54, 55	Theochron .....	86	<i>trinate</i> .....	61
<i>stavudine</i> .....	17	<i>theophylline</i> .....	86	<i>triple vitamin with fluoride</i> .....	60
STIVARGA .....	25	<i>thinpro insulin syringe</i> .....	77, 78	Tri-Previfem (28) .....	52
STRIBILD .....	17	<i>thioridazine</i> .....	44	Tri-Sprintec (28) .....	52
<i>sucralfate</i> .....	71	<i>thiothixene</i> .....	44	TRIUMEQ .....	17
<i>sulfacetamide sodium</i> .....	56, 83	<i>tiagabine</i> .....	39	<i>triveen-duo dha</i> .....	61
<i>sulfacetamide sodium (acne)</i> .....	54	Tilia Fe .....	52	<i>triveen-one</i> .....	61
<i>sulfacetamide sodium-sulfur</i> .....	54, 55	<i>timolol maleate</i> .....	35, 82	<i>triveen-prx rnf</i> .....	61
<i>sulfacetamide sod-sulfur-urea</i> .....	54, 58	TIVICAY .....	17	<i>tri-vitamin with fluoride</i> .....	60
		<i>tizanidine</i> .....	75	<i>tri-vite with fluoride</i> .....	60
		<i>tl-select</i> .....	61	Trivora (28) .....	53

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

Tri-Vylibra .....	53	VIVOTIF .....	28, 29
Tri-Vylibra Lo .....	53	VOTRIENT .....	26
TRULICITY .....	64	<b>vp-ch plus</b> .....	62
TRUMENBA .....	29	<b>vp-ch-pnv</b> .....	62
<b>trust natal dha</b> .....	61	Vyfemla (28) .....	51
TRUVADA .....	17	Vylibra .....	51
Tulana .....	52	VYVANSE .....	44
TUZISTRA XR .....	87	<b>warfarin</b> .....	73
TWINRIX (PF) .....	27	Wera (28) .....	51
Tydemey .....	51	<b>westhroid</b> .....	68
TYKERB .....	22	WIDE-SEAL DIAPHRAGM 60 ...	76, 79
TYPHIM VI .....	28	WIDE-SEAL DIAPHRAGM 65 ...	76, 79
TYZINE .....	87	WIDE-SEAL DIAPHRAGM 70 ...	76, 79
<b>unithroid</b> .....	68	WIDE-SEAL DIAPHRAGM 75 ...	76, 79
<b>valacyclovir</b> .....	19	WIDE-SEAL DIAPHRAGM 80 ...	76, 79
<b>valproic acid</b> .....	39, 44	WIDE-SEAL DIAPHRAGM 85 ...	76, 79
<b>valproic acid (as sodium salt)</b> .....	39, 44	WIDE-SEAL DIAPHRAGM 90 ...	76, 79
<b>valsartan</b> .....	32	WIDE-SEAL DIAPHRAGM 95 ...	76, 79
<b>valsartan-hydrochlorothiazide</b> .....	32	Wixela Inhub .....	87
<b>vancomycin</b> .....	19	WP THYROID .....	68
<b>vandazole</b> .....	88	Wymzya Fe .....	51
VAQTA (PF) .....	27	XALKORI .....	23
VARIVAX (PF) .....	28, 30	XIGDUO XR .....	64
Velivet Triphasic Regimen (28) .....	53	XXIIDRA .....	82
<b>vena-bal dha</b> .....	61	XOFLUZA .....	20
<b>venlafaxine</b> .....	41	XOPENEX HFA .....	86
VENTAVIS .....	38	XTANDI .....	23
VENTOLIN HFA .....	86	<b>xulane</b> .....	53
<b>verapamil</b> .....	33, 36	YF-VAX (PF) .....	28, 30
VEREGEN .....	57	Yuvaferm .....	89
Veripred 20 .....	66	<b>zaleplon</b> .....	46
Vicodin Es .....	10	Zarah .....	51
Vicodin Hp .....	10	<b>zatean-pn dha</b> .....	62
VICTOZA 2-PAK .....	64	<b>zatean-pn plus</b> .....	62
VICTOZA 3-PAK .....	64	Zebutal .....	11
Vienva .....	51	ZELBORAF .....	24
<b>vinacal</b> .....	61	Zenatane .....	54
<b>vinate care</b> .....	62	ZENPEP .....	69
<b>vinate gt</b> .....	62	Zenedi .....	44, 45, 46
<b>vinate ii</b> .....	62	<b>zidovudine</b> .....	17
<b>vinate m</b> .....	62	<b>zingiber</b> .....	62
<b>vinate one</b> .....	62	<b>ziprasidone hcl</b> .....	43, 45
<b>vinate pn care</b> .....	62	ZIRGAN .....	83
<b>vinate ultra</b> .....	62	ZOLINZA .....	24
Viorele (28) .....	48	<b>zonisamide</b> .....	40
VIRACEPT .....	21	ZOSTAVAX (PF) .....	28, 30
VIREAD .....	17, 19	Zovia 1/35E (28) .....	51
VIRT-NATE DHA .....	62	Zumandimine (28) .....	51
<b>virt-pn dha</b> .....	62	ZYDELIG .....	25
<b>virt-pn plus</b> .....	62	ZYKADIA .....	23
<b>virtussin ac</b> .....	88	ZYTIGA .....	22, 23
<b>vitafol-ob</b> .....	62		
Vitamin D2 .....	62		
<b>vitamins a,c,d and fluoride</b> .....	60		

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](http://anthem.com/ca) or call 833-236-6196.

**For information about your pharmacy benefit, log in at [anthem.com/ca](http://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