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.

$0 Cost Share EPO AI-AN	Anthem Minimum Coverage EPO
$0 Cost Share EPO AI-AN	Anthem Minimum Coverage HMO
$0 Cost Share EPO AI-AN	Anthem Platinum 90 D EPO
$0 Cost Share EPO AI-AN	Anthem Platinum 90 D HMO
$0 Cost Share EPO AI-AN	Anthem Platinum 90 EPO
$0 Cost Share HMO AI-AN	Anthem Platinum 90 EPO AI-AN
$0 Cost Share HMO AI-AN	Anthem Platinum 90 HMO
$0 Cost Share HMO AI-AN	Anthem Platinum 90 HMO AI-AN
$0 Cost Share HMO AI-AN	Anthem Silver 70 EPO
Anthem Bronze 60 D EPO	Anthem Silver 70 EPO AI-AN
Anthem Bronze 60 D HDHP EPO	Anthem Silver 70 HMO
Anthem Bronze 60 D HMO	Anthem Silver 70 HMO AI-AN
Anthem Bronze 60 EPO	Anthem Silver 70 Off Exchange EPO
Anthem Bronze 60 EPO AI-AN	Anthem Silver 70 Off Exchange HMO
Anthem Bronze 60 HDHP EPO	Anthem Silver 73 EPO
Anthem Bronze 60 HDHP EPO AI-AN	Anthem Silver 73 EPO-Federal Subsidy
Anthem Bronze 60 HMO	Anthem Silver 73 HMO
Anthem Bronze 60 HMO AI-AN	Anthem Silver 73 HMO-Federal Subsidy
Anthem Gold 80 D EPO	Anthem Silver 87 EPO
Anthem Gold 80 D HMO	Anthem Silver 87 EPO-Federal Subsidy
Anthem Gold 80 EPO	Anthem Silver 87 HMO
Anthem Gold 80 EPO AI-AN	Anthem Silver 87 HMO-Federal Subsidy
Anthem Gold 80 HMO	Anthem Silver 94 EPO
Anthem Gold 80 HMO AI-AN	Anthem Silver 94 EPO-Federal Subsidy
Anthem Minimum Coverage D EPO	Anthem Silver 94 HMO
Anthem Minimum Coverage D HMO	Anthem Silver 94 HMO-Federal Subsidy

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.

- Additional tools and resources are available. To view the most up-to-date list of drugs for your plan – visit anthem.com/ca/pharmacy-information/drug-list-formulary.

- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at anthem.com/ca and go to **My Plan ->Benefits-> Plan Documents**.

- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

2027 California Select Drug List

Four Tier

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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.

Anthem

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
NUEDEXTA ORAL CAPSULE (***dextromethorphan***)

- 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
amoxicillin oral capsule

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

levonorgestrel-ethinyl estrad (Portia 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.

Anthem

Local pharmacies
Your plan includes local pharmacies at major retail chains, such as CVS, Walmart, Target, and Kroger. You'll save the most money when you use one of these pharmacies.

To find a pharmacy near you:
1. Log in at anthem.com/ca.
2. Choose Find a Pharmacy.
3. Enter your ZIP code.

CarelonRx Pharmacy
For medications you take regularly, have your prescriptions delivered to your home with CarelonRx Pharmacy. Current Anthem members can get started at anthem.com/ca and go to the "Pharmacy Benefits" page. You can also log in to our Sydney Health mobile app and select "Pharmacy". Register your member account if you haven't already. Go to "View Prescriptions" and follow the guided steps to switch to CarelonRx Pharmacy. Shipping is always free. Call the CarelonRx Pharmacy Contact Center at 833-396-0309 or use the live chat feature on Sydney Health or anthem.com/ca for assistance.

Specialty pharmacy
If you have a complex or chronic condition treated with specialty medication — one that may need special handling or is given by injection or infusion — you'll need to get it through our specialty pharmacy. Your doctor will send the prescription to our specialty pharmacy for you, and it will be delivered to your home or your doctor's office if it needs to be administered by a doctor.

Current Anthem members can find out more by logging in at 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 is non-formulary or isn't on the list?
Drugs not listed on the formulary are called non-formulary drugs. We understand that only you and your doctor know what is best for you. If you want to take a non-formulary drug or 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 it is determined that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits.

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 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.

If the contraceptive you are taking is not on the formulary, your doctor can contact us if it is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). 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.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

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

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

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

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

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

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

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

- **Tier one** may consist of most generic drugs and low-cost preferred brand name drugs.

- **Tier two** may 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** may 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** may consist of 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 if my drug is covered and how much will it cost?
You can go online and with the Price a Medication tool, get pharmacy-specific drug coverage details and 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.

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.

What is Prior Authorization? How does it work?
Prior Authorization 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.

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 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.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed prior authorization or exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed prior authorization or exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-365-0609 or 1-866-333-4823 (TDD line if you have hearing or speech loss). 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.
If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

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.

There are a few options for your doctor to start the Step Therapy (ST) exception process:

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

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity.

If we fail to respond to a completed step therapy exception request within 24 hours of receiving a request based on exigent circumstances, we will provide coverage, including refills for the duration of the exigency.

If we fail to respond to a completed step therapy exception request within 72 hours of receiving a non-urgent request, we will provide coverage, including refills for the duration of the prescription.

We will notify you or your authorized representative and prescribing provider about a completed prior authorization or step therapy exception within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests.

In circumstances where an enrollee is changing plans, we will not require the enrollee to repeat step therapy when they are already being treated for a medical condition by a prescription drug, provided that the drug is appropriately prescribed and considered safe and effective for the enrollee's condition.

If we have previously approved coverage of the drug for your medical condition, and your provider continues to prescribe for the medical condition, provided the drug is appropriately prescribed and safe and effective for your condition, we will not exclude coverage of the drug.

Rights Available to Members
If you don't agree with a coverage decision, you have the right to ask for a grievance (also known as an appeal). Unless your benefits booklet states otherwise, you must ask for a grievance within 180 calendar days from the date you get the coverage decision letter. Your provider, or any other person you choose (authorized representative), may ask for a grievance on your behalf. A person of your choice may also help you during the grievance process. You need to let us know, in writing, if you want someone to help or represent you.

How do I ask for an urgent (expedited) grievance?
An urgent grievance is available if you haven't had services (pre-service) or if you are currently getting services (concurrent care) and you, or your health care provider, believe that your condition could involve an imminent and serious threat to your health, including, but not limited to, severe pain or potential loss of life, limb, or major bodily function.

We will let you know the decision within 3 calendar days after we get a qualifying urgent grievance. We will let you know the decision by phone. We will also send you the decision in writing.

You, or any person you choose, can ask for an urgent grievance in writing or by phone:

In writing: Overnight mail
Grievances and Appeals
21215 Burbank Boulevard
Woodland Hills, CA 91367
By phone: **1-800-365-0609** or **1-866-333-4823** (TDD line if you have hearing or speech loss)
By fax: **1-855-211-3699**

If you qualify for an urgent grievance, you may ask for an independent medical review (IMR) with the Department of Managed Health Care (the department) instead of, or at the same time as, asking for an urgent grievance with your health plan. Details about IMR are included in this document (see "If I don't agree with the grievance decision, what other rights do I have?").

How do I ask for a standard (not expedited) grievance?
You, or any person you choose, can ask for a standard grievance in writing, by phone or online at www.anthem.com/ca.

In writing: **Grievances and Appeals**
P.O. Box 4310
Woodland Hills, CA 91365-4310
By phone: **1-800-365-0609** or **866-333-4823** (TDD line for the hearing and speech impaired)
By fax: **1-877-551-6183**

We will send a written decision within 30 calendar days from the date we get the grievance. Our response will have reasons for the decision and references to the plan provisions on which the decision was based. However, grievances received over the phone that are not coverage disputes, disputed health care services involving medical necessity or experimental or investigational treatment, and that are resolved by the close of the next business day, will not receive a written response.

Can I get copies of documents for my records?
Of course! You can call us or send a letter to ask for free copies of all documents, including the actual benefit provision, guideline, protocol or other similar criterion this decision was based on.

Can I get diagnosis and treatment codes?
You can! Just call us to ask for them. You can also ask for descriptions of the codes, if they are available.

What should my grievance include?
Include, if available, the following information:

- The member's name and ID number;
- The name of the provider who will or has provided care;
- The date(s) of service;
- The claim or reference number for the specific decision with which you don't agree; and
- The specific reason(s) why you don't agree with the decision.

You have the right, and we encourage you, to give us written comments, documents, and other relevant information with your grievance.

How will my grievance be handled?
The appropriate administrative and/or clinical specialists will review your grievance. All relevant information submitted by you or on your behalf will be reviewed regardless of whether it was considered at the time the initial decision was made. We may contact any providers who may have additional information to support your grievance. The reviewers will not have been involved in the initial decision. They also will not be a subordinate of the person who made the initial decision.

If I don't agree with the grievance decision, what other rights do I have?
The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-365-0609** or at the TDD line **1-866-333-4823** for the hearing and speech impaired and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219)** and a TDD line (**1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

You may ask for an IMR immediately without going through your health plan's grievance process if:

- Your disputed health care service involves experimental or investigational treatment; or
- The department decides that an earlier review is warranted; or
- There is an imminent or serious threat to your health that requires an urgent (expedited) review of your case.

We will help you with the application process if an urgent review of your case is warranted. You can find the application and instructions online at **www.dmhc.ca.gov** (the department's website). IMR is free to you. There aren't any filing fees either.

If we deny your grievance, we will give you more details about dispute resolution options available to you. You may also refer to your benefits booklet or call Member Services at the phone number on your member ID card for details about the entire grievance process.

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.

Anthem

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.

BE = benefit exclusion. This drug may not be covered depending on your plans design. To find out if your drug is covered, log into your member portal or use the Sydney app to Price a Medication and refer to your plan documents.

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

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

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

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

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

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

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

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

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

Tier 4 = Tier 4 drugs have a higher cost share and usually include preferred specialty brand and generic drugs.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR ATTENTION DEFICIT DISORDER**		
guanfacine hcl er oral tablet extended release 24 hour	Tier 1	PA
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR - DRUGS FOR ATTENTION DEFICIT DISORDER**		
atomoxetine hcl oral capsule	Tier 2	PA
AMPHETAMINE MIXTURES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	PA; DO
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	Tier 1	PA; QL (1 capsule per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg	Tier 1	PA; DO
amphetamine-dextroamphetamine oral tablet 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	Tier 1	PA; QL (2 tablets per 1 day)
AMPHETAMINES - DRUGS FOR ATTENTION DEFICIT DISORDER**		
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Tier 1	PA; QL (4 capsules per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	Tier 1	PA; DO
dextroamphetamine sulfate oral solution	Tier 2	PA; QL (60 mL per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg	Tier 1	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	PA; QL (3 tablets per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg	Tier 1	PA; DO
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	PA; QL (2 tablets per 1 day)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	Tier 2	PA; DO
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	Tier 2	PA; QL (1 capsule per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	Tier 2	PA; DO
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	Tier 2	PA; QL (1 tablet per 1 day)
dextroamphetamine sulfate (Procentra Oral Solution)	Tier 2	PA; QL (60 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 7.5 Mg)	Tier 1	PA; QL (6 tablets per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg)	Tier 1	PA; QL (3 tablets per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	PA; DO
dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg, 30 Mg)	Tier 1	PA; QL (2 tablets per 1 day)
STIMULANTS - MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER**		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 2	PA; QL (1 tablet per 1 day)
armodafinil oral tablet 50 mg	Tier 2	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	PA; DO
dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg	Tier 1	PA; QL (1 capsule per 1 day)
dexmethylphenidate hcl oral tablet 10 mg	Tier 1	PA; QL (2 tablets per 1 day)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	Tier 1	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	Tier 1	PA; DO
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	Tier 1	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg	Tier 1	PA; DO
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Tier 1	PA; QL (2 capsules per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	Tier 1	PA; QL (1 capsule per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	Tier 1	PA; DO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier 1	PA; QL (2 tablets per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	Tier 1	PA; QL (1 tablet per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	Tier 1	PA; DO
methylphenidate hcl er oral tablet extended release 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg	Tier 1	PA; DO
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier 1	PA; QL (2 tablets per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	Tier 1	PA; QL (1 tablet per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg	Tier 1	PA; DO
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	Tier 1	PA; QL (2 tablets per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 54 mg	Tier 1	PA; QL (1 tablet per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	Tier 1	PA; QL (30 mL per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	Tier 1	PA; QL (60 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral tablet 10 mg, 5 mg	Tier 1	PA; DO
methylphenidate hcl oral tablet 20 mg	Tier 1	PA; QL (3 tablets per 1 day)
***AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS**		
AMINOGLYCOSIDES - ANTIBIOTICS**		
gentamicin in saline intravenous solution	Tier 1	
gentamicin sulfate injection solution	Tier 1	
neomycin sulfate oral tablet	Tier 1	
tobramycin inhalation nebulization solution	Tier 4	SP; QL (10 mL per 1 day)
***ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER**		
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
RINVOQ LQ ORAL SOLUTION (***upadacitinib***)	Tier 4	PA; SP; QL (12 mL per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (***upadacitinib***)	Tier 4	PA; SP; QL (1 tablet per 1 day)
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES - ARTHRITIS AND PAIN DRUGS**		
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	Tier 4	PA; SP; QL (2 pen per 28 days (QL exception needed for maintenance therapy)s)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab***)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	Tier 4	PA; SP; QL (2 pens per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab-ryvk***)	Tier 4	PA; SP; QL (2 pens per 28 days (QL exception needed for maintenance therapy)s)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab-ryvk***)	Tier 4	PA; SP; QL (2 syringes per 28 days (QL exception needed for maintenance therapy)s)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (***adalimumab-ryvk***)	Tier 4	PA; SP; QL (2 pens per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (***adalimumab-ryvk***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***golimumab***)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***golimumab***)	Tier 4	PA; SP; QL (1 syringe per 28 days)
CYCLOOXYGENASE 2 (COX-2) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
celecoxib oral capsule 100 mg, 50 mg	Tier 2	ST; QL (2 capsules per 1 day)
celecoxib oral capsule 200 mg	Tier 2	ST; QL (2 capsule per 1 day)
celecoxib oral capsule 400 mg	Tier 2	ST; QL (1 capsule per 1 day)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) - ARTHRITIS AND PAIN DRUGS**		
diclofenac potassium oral tablet	Tier 1	QL (4 tablets per 1 day)
diclofenac sodium er oral tablet extended release 24 hour	Tier 1	QL (2 tablets per 1 day)
diclofenac sodium oral tablet delayed release 25 mg	Tier 1	QL (5 tablets per 1 day)
diclofenac sodium oral tablet delayed release 50 mg	Tier 1	QL (4 tablets per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	Tier 1	QL (2 tablets per 1 day)
ec-naproxen oral tablet delayed release 375 mg	Tier 1	
ec-naproxen oral tablet delayed release 500 mg	Tier 1	QL (2 tablets per 1 day)
ibuprofen (Ibu Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
ibuprofen oral suspension 100 mg/5ml	Tier 1	QL (4 mL per 1 day)
ibuprofen oral suspension 200 mg/10ml	Tier 1	QL (4 mL per 1 day)
ibuprofen oral tablet	Tier 1	QL (4 tablets per 1 day)
indomethacin er oral capsule extended release	Tier 1	QL (2 capsule per 1 day)
indomethacin oral capsule 25 mg	Tier 1	QL (3 capsule per 1 day)
indomethacin oral capsule 50 mg	Tier 1	QL (4 capsule per 1 day)
ketorolac tromethamine oral tablet	Tier 1	QL (20 tablets per 30 days)
meclofenamate sodium oral capsule	Tier 1	QL (4 capsules per 1 day)
meloxicam oral suspension	Tier 1	ST; QL (10 mL per 1 day)
meloxicam oral tablet 15 mg	Tier 1	QL (1 tablet per 1 day)
meloxicam oral tablet 7.5 mg	Tier 1	QL (2 tablet per 1 day)
nabumetone oral tablet 500 mg	Tier 1	QL (4 tablets per 1 day)
nabumetone oral tablet 750 mg	Tier 1	QL (2 tablets per 1 day)
naproxen dr oral tablet delayed release	Tier 1	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet 250 mg, 375 mg	Tier 1	QL (4 tablets per 1 day)
naproxen oral tablet 500 mg	Tier 1	QL (2 tablets per 1 day)
naproxen oral tablet delayed release 375 mg	Tier 1	QL (4 tablets per 1 day)
naproxen oral tablet delayed release 500 mg	Tier 1	QL (2 tablets per 1 day)
naproxen sodium oral tablet 275 mg	Tier 1	QL (4 tablets per 1 day)
naproxen sodium oral tablet 550 mg	Tier 1	QL (2 tablets per 1 day)
sulindac oral tablet	Tier 1	QL (2 tablets per 1 day)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - ARTHRITIS AND PAIN DRUGS**		
OTEZLA ORAL TABLET (***apremilast***)	Tier 4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (***apremilast***)	Tier 4	PA; SP; QL (1 pack per 1 one-time fill)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (***apremilast***)	Tier 4	PA; SP; QL (1 tablet per 1 day)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK (***apremilast***)	Tier 4	PA; SP; QL (1 pack per 1 one-time fill)
SELECTIVE COSTIMULATION MODULATORS - ARTHRITIS AND PAIN DRUGS**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***abatacept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (***abatacept***)	Tier 4	PA; SP; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (***abatacept***)	Tier 4	PA; SP; QL (4 injections per 28 days)
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS - ARTHRITIS AND PAIN DRUGS**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (***etanercept***)	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (***etanercept***)	Tier 4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***etanercept***)	Tier 4	PA; SP; QL (4 pens per 28 days)
***ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER**		
ANALGESICS-SEDATIVES - ARTHRITIS AND PAIN DRUGS**		
butalbital-apap-caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet)	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 **BE**=Benefit Exclusion **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
butalbital-acetaminophen oral tablet	Tier 1	QL (6 tablets per 1 day)
butalbital-apap-caffeine oral capsule	Tier 1	QL (6 capsules per 1 day)
butalbital-apap-caffeine oral tablet	Tier 1	QL (6 tablets per 1 day)
butalbital-aspirin-caffeine oral capsule	Tier 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET (***butalbital-acetaminophen***)	Tier 1	QL (6 tablets per 1 day)
SALICYLATES - ARTHRITIS AND PAIN DRUGS**		
aspirin oral tablet chewable	Tier 1; $0	
diflunisal oral tablet	Tier 1	QL (3 tablets per 1 day)
eq aspirin low dose oral tablet delayed release	Tier 1; $0	
***ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER**		
CODEINE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
acetaminophen-codeine oral solution	Tier 1	PA; QL (90 mL per 1 day)
acetaminophen-codeine oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule	Tier 1	PA; QL (6 capsules per 1 day)
butalbital-asa-caff-codeine oral capsule	Tier 1	PA; QL (6 capsules per 1 day)
HYDROCODONE COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
hydrocodone-acetaminophen oral solution	Tier 1	PA; QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	Tier 1	PA; QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet	Tier 1	PA; QL (5 tablets per 1 day)
OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS**		
codeine sulfate oral tablet	Tier 2	PA; QL (6 tablets per 1 day)
DISKETS ORAL TABLET SOLUBLE (***methadone hcl***)	Tier 1	PA; QL (1 tablet per 1 day)
fentanyl transdermal patch 72 hour	Tier 2	PA; QL (15 patches per 30 days)
hydromorphone hcl oral liquid	Tier 1	PA; QL (24 mL per 1 day)
hydromorphone hcl oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
meperidine hcl oral solution	Tier 1	PA; QL (30 mL per 1 day)
meperidine hcl oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
methadone hcl (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
methadone hcl oral concentrate	Tier 1	PA; QL (6 mL per 1 day)
methadone hcl oral solution	Tier 1	PA; QL (30 mL per 1 day)
methadone hcl oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
methadone hcl oral tablet soluble	Tier 1	PA; QL (1 tablet per 1 day)
methadone hcl (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier 1	PA; QL (6 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate er oral capsule extended release 24 hour	Tier 2	PA; QL (2 capsules per 1 day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg	Tier 2	PA; QL (2 tablets per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	Tier 2	PA; QL (3 tablets per 1 day)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	PA; QL (30 mL per 1 day)
morphine sulfate oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
oxycodone hcl oral capsule	Tier 2	PA; QL (6 capsules per 1 day)
oxycodone hcl oral concentrate	Tier 2	QL (6 ML per 1 day)
oxycodone hcl oral solution	Tier 2	PA; QL (30 mL per 1 day)
oxycodone hcl oral tablet	Tier 2	PA; QL (6 tablets per 1 day)
oxymorphone hcl oral tablet	Tier 2	PA; QL (6 tablets per 1 day)
tramadol hcl oral tablet	Tier 1	PA; QL (8 tablet per 1 day)
OPIOID COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
oxycodone-acetaminophen (Endocet Oral Tablet)	Tier 2	PA; QL (6 tablets per 1 day)
oxycodone-acetaminophen oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
OPIOID PARTIAL AGONISTS - ARTHRITIS AND PAIN DRUGS**		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***buprenorphine***)	Tier 4	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***buprenorphine***)	Tier 4	LD; QL (1 syringe per 28 days)
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 2	QL (16 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 2	QL (4 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 2	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	Tier 2	QL (16 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	Tier 2	QL (8 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	Tier 2	QL (4 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 1	QL (16 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 1	QL (4 tablets per 1 day)
butorphanol tartrate nasal solution	Tier 1	QL (2 bottles per 30 days)
TRAMADOL COMBINATIONS - ARTHRITIS AND PAIN DRUGS**		
tramadol-acetaminophen oral tablet	Tier 1	PA; QL (8 tablets per 1 day)
***ANDROGENS-ANABOLIC* - HORMONES**		
ANDROGENS - DRUGS FOR MEN**		
danazol oral capsule 100 mg, 50 mg	Tier 2	QL (2 capsules per 1 day)
danazol oral capsule 200 mg	Tier 2	QL (4 capsules per 1 day)
testosterone cypionate (Depo-Testosterone Intramuscular Solution)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methitest oral tablet	Tier 3	PA
testosterone cypionate injection solution	Tier 1	PA
testosterone cypionate intramuscular solution	Tier 1	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	Tier 2	PA; QL (1 bottle per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	Tier 2	PA; QL (2 bottles per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Tier 2	PA; QL (1 packet per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	Tier 2	PA; QL (2 packets per 1 day)
***ANORECTAL AND RELATED PRODUCTS* - RECTAL PREPARATIONS**		
INTRARECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone rectal enema	Tier 1	
RECTAL ANESTHETIC/STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone ace-pramoxine external cream	Tier 1	
RECTAL STEROIDS - RECTAL PREPARATIONS**		
hydrocortisone (perianal) external cream	Tier 1	
PROCTOCORT EXTERNAL CREAM (***hydrocortisone***)	Tier 1	
hydrocortisone (Procto-Med Hc External Cream)	Tier 1	
hydrocortisone (Proctosol Hc External Cream)	Tier 1	
hydrocortisone (Proctozone-Hc External Cream)	Tier 1	
***ANTHELMINTICS* - DRUGS FOR INFECTIONS**		
ANTHELMINTICS - DRUGS FOR PARASITES**		
benznidazole oral tablet	Tier 3	
ivermectin oral tablet 3 mg	Tier 1	QL (9 tablets per 1 fill)
ivermectin oral tablet 6 mg	Tier 1	QL (4 tablets per 1 fill)
praziquantel oral tablet	Tier 2	
***ANTIANGINAL AGENTS* - DRUGS FOR THE HEART**		
NITRATES - DRUGS FOR ANGINA**		
isosorbide dinitrate oral tablet	Tier 1	
isosorbide mononitrate er oral tablet extended release 24 hour	Tier 1	
isosorbide mononitrate oral tablet	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment)	Tier 2	
nitroglycerin sublingual tablet sublingual	Tier 1	
nitroglycerin translingual solution	Tier 2	
***ANTIANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIANXIETY AGENTS - MISC. - DRUGS FOR ANXIETY**		
buspirone hcl oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyzine hcl oral syrup	Tier 1	
hydroxyzine hcl oral tablet	Tier 1	
hydroxyzine pamoate oral capsule	Tier 1	
BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
alprazolam er oral tablet extended release 24 hour 0.5 mg	Tier 1	QL (12 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	Tier 1	QL (6 tablets per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	Tier 1	QL (2 tablets per 1 day)
alprazolam oral tablet	Tier 1	QL (4 tablets per 1 day)
alprazolam oral tablet dispersible	Tier 1	QL (3 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	Tier 1	QL (12 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	Tier 1	QL (6 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	Tier 1	QL (2 tablets per 1 day)
chlordiazepoxide hcl oral capsule	Tier 1	QL (4 capsules per 1 day)
diazepam (Diazepam Intensol Oral Concentrate)	Tier 1	QL (8 mL per 1 day)
diazepam oral concentrate	Tier 1	QL (8 mL per 1 day)
diazepam oral solution	Tier 1	QL (8 mL per 1 day)
diazepam oral tablet	Tier 1	QL (4 tablets per 1 day)
lorazepam oral tablet 0.5 mg	Tier 1	QL (12 tablets per 1 day)
lorazepam oral tablet 1 mg, 2 mg	Tier 1	QL (3 tablets per 1 day)
***ANTIARRHYTHMICS* - DRUGS FOR THE HEART**		
ANTIARRHYTHMICS TYPE I-A - DRUGS FOR ABNORMAL HEART RHYTHMS**		
disopyramide phosphate oral capsule	Tier 2	
quinidine sulfate oral tablet	Tier 1	
ANTIARRHYTHMICS TYPE I-B - DRUGS FOR ABNORMAL HEART RHYTHMS**		
mexiletine hcl oral capsule	Tier 2	
ANTIARRHYTHMICS TYPE I-C - DRUGS FOR ABNORMAL HEART RHYTHMS**		
flecainide acetate oral tablet 100 mg	Tier 2	QL (4 tablets per 1 day)
flecainide acetate oral tablet 150 mg	Tier 2	QL (2 tablets per 1 day)
flecainide acetate oral tablet 50 mg	Tier 2	QL (3 tablets per 1 day)
propafenone hcl er oral capsule extended release 12 hour	Tier 2	
propafenone hcl oral tablet	Tier 2	
ANTIARRHYTHMICS TYPE III - DRUGS FOR ABNORMAL HEART RHYTHMS**		
amiodarone hcl oral tablet 100 mg, 400 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amiodarone hcl oral tablet 200 mg	Tier 1	QL (3 tablets per 1 day)
dofetilide oral capsule	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg)	Tier 1	
amiodarone hcl (Pacerone Oral Tablet 200 Mg)	Tier 1	QL (3 tablets per 1 day)
***ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS**		
ADRENERGIC COMBINATIONS - DRUGS FOR ASTHMA/COPD**		
budesonide-formoterol fumarate (Breyna Inhalation Aerosol)	Tier 2	QL (1.03 grams per 1 day)
budesonide-formoterol fumarate inhalation aerosol	Tier 2	QL (1.03 grams per 1 day)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	Tier 2	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol	Tier 1	QL (1 inhaler per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated	Tier 1	QL (1 inhaler per 30 days)
ipratropium-albuterol inhalation solution	Tier 1	QL (540 mL per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	Tier 2	QL (1 inhalers per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	Tier 2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated	Tier 1	QL (1 inhaler per 30 days)
ANTI-INFLAMMATORY AGENTS - DRUGS FOR ASTHMA/COPD**		
cromolyn sodium inhalation nebulization solution	Tier 2	
BETA ADRENERGICS - DRUGS FOR ASTHMA/COPD**		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Tier 1	QL (180 vials per 30 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	Tier 1	
albuterol sulfate oral syrup	Tier 1	
levalbuterol tartrate inhalation aerosol	Tier 1	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (***salmeterol xinafoate***)	Tier 2	QL (1 inhaler per 30 days)
BRONCHODILATORS - ANTICHOLINERGICS - DRUGS FOR ASTHMA/COPD**		
ipratropium bromide inhalation solution	Tier 1	QL (300 mL per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (***tiotropium bromide***)	Tier 3	QL (1 inhaler per 30 days)
tiotropium bromide inhalation capsule	Tier 2	QL (1 capsule per 1 day)
tiotropium bromide monohydrate inhalation capsule	Tier 2	QL (1 capsule per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS FOR ASTHMA/COPD**		
montelukast sodium oral packet	Tier 1	QL (1 packet per 1 day)
montelukast sodium oral tablet	Tier 1	QL (1 tablet per 1 day)
montelukast sodium oral tablet chewable	Tier 1	QL (1 tablet per 1 day)
zafirlukast oral tablet	Tier 1	QL (2 tablets per 1 day)
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - DRUGS FOR ASTHMA/COPD**		
roflumilast oral tablet	Tier 2	QL (1 tablet per 1 day)
STEROID INHALANTS - DRUGS FOR ASTHMA/COPD**		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (***mometasone furoate***)	Tier 2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (***mometasone furoate***)	Tier 2	QL (1 inhaler per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	Tier 1	QL (60 mL per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	Tier 2	QL (1 inhaler per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	Tier 2	QL (4 inhalers per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act	Tier 2	QL (1 inhaler per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***budesonide***)	Tier 2	QL (0.07 EA per 1 day)
XANTHINES - DRUGS FOR ASTHMA/COPD**		
theophylline (Elixophyllin Oral Elixir)	Tier 1	QL (112.5 mL per 1 day)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	Tier 1	
theophylline er oral tablet extended release 12 hour 300 mg	Tier 1	QL (2 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 450 mg	Tier 1	QL (1 tablet per 1 day)
theophylline er oral tablet extended release 24 hour	Tier 1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline oral elixir	Tier 1	QL (112.5 mL per 1 day)
theophylline oral solution	Tier 1	QL (112.5 mL per 1 day)
***ANTICOAGULANTS* - DRUGS FOR THE BLOOD**		
COUMARIN ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**		
warfarin sodium (Jantoven Oral Tablet)	Tier 1	
warfarin sodium oral tablet	Tier 1	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS**		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE (***apixaban***)	Tier 3	QL (32 tablet per 1 day)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE (***apixaban***)	Tier 3	QL (32 tablet per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (***apixaban***)	Tier 3	QL (74 tablets per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE (***apixaban***)	Tier 3	QL (4 capsules per 1 day)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	Tier 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	Tier 3	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET SOLUBLE (***apixaban***)	Tier 3	QL (32 tablet per 1 day)
rivaroxaban oral suspension reconstituted	Tier 2	QL (20 mL per 1 day)
rivaroxaban oral tablet	Tier 2	QL (2 tablets per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (***rivaroxaban***)	Tier 3	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	Tier 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	Tier 3	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (***rivaroxaban***)	Tier 3	QL (1 pack per 1 day)
LOW MOLECULAR WEIGHT HEPARINS - DRUGS TO PREVENT BLOOD CLOTS**		
enoxaparin sodium injection solution	Tier 4	QL (30 syringes per 30 days)
enoxaparin sodium injection solution prefilled syringe	Tier 4	QL (30 syringes per 30 days)
SYNTHETIC HEPARINOID-LIKE AGENTS - DRUGS TO PREVENT BLOOD CLOTS**		
fondaparinux sodium subcutaneous solution	Tier 4	QL (30 syringes per 30 days)
***ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTICONVULSANTS - BENZODIAZEPINES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
clonazepam oral tablet	Tier 1	QL (3 tablets per 1 day)
clonazepam oral tablet dispersible	Tier 1	QL (3 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICONVULSANTS - MISC. - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg	Tier 1	QL (2 capsules per 1 day)
carbamazepine er oral capsule extended release 12 hour 300 mg	Tier 1	QL (5 capsules per 1 day)
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	Tier 1	QL (2 tablets per 1 day)
carbamazepine er oral tablet extended release 12 hour 400 mg	Tier 1	QL (4 tablets per 1 day)
carbamazepine oral suspension	Tier 1	QL (50 mL per 1 day)
carbamazepine oral tablet	Tier 1	QL (8 tablets per 1 day)
carbamazepine oral tablet chewable	Tier 1	QL (10 tablets per 1 day)
gabapentin oral capsule	Tier 2	DO
gabapentin oral solution	Tier 2	QL (72 mL per 1 day)
gabapentin oral tablet 600 mg	Tier 2	DO
gabapentin oral tablet 800 mg	Tier 2	QL (4 tablets per 1 day)
lamotrigine oral tablet	Tier 1	DO
lamotrigine oral tablet chewable 25 mg	Tier 1	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	Tier 1	QL (4 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 500 mg	Tier 2	QL (6 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 750 mg	Tier 2	QL (4 tablets per 1 day)
levetiracetam oral solution	Tier 2	QL (30 mL per 1 day)
levetiracetam oral tablet 1000 mg	Tier 2	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	Tier 2	DO
oxcarbazepine oral suspension	Tier 2	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	Tier 2	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	Tier 2	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (3 capsules per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (2 capsules per 1 day)
pregabalin oral solution	Tier 2	QL (30 mL per 1 day)
primidone oral tablet 250 mg	Tier 1	QL (8 tablets per 1 day)
primidone oral tablet 50 mg	Tier 1	QL (4 tablets per 1 day)
topiramate oral capsule sprinkle	Tier 1	QL (2 capsules per 1 day)
topiramate oral tablet	Tier 1	DO
zonisamide oral capsule	Tier 2	QL (6 capsule per 1 day)
CARBAMATES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
felbamate oral suspension	Tier 2	QL (30 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
felbamate oral tablet	Tier 2	QL (6 tablets per 1 day)
GABA MODULATORS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
tiagabine hcl oral tablet	Tier 2	QL (2 tablets per 1 day)
HYDANTOINS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
DILANTIN ORAL CAPSULE (***phenytoin sodium extended***)	Tier 3	
phenytoin sodium extended (Phenytek Oral Capsule)	Tier 1	
phenytoin oral suspension	Tier 1	
phenytoin sodium extended oral capsule	Tier 1	
SUCCINIMIDES - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
ethosuximide oral capsule	Tier 1	QL (6 capsules per 1 day)
ethosuximide oral solution	Tier 1	QL (30 mL per 1 day)
VALPROIC ACID - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
divalproex sodium er oral tablet extended release 24 hour 250 mg	Tier 2	QL (2 tablets per 1 day)
divalproex sodium er oral tablet extended release 24 hour 500 mg	Tier 2	QL (7 tablets per 1 day)
divalproex sodium oral capsule delayed release sprinkle	Tier 2	QL (8 capsules per 1 day)
divalproex sodium oral tablet delayed release 125 mg, 250 mg	Tier 2	QL (2 tablets per 1 day)
divalproex sodium oral tablet delayed release 500 mg	Tier 2	QL (7 tablets per 1 day)
valproic acid oral capsule	Tier 1	QL (4 capsules per 1 day)
valproic acid oral solution	Tier 1	
***ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) - DRUGS FOR DEPRESSION**		
mirtazapine oral tablet	Tier 1	
mirtazapine oral tablet dispersible	Tier 1	
ANTIDEPRESSANTS - MISC. - DRUGS FOR DEPRESSION**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	Tier 1	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	Tier 1	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	Tier 1	QL (3 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	Tier 1	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	Tier 1	QL (4.5 tablets per 1 day)
bupropion hcl oral tablet 75 mg	Tier 1	DO

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOAMINE OXIDASE INHIBITORS (MAOIS) - DRUGS FOR DEPRESSION**		
phenelzine sulfate oral tablet	Tier 1	QL (6 tablets per 1 day)
tranylcypromine sulfate oral tablet	Tier 2	QL (6 tablets per 1 day)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) - DRUGS FOR DEPRESSION**		
citalopram hydrobromide oral solution	Tier 1	
citalopram hydrobromide oral tablet	Tier 1	
escitalopram oxalate oral solution	Tier 1	
escitalopram oxalate oral tablet	Tier 1	
fluoxetine hcl oral capsule	Tier 1	
fluoxetine hcl oral capsule delayed release	Tier 1	
fluoxetine hcl oral solution	Tier 1	
fluoxetine hcl oral tablet	Tier 1	
paroxetine hcl er oral tablet extended release 24 hour	Tier 1	
paroxetine hcl oral tablet	Tier 1	
sertraline hcl oral concentrate	Tier 1	
sertraline hcl oral tablet	Tier 1	
SEROTONIN MODULATORS - DRUGS FOR DEPRESSION**		
nefazodone hcl oral tablet 100 mg, 50 mg	Tier 1	DO
nefazodone hcl oral tablet 150 mg, 250 mg	Tier 1	QL (2 tablets per 1 day)
nefazodone hcl oral tablet 200 mg	Tier 1	QL (3 tablets per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 1	DO
trazodone hcl oral tablet 300 mg	Tier 1	QL (2 tablets per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg	Tier 2	DO
vilazodone hcl oral tablet 40 mg	Tier 2	QL (1 tablet per 1 day)
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) - DRUGS FOR DEPRESSION**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	Tier 1	QL (1 tablet per 1 day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 1	DO
duloxetine hcl oral capsule delayed release particles 20 mg	Tier 1	QL (6 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	Tier 1	QL (4 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 40 mg	Tier 2	QL (3 capsules per 1 day)
duloxetine hcl oral capsule delayed release particles 60 mg	Tier 1	QL (2 capsules per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	Tier 1	QL (1 capsule per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	Tier 1	QL (6 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 1	QL (3 capsules per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	Tier 1	ST; QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	Tier 1	QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg	Tier 1	ST; QL (6 tablets per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	Tier 1	ST; QL (3 tablets per 1 day)
venlafaxine hcl oral tablet	Tier 1	QL (3 tablets per 1 day)
TRICYCLIC AGENTS - DRUGS FOR DEPRESSION**		
amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	DO
amitriptyline hcl oral tablet 100 mg	Tier 1	QL (3 tablets per 1 day)
amitriptyline hcl oral tablet 150 mg	Tier 1	QL (2 tablets per 1 day)
amoxapine oral tablet 100 mg	Tier 1	QL (4 tablets per 1 day)
amoxapine oral tablet 150 mg	Tier 1	QL (2 tablets per 1 day)
amoxapine oral tablet 25 mg, 50 mg	Tier 1	DO
clomipramine hcl oral capsule 25 mg	Tier 2	DO
clomipramine hcl oral capsule 50 mg	Tier 2	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	Tier 2	QL (3 capsules per 1 day)
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	Tier 2	DO
desipramine hcl oral tablet 100 mg	Tier 2	QL (3 tablets per 1 day)
desipramine hcl oral tablet 150 mg	Tier 2	QL (2 tablets per 1 day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	DO
doxepin hcl oral capsule 100 mg	Tier 1	QL (3 capsules per 1 day)
doxepin hcl oral capsule 150 mg	Tier 1	QL (2 capsules per 1 day)
doxepin hcl oral concentrate	Tier 1	QL (30 mL per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg	Tier 1	DO
imipramine hcl oral tablet 50 mg	Tier 1	QL (6 tablets per 1 day)
nortriptyline hcl oral capsule 10 mg, 25 mg	Tier 1	DO
nortriptyline hcl oral capsule 50 mg	Tier 1	QL (3 capsules per 1 day)
nortriptyline hcl oral capsule 75 mg	Tier 1	QL (2 capsules per 1 day)
nortriptyline hcl oral solution	Tier 1	QL (75 mL per 1 day)
protriptyline hcl oral tablet 10 mg	Tier 2	QL (6 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	Tier 2	DO
trimipramine maleate oral capsule 100 mg	Tier 1	QL (2 capsules per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	Tier 1	QL (3 capsules per 1 day)
***ANTIDIABETICS* - HORMONES**		
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES**		
acarbose oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGUANIDES - DRUGS FOR DIABETES**		
metformin hcl er oral tablet extended release 24 hour 500 mg	Tier 1	QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 750 mg	Tier 1	QL (2 tablets per 1 day)
metformin hcl oral tablet 1000 mg	Tier 1	QL (2 tablets per 1 day)
metformin hcl oral tablet 500 mg	Tier 1	QL (5 tablets per 1 day)
metformin hcl oral tablet 850 mg	Tier 1; $0	QL (3 tablets per 1 day)
DIABETIC OTHER - DRUGS FOR DIABETES**		
glucagon emergency injection kit	Tier 2	QL (2 kits per 30 days)
glucagon emergency injection solution reconstituted	Tier 2	QL (2 kits per 30 days)
glucose oral tablet chewable	Tier 3	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (***dextrose (diabetic use)***)	Tier 3	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS - DRUGS FOR DIABETES**		
alogliptin benzoate oral tablet	Tier 1	ST; QL (1 tablet per 1 day)
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin phos-metformin hcl***)	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	Tier 2	ST; QL (1 tablet per 1 day)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	Tier 2	ST; QL (2 tablets per 1 day)
HUMAN INSULIN - DRUGS FOR DIABETES**		
HUMALOG INJECTION SOLUTION (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (***insulin lispro prot & lispro***)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (***insulin lispro***)	Tier 2	QL (30 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph isophane & regular***)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (***insulin nph isophane & regular***)	Tier 2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (***insulin regular human***)	Tier 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	PA; QL (18 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml	Tier 2	QL (30 mL per 30 days)
insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml	Tier 2	QL (18 mL per 30 days)
insulin degludec subcutaneous solution	Tier 2	QL (30 mL per 30 days)
insulin glargine-yfgn subcutaneous solution	Tier 3	QL (1 mL per 1 day)
insulin glargine-yfgn subcutaneous solution pen-injector	Tier 3	QL (1 mL per 1 day)
insulin lispro (1 unit dial) subcutaneous solution pen-injector	Tier 2	QL (30 mL per 30 days)
insulin lispro injection solution	Tier 2	QL (30 mL per 30 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector	Tier 2	QL (30 mL per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector	Tier 2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (***insulin glargine***)	Tier 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (***insulin glargine***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (***insulin nph human (isophane)***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (***insulin regular human***)	Tier 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin degludec***)	Tier 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (***insulin degludec***)	Tier 2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (***insulin degludec***)	Tier 2	QL (30 mL per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) - DRUGS FOR DIABETES**		
liraglutide subcutaneous solution pen-injector	Tier 2	PA; QL (1 box (2 pens) per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	Tier 2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	Tier 2	PA; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (***semaglutide***)	Tier 2	PA; QL (1 pen per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (***dulaglutide***)	Tier 2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	Tier 2	PA; QL (4 syringes per 28 days)
MEGLITINIDE ANALOGUES - DRUGS FOR DIABETES**		
repaglinide oral tablet	Tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS - DRUGS FOR DIABETES**		
dapagliflozin oral tablet	Tier 1	ST; QL (1 tablet per 1 day)
dapagliflozin propanediol oral tablet	Tier 2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (***empagliflozin***)	Tier 2	ST; QL (1 tablet per 1 day)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB - DRUGS FOR DIABETES**		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	Tier 1	ST; QL (1 tablet per 1 day)
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 1	ST; QL (2 tablets per 1 day)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	Tier 2	ST; QL (1 tablet per 1 day)
dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (***empagliflozin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (***empagliflozin-metformin hcl***)	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG (***dapagliflozin base-metformin***)	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***dapagliflozin base-metformin***)	Tier 2	ST; QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFONYLUREA-BIGUANIDE COMBINATIONS - DRUGS FOR DIABETES**		
glipizide-metformin hcl oral tablet 2.5-250 mg	Tier 1	QL (8 tablets per 1 day)
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (4 tablets per 1 day)
glyburide-metformin oral tablet 1.25-250 mg	Tier 1	QL (8 tablets per 1 day)
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	Tier 1	QL (4 tablets per 1 day)
SULFONYLUREAS - DRUGS FOR DIABETES**		
glimepiride oral tablet 1 mg	Tier 1	QL (8 tablets per 1 day)
glimepiride oral tablet 2 mg	Tier 1	QL (4 tablets per 1 day)
glimepiride oral tablet 4 mg	Tier 1	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg	Tier 1	QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 2.5 mg	Tier 1	QL (8 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 5 mg	Tier 1	QL (4 tablets per 1 day)
glipizide oral tablet 10 mg	Tier 1	QL (4 tablets per 1 day)
glipizide oral tablet 2.5 mg	Tier 1	QL (16 tablets per 1 day)
glipizide oral tablet 5 mg	Tier 1	QL (8 tablets per 1 day)
glyburide oral tablet 1.25 mg	Tier 1	QL (16 tablets per 1 day)
glyburide oral tablet 2.5 mg	Tier 1	QL (8 tablets per 1 day)
glyburide oral tablet 5 mg	Tier 1	QL (4 tablets per 1 day)
THIAZOLIDINEDIONES - DRUGS FOR DIABETES**		
pioglitazone hcl oral tablet	Tier 1	ST; QL (1 tablet per 1 day)
***ANTIDIARRHEAL/PROBIOTIC AGENTS* - DRUGS FOR THE STOMACH**		
ANTIPERISTALTIC AGENTS - DRUGS FOR DIARRHEA**		
diphenoxylate-atropine oral liquid	Tier 1	
diphenoxylate-atropine oral tablet	Tier 1	
loperamide hcl oral capsule	Tier 1	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (***difenoxin-atropine***)	Tier 3	
***ANTIDOTES AND SPECIFIC ANTAGONISTS* - DRUGS FOR OVERDOSE OR POISONING**		
ANTIDOTES - CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING**		
CHEMET ORAL CAPSULE (***succimer***)	Tier 3	
OPIOID ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**		
ft naloxone hcl nasal liquid	Tier 1	
gnp naloxone hcl nasal liquid	Tier 1	
KLOXXADO NASAL LIQUID (***naloxone hcl***)	Tier 2	QL (3 boxes per 3 months)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone hcl injection solution	Tier 2	QL (6 vial per 90 days)
naloxone hcl injection solution cartridge	Tier 2	QL (6 syringes per 90 days)
naloxone hcl injection solution prefilled syringe	Tier 2	QL (6 syringes per 90 days)
naloxone hcl nasal liquid	Tier 1	QL (6 nasal spray per 90 days)
naltrexone hcl oral tablet	Tier 1	
NARCAN NASAL LIQUID (***naloxone hcl***)	Tier 1	QL (6 nasal spray per 90 days)
REXTOVY NASAL LIQUID (***naloxone hcl***)	Tier 2	QL (6 nasal sprays per 3 months)
REZENOPY NASAL LIQUID (***naloxone hcl***)	Tier 2	QL (3 cartons per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***naltrexone***)	Tier 4	QL (1 vial per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR (***nalmefene hcl***)	Tier 2	QL (6 auto-injector per 90 days)
***ANTIEMETICS* - DRUGS FOR THE STOMACH**		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA**		
ondansetron hcl oral solution	Tier 2	
ondansetron hcl oral tablet	Tier 2	
ondansetron oral tablet dispersible	Tier 2	
palonosetron hcl intravenous solution	Tier 2	
palonosetron hcl intravenous solution prefilled syringe	Tier 2	
ANTIEMETICS - ANTICHOLINERGIC - DRUGS FOR VOMITING AND NAUSEA**		
meclizine hcl oral tablet	Tier 1	
scopolamine transdermal patch 72 hour	Tier 2	
trimethobenzamide hcl oral capsule	Tier 1	
ANTIEMETICS - MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA**		
dronabinol oral capsule	Tier 2	QL (4 capsules per 1 day)
***ANTIFUNGALS* - DRUGS FOR INFECTIONS**		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOIDS) - ANTIBIOTICS**		
BREXAFEMME ORAL TABLET (***ibrexafungerp citrate***)	Tier 3	PA; QL (4 tablets per 1 month)
ANTIFUNGALS - DRUGS FOR FUNGUS**		
griseofulvin microsize oral suspension	Tier 1	
griseofulvin microsize oral tablet	Tier 1	
griseofulvin ultramicrosize oral tablet	Tier 1	
nystatin oral tablet	Tier 1	
terbinafine hcl oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMIDAZOLES - DRUGS FOR FUNGUS**		
ketoconazole oral tablet	Tier 1	QL (2 tablets per 1 day)
TRIAZOLES - DRUGS FOR FUNGUS**		
fluconazole oral suspension reconstituted 10 mg/ml	Tier 1	QL (40 mL per 1 day)
fluconazole oral suspension reconstituted 40 mg/ml	Tier 1	QL (10 mL per 1 day)
fluconazole oral tablet 100 mg	Tier 1	QL (4 tablets per 1 day)
fluconazole oral tablet 150 mg, 200 mg	Tier 1	QL (2 tablets per 1 day)
fluconazole oral tablet 50 mg	Tier 1	QL (8 tablets per 1 day)
itraconazole oral capsule	Tier 2	PA; QL (126 capsule per 30 days)
***ANTIHISTAMINES* - DRUGS FOR THE LUNGS**		
ANTIHISTAMINES - ETHANOLAMINES - DRUGS FOR ALLERGIES**		
carbinoxamine maleate oral solution	Tier 1	ST; QL (20 mL per 1 day)
carbinoxamine maleate oral tablet	Tier 1	ST; QL (6 tablets per 1 day)
carbzah oral solution	Tier 1	ST; QL (20 mL per 1 day)
clemastine fumarate oral tablet	Tier 1	ST; QL (3 tablets per 1 day)
diphenhydramine hcl injection solution	Tier 2	
diphenhydramine hcl oral capsule	Tier 1	
ANTIHISTAMINES - NON-SEDATING - DRUGS FOR ALLERGIES**		
desloratadine oral tablet	Tier 1	ST
desloratadine oral tablet dispersible	Tier 1	
ANTIHISTAMINES - PHENOTHIAZINES - DRUGS FOR ALLERGIES**		
promethazine hcl oral solution 12.5 mg/10ml	Tier 1	QL (40 mL per 1 day)
promethazine hcl oral solution 6.25 mg/5ml	Tier 1	QL (40 mL per 1 day)
promethazine hcl oral tablet 12.5 mg, 25 mg	Tier 1	QL (4 tablets per 1 day)
promethazine hcl oral tablet 50 mg	Tier 1	QL (1 tablet per 1 day)
promethazine hcl rectal suppository	Tier 2	QL (6 suppositories per 1 day)
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (6 suppositories per 1 day)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	Tier 2	QL (1 suppository per 1 day)
ANTIHISTAMINES - PIPERIDINES - DRUGS FOR ALLERGIES**		
cyproheptadine hcl oral syrup	Tier 1	
***ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART**		
ANTIHYPERLIPIDEMICS - MISC. - DRUGS FOR CHOLESTEROL**		
omega-3-acid ethyl esters oral capsule	Tier 1	PA; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL**		
colesevelam hcl oral packet	Tier 2	QL (1 packet per 1 day)
colesevelam hcl oral tablet	Tier 2	QL (6 tablets per 1 day)
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	QL (1 capsule per 1 day)
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	Tier 1	QL (1 capsule per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	QL (1 tablet per 1 day)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	QL (1 capsule per 1 day)
fenofibric acid oral tablet	Tier 1	QL (1 tablet per 1 day)
gemfibrozil oral tablet	Tier 1	QL (2 tablets per 1 day)
HMG COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL**		
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 1; $0	DO
atorvastatin calcium oral tablet 40 mg	Tier 1	DO
atorvastatin calcium oral tablet 80 mg	Tier 1	QL (1 tablet per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour	Tier 2; $0	QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	Tier 1; $0	DO
lovastatin oral tablet 10 mg, 20 mg	Tier 1; $0	DO
lovastatin oral tablet 40 mg	Tier 1; $0	QL (2 tablets per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1; $0	DO
pravastatin sodium oral tablet 80 mg	Tier 1; $0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 2; $0	DO
rosuvastatin calcium oral tablet 20 mg	Tier 2	DO
rosuvastatin calcium oral tablet 40 mg	Tier 2	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 1; $0	DO
simvastatin oral tablet 40 mg	Tier 1; $0	QL (1 tablet per 1 day)
simvastatin oral tablet 80 mg	Tier 1	QL (1 tablet per 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL**		
ezetimibe oral tablet	Tier 1	PA; QL (1 tablet per 1 day)
NICOTINIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL**		
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	Tier 1	ST; QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 1	ST; QL (1 tablet per 1 day)
PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (***evolocumab***)	Tier 3	PA; QL (1 cartridge per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***evolocumab***)	Tier 3	PA; QL (3 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***evolocumab***)	Tier 3	PA; QL (3 syringes per 28 days)
***ANTIHYPERTENSIVES* - DRUGS FOR THE HEART**		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 1	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	Tier 1	QL (4 capsules per 1 day)
amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg	Tier 1	QL (2 capsules per 1 day)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	QL (1 tablet per 1 day)
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	Tier 1	QL (2 tablets per 1 day)
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Tier 1	QL (1 tablet per 1 day)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 1	QL (4 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg	Tier 1	QL (2 tablets per 1 day)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	Tier 1	QL (4 tablets per 1 day)
fosinopril sodium-hctz oral tablet	Tier 1	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	QL (4 tablets per 1 day)
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	Tier 1	QL (2 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	Tier 1	QL (4 tablets per 1 day)
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Tier 1	QL (2 tablets per 1 day)
ACE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
benazepril hcl oral tablet 10 mg	Tier 1	QL (8 tablets per 1 day)
benazepril hcl oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
benazepril hcl oral tablet 40 mg	Tier 1	QL (2 tablets per 1 day)
benazepril hcl oral tablet 5 mg	Tier 1	QL (16 tablets per 1 day)
enalapril maleate oral tablet 10 mg	Tier 1	QL (4 tablets per 1 day)
enalapril maleate oral tablet 2.5 mg	Tier 1	QL (16 tablets per 1 day)
enalapril maleate oral tablet 20 mg	Tier 1	QL (2 tablets per 1 day)
enalapril maleate oral tablet 5 mg	Tier 1	QL (8 tablets per 1 day)
fosinopril sodium oral tablet 10 mg	Tier 1	QL (8 tablets per 1 day)
fosinopril sodium oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
fosinopril sodium oral tablet 40 mg	Tier 1	QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg	Tier 1	QL (8 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisinopril oral tablet 2.5 mg	Tier 1	QL (32 tablets per 1 day)
lisinopril oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
lisinopril oral tablet 30 mg, 40 mg	Tier 1	QL (2 tablets per 1 day)
lisinopril oral tablet 5 mg	Tier 1	QL (16 tablets per 1 day)
quinapril hcl oral tablet 10 mg	Tier 1	QL (8 tablets per 1 day)
quinapril hcl oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
quinapril hcl oral tablet 40 mg	Tier 1	QL (2 tablets per 1 day)
quinapril hcl oral tablet 5 mg	Tier 1	QL (16 tablets per 1 day)
ramipril oral capsule 1.25 mg	Tier 1	DO
ramipril oral capsule 10 mg	Tier 1	QL (2 capsules per 1 day)
ramipril oral capsule 2.5 mg	Tier 1	QL (8 capsules per 1 day)
ramipril oral capsule 5 mg	Tier 1	QL (4 tablets per 1 day)
trandolapril oral tablet 1 mg	Tier 1	QL (8 tablets per 1 day)
trandolapril oral tablet 2 mg	Tier 1	QL (4 tablets per 1 day)
trandolapril oral tablet 4 mg	Tier 1	QL (2 tablets per 1 day)
AGENTS FOR PHEOCHROMOCYTOMA - DRUGS FOR HIGH BLOOD PRESSURE**		
phenoxybenzamine hcl oral capsule	Tier 2	PA; QL (12 capsules per 1 day)
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine besylate-valsartan oral tablet 5-160 mg	Tier 1	QL (2 tablets per 1 day)
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE - DRUGS FOR HIGH BLOOD PRESSURE**		
candesartan cilexetil-hctz oral tablet 16-12.5 mg	Tier 1	QL (2 tablets per 1 day)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	Tier 1	QL (1 tablet per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	Tier 1	QL (2 tablets per 1 day)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium-hctz oral tablet 50-12.5 mg	Tier 1	QL (2 tablets per 1 day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	Tier 2	QL (2 tablets per 1 day)
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	Tier 2	QL (1 tablet per 1 day)
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	Tier 1	QL (2 tablets per 1 day)
telmisartan-hctz oral tablet 80-25 mg	Tier 1	QL (1 tablet per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	Tier 1	QL (2 tablets per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	Tier 1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
irbesartan oral tablet 150 mg, 75 mg	Tier 1	DO
irbesartan oral tablet 300 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	Tier 1	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg	Tier 1	DO
losartan potassium oral tablet 50 mg	Tier 1	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg, 5 mg	Tier 2	DO
olmesartan medoxomil oral tablet 40 mg	Tier 2	QL (1 tablet per 1 day)
valsartan oral tablet 160 mg	Tier 1	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	Tier 1	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	Tier 1	DO
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	Tier 1	QL (2 tablets per 1 day)
ANTIADRENERGICS - CENTRALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
clonidine hcl oral tablet 0.1 mg	Tier 1	DO
clonidine hcl oral tablet 0.2 mg	Tier 1	QL (6 tablets per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	QL (4 tablets per 1 day)
guanfacine hcl oral tablet	Tier 1	
methyldopa oral tablet 250 mg	Tier 1	DO
methyldopa oral tablet 500 mg	Tier 1	QL (6 tablets per 1 day)
ANTIADRENERGICS - PERIPHERALLY ACTING - DRUGS FOR HIGH BLOOD PRESSURE**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	QL (1 tablet per 1 day)
doxazosin mesylate oral tablet 8 mg	Tier 1	QL (2 tablets per 1 day)
prazosin hcl oral capsule	Tier 1	
terazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	QL (1 capsule per 1 day)
terazosin hcl oral capsule 10 mg	Tier 1	QL (2 capsules per 1 day)
BETA BLOCKER & DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
atenolol-chlorthalidone oral tablet	Tier 1	QL (1 tablet per 1 day)
bisoprolol-hydrochlorothiazide oral tablet	Tier 1	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg	Tier 1	QL (2 tablets per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-50 mg	Tier 1	QL (1 tablet per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
hydralazine hcl oral tablet	Tier 1	
minoxidil oral tablet	Tier 1	
***ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS**		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS**		
metronidazole oral capsule	Tier 1	
metronidazole oral tablet	Tier 1	
tinidazole oral tablet 250 mg	Tier 1	QL (5 tablets per 28 days)
tinidazole oral tablet 500 mg	Tier 1	QL (20 tablets per 1 fill)
trimethoprim oral tablet	Tier 1	
ANTI-INFECTIVE MISC. - COMBINATIONS - ANTIBIOTICS**		
sulfamethoxazole-trimethoprim oral suspension	Tier 1	
sulfamethoxazole-trimethoprim oral tablet	Tier 1	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension)	Tier 1	
ANTIPROTOZOAL AGENTS - DRUGS FOR PARASITES**		
nitazoxanide oral tablet	Tier 2	QL (6 tablets per 1 fill)
CARBAPENEMS - ANTIBIOTICS**		
ertapenem sodium injection solution reconstituted	Tier 2	
GLYCOPEPTIDES - ANTIBIOTICS**		
vancomycin hcl oral capsule 125 mg	Tier 2	QL (120 capsules per 30 days)
vancomycin hcl oral capsule 250 mg	Tier 2	QL (240 capsules per 30 days)
LEPROSTATICS - ANTIBIOTICS**		
dapsone oral tablet	Tier 2	
LINCOSAMIDES - ANTIBIOTICS**		
clindamycin hcl oral capsule	Tier 1	
clindamycin palmitate hcl oral solution reconstituted	Tier 1	
MONOBACTAMS - ANTIBIOTICS**		
CAYSTON INHALATION SOLUTION RECONSTITUTED (***aztreonam lysine***)	Tier 4	SP; LD; QL (3 vials per 1 day)
OXAZOLIDINONES - ANTIBIOTICS**		
linezolid oral suspension reconstituted	Tier 2	PA; QL (900 mL per 30 days)
linezolid oral tablet	Tier 2	PA; QL (28 tablets per 30 days)
POLYMYXINS - ANTIBIOTICS**		
polymyxin b sulfate injection solution reconstituted	Tier 1	
URINARY ANTI-INFECTIVES - ANTIBIOTICS**		
methenamine hippurate oral tablet	Tier 2	
nitrofurantoin macrocrystal oral capsule	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin monohyd macro oral capsule	Tier 1	
***ANTIMALARIALS* - DRUGS FOR INFECTIONS**		
ANTIMALARIAL COMBINATIONS - DRUGS FOR PARASITES**		
atovaquone-proguanil hcl oral tablet	Tier 1	
COARTEM ORAL TABLET (***artemether-lumefantrine***)	Tier 3	
ANTIMALARIALS - DRUGS FOR PARASITES**		
chloroquine phosphate oral tablet	Tier 1	
hydroxychloroquine sulfate oral tablet	Tier 1	QL (3 tablets per 1 day)
mefloquine hcl oral tablet	Tier 1	QL (5 tablets per 28 days)
primaquine phosphate oral tablet	Tier 3	
quinine sulfate oral capsule	Tier 2	PA; QL (60 capsules per 30 days)
***ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES**		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES**		
pyridostigmine bromide oral tablet	Tier 2	
***ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS**		
ANTIMYCOBACTERIAL AGENTS - ANTIBIOTICS**		
cycloserine oral capsule	Tier 2	
ethambutol hcl oral tablet	Tier 2	
isoniazid oral syrup	Tier 1	
isoniazid oral tablet	Tier 1	
PRIFTIN ORAL TABLET (***rifapentine***)	Tier 3	
pyrazinamide oral tablet	Tier 2	
rifabutin oral capsule	Tier 2	
rifampin oral capsule	Tier 2	
rifapentine oral tablet	Tier 2	
***ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER**		
ALKYLATING AGENTS - DRUGS FOR CANCER**		
MYLERAN ORAL TABLET (***busulfan***)	Tier 4; OC	OC
ANDROGEN BIOSYNTHESIS INHIBITORS - DRUGS FOR CANCER**		
abiraterone acetate oral tablet 250 mg	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
abiraterone acetate oral tablet 500 mg	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
abiraterone acetate (Abirtega Oral Tablet)	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
ANTIADRENALS - DRUGS FOR CANCER**		
LYSODREN ORAL TABLET (***mitotane***)	Tier 4; OC	LD; QL (38 tablets per 1 day); OC
ANTIANDROGENS - DRUGS FOR CANCER**		
bicalutamide oral tablet	Tier 2; OC	QL (1 tablet per 1 day); OC
nilutamide oral tablet	Tier 4; OC	QL (1 tablet per 1 day); OC
XTANDI ORAL CAPSULE (***enzalutamide***)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
ANTIESTROGENS - DRUGS FOR CANCER**		
tamoxifen citrate oral tablet	Tier 2; OC; $0	OC
toremifene citrate oral tablet	Tier 4; OC	OC
ANTIMETABOLITES - DRUGS FOR CANCER**		
capecitabine oral tablet	Tier 4; OC	PA; SP; OC
mercaptopurine oral tablet	Tier 2; OC	OC
methotrexate sodium oral tablet	Tier 2; OC	OC
TABLOID ORAL TABLET (***thioguanine***)	Tier 4; OC	OC
ANTINEOPLASTIC - ALK INHIBITORS - DRUGS FOR CANCER**		
XALKORI ORAL CAPSULE (***crizotinib***)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS - DRUGS FOR CANCER**		
bosutinib oral tablet 100 mg	Tier 4; OC	PA; SP; QL (6 tablets per 1 day); OC
bosutinib oral tablet 400 mg, 500 mg	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
dasatinib oral tablet	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 15 MG (***ponatinib hcl***)	Tier 4; OC	PA; LD; QL (2 tablets per 1 day); OC
imatinib mesylate oral tablet	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC
nilotinib hcl oral capsule	Tier 4; OC	PA; SP; QL (4 capsule per 1 day); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC - BRAF KINASE INHIBITORS - DRUGS FOR CANCER**		
TAFINLAR ORAL CAPSULE (***dabrafenib mesylate***)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
ZELBORAF ORAL TABLET (***vemurafenib***)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day); OC
ANTINEOPLASTIC - BTK INHIBITORS - DRUGS FOR CANCER**		
IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***)	Tier 4; OC	PA; LD; QL (3 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	Tier 4; OC	PA; LD; QL (1 capsule per 1 day); OC
IMBRUVICA ORAL TABLET (***ibrutinib***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - EGFR INHIBITORS - DRUGS FOR CANCER**		
ERBITUX INTRAVENOUS SOLUTION (***cetuximab***)	Tier 4	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
erlotinib hcl oral tablet 25 mg	Tier 4; OC	PA; SP; QL (3 tablets per 1 day); OC
GILOTRIF ORAL TABLET (***afatinib dimaleate***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS - DRUGS FOR CANCER**		
ERIVEDGE ORAL CAPSULE (***vismodegib***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS - DRUGS FOR CANCER**		
ZOLINZA ORAL CAPSULE (***vorinostat***)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day); OC
ANTINEOPLASTIC - IMMUNOMODULATORS - DRUGS FOR CANCER**		
pomalidomide oral capsule	Tier 4; OC	PA; SP; LD; QL (21 capsules per 28 days); OC
ANTINEOPLASTIC - MEK INHIBITORS - DRUGS FOR CANCER**		
MEKINIST ORAL TABLET 0.5 MG (***trametinib dimethyl sulfoxide***)	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day); OC
MEKINIST ORAL TABLET 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day); OC
ANTINEOPLASTIC - MTOR KINASE INHIBITORS - DRUGS FOR CANCER**		
everolimus oral tablet	Tier 4; OC	PA; SP; OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
everolimus oral tablet soluble	Tier 4; OC	PA; SP; OC
everolimus (Torpenz Oral Tablet)	Tier 4; OC	PA; SP; LD; OC
ANTINEOPLASTIC - MULTIKINASE INHIBITORS - DRUGS FOR CANCER**		
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	Tier 4; OC	PA; LD; QL (3 tablets per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (***cabozantinib s-malate***)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
lapatinib ditosylate oral tablet	Tier 4; OC	PA; SP; QL (6 tablets per 1 day); OC
pazopanib hcl oral tablet 200 mg	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
pazopanib hcl oral tablet 400 mg	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC
sorafenib tosylate oral tablet	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
STIVARGA ORAL TABLET (***regorafenib***)	Tier 4; OC	PA; SP; LD; QL (84 tablets per 28 days); OC
sunitinib malate oral capsule	Tier 4; OC	PA; SP; QL (1 capsule per 1 day); OC
ANTINEOPLASTICS MISC. - DRUGS FOR CANCER**		
ACTIMMUNE SUBCUTANEOUS SOLUTION (***interferon gamma-1b***)	Tier 4	PA; SP; LD
hydroxyurea oral capsule	Tier 2; OC	OC
MATULANE ORAL CAPSULE (***procarbazine hcl***)	Tier 4; OC	LD; OC
AROMATASE INHIBITORS - DRUGS FOR CANCER**		
anastrozole oral tablet	Tier 2; OC; $0	OC
exemestane oral tablet	Tier 2; OC; $0	OC
letrozole oral tablet	Tier 2; OC; $0	OC
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS - DRUGS FOR CANCER**		
IBRANCE ORAL CAPSULE (***palbociclib***)	Tier 4; OC	PA; SP; LD; QL (21 capsules per 28 days); OC
IBRANCE ORAL TABLET 100 MG, 75 MG (***palbociclib***)	Tier 4; OC	PA; SP; LD; QL (21 tablets per 28 days); OC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL TABLET 125 MG (***palbociclib***)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day); OC
ESTROGEN RECEPTOR ANTAGONIST - DRUGS FOR CANCER**		
fulvestrant intramuscular solution prefilled syringe	Tier 4	SP
FOLIC ACID ANTAGONISTS RESCUE AGENTS - DRUGS FOR CANCER**		
LEDERLE LEUCOVORIN ORAL TABLET (***leucovorin calcium***)	Tier 2	QL (2 tablets per 1 day)
leucovorin calcium oral tablet	Tier 2	QL (2 tablets per 1 day)
IMIDAZOTETRAZINES - DRUGS FOR CANCER**		
temozolomide oral capsule 100 mg, 250 mg	Tier 4; OC	PA; SP; QL (2 capsule per 1 day); OC
temozolomide oral capsule 140 mg, 180 mg	Tier 4; OC	PA; SP; QL (2 capsules per 1 day); OC
temozolomide oral capsule 20 mg	Tier 4; OC	PA; SP; QL (4 capsule per 1 day); OC
temozolomide oral capsule 5 mg	Tier 4; OC	PA; SP; QL (3 capsule per 1 day); OC
JANUS ASSOCIATED KINASE (JAK) INHIBITORS - DRUGS FOR CANCER**		
JAKAFI ORAL TABLET (***ruxolitinib phosphate***)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day); OC
LHRH ANALOGS - DRUGS FOR CANCER**		
leuprolide acetate injection kit	Tier 4	PA; SP
MITOTIC INHIBITORS - DRUGS FOR CANCER**		
etoposide oral capsule	Tier 4; OC	SP; OC
NITROGEN MUSTARDS AND RELATED ANALOGUES - DRUGS FOR CANCER**		
cyclophosphamide oral capsule	Tier 4; OC	SP; OC
LEUKERAN ORAL TABLET (***chlorambucil***)	Tier 3; OC	OC
NITROSOUREAS - DRUGS FOR CANCER**		
lomustine oral capsule	Tier 4; OC	PA; SP; OC
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - DRUGS FOR CANCER**		
ZYDELIG ORAL TABLET (***idelalisib***)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day); OC
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - DRUGS FOR CANCER**		
LYNPARZA ORAL TABLET (***olaparib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETINOIDS - DRUGS FOR CANCER**		
tretinoin oral capsule	Tier 2; OC	OC
SELECTIVE RETINOID X RECEPTOR AGONISTS - DRUGS FOR CANCER**		
bexarotene oral capsule	Tier 4; OC	PA; SP; QL (10 capsules per 1 day); OC
TOPOISOMERASE I INHIBITORS - DRUGS FOR CANCER**		
HYCAMTIN ORAL CAPSULE (***topotecan hcl***)	Tier 4; OC	PA; SP; LD; OC
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS - DRUGS FOR CANCER**		
INLYTA ORAL TABLET 1 MG (***axitinib***)	Tier 4; OC	PA; SP; LD; QL (6 tablets per 1 day); OC
INLYTA ORAL TABLET 5 MG (***axitinib***)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day); OC
***ANTIPARKINSON AND RELATED THERAPY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIPARKINSON ANTICHOLINERGICS - DRUGS FOR PARKINSON**		
benztropine mesylate oral tablet	Tier 1	
trihexyphenidyl hcl oral solution	Tier 1	
trihexyphenidyl hcl oral tablet	Tier 1	
ANTIPARKINSON DOPAMINERGICS - DRUGS FOR PARKINSON**		
amantadine hcl oral capsule	Tier 2	QL (4 capsule per 1 day)
amantadine hcl oral solution	Tier 2	QL (40 mL per 1 day)
amantadine hcl oral tablet	Tier 2	QL (4 tablets per 1 day)
bromocriptine mesylate oral capsule	Tier 2	
bromocriptine mesylate oral tablet	Tier 1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS - DRUGS FOR PARKINSON**		
rasagiline mesylate oral tablet 0.5 mg	Tier 2	QL (2 tablets per 1 day)
rasagiline mesylate oral tablet 1 mg	Tier 2	QL (1 tablet per 1 day)
selegiline hcl oral capsule	Tier 2	
selegiline hcl oral tablet	Tier 2	
DECARBOXYLASE INHIBITORS - DRUGS FOR PARKINSON**		
carbidopa oral tablet	Tier 2	
LEVODOPA COMBINATIONS - DRUGS FOR PARKINSON**		
carbidopa-levodopa er oral tablet extended release	Tier 2	
carbidopa-levodopa oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbidopa-levodopa oral tablet dispersible	Tier 2	
NONERGOLINE DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON**		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (***apomorphine hcl***)	Tier 4	PA; SP; LD; QL (2 mL per 1 day)
apomorphine hcl subcutaneous solution cartridge	Tier 4	PA; SP; QL (2 mL per 1 day)
pramipexole dihydrochloride oral tablet	Tier 2	QL (3 tablets per 1 day)
ropinirole hcl er oral tablet extended release 24 hour	Tier 2	
ropinirole hcl oral tablet	Tier 1	
PERIPHERAL COMT INHIBITORS - DRUGS FOR PARKINSON**		
entacapone oral tablet	Tier 2	QL (8 tablets per 1 day)
***ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
ANTIMANIC AGENTS - DRUGS FOR SEVERE MENTAL DISORDERS**		
lithium carbonate er oral tablet extended release 300 mg	Tier 1	QL (6 tablets per 1 day)
lithium carbonate er oral tablet extended release 450 mg	Tier 1	QL (4 tablets per 1 day)
lithium carbonate oral capsule 150 mg	Tier 1	QL (12 capsules per 1 day)
lithium carbonate oral capsule 300 mg	Tier 1	QL (6 capsules per 1 day)
lithium carbonate oral capsule 600 mg	Tier 1	QL (3 capsules per 1 day)
lithium carbonate oral tablet	Tier 1	QL (6 tablets per 1 day)
lithium oral solution	Tier 1	
ANTIPSYCHOTICS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
ziprasidone hcl oral capsule 20 mg, 40 mg	Tier 2	PA; DO
ziprasidone hcl oral capsule 60 mg, 80 mg	Tier 2	PA; QL (2 capsules per 1 day)
BENZISOXAZOLES - DRUGS FOR SEVERE MENTAL DISORDERS**		
risperidone oral solution	Tier 1	PA; QL (8 mL per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	PA; DO
risperidone oral tablet 3 mg, 4 mg	Tier 1	PA; QL (4 tablets per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	PA; DO
risperidone oral tablet dispersible 3 mg, 4 mg	Tier 2	PA; QL (4 tablets per 1 day)
BUTYROPHENONES - DRUGS FOR SEVERE MENTAL DISORDERS**		
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	PA; DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	Tier 1	PA; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
clozapine oral tablet 100 mg	Tier 2	PA; QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	Tier 2	PA; QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	Tier 2	PA; DO
clozapine oral tablet dispersible 100 mg	Tier 2	PA; QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	Tier 2	PA; DO
clozapine oral tablet dispersible 150 mg	Tier 2	PA; QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	Tier 2	PA; QL (4 tablets per 1 day)
DIBENZOTHIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	PA; DO
quetiapine fumarate oral tablet 150 mg	Tier 1	PA; QL (5 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	Tier 2	PA; QL (2 tablets per 1 day)
DIBENZOXAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	Tier 1	PA; DO
loxapine succinate oral capsule 50 mg	Tier 1	PA; QL (4 capsules per 1 day)
PHENOTHIAZINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	PA; DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	Tier 2	PA; QL (4 tablets per 1 day)
fluphenazine hcl oral concentrate	Tier 1	PA; QL (8 mL per 1 day)
fluphenazine hcl oral elixir	Tier 1	PA; QL (80 mL per 1 day)
fluphenazine hcl oral tablet 1 mg, 2.5 mg	Tier 1	PA; DO
fluphenazine hcl oral tablet 10 mg, 5 mg	Tier 1	PA; QL (4 tablets per 1 day)
perphenazine oral tablet 16 mg	Tier 1	PA; QL (1 tablet per 1 day)
perphenazine oral tablet 2 mg	Tier 1	PA; DO
perphenazine oral tablet 4 mg	Tier 1	PA; QL (4 tablets per 1 day)
perphenazine oral tablet 8 mg	Tier 1	PA; QL (3 tablets per 1 day)
prochlorperazine maleate oral tablet	Tier 1	PA
thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	PA; DO
thioridazine hcl oral tablet 100 mg	Tier 1	PA; QL (8 tablets per 1 day)
trifluoperazine hcl oral tablet 1 mg, 2 mg	Tier 1	PA; DO
trifluoperazine hcl oral tablet 10 mg, 5 mg	Tier 1	PA; QL (4 tablets per 1 day)
QUINOLINONE DERIVATIVES - DRUGS FOR SEVERE MENTAL DISORDERS**		
aripiprazole oral solution	Tier 2	PA; QL (30 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	Tier 2	PA; DO
aripiprazole oral tablet 20 mg, 30 mg	Tier 2	PA; QL (1 tablet per 1 day)
THIENBENZODIAZEPINES - DRUGS FOR SEVERE MENTAL DISORDERS**		
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 2	PA; DO
olanzapine oral tablet 15 mg, 20 mg	Tier 2	PA; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 10 mg, 5 mg	Tier 2	PA; DO
olanzapine oral tablet dispersible 15 mg	Tier 2	PA; QL (1 tablets per 1 day)
olanzapine oral tablet dispersible 20 mg	Tier 2	PA; QL (1 tablet per 1 day)
THIOXANTHENES - DRUGS FOR SEVERE MENTAL DISORDERS**		
thiothixene oral capsule 1 mg, 2 mg, 5 mg	Tier 1	PA; DO
thiothixene oral capsule 10 mg	Tier 1	PA; QL (6 capsules per 1 day)
***ANTIVIRALS* - DRUGS FOR INFECTIONS**		
ANTIRETROVIRAL COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate-lamivudine oral tablet	Tier 2	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (***bictegravir-emtricitab-tenofov***)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	Tier 2; $0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (***dolutegravir-lamivudine***)	Tier 2	QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 2	QL (1 tablet per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 1; $0	QL (1 tablet per 1 day)
lamivudine-zidovudine oral tablet	Tier 1	QL (2 tablets per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (10 tablets per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 2	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (***elviteg-cobic-emtricit-tenofdf***)	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (***abacavir-dolutegravir-lamivud***)	Tier 2	QL (1 tablet per 1 day)
triumeq pd oral tablet soluble	Tier 2	QL (6 tablets per 1 day)
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR) - DRUGS FOR VIRAL INFECTIONS**		
maraviroc oral tablet	Tier 2	QL (4 tablets per 1 day)
ANTIRETROVIRALS - FUSION INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (***enfuvirtide***)	Tier 2	LD; QL (2 vials per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRALS - INTEGRASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
ISENTRESS ORAL TABLET (***raltegravir potassium***)	Tier 2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (***raltegravir potassium***)	Tier 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (***raltegravir potassium***)	Tier 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (***dolutegravir sodium***)	Tier 2	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (***dolutegravir sodium***)	Tier 2	QL (12 tablets per 1 day)
ANTIRETROVIRALS - PROTEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
APTIVUS ORAL CAPSULE (***tipranavir***)	Tier 2	QL (4 capsules per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 2	QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 2	QL (1 capsule per 1 day)
darunavir oral tablet 600 mg	Tier 2	QL (2 tablets per 1 day)
darunavir oral tablet 800 mg	Tier 2	QL (1 tablet per 1 day)
fosamprenavir calcium oral tablet	Tier 2	QL (4 tablets per 1 day)
PREZISTA ORAL SUSPENSION (***darunavir***)	Tier 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	Tier 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	Tier 2	QL (10 tablets per 1 day)
ritonavir oral tablet	Tier 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (***nelfinavir mesylate***)	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (***nelfinavir mesylate***)	Tier 2	QL (4 tablets per 1 day)
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
EDURANT PED ORAL TABLET SOLUBLE (***rilpivirine hcl***)	Tier 2	QL (6 tablets per 1 day)
efavirenz oral tablet	Tier 2	QL (1 tablet per 1 day)
etravirine oral tablet 100 mg	Tier 2	QL (4 tablets per 1 day)
etravirine oral tablet 200 mg	Tier 2	QL (2 tablets per 1 day)
INTELENCE ORAL TABLET (***etravirine***)	Tier 2	QL (16 tablets per 1 day)
nevirapine oral suspension	Tier 1	QL (40 mL per 1 day)
nevirapine oral tablet	Tier 1	QL (2 tablets per 1 day)
rilpivirine hcl oral tablet	Tier 2	QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES - DRUGS FOR VIRAL INFECTIONS**		
abacavir sulfate oral solution	Tier 1	QL (32 mL per 1 day)
abacavir sulfate oral tablet	Tier 1	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES - DRUGS FOR VIRAL INFECTIONS**		
emtricitabine oral capsule	Tier 2; $0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (***emtricitabine***)	Tier 2	QL (29 mL per 1 day)
lamivudine oral tablet 150 mg	Tier 1	QL (2 tablets per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 tablet per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES - DRUGS FOR VIRAL INFECTIONS**		
zidovudine oral capsule	Tier 1	QL (6 capsules per 1 day)
zidovudine oral syrup	Tier 1	QL (64 mL per 1 day)
zidovudine oral tablet	Tier 1	QL (2 tablets per 1 day)
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
tenofovir disoproxil fumarate oral tablet	Tier 2; $0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (***tenofovir disoproxil fumarate***)	Tier 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 tablet per 1 day)
ANTIVIRAL COMBINATIONS - DRUGS FOR INFECTIONS**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	Tier 2	QL (1 pack per 90 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	Tier 2	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (***nirmatrelvir-ritonavir***)	Tier 2	QL (1 pack per 90 days)
CMV AGENTS - DRUGS FOR VIRAL INFECTIONS**		
valganciclovir hcl oral solution reconstituted	Tier 4	
valganciclovir hcl oral tablet	Tier 4	
HEPATITIS B AGENTS - DRUGS FOR VIRAL INFECTIONS**		
adefovir dipivoxil oral tablet	Tier 4	PA; SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (***entecavir***)	Tier 4	PA; QL (20 mL per 1 day)
VEMLIDY ORAL TABLET (***tenofovir alafenamide fumarate***)	Tier 4	PA; SP; QL (1 tablet per 1 day)
HEPATITIS C AGENT - COMBINATIONS - DRUGS FOR VIRAL INFECTIONS**		
SOFOSBUVIR-VELPATASVIR ORAL TABLET	Tier 3	PA; SP; QL (1 tablet per 1 day)
HEPATITIS C AGENTS - DRUGS FOR VIRAL INFECTIONS**		
PEGASYS SUBCUTANEOUS SOLUTION (***peginterferon alfa-2a***)	Tier 4	SP; LD; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon alfa-2a***)	Tier 4	SP; LD; QL (4 syringes per 28 days)
ribavirin oral capsule	Tier 4	SP; QL (6 capsules per 1 day)
ribavirin oral tablet	Tier 4	SP; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HERPES AGENTS - PURINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
acyclovir oral capsule	Tier 1	
acyclovir oral suspension	Tier 1	
acyclovir oral tablet	Tier 1	
valacyclovir hcl oral tablet 1 gm	Tier 1	QL (30 tablets per 30 days)
valacyclovir hcl oral tablet 500 mg	Tier 1	QL (60 tablets per 30 days)
HERPES AGENTS - THYMIDINE ANALOGUES - DRUGS FOR VIRAL INFECTIONS**		
famciclovir oral tablet 125 mg, 250 mg	Tier 1	QL (60 tablets per 1 fill)
famciclovir oral tablet 500 mg	Tier 1	QL (21 tablets per 1 fill)
INFLUENZA AGENTS - DRUGS FOR VIRAL INFECTIONS**		
rimantadine hcl oral tablet	Tier 1	
MISC. ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS**		
LAGEVRIO ORAL CAPSULE (***molnupiravir***)	Tier 3	QL (40 capsules per 90 days)
NEURAMINIDASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
oseltamivir phosphate oral capsule 30 mg	Tier 2	QL (20 capsules per 90 days)
oseltamivir phosphate oral capsule 45 mg	Tier 2	QL (10 capsules per 90 days)
oseltamivir phosphate oral capsule 75 mg	Tier 2	QL (10 capsule per 90 days)
oseltamivir phosphate oral suspension reconstituted	Tier 2	QL (180 mL per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (***zanamivir***)	Tier 2	QL (1 package per 90 days)
PA ENDONUCLEASE INHIBITORS - DRUGS FOR VIRAL INFECTIONS**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	Tier 3	QL (1 pack per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (***baloxavir marboxil***)	Tier 3	QL (1 pack per 1 fill)
***BETA BLOCKERS* - DRUGS FOR THE HEART**		
ALPHA-BETA BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg	Tier 1	DO
carvedilol oral tablet 25 mg	Tier 1	QL (4 tablets per 1 day)
BETA BLOCKERS CARDIO-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
acebutolol hcl oral capsule	Tier 1	
atenolol oral tablet	Tier 1	
betaxolol hcl oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet	Tier 1	
metoprolol succinate er oral tablet extended release 24 hour	Tier 1	
metoprolol tartrate oral tablet	Tier 1	
BETA BLOCKERS NON-SELECTIVE - DRUGS FOR HIGH BLOOD PRESSURE**		
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	Tier 1	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	Tier 1	QL (4 capsules per 1 day)
propranolol hcl oral solution	Tier 1	QL (80 mL per 1 day)
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	DO
propranolol hcl oral tablet 80 mg	Tier 1	QL (8 tablets per 1 day)
sotalol hcl (af) oral tablet 120 mg, 80 mg	Tier 2	QL (3 tablet per 1 day)
sotalol hcl (af) oral tablet 160 mg	Tier 2	QL (4 tablets per 1 day)
sotalol hcl oral tablet 120 mg, 80 mg	Tier 2	QL (3 tablets per 1 day)
sotalol hcl oral tablet 160 mg	Tier 2	QL (4 tablets per 1 day)
sotalol hcl oral tablet 240 mg	Tier 2	QL (2 tablets per 1 day)
timolol maleate oral tablet 10 mg	Tier 1	QL (6 tablets per 1 day)
timolol maleate oral tablet 20 mg	Tier 1	QL (3 tablets per 1 day)
timolol maleate oral tablet 5 mg	Tier 1	DO
***CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKERS - DRUGS FOR HIGH BLOOD PRESSURE**		
amlodipine besylate oral tablet 10 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine besylate oral tablet 2.5 mg	Tier 1	DO
amlodipine besylate oral tablet 5 mg	Tier 1	QL (2 tablets per 1 day)
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg	Tier 1	DO
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Tier 1	QL (3 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsules per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg	Tier 1	DO
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Tier 1	QL (3 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Tier 2	QL (2 capsule per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg	Tier 2	DO
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Tier 2	QL (4 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg	Tier 1	DO
diltiazem hcl er oral capsule extended release 24 hour 180 mg	Tier 1	QL (3 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsules per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 120 mg	Tier 1	DO
diltiazem hcl er oral tablet extended release 24 hour 180 mg	Tier 1	QL (3 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 240 mg	Tier 1	QL (2 tablets per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	Tier 1	QL (1 tablet per 1 day)
diltiazem hcl oral tablet 120 mg	Tier 1	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	Tier 1	DO
diltiazem hcl oral tablet 90 mg	Tier 1	QL (4 tablet per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg	Tier 1	DO
dilt-xr oral capsule extended release 24 hour 180 mg	Tier 1	QL (3 capsules per 1 day)
dilt-xr oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsules per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	Tier 1	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 1	DO
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 tablets per 1 day)
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 tablets per 1 day)
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 tablet per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	Tier 2	QL (1 tablet per 1 day)
nifedipine er oral tablet extended release 24 hour 60 mg	Tier 2	QL (2 tablets per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	Tier 2	QL (2 tablet per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	Tier 2	QL (1 tablet per 1 day)
nifedipine oral capsule 10 mg	Tier 2	DO
nifedipine oral capsule 20 mg	Tier 2	QL (4 capsule per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	Tier 2	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	Tier 2	QL (1 tablet per 1 day)
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	Tier 1	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	Tier 1	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 capsule per 1 day)
verapamil hcl er oral tablet extended release 120 mg	Tier 1	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	Tier 1	QL (2 tablets per 1 day)
verapamil hcl oral tablet 120 mg	Tier 1	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	Tier 1	DO
***CARDIOTONICS* - DRUGS FOR THE HEART**		
CARDIAC GLYCOSIDES - DRUGS FOR THE HEART**		
digoxin (Digox Oral Tablet 125 Mcg)	Tier 1	DO
digoxin (Digox Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
digoxin oral solution	Tier 1	QL (10 mL per 1 day)
digoxin oral tablet 125 mcg	Tier 1	DO
digoxin oral tablet 250 mcg	Tier 1	QL (2 tablets per 1 day)
digoxin oral tablet 62.5 mcg	Tier 2	DO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (***digoxin***)	Tier 3	DO
LANOXIN ORAL TABLET 250 MCG (***digoxin***)	Tier 3	QL (2 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART**		
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB - DRUGS FOR CHOLESTEROL**		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg	Tier 1	QL (1 tablet per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	DO
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB - DRUGS FOR HIGH BLOOD PRESSURE**		
sacubitril-valsartan oral tablet 24-26 mg	Tier 1	QL (6 tablets per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	Tier 1	QL (2 tablets per 1 day)
PROSTAGLANDIN VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE**		
treprostinil injection solution	Tier 4	PA; SP; LD
VENTAVIS INHALATION SOLUTION (***iloprost***)	Tier 4	PA; SP; LD; QL (9 mL per 1 day)
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) - DRUGS FOR HIGH BLOOD PRESSURE**		
ADEMPAS ORAL TABLET (***riociguat***)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS - DRUGS FOR HIGH BLOOD PRESSURE**		
ambrisentan oral tablet	Tier 4	PA; SP; QL (1 tablet per 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
alyq oral tablet	Tier 4	PA; SP; QL (2 tablets per 1 day)
tadalafil (pah) oral tablet	Tier 4	PA; SP; QL (2 tablet per 1 day)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART**		
tadalafil oral tablet 10 mg, 20 mg	Tier 1	PA; BE
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; BE; QL (30 tablets per 30 days)
***CEPHALOSPORINS* - DRUGS FOR INFECTIONS**		
CEPHALOSPORINS - 1ST GENERATION - ANTIBIOTICS**		
cefadroxil oral capsule	Tier 1	
cefadroxil oral suspension reconstituted	Tier 1	
cefadroxil oral tablet	Tier 1	
cephalexin oral capsule	Tier 1	
cephalexin oral suspension reconstituted	Tier 1	
cephalexin oral tablet	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEPHALOSPORINS - 2ND GENERATION - ANTIBIOTICS**		
cefaclor er oral tablet extended release 12 hour	Tier 2	
cefaclor oral capsule	Tier 1	
cefaclor oral suspension reconstituted	Tier 1	
cefprozil oral suspension reconstituted	Tier 1	
cefprozil oral tablet	Tier 1	
cefuroxime axetil oral tablet	Tier 1	
CEPHALOSPORINS - 3RD GENERATION - ANTIBIOTICS**		
cefdinir oral capsule	Tier 1	
cefdinir oral suspension reconstituted	Tier 1	
cefixime oral capsule	Tier 2	
cefpodoxime proxetil oral suspension reconstituted	Tier 2	
cefpodoxime proxetil oral tablet	Tier 2	
***CONTRACEPTIVES* - DRUGS FOR WOMEN**		
BIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
desogestrel-ethinyl estradiol (Azurette Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Kariva Oral Tablet)	Tier 1; $0	
LO LOESTRIN FE ORAL TABLET (***norethin-eth estrad-fe biphas***)	Tier 2; $0	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Simliya Oral Tablet)	Tier 1; $0	
viorele oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Volnea Oral Tablet)	Tier 1; $0	
COMBINATION CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet)	Tier 1; $0	
alyacen 1/35 oral tablet	Tier 1; $0	
desogestrel-ethinyl estradiol (Apri Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet)	Tier 1; $0	
AVERI ORAL TABLET (***desogestrel-eth estrad-fe***)	Tier 3; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Aviane Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Balziva Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet)	Tier 1; $0	
briellyn oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet)	Tier 1; $0	
norgestrel-ethinyl estradiol (Cryselle Oral Tablet)	Tier 1; $0	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Delyla Oral Tablet)	Tier 1; $0	
drospiren-eth estrad-levomefol oral tablet	Tier 1; $0	
drospirenone-ethinyl estradiol oral tablet	Tier 1; $0	
norgestrel-ethinyl estradiol (Elinest Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Estarylla Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol oral tablet	Tier 1; $0	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet)	Tier 1; $0	
FEMLYV ORAL TABLET DISPERSIBLE (***norethindrone acet-ethinyl est***)	Tier 3; $0	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable)	Tier 1; $0	
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable)	Tier 1; $0	
norethin ace-eth estrad-fe (Gemmily Oral Capsule)	Tier 1; $0	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet)	Tier 1; $0	
jasmiel oral tablet	Tier 1; $0	
levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Juleber Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet)	Tier 1; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable)	Tier 1; $0	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet)	Tier 1; $0	
levonorgest-eth estradiol-iron oral tablet	Tier 1; $0	
levonorgestrel-ethinyl estrad oral tablet	Tier 1; $0	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Loryna Oral Tablet)	Tier 1; $0	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Luizza 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Luizza 1/20 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet)	Tier 1; $0	
marlissa oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe (Merzee Oral Capsule)	Tier 1; $0	
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; $0	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet)	Tier 1; $0	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Mili Oral Tablet)	Tier 1; $0	
levonorgest-eth estradiol-iron (Minzoya Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet)	Tier 1; $0	

BRAND=Brand drug **generic**=generic drug **Tier 1**=Drugs with the lowest cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **$0**=Preventive Drug **BE**=Benefit Exclusion **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
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet)	Tier 1; $0	
NEXTSTELLIS ORAL TABLET (***drospirenone-estetrol***)	Tier 3; $0	
drospirenone-ethinyl estradiol (Nikki Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe oral capsule	Tier 1; $0	
norethin ace-eth estrad-fe oral tablet	Tier 1; $0	
norethin ace-eth estrad-fe oral tablet chewable	Tier 1; $0	
norethindrone acet-ethinyl est oral tablet	Tier 1; $0	
norethin-eth estradiol-fe oral tablet chewable	Tier 1; $0	
norgestimate-eth estradiol oral tablet	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Ocella Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Philith Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet)	Tier 1; $0	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Syeda Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; $0	
norethin ace-eth estrad-fe (Taysofy Oral Capsule)	Tier 1; $0	
norgestrel-ethinyl estradiol (Turqoz Oral Tablet)	Tier 1; $0	
TYBLUME ORAL TABLET CHEWABLE (***levonorgestrel-ethinyl estrad***)	Tier 3; $0	
drospiren-eth estrad-levomefol (Tydemy Oral Tablet)	Tier 1; $0	
ethynodiol diac-eth estradiol (Valtya 1/35 Oral Tablet)	Tier 1; $0	
VALTYA 1/50 ORAL TABLET (***ethynodiol diac-eth estradiol***)	Tier 1; $0	
drospirenone-ethinyl estradiol (Vestura Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Vyfemla Oral Tablet)	Tier 1; $0	
norgestimate-eth estradiol (Vylibra Oral Tablet)	Tier 1; $0	
norethindrone-eth estradiol (Wera Oral Tablet)	Tier 1; $0	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable)	Tier 1; $0	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable)	Tier 1; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet)	Tier 1; $0	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet)	Tier 1; $0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL - BIRTH CONTROL PILLS**		
norelgestromin-eth estradiol transdermal patch weekly	Tier 1; $0	
TWIRLA TRANSDERMAL PATCH WEEKLY (***levonorgestrel-eth estradiol***)	Tier 3; $0	
norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly)	Tier 1; $0	
norelgestromin-eth estradiol (Zafemy Transdermal Patch Weekly)	Tier 1; $0	
COMBINATION CONTRACEPTIVES - VAGINAL - BIRTH CONTROL PILLS**		
ANNOVERA VAGINAL RING (***segesterone-ethinyl estradiol***)	Tier 3; $0	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring)	Tier 1; $0	
etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)	Tier 1; $0	
etonogestrel-ethinyl estradiol vaginal ring	Tier 1; $0	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)	Tier 1; $0	
CONTINUOUS CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet)	Tier 1; $0	
levonorgestrel-ethinyl estrad oral tablet	Tier 1; $0	
EMERGENCY CONTRACEPTIVES - BIRTH CONTROL PILLS**		
AFTERA ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
ELLA ORAL TABLET (***ulipristal acetate***)	Tier 3; $0	
HER STYLE ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
levonorgestrel oral tablet	Tier 1; $0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
PLAN B ONE-STEP ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
REACT ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (***levonorgestrel***)	Tier 1; $0	QL (1 tablet per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTENDED-CYCLE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Camrese Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Daysee Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Introvale Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet)	Tier 1; $0	
levonorgest-eth est & eth est oral tablet	Tier 1; $0	
levonorgest-eth estrad 91-day oral tablet	Tier 1; $0	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Rosyrah Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet)	Tier 1; $0	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet)	Tier 1; $0	
FOUR PHASE CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
NATAZIA ORAL TABLET (***estradiol valerate-dienogest***)	Tier 2; $0	
PROGESTIN CONTRACEPTIVES - INJECTABLE - BIRTH CONTROL PILLS**		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (***medroxyprogesterone acetate***)	Tier 3; $0	
medroxyprogesterone acetate intramuscular suspension	Tier 1; $0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	Tier 1; $0	
PROGESTIN CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
norethindrone (Camila Oral Tablet)	Tier 1; $0	
norethindrone (Deblitane Oral Tablet)	Tier 1; $0	
norethindrone (Emzahh Oral Tablet)	Tier 1; $0	
norethindrone (Errin Oral Tablet)	Tier 1; $0	
norethindrone (Heather Oral Tablet)	Tier 1; $0	
norethindrone (Incassia Oral Tablet)	Tier 1; $0	
norethindrone (Jencycla Oral Tablet)	Tier 1; $0	
norethindrone (Lyleq Oral Tablet)	Tier 1; $0	
norethindrone (Lyza Oral Tablet)	Tier 1; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Meleya Oral Tablet)	Tier 1; $0	
norethindrone (Nora-Be Oral Tablet)	Tier 1; $0	
norethindrone oral tablet	Tier 1; $0	
norethindrone (Norlyda Oral Tablet)	Tier 1; $0	
norethindrone (Norlyroc Oral Tablet)	Tier 1; $0	
OPILL ORAL TABLET (***norgestrel***)	Tier 2	
norethindrone (Orquidea Oral Tablet)	Tier 1; $0	
norethindrone (Sharobel Oral Tablet)	Tier 1; $0	
SLYND ORAL TABLET (***drospirenone***)	Tier 3; $0	
TRIPHASIC CONTRACEPTIVES - ORAL - BIRTH CONTROL PILLS**		
alyacen 7/7/7 oral tablet	Tier 1; $0	
ARANELLE ORAL TABLET (***norethin-eth estrad triphasic***)	Tier 1; $0	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Leena Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Levonest Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic oral tablet	Tier 1; $0	
norethindron-ethinyl estrad-fe oral tablet	Tier 1; $0	
norgestim-eth estrad triphasic oral tablet	Tier 1; $0	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet)	Tier 1; $0	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet)	Tier 1; $0	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet)	Tier 1; $0	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet)	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet)	Tier 1; $0	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet)	Tier 1; $0	
tri-vylibra lo oral tablet	Tier 1; $0	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet)	Tier 1; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELIVET ORAL TABLET (***desogestrel-ethinyl estradiol***)	Tier 1; $0	
norethindron-ethinyl estrad-fe (Xarah Fe Oral Tablet)	Tier 1; $0	
***CORTICOSTEROIDS* - HORMONES**		
GLUCOCORTICOSTEROIDS - DRUGS FOR INFLAMMATION**		
budesonide oral capsule delayed release particles	Tier 2	QL (3 capsule per 1 day)
dexamethasone oral elixir	Tier 1	
dexamethasone oral solution	Tier 1	
dexamethasone oral tablet	Tier 1	
hydrocortisone oral tablet	Tier 1	
methylprednisolone oral tablet	Tier 1	
methylprednisolone oral tablet therapy pack	Tier 1	
prednisolone oral solution	Tier 1	
prednisolone sodium phosphate oral solution	Tier 1	
prednisone oral solution	Tier 1	
prednisone oral tablet	Tier 1	
prednisone oral tablet therapy pack	Tier 1	
MINERALOCORTICOIDS - DRUGS FOR INFLAMMATION**		
fludrocortisone acetate oral tablet	Tier 1	
***COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS**		
ANTITUSSIVE - NONNARCOTIC - DRUGS FOR ALLERGIES**		
benzonatate oral capsule	Tier 1	
ANTITUSSIVE - OPIOID - DRUGS FOR COUGH AND COLD**		
hydrocodone bit-homatrop mbr oral solution	Tier 1	QL (150 mL per 5 days)
hydromet oral solution	Tier 1	QL (150 mL per 5 days)
MUCOLYTICS - DRUGS FOR THE LUNGS**		
acetylcysteine inhalation solution	Tier 2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
promethazine-dm oral syrup 15-6.25 mg/5ml	Tier 1	QL (2 fills per 30 days)
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	QL (2 fills per 30 days)
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
bromphen-pseudoeph-dm oral syrup	Tier 1	
pseudoeph-bromphen-dm oral syrup	Tier 1	
OPIOID ANTITUSSIVE-ANTIHISTAMINE - DRUGS FOR COUGH AND COLD**		
hydrocod poli-chlorphe poli er oral suspension extended release	Tier 1	PA; QL (120 mL per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine-codeine oral solution	Tier 1	PA; QL (150 mL per 5 days)
promethazine-codeine oral syrup	Tier 1	PA; QL (150 mL per 5 days)
***DERMATOLOGICALS* - DRUGS FOR THE SKIN**		
ACNE ANTIBIOTICS - DRUGS FOR THE SKIN**		
clindamycin phosphate (Clindacin Etz External Swab)	Tier 1	QL (2 pads per 1 day)
clindamycin phosphate (Clindacin External Foam)	Tier 1	QL (100 grams per 30 days)
clindamycin phosphate (Clindacin-P External Swab)	Tier 1	QL (2 pads per 1 day)
clindamycin phos (once-daily) external gel	Tier 1	QL (75 ml/gm per 30 days)
clindamycin phos (twice-daily) external gel	Tier 1	QL (75 ml/gm per 30 days)
clindamycin phosphate external foam	Tier 1	QL (100 grams per 30 days)
clindamycin phosphate external lotion	Tier 1	QL (4 mL per 1 day)
clindamycin phosphate external solution	Tier 1	QL (4 mL per 1 day)
clindamycin phosphate external swab	Tier 1	QL (2 pads per 1 day)
dapsone external gel	Tier 2	ST; QL (90 grams per 30 days)
ery external pad	Tier 1	QL (2 pads per 1 day)
erythromycin external gel	Tier 1	QL (60 grams per 30 days)
erythromycin external solution	Tier 1	QL (60 mL per 30 days)
sulfacetamide sodium (acne) external lotion	Tier 1	
ACNE COMBINATIONS - DRUGS FOR THE SKIN**		
adapalene-benzoyl peroxide external gel	Tier 2	PA; QL (45 grams per 30 days)
benzoyl peroxide-erythromycin external gel	Tier 1	QL (46.6 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier 1	QL (45 grams per 30 days)
clindamycin phos-benzoyl perox external gel 1-5 %	Tier 1	QL (50 grams per 30 days)
ACNE PRODUCTS - DRUGS FOR THE SKIN**		
adapalene external cream	Tier 1	PA; QL (1.5 grams per 1 day)
adapalene external gel	Tier 1	PA; QL (45 grams per 30 days)
isotretinoin (Amnesteem Oral Capsule)	Tier 2	PA
benzoyl peroxide external gel	Tier 1	QL (6 grams per 1 day)
benzoyl peroxide wash external liquid	Tier 1	
isotretinoin (Claravis Oral Capsule)	Tier 2	PA
tretinoin external cream	Tier 1	PA; QL (45 grams per 30 days)
tretinoin external gel	Tier 1	PA; QL (45 grams per 30 days)
isotretinoin (Zenatane Oral Capsule)	Tier 2	PA
ANTIBIOTICS - TOPICAL - DRUGS FOR THE SKIN**		
mupirocin external ointment	Tier 1	QL (30 grams per 1 fill)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGALS - TOPICAL COMBINATIONS - DRUGS FOR THE SKIN**		
clotrimazole-betamethasone external cream	Tier 1	QL (180 grams per 30 days)
clotrimazole-betamethasone external lotion	Tier 1	QL (120 mL per 30 days)
nystatin-triamcinolone external cream	Tier 1	QL (120 grams per 30 days)
nystatin-triamcinolone external ointment	Tier 1	QL (120 grams per 30 days)
ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
ciclopirox (Ciclodan External Solution)	Tier 1	QL (7 mL per 30 days)
ciclopirox external gel	Tier 1	QL (100 grams per 30 days)
ciclopirox external shampoo	Tier 1	QL (120 mL per 30 days)
ciclopirox external solution	Tier 1	QL (7 mL per 30 days)
ciclopirox olamine external cream	Tier 1	QL (90 grams per 30 days)
ciclopirox olamine external suspension	Tier 1	QL (60 mL per 30 days)
nystatin (Nyamyc External Powder)	Tier 1	QL (60 grams per 30 days)
nystatin external cream	Tier 1	QL (120 grams per 30 days)
nystatin external ointment	Tier 1	QL (120 grams per 30 days)
nystatin external powder	Tier 1	QL (60 grams per 30 days)
nystatin (Nystop External Powder)	Tier 1	QL (60 grams per 30 days)
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL - DRUGS FOR THE SKIN**		
fluorouracil external cream	Tier 1	PA; QL (40 grams per 365 days)
fluorouracil external solution	Tier 1	PA; QL (10 ML per 365 days)
ANTIPSORIATICS - SYSTEMIC - DRUGS FOR THE SKIN**		
acitretin oral capsule 10 mg, 17.5 mg	Tier 2	QL (1 capsule per 1 day)
acitretin oral capsule 25 mg	Tier 2	QL (2 capsules per 1 day)
methoxsalen rapid oral capsule	Tier 2	SP
SELARSDI SUBCUTANEOUS SOLUTION (***ustekinumab-aekn***)	Tier 4	PA; SP; QL (1 vial per 84 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***ustekinumab-aekn***)	Tier 4	PA; SP; QL (1 syringe per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (1 prefilled syringe per 84 days)
ustekinumab subcutaneous solution	Tier 4	PA; SP; QL (1 syringe per 12 weeks)
ustekinumab subcutaneous solution prefilled syringe	Tier 4	PA; SP; QL (1 syringe per 12 weeks)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSORIATICS - DRUGS FOR THE SKIN**		
calcipotriene external cream	Tier 1	QL (120 grams per 30 days)
calcipotriene external ointment	Tier 2	QL (120 grams per 30 days)
calcipotriene external solution	Tier 1	QL (60 mL per 30 days)
calcipotriene (Calcitrene External Ointment)	Tier 2	QL (120 grams per 30 days)
PELLIX EXTERNAL SOLUTION (***calcipotriene***)	Tier 1	QL (60 mL per 30 days)
ANTISEBORRHEIC PRODUCTS - DRUGS FOR THE SKIN**		
selenium sulfide external lotion	Tier 1	
ANTIVIRALS - TOPICAL - DRUGS FOR THE SKIN**		
acyclovir external ointment	Tier 1	QL (30 grams per 30 days)
BURN PRODUCTS - DRUGS FOR THE SKIN**		
silver sulfadiazine external cream	Tier 1	
CORTICOSTEROIDS - TOPICAL - DRUGS FOR THE SKIN**		
alclometasone dipropionate external cream	Tier 1	QL (60 grams per 30 days)
alclometasone dipropionate external ointment	Tier 1	QL (2 grams per 1 day)
amcinonide external cream	Tier 1	QL (2 grams per 1 day)
amcinonide external ointment	Tier 2	QL (60 grams per 30 days)
betamethasone dipropionate aug external cream	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate aug external gel	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate aug external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone dipropionate aug external ointment	Tier 1	QL (50 grams per 30 days)
betamethasone dipropionate external cream	Tier 1	QL (45 grams per 30 days)
betamethasone dipropionate external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone dipropionate external ointment	Tier 1	QL (45 grams per 30 days)
betamethasone valerate external cream	Tier 1	QL (45 grams per 30 days)
betamethasone valerate external foam	Tier 1	QL (100 grams per 30 days)
betamethasone valerate external lotion	Tier 1	QL (60 mL per 30 days)
betamethasone valerate external ointment	Tier 1	QL (45 grams per 30 days)
clobetasol prop emollient base external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate e external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate emulsion external foam	Tier 1	QL (100 grams per 30 days)
clobetasol propionate external cream	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external foam	Tier 1	QL (100 mL per 30 days)
clobetasol propionate external gel	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external lotion	Tier 1	QL (118 mL per 30 days)
clobetasol propionate external ointment	Tier 1	QL (60 grams per 30 days)
clobetasol propionate external shampoo	Tier 1	QL (3.94 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol propionate external solution	Tier 1	QL (50 mL per 30 days)
clocortolone pivalate external cream	Tier 2	QL (90 grams per 30 days)
clobetasol propionate (Clodan External Shampoo)	Tier 1	QL (3.94 mL per 1 day)
desonide external cream	Tier 1	QL (60 grams per 30 days)
desonide external lotion	Tier 1	QL (118 mL per 30 days)
desonide external ointment	Tier 1	QL (60 grams per 30 days)
desoximetasone external cream	Tier 1	QL (100 grams per 30 days)
desoximetasone external gel	Tier 1	QL (60 grams per 30 days)
desoximetasone external ointment	Tier 1	QL (100 grams per 30 days)
hydrocortisone butyrate (Evesse External Lotion)	Tier 2	QL (5 vials per 30 days)
fluocinolone acetonide body external oil	Tier 1	QL (120 mL per 30 days)
fluocinolone acetonide external cream 0.01 %	Tier 1	QL (60 grams per 30 days)
fluocinolone acetonide external cream 0.025 %	Tier 1	QL (120 grams per 30 days)
fluocinolone acetonide external ointment	Tier 1	QL (120 grams per 30 days)
fluocinolone acetonide external solution	Tier 1	QL (90 mL per 30 days)
fluocinolone acetonide scalp external oil	Tier 1	QL (120 mL per 30 days)
fluocinonide emulsified base external cream	Tier 1	QL (2 grams per 1 day)
fluocinonide external cream	Tier 1	QL (120 grams per 30 days)
fluocinonide external gel	Tier 1	QL (60 grams per 30 days)
fluocinonide external ointment	Tier 1	QL (60 grams per 30 days)
fluocinonide external solution	Tier 1	QL (60 mL per 30 days)
fluticasone propionate external cream	Tier 1	QL (60 grams per 30 days)
fluticasone propionate external lotion	Tier 1	QL (120 mL per 30 days)
fluticasone propionate external ointment	Tier 1	QL (60 grams per 30 days)
halcinonide external cream	Tier 2	QL (60 grams per 30 days)
halobetasol propionate external cream	Tier 1	QL (50 grams per 30 days)
halobetasol propionate external ointment	Tier 1	QL (50 grams per 30 days)
hydrocortisone butyrate external cream	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyrate external lotion	Tier 2	QL (3.94 mL per 1 day)
hydrocortisone butyrate external ointment	Tier 1	QL (60 grams per 30 days)
hydrocortisone butyrate external solution	Tier 1	QL (60 mL per 30 days)
hydrocortisone external cream	Tier 1	QL (454 grams per 30 days)
hydrocortisone external lotion	Tier 1	QL (118 mL per 30 days)
hydrocortisone external ointment	Tier 1	QL (454 grams per 30 days)
hydrocortisone valerate external cream	Tier 1	QL (60 grams per 30 days)
hydrocortisone valerate external ointment	Tier 1	QL (60 grams per 30 days)
mometasone furoate external cream	Tier 1	QL (50 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone furoate external ointment	Tier 1	QL (50 grams per 30 days)
mometasone furoate external solution	Tier 1	QL (60 mL per 30 days)
clobetasol propionate emulsion (Tovet External Foam)	Tier 1	QL (100 grams per 30 days)
triamcinolone acetonide external cream	Tier 1	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	Tier 1	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.05 %	Tier 2	QL (430 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (30 grams per 30 days)
triamcinolone in absorbase external ointment	Tier 2	QL (430 grams per 30 days)
triamcinolone acetonide (Triderm External Cream)	Tier 1	QL (454 grams per 30 days)
EMOLLIENTS - DRUGS FOR THE SKIN**		
ammonium lactate external cream	Tier 1	QL (450 grams per 30 days)
ammonium lactate external lotion	Tier 1	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL - DRUGS FOR THE SKIN**		
clotrimazole anti-fungal external cream	Tier 1	QL (113 grams per 30 days)
clotrimazole external cream	Tier 1	QL (113 grams per 30 days)
clotrimazole external solution	Tier 1	QL (60 mL per 30 days)
econazole nitrate external cream	Tier 1	QL (85 grams per 30 days)
ketoconazole external cream	Tier 1	QL (120 grams per 30 days)
ketoconazole external foam	Tier 2	QL (100 grams per 30 days)
ketoconazole external shampoo	Tier 1	QL (120 mL per 30 days)
ketoconazole (Ketodan External Foam)	Tier 2	QL (100 grams per 30 days)
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL - DRUGS FOR THE SKIN**		
imiquimod external cream	Tier 1	PA; QL (48 packets per 365 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS - DRUGS FOR THE SKIN**		
podofilox external solution	Tier 1	QL (7 mL per 28 days)
LOCAL ANESTHETICS - TOPICAL - DRUGS FOR THE SKIN**		
lidocaine external ointment	Tier 1	QL (5 grams per 1 day)
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL - DRUGS FOR THE SKIN**		
pimecrolimus external cream	Tier 2	PA; QL (100 grams per 30 days)
tacrolimus external ointment	Tier 1	PA; QL (100 grams per 30 days)
ROSACEA AGENTS - DRUGS FOR THE SKIN**		
azelaic acid external gel	Tier 2	QL (50 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline oral capsule delayed release	Tier 2	ST; QL (1 capsule per 1 day)
metronidazole external cream	Tier 1	QL (45 grams per 30 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 grams per 30 days)
metronidazole external gel 1 %	Tier 1	QL (60 grams per 30 days)
metronidazole external lotion	Tier 1	QL (59 mL per 30 days)
SCABICIDES & PEDICULICIDES - DRUGS FOR THE SKIN**		
malathion external lotion	Tier 1	QL (4 mL per 1 day)
permethrin external cream	Tier 1	QL (120 grams per 30 days)
spinosad external suspension	Tier 1	QL (120 mL per 7 days)
TOPICAL ANESTHETIC COMBINATIONS - DRUGS FOR THE SKIN**		
lidocaine-prilocaine external cream	Tier 1	QL (1 gram per 1 day)
lidocaine-prilocaine external kit	Tier 1	QL (1 kit per 30 days)
TOPICAL STEROID COMBINATIONS - DRUGS FOR THE SKIN**		
calcipotriene-betameth diprop external ointment	Tier 2	ST; QL (400 grams per 28 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS**		
glucagon hcl (diagnostic) injection solution reconstituted	Tier 2	
DIAGNOSTIC TESTS**		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (***glucose blood***)	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (***glucose blood***)	Tier 2	ST; QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
ketone test in vitro strip	Tier 3	
KETOSTIX IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
RELION KETONE TEST IN VITRO STRIP (***acetone (urine) test***)	Tier 3	
***DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION**		
NUTRITIONAL SUPPLEMENTS - DRUGS FOR NUTRITION**		
ESSENTIAL CARE JR ORAL LIQUID (***nutritional supplements***)	Tier 3	
FIBERSOURCE HN ENTERAL LIQUID (***nutritional supplements***)	Tier 3	
FIBERSOURCE HN ORAL LIQUID (***nutritional supplements***)	Tier 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID (***nutritional supplements***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***DIGESTIVE AIDS* - DRUGS FOR THE STOMACH**		
DIGESTIVE ENZYMES - DRUGS FOR THE STOMACH**		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (***pancrelipase (lip-prot-amyl)***)	Tier 2	QL (25 capsules per 1 day)
***DIURETICS* - DRUGS FOR THE HEART**		
CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR HIGH BLOOD PRESSURE**		
acetazolamide er oral capsule extended release 12 hour	Tier 1	
acetazolamide oral tablet	Tier 1	
methazolamide oral tablet	Tier 2	
DIURETIC COMBINATIONS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride-hydrochlorothiazide oral tablet	Tier 1	
spironolactone-hctz oral tablet	Tier 1	
triamterene-hctz oral capsule	Tier 1	
triamterene-hctz oral tablet	Tier 1	
LOOP DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
bumetanide oral tablet	Tier 1	
ethacrynic acid oral tablet	Tier 2	
furosemide oral solution	Tier 1	
furosemide oral tablet	Tier 1	
torsemide oral tablet	Tier 1	
POTASSIUM SPARING DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
amiloride hcl oral tablet	Tier 2	
spironolactone oral tablet	Tier 1	
triamterene oral capsule	Tier 2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS - DRUGS FOR HIGH BLOOD PRESSURE**		
chlorthalidone oral tablet	Tier 1	
hydrochlorothiazide oral capsule	Tier 1	
hydrochlorothiazide oral tablet	Tier 1	
indapamide oral tablet	Tier 1	
***ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES**		
ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS - DRUGS FOR WOMEN**		
mifepristone oral tablet	Tier 1	$0 for Fully insured members in California

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BISPHOSPHONATES - DRUGS FOR MENOPAUSE AND BONE LOSS**		
alendronate sodium oral solution	Tier 1	QL (10.72 mg per 1 day)
alendronate sodium oral tablet 10 mg	Tier 1	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (***alendronate-cholecalciferol***)	Tier 3	QL (0.15 tablets per 1 day)
ibandronate sodium oral tablet	Tier 1	QL (1 tablet per 28 days)
risedronate sodium oral tablet 150 mg	Tier 2	QL (0.04 tablet per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 2	QL (1 tablet per 1 day)
risedronate sodium oral tablet 35 mg	Tier 2	QL (4 tablets per 28 days)
CALCIMIMETIC AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
cinacalcet hcl oral tablet 30 mg, 60 mg	Tier 4	PA; QL (2 tablets per 1 day)
cinacalcet hcl oral tablet 90 mg	Tier 4	PA; QL (4 tablets per 1 day)
CALCITONINS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
calcitonin (salmon) nasal solution	Tier 2	QL (0.13 mL per 1 day)
CARNITINE REPLENISHER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
levocarnitine oral solution	Tier 1	
levocarnitine oral tablet	Tier 2	
levocarnitine sf oral solution	Tier 1	
DOPAMINE RECEPTOR AGONISTS - DRUGS FOR WOMEN**		
cabergoline oral tablet	Tier 1	QL (0.58 tablets per 1 day)
GROWTH HORMONES - DRUGS FOR GROWTH**		
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (***somatropin***)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (***somatropin***)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
nitisinone oral capsule	Tier 4	PA; LD
HOMOCYSTINURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
betaine oral powder	Tier 4	LD
HYPERAMMONEMIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
carglumic acid oral tablet soluble	Tier 4	PA; LD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
paricalcitol oral capsule	Tier 2	PA
OVULATION STIMULANTS-GONADOTROPINS - DRUGS FOR WOMEN**		
chorionic gonadotropin intramuscular solution reconstituted	Tier 4	PA; SP; BE
PHENYLKETONURIA TREATMENT - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sapropterin dihydrochloride (Javygtor Oral Tablet)	Tier 4	PA; LD
sapropterin dihydrochloride oral tablet	Tier 4	PA; SP
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS) - DRUGS FOR MENOPAUSE AND BONE LOSS**		
raloxifene hcl oral tablet	Tier 1; $0	QL (1 tablet per 1 day)
SOMATOSTATIC AGENTS - DRUGS FOR GROWTH**		
octreotide acetate intramuscular kit 10 mg, 30 mg	Tier 4	PA; SP; QL (1 kit per 28 days)
octreotide acetate intramuscular kit 20 mg	Tier 4	PA; SP; QL (2 kits per 28 days)
UREA CYCLE DISORDER - AGENTS - DRUGS FOR MENOPAUSE AND BONE LOSS**		
sodium phenylbutyrate oral tablet	Tier 4	PA; SP; QL (40 tablets per 1 day)
VASOPRESSIN - HORMONES**		
desmopressin ace spray refrig nasal solution	Tier 2	
desmopressin acetate oral tablet 0.1 mg	Tier 1	DO
desmopressin acetate oral tablet 0.2 mg	Tier 1	QL (6 tablets per 1 day)
desmopressin acetate spray nasal solution	Tier 2	
vasopressin +rfid intravenous solution	Tier 3	
vasopressin intravenous solution	Tier 3	
***ESTROGENS* - HORMONES**		
ESTROGEN & PROGESTIN - DRUGS FOR WOMEN**		
estradiol-norethindrone acet (Abigale Lo Oral Tablet)	Tier 1	
estradiol-norethindrone acet (Abigale Oral Tablet)	Tier 1	
BIJUVA ORAL CAPSULE (***estradiol-progesterone***)	Tier 3	QL (1 capsule per 1 day)
estradiol-norethindrone acet oral tablet	Tier 1	
norethindrone-eth estradiol (Fyavolv Oral Tablet)	Tier 1	
norethindrone-eth estradiol (Jinteli Oral Tablet)	Tier 1	
estradiol-norethindrone acet (Mimvey Oral Tablet)	Tier 1	
norethindrone-eth estradiol oral tablet	Tier 1	
PREMPHASE ORAL TABLET (***conj estrog-medroxyprogest ace***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPRO ORAL TABLET (***conj estrog-medroxyprogest ace***)	Tier 3	
ESTROGENS - DRUGS FOR WOMEN**		
estradiol (Dotti Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
estradiol oral tablet	Tier 1	
estradiol transdermal patch twice weekly	Tier 1	QL (8 patches per 28 days)
estradiol transdermal patch weekly	Tier 1	QL (0.15 patches per 1 day)
estrogens conjugated oral tablet	Tier 2	QL (1 tablet per 1 day)
estradiol (Lyllana Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
***FLUOROQUINOLONES* - DRUGS FOR INFECTIONS**		
FLUOROQUINOLONES - ANTIBIOTICS**		
ciprofloxacin hcl oral tablet	Tier 1	
levofloxacin oral tablet	Tier 2	
ofloxacin oral tablet	Tier 1	
***GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH**		
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS - DRUGS FOR IRRITABLE BOWEL SYNDROME**		
lubiprostone oral capsule	Tier 2	QL (2 capsules per 1 day)
GASTROINTESTINAL STIMULANTS - DRUGS FOR THE STOMACH**		
metoclopramide hcl oral solution	Tier 1	QL (60 mL per 1 day)
metoclopramide hcl oral tablet 10 mg	Tier 1	QL (6 tablets per 1 day)
metoclopramide hcl oral tablet 5 mg	Tier 1	QL (12 tablets per 1 day)
metoclopramide hcl oral tablet dispersible	Tier 2	ST; QL (12 tablets per 1 day)
INFLAMMATORY BOWEL AGENTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
balsalazide disodium oral capsule	Tier 1	QL (9 capsule per 1 day)
mesalamine er oral capsule extended release 24 hour	Tier 2	QL (4 capsules per 1 day)
mesalamine er oral capsule extended release 250 mg	Tier 3	
mesalamine er oral capsule extended release 500 mg	Tier 3	QL (8 capsules per 1 day)
mesalamine oral capsule delayed release	Tier 3	QL (6 capsules per 1 day)
mesalamine oral tablet delayed release	Tier 3	QL (4 tablets per 1 day)
sulfasalazine oral tablet	Tier 1	QL (8 tablets per 1 day)
sulfasalazine oral tablet delayed release	Tier 1	QL (8 tablets per 1 day)
INTERLEUKIN ANTAGONISTS - DRUGS FOR INFLAMMATORY BOWEL DISEASE**		
SELARSDI INTRAVENOUS SOLUTION (***ustekinumab-aekn (iv)***)	Tier 4	PA; SP; QL (4 vials per 1 one time fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI INTRAVENOUS SOLUTION (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (30 mL per 365 one-time fills)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (***risankizumab-rzaa***)	Tier 4	PA; SP; QL (1 kit per 56 days)
ustekinumab intravenous solution	Tier 4	PA; SP; QL (4 vials per 1 one-time fill)
INTESTINAL ACIDIFIERS - DRUGS FOR THE STOMACH**		
enulose oral solution	Tier 1	QL (60 mL per 1 day)
generlac oral solution	Tier 1	QL (60 mL per 1 day)
lactulose encephalopathy oral solution	Tier 1	
PHOSPHATE BINDER AGENTS - DRUGS FOR THE STOMACH**		
calcium acetate (phos binder) oral tablet	Tier 2	QL (12 tablets per 1 day)
calcium acetate oral tablet	Tier 2	QL (12 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	Tier 2	ST; QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	Tier 2	ST; QL (3 packets per 1 day)
sevelamer carbonate oral tablet	Tier 1	ST; QL (9 tablets per 1 day)
***GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM**		
5-ALPHA REDUCTASE INHIBITORS - DRUGS FOR THE PROSTATE**		
finasteride oral tablet	Tier 1	QL (1 tablet per 1 day)
ALPHA 1-ADRENOCEPTOR ANTAGONISTS - DRUGS FOR THE PROSTATE**		
alfuzosin hcl er oral tablet extended release 24 hour	Tier 1	QL (1 tablet per 1 day)
tamsulosin hcl oral capsule	Tier 1	QL (2 capsules per 1 day)
CITRATES - DRUGS FOR INFECTIONS**		
potassium citrate er oral tablet extended release	Tier 2	
GENITOURINARY IRRIGANTS - DRUGS FOR THE URINARY SYSTEM**		
CURITY STERILE SALINE IRRIGATION SOLUTION (***sodium chloride (gu irrigant)***)	Tier 1	
sodium chloride irrigation solution	Tier 1	
INTERSTITIAL CYSTITIS AGENTS - DRUGS FOR THE URINARY SYSTEM**		
ELMIRON ORAL CAPSULE (***pentosan polysulfate sodium***)	Tier 3	QL (3 capsules per 1 day)
***GOUT AGENTS* - DRUGS FOR PAIN AND FEVER**		
GOUT AGENT COMBINATIONS - GOUT DRUGS**		
colchicine-probenecid oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT AGENTS - GOUT DRUGS**		
allopurinol oral tablet 100 mg	Tier 1	QL (8 tablets per 1 day)
allopurinol oral tablet 300 mg	Tier 1	QL (2 tablets per 1 day)
colchicine oral capsule	Tier 2	ST; QL (2 capsules per 1 day)
colchicine oral tablet	Tier 2	QL (2.3 tablets per 1 day)
URICOSURICS - GOUT DRUGS**		
probenecid oral tablet	Tier 1	
***HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD**		
C1 ESTERASE INHIBITORS - DRUGS FOR THE BLOOD**		
BERINERT INTRAVENOUS KIT (***c1 esterase inhibitor (human)***)	Tier 4	PA; SP; LD; QL (24 kits per 30 days)
DIRECT-ACTING P2Y12 INHIBITORS - DRUGS FOR THE BLOOD**		
ticagrelor oral tablet 60 mg, 90 mg	Tier 2	QL (2 tablets per 1 day)
HEMATORHEOLOGIC AGENTS - DRUGS FOR THE BLOOD**		
pentoxifylline er oral tablet extended release	Tier 1	
PHOSPHODIESTERASE III INHIBITORS - DRUGS FOR THE BLOOD**		
cilostazol oral tablet	Tier 2	
PLATELET AGGREGATION INHIBITOR COMBINATIONS - DRUGS FOR THE BLOOD**		
aspirin-dipyridamole er oral capsule extended release 12 hour	Tier 2	QL (2 capsule per 1 day)
PLATELET AGGREGATION INHIBITORS - DRUGS FOR THE BLOOD**		
dipyridamole oral tablet	Tier 2	
QUINAZOLINE AGENTS - DRUGS FOR THE BLOOD**		
anagrelide hcl oral capsule 0.5 mg	Tier 2	QL (20 capsules per 1 day)
anagrelide hcl oral capsule 1 mg	Tier 2	QL (10 capsules per 1 day)
THIENOPYRIDINE DERIVATIVES - DRUGS FOR THE BLOOD**		
clopidogrel bisulfate oral tablet 300 mg	Tier 2	QL (1 tablet per 30 days)
clopidogrel bisulfate oral tablet 75 mg	Tier 2	QL (1 tablet per 1 day)
prasugrel hcl oral tablet 10 mg	Tier 2	QL (1 tablet per 1 day)
prasugrel hcl oral tablet 5 mg	Tier 2	QL (1 tablets per 1 day)
***HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION**		
COBALAMINS - DRUGS FOR NUTRITION**		
cyanocobalamin injection solution	Tier 1	
CYTOTOXIC AGENTS - DRUGS FOR NUTRITION**		
DROXIA ORAL CAPSULE (***hydroxyurea***)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS) - DRUGS FOR NUTRITION**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 vials per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (***darbepoetin alfa***)	Tier 4	PA; SP; QL (4 syringes per 30 days)
FOLIC ACID/FOLATES - DRUGS FOR NUTRITION**		
folic acid oral capsule	Tier 1; $0	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	Tier 1; $0	
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF) - DRUGS FOR NUTRITION**		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (***pegfilgrastim***)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim***)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***pegfilgrastim***)	Tier 4	PA; SP; QL (2 syringes per 28 days)
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS - DRUGS FOR NUTRITION**		
eltrombopag olamine oral tablet 12.5 mg, 25 mg	Tier 4	PA; SP; LD; DO
eltrombopag olamine oral tablet 50 mg	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
eltrombopag olamine oral tablet 75 mg	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
***HEMOSTATICS* - DRUGS FOR THE BLOOD**		
HEMOSTATICS - SYSTEMIC - DRUGS TO PREVENT BLEEDING**		
tranexamic acid oral tablet	Tier 1	QL (6 tablets per 1 day)
***HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS* - DRUGS FOR THE NERVOUS SYSTEM**		
BARBITURATE HYPNOTICS - DRUGS FOR INSOMNIA**		
phenobarbital oral elixir 20 mg/5ml	Tier 1	QL (100 mL per 1 day)
phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml	Tier 1	QL (100 mL per 1 day)
phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	QL (4 tablets per 1 day)
phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg	Tier 1	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZODIAZEPINE HYPNOTICS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
temazepam oral capsule	Tier 1	QL (1 capsule per 1 day)
triazolam oral tablet	Tier 1	QL (1 tablet per 1 day)
HYPNOTICS - TRICYCLIC AGENTS - DRUGS FOR INSOMNIA**		
doxepin hcl oral tablet	Tier 2	ST; QL (1 tablet per 1 day)
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS - DRUGS FOR INSOMNIA**		
zaleplon oral capsule	Tier 1	QL (1 capsule per 1 day)
zolpidem tartrate er oral tablet extended release	Tier 2	QL (1 tablet per 1 day)
zolpidem tartrate oral tablet	Tier 1	QL (1 tablet per 1 day)
***LAXATIVES* - DRUGS FOR THE STOMACH**		
BOWEL EVACUANT COMBINATIONS - DRUGS TO PREVENT CONSTIPATION**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (***peg 3350-kcl-nabcb-nacl-nasulf***)	Tier 1; $0	QL (4000 grams per 30 days)
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted)	Tier 1; $0	QL (4000 grams per 30 days)
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1; $0	QL (4000 grams per 30 days)
na sulfate-k sulfate-mg sulf oral solution	Tier 1; $0	QL (2 kits per 30 days)
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	Tier 1; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes oral solution reconstituted	Tier 1; $0	QL (4000 grams per 30 days)
peg-3350/electrolytes/ascorbat oral solution reconstituted	Tier 1; $0	QL (1 kit per 30 days)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	Tier 1; $0	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (***peg-kcl-nacl-nasulf-na asc-c***)	Tier 3	QL (1 gram per 30 days)
ELECTROLYTE-BASED OSMOTIC LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
magnesium citrate oral solution	Tier 1; $0	
LAXATIVES - MISCELLANEOUS - DRUGS TO PREVENT CONSTIPATION**		
constulose oral solution	Tier 1	
lactulose oral solution	Tier 1	
laxative osmotic oral powder	Tier 1; $0	
MIRALAX MIX-IN PAX ORAL PACKET (***polyethylene glycol 3350***)	Tier 1; $0	
MIRALAX ORAL POWDER (***polyethylene glycol 3350***)	Tier 1; $0	
peg 3350 oral packet	Tier 1; $0	
peg 3350 oral powder	Tier 1; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
polyethylene glycol 3350 oral packet	Tier 1; $0	
polyethylene glycol 3350 oral powder	Tier 1; $0	
STIMULANT LAXATIVES - DRUGS TO PREVENT CONSTIPATION**		
bisacodyl ec oral tablet delayed release	Tier 1; $0	
***MACROLIDES* - DRUGS FOR INFECTIONS**		
AZITHROMYCIN - ANTIBIOTICS**		
azithromycin oral suspension reconstituted	Tier 1	
azithromycin oral tablet	Tier 1	
CLARITHROMYCIN - ANTIBIOTICS**		
clarithromycin er oral tablet extended release 24 hour	Tier 1	
clarithromycin oral suspension reconstituted	Tier 1	
clarithromycin oral tablet	Tier 1	
ERYTHROMYCINS - ANTIBIOTICS**		
E.E.S. 400 ORAL TABLET (***erythromycin ethylsuccinate***)	Tier 2	
erythromycin base (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
erythromycin base oral capsule delayed release particles	Tier 2	
erythromycin base oral tablet	Tier 2	
erythromycin base oral tablet delayed release	Tier 1	
erythromycin ethylsuccinate oral tablet	Tier 2	
erythromycin oral tablet delayed release	Tier 1	
***MEDICAL DEVICES AND SUPPLIES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
APPLICATORS,COTTON BALLS,ETC - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
alcohol swabs pad	Tier 3	
CERVICAL CAPS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FEMCAP VAGINAL DEVICE (***cervical caps***)	Tier 3; $0	
CONDOMS - FEMALE - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
FC2 FEMALE CONDOM (***condoms - female***)	Tier 3; $0	QL (12 units per 1 fill)
DIAPHRAGMS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	Tier 3; $0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (***diaphragms***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (***diaphragm wide seal***)	Tier 3; $0	
GLUCOSE MONITORING TEST SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ACCU-CHEK AVIVA IN VITRO SOLUTION (***blood glucose calibration***)	Tier 2	
ACCU-CHEK AVIVA PLUS KIT (***blood glucose monitoring suppl***)	Tier 2	
ACCU-CHEK COMPACT PLUS CARE KIT (***blood glucose monitoring suppl***)	Tier 2	QL (2 kits per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT (***lancets misc.***)	Tier 2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (***blood glucose calibration***)	Tier 2	
ACCU-CHEK GUIDE KIT (***blood glucose monitoring suppl***)	Tier 2	
ACCU-CHEK GUIDE ME KIT (***blood glucose monitoring suppl***)	Tier 2	
ACCU-CHEK NANO SMARTVIEW KIT (***blood glucose monitoring suppl***)	Tier 2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (***blood glucose calibration***)	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (***lancets misc.***)	Tier 2	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (***blood glucose calibration***)	Tier 2	
lancet device	Tier 3	
lancets	Tier 3	QL (204 lancets per 30 days)
LANCETS SUPER THIN (***lancets***)	Tier 3	QL (204 lancets per 30 days)
pure comfort safety lancet 30g	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 21G (***lancets***)	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 26G (***lancets***)	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 28G (***lancets***)	Tier 3	QL (204 lancets per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBULIZERS - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
PARI BABY NEBULIZER SET (***nebulizers***)	Tier 3	
NEEDLES & SYRINGES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT**		
ADVOCATE INSULIN PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD ECLIPSE SYRINGE (***syringe/needle (disp)***)	Tier 3	
BD INS SYR ULTRAFINE 1/2UNIT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (***insulin syringes (disposable)***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE (***syringe/needle (disp)***)	Tier 3	
COMFORT EZ INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ PRO PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringe per 30 days)
DROPSAFE AUTOPROTECT DUO (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
easy comfort insulin syringe 29g x 5/16" 0.5 ml	Tier 3	QL (200 syringes per 30 days)
easy comfort insulin syringe 29g x 5/16" 1 ml	Tier 3	QL (200 syringe per 30 days)
easy comfort pen needles	Tier 3	QL (200 needles per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringe per 30 days)
EMBECTA INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringe per 30 days)
EMBECTA INSULIN SYRINGE U-500 (***insulin syringe/needle u-500***)	Tier 3	QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
insulin syringe	Tier 3	QL (200 syringes per 30 days)
insulin syringe-needle u-100	Tier 3	QL (200 syringes per 30 days)
INSUPEN32G EXTR3ME (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOFINE PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
pen needle/5-bevel tip	Tier 3	QL (200 needles per 30 days)
pen needles	Tier 3	QL (200 needles per 30 days)
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
pro comfort pen needles	Tier 3	QL (200 needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
RELION PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
sure comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
sure comfort pen needles	Tier 3	QL (200 needles per 30 days)
techlite insulin syringe	Tier 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
true comfort insulin syringe	Tier 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Tier 3	QL (200 needles per 30 days)
true comfort pro insulin syr	Tier 3	QL (200 syringes per 30 days)
UNIFINE OTC PEN NEEDLES (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE (***insulin syringe-needle u-100***)	Tier 3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (***insulin pen needle***)	Tier 3	QL (200 needles per 30 days)
VERISAFE SAFE STERILE SYRINGE (***syringe/needle (disp)***)	Tier 3	
***MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM**		
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES - DRUGS FOR MIGRAINE HEADACHES**		
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***galcanezumab-gnlm***)	Tier 2	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 syringe per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERGOT COMBINATIONS - DRUGS FOR MIGRAINE HEADACHES**		
ergotamine-caffeine oral tablet	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (***ergotamine-caffeine***)	Tier 2	
MIGRAINE PRODUCTS - DRUGS FOR MIGRAINE HEADACHES**		
dihydroergotamine mesylate nasal solution	Tier 2	ST; QL (8 mL per 28 days)
SELECTIVE SEROTONIN AGONISTS 5-HT(1) - DRUGS FOR MIGRAINE HEADACHES**		
naratriptan hcl oral tablet	Tier 1	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet	Tier 1	QL (9 tablets per 30 days)
rizatriptan benzoate oral tablet dispersible	Tier 1	QL (9 tablets per 30 days)
sumatriptan succinate oral tablet	Tier 1	QL (9 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge	Tier 2	QL (6 cartridges per 30 days)
sumatriptan succinate subcutaneous solution	Tier 2	QL (5 vial per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	Tier 2	QL (6 syringes per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	Tier 2	QL (6 cartriges per 30 days)
***MINERALS & ELECTROLYTES* - DRUGS FOR NUTRITION**		
FLUORIDE - DRUGS FOR NUTRITION**		
sodium fluoride oral solution	Tier 1; $0	QL (2 mL per 1 day)
sodium fluoride oral tablet	Tier 1; $0	
sodium fluoride oral tablet chewable	Tier 1; $0	
POTASSIUM - DRUGS FOR NUTRITION**		
potassium chloride (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release)	Tier 1	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
potassium chloride (Klor-Con Oral Tablet Extended Release)	Tier 1	
potassium chloride crys er oral tablet extended release	Tier 1	
potassium chloride er oral capsule extended release	Tier 1	
potassium chloride er oral tablet extended release	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***MISCELLANEOUS THERAPEUTIC CLASSES* - VITAMINS AND MINERALS**		
ANTILEPROTICS - VITAMINS AND MINERALS**		
THALOMID ORAL CAPSULE (***thalidomide***)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
CHELATING AGENTS - VITAMINS AND MINERALS**		
penicillamine oral tablet	Tier 4	PA; SP; QL (8 tablets per 1 day)
trientine hcl oral capsule	Tier 4	PA; SP; QL (8 capsules per 1 day)
CYCLOSPORINE ANALOGS - VITAMINS AND MINERALS**		
cyclosporine modified oral capsule	Tier 4	
cyclosporine modified oral solution	Tier 4	
cyclosporine oral capsule	Tier 4	
cyclosporine modified (Gengraf Oral Capsule)	Tier 4	
cyclosporine modified (Gengraf Oral Solution)	Tier 4	
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES - VITAMINS AND MINERALS**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - VITAMINS AND MINERALS**		
mycophenolate mofetil oral capsule	Tier 4	
mycophenolate mofetil oral tablet	Tier 4	
mycophenolate sodium oral tablet delayed release	Tier 4	
mycophenolic acid oral tablet delayed release	Tier 4	
MACROLIDE IMMUNOSUPPRESSANTS - VITAMINS AND MINERALS**		
everolimus oral tablet	Tier 4	
sirolimus oral solution	Tier 4	
sirolimus oral tablet	Tier 3	
tacrolimus oral capsule	Tier 4	
POTASSIUM REMOVING AGENTS - VITAMINS AND MINERALS**		
sodium polystyrene sulfonate (Kionex Combination Suspension)	Tier 2	
sodium polystyrene sulfonate combination suspension	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension)	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION (***sodium polystyrene sulfonate***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURINE ANALOGS - VITAMINS AND MINERALS**		
azathioprine (Azasan Oral Tablet)	Tier 2	
azathioprine oral tablet	Tier 2	
***MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT**		
ANESTHETICS TOPICAL ORAL - DRUGS FOR THE MOUTH AND THROAT**		
lidocaine viscous hcl mouth/throat solution	Tier 1	
ANTI-INFECTIVES - THROAT - DRUGS FOR THE MOUTH AND THROAT**		
clotrimazole mouth/throat troche	Tier 2	QL (5 tablet per 1 day)
nystatin mouth/throat suspension	Tier 1	QL (24 mL per 1 day)
ANTISEPTICS - MOUTH/THROAT - DRUGS FOR THE MOUTH AND THROAT**		
chlorhexidine gluconate mouth/throat solution	Tier 1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution)	Tier 1	
DENTAL PRODUCTS - COMBINATIONS - DRUGS FOR THE MOUTH AND THROAT**		
denta 5000 plus sensitive dental gel	Tier 1	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (***sod fluoride-potassium nitrate***)	Tier 1	
sodium fluoride 5000 enamel dental gel	Tier 1	
sodium fluoride 5000 sensitive dental gel	Tier 1	
FLUORIDE DENTAL PRODUCTS - DRUGS FOR THE MOUTH AND THROAT**		
CLINPRO 5000 DENTAL PASTE (***sodium fluoride***)	Tier 1	QL (3.77 grams per 1 day)
DENTA 5000 PLUS DENTAL CREAM (***sodium fluoride***)	Tier 1	QL (3.4 grams per 1 day)
dentagel dental gel	Tier 1	QL (100 grams per 30 days)
FLUORIDEX DENTAL PASTE (***sodium fluoride***)	Tier 1	QL (3.77 grams per 1 day)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE (***sodium fluoride***)	Tier 1	QL (3.77 grams per 1 day)
sf 5000 plus dental cream	Tier 1	QL (3.4 grams per 1 day)
sf dental gel	Tier 1	QL (100 grams per 30 days)
sodium fluoride 5000 plus dental cream	Tier 1	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental cream	Tier 1	QL (3.4 grams per 1 day)
sodium fluoride 5000 ppm dental gel	Tier 1	QL (100 grams per 30 days)
sodium fluoride 5000 ppm dental paste	Tier 1	QL (3.77 grams per 1 day)
sodium fluoride dental cream	Tier 1	QL (3.4 grams per 1 day)
sodium fluoride dental gel	Tier 1	QL (100 grams per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SALIVA STIMULANTS - DRUGS FOR THE MOUTH AND THROAT**		
cevimeline hcl oral capsule	Tier 2	
STEROIDS - MOUTH/THROAT/DENTAL - DRUGS FOR THE MOUTH AND THROAT**		
triamcinolone acetonide (Kourzeq Mouth/Throat Paste)	Tier 1	
triamcinolone acetonide (Oralone Mouth/Throat Paste)	Tier 1	
triamcinolone acetonide mouth/throat paste	Tier 1	
***MULTIVITAMINS* - DRUGS FOR NUTRITION**		
PED MV W/ FLUORIDE - DRUGS FOR NUTRITION**		
multivitamin w/fluoride oral tablet chewable	Tier 1; $0	
multi-vitamin/fluoride oral solution	Tier 1; $0	
multi-vitamin/fluoride oral suspension	Tier 1; $0	
multivitamin/fluoride oral tablet chewable	Tier 1; $0	
PED VITAMINS ACD W/ FLUORIDE - DRUGS FOR NUTRITION**		
tri-vite/fluoride oral solution	Tier 1; $0	
PRENATAL MV & MIN W/FE-FA - DRUGS FOR NUTRITION**		
ATABEX EC ORAL TABLET DELAYED RELEASE (***prenatal vit-dss-fe cbn-fa***)	Tier 2	
ATABEX OB ORAL TABLET (***prenatal vit w/ fe bisg-fa***)	Tier 2	
c-nate dha oral capsule	Tier 2	
completenate oral tablet chewable	Tier 2	
CO-NATAL FA ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	
CONCEPT DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	Tier 2	
CONCEPT OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	
ELITE-OB ORAL TABLET (***prenatal vit-iron carbonyl-fa***)	Tier 1	
FOLIVANE-OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	
INATAL GT ORAL TABLET (***prenatal vit-dss-fe cbn-fa***)	Tier 1	
m-natal plus oral tablet	Tier 2	
NIVA-PLUS ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 2	
one vite womens plus oral tablet	Tier 2	
pnv 27-ca/fe/fa oral tablet	Tier 2	
pnv prenatal plus multivit+dha oral	Tier 2	
pnv-select oral tablet	Tier 1	
prenatal 19 oral tablet	Tier 2	
prenatal 19 oral tablet chewable	Tier 1	
prenatal 19 oral tablet chewable 29-1 mg	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prenatal oral tablet	Tier 2	
prenatal plus oral tablet	Tier 2	
prenatal plus vitamin/mineral oral tablet	Tier 2	
PRENATAL-U ORAL CAPSULE (***prenatal w/o a vit-fe fum-fa***)	Tier 2	
PROVIDA OB ORAL CAPSULE (***prenat w/o a vit-fefum-fepo-fa***)	Tier 2	
se-natal 19 oral tablet	Tier 2	
se-natal 19 oral tablet chewable	Tier 2	
TARON-C DHA ORAL CAPSULE (***prenat-fefum-fepo-fa-omega 3***)	Tier 2	
thrivite rx oral tablet	Tier 2	
trinatal rx 1 oral tablet	Tier 2	
TRINATE ORAL TABLET (***prenatal vit-fe fumarate-fa***)	Tier 1	
VITAFOL GUMMIES ORAL TABLET CHEWABLE (***prenatal vit-fe phos-fa-omega***)	Tier 2	
westab plus oral tablet	Tier 2	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL - DRUGS FOR NUTRITION**		
complete natal dha oral	Tier 2	
wesnatal dha complete oral	Tier 2	
PRENATAL MV & MIN W/FE-FA-DHA - DRUGS FOR NUTRITION**		
pnv-dha oral capsule	Tier 1	
prena 1 true oral	Tier 2	
***MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
CENTRAL MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
baclofen oral tablet 10 mg, 5 mg	Tier 1	QL (3 tablets per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 tablets per 1 day)
carisoprodol oral tablet	Tier 1	QL (4 tablets per 1 day)
chlorzoxazone oral tablet	Tier 1	QL (4 tablets per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 7.5 mg	Tier 1	QL (3 tablets per 1 day)
cyclobenzaprine hcl oral tablet 5 mg	Tier 1	QL (6 tablets per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 tablets per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 tablets per 1 day)
tizanidine hcl oral capsule 2 mg	Tier 1	QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	Tier 1	QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	Tier 1	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 1	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	Tier 1	QL (9 tablets per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT MUSCLE RELAXANTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES**		
dantrolene sodium oral capsule	Tier 2	
***NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE**		
NASAL ANTICHOLINERGICS - ALLERGY**		
ipratropium bromide nasal solution	Tier 1	
NASAL ANTIHISTAMINES - ALLERGY**		
azelastine hcl nasal solution	Tier 1	QL (1 bottle per 28 days)
olopatadine hcl nasal solution	Tier 1	QL (1 bottle per 30 days)
NASAL STEROIDS - ALLERGY**		
flunisolide nasal solution	Tier 1	ST; QL (1 bottle per 30 days)
***NUTRIENTS* - DRUGS FOR NUTRITION**		
AMINO ACID MIXTURES - DRUGS FOR NUTRITION**		
REFRESH AA 15 PKU ORAL LIQUID (***amino acids***)	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID (***amino acids***)	Tier 3	
***OPHTHALMIC AGENTS* - DRUGS FOR THE EYE**		
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS - DRUGS FOR GLAUCOMA**		
dorzolamide hcl-timolol mal ophthalmic solution	Tier 1	QL (10 mL per 30 days)
BETA-BLOCKERS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
betaxolol hcl ophthalmic solution	Tier 1	QL (0.5 mL per 1 day)
carteolol hcl ophthalmic solution	Tier 1	
timolol maleate ophthalmic gel forming solution	Tier 1	QL (5 mL per 30 days)
timolol maleate ophthalmic solution	Tier 1	QL (20 mL per 30 days)
CYCLOPLEGIC MYDRIATICS - DRUGS FOR THE EYE**		
tropicamide ophthalmic solution	Tier 1	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
XIIDRA OPHTHALMIC SOLUTION (***lifitegrast***)	Tier 3	PA; QL (2 vial per 1 day)
MIOTICS - CHOLINESTERASE INHIBITORS - DRUGS FOR GLAUCOMA**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (***echothiophate iodide***)	Tier 3	LD; QL (5 mL per 30 days)
MIOTICS - DIRECT ACTING - DRUGS FOR GLAUCOMA**		
pilocarpine hcl ophthalmic solution	Tier 1	
OPHTHALMIC ANTIALLERGIC - DRUGS FOR ITCHY EYE**		
ALOCRIL OPHTHALMIC SOLUTION (***nedocromil sodium***)	Tier 3	ST; QL (1 bottle per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azelastine hcl ophthalmic solution	Tier 1	QL (1 bottle per 24 days)
cromolyn sodium ophthalmic solution	Tier 1	QL (2 bottles per 30 days)
epinastine hcl ophthalmic solution	Tier 1	QL (5 mL per 30 days)
OPHTHALMIC ANTIBIOTICS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin ophthalmic ointment	Tier 1	QL (7 grams per 30 days)
besifloxacin hcl ophthalmic suspension	Tier 2	QL (5 mL per 30 days)
ciprofloxacin hcl ophthalmic solution	Tier 1	QL (10 mL per 30 days)
erythromycin ophthalmic ointment	Tier 1	QL (3.5 grams per 30 days)
gentamicin sulfate ophthalmic solution	Tier 1	QL (10 mL per 30 days)
levofloxacin ophthalmic solution	Tier 1	QL (5 mL per 30 days)
moxifloxacin hcl ophthalmic solution	Tier 1	QL (3 mL per 30 days)
ofloxacin ophthalmic solution	Tier 1	QL (10 mL per 30 days)
tobramycin ophthalmic solution	Tier 1	QL (20 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitracin-polymyxin b ophthalmic ointment	Tier 1	QL (3.5 gm per 1 day)
neomycin-bacitracin zn-polymyx ophthalmic ointment	Tier 1	QL (3.5 grams per 30 days)
neomycin-polymyxin-gramicidin ophthalmic solution	Tier 1	QL (10 mL per 30 days)
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 grams per 30 days)
bacitracin-polymyxin b (Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 gm per 1 day)
polymyxin b-trimethoprim ophthalmic solution	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC ANTIVIRALS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ZIRGAN OPHTHALMIC GEL (***ganciclovir***)	Tier 3	QL (5 gram per 7 days)
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR GLAUCOMA**		
dorzolamide hcl ophthalmic solution	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC IMMUNOMODULATORS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
cyclosporine (pf) ophthalmic emulsion	Tier 1	PA; QL (2 vials per 1 day)
cyclosporine ophthalmic emulsion	Tier 1	PA; QL (2 vials per 1 day)
OPHTHALMIC LOCAL ANESTHETICS - DRUGS FOR THE EYE**		
proparacaine hcl ophthalmic solution	Tier 1	
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
diclofenac sodium ophthalmic solution	Tier 1	QL (5 mL per 30 days)
ketorolac tromethamine ophthalmic solution 0.4 %	Tier 1	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac tromethamine ophthalmic solution 0.5 %	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS - DRUGS FOR GLAUCOMA**		
apraclonidine hcl ophthalmic solution	Tier 1	
brimonidine tartrate ophthalmic solution	Tier 1	QL (30 mL per 30 days)
OPHTHALMIC STEROID COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Tier 1	QL (7 grams per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment	Tier 1	QL (7 grams per 30 days)
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 1	QL (20 mL per 30 days)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Tier 1	QL (20 mL per 30 days)
neomycin-polymyxin-hc ophthalmic suspension	Tier 1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	QL (7 grams per 30 days)
sulfacetamide-prednisolone ophthalmic solution	Tier 1	QL (15 mL per 30 days)
tobramycin-dexamethasone ophthalmic suspension	Tier 1	QL (10 mL per 30 days)
OPHTHALMIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
dexamethasone sodium phosphate ophthalmic solution	Tier 1	
fluorometholone ophthalmic suspension	Tier 1	
LOTEMAX OPHTHALMIC OINTMENT (***loteprednol etabonate***)	Tier 3	QL (7 grams per 30 days)
loteprednol etabonate ophthalmic gel	Tier 3	QL (10 grams per 30 days)
loteprednol etabonate ophthalmic suspension	Tier 2	QL (30 mL per 30 days)
prednisolone acetate ophthalmic suspension	Tier 1	QL (20 mL per 30 days)
OPHTHALMIC SULFONAMIDES - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
sulfacetamide sodium ophthalmic ointment	Tier 1	QL (3.5 grams per 30 days)
sulfacetamide sodium ophthalmic solution	Tier 1	QL (15 mL per 30 days)
PROSTAGLANDINS - OPHTHALMIC - DRUGS FOR GLAUCOMA**		
bimatoprost ophthalmic solution 0.01 %	Tier 2	QL (7.5 mL per 30 days)
bimatoprost ophthalmic solution 0.03 %	Tier 2	
latanoprost ophthalmic solution	Tier 1	QL (5 mL per 30 days)
travoprost (bak free) ophthalmic solution	Tier 2	QL (10 mL per 30 days)
***OTIC AGENTS* - DRUGS FOR THE EAR**		
OTIC AGENTS - MISCELLANEOUS - WAX REMOVAL**		
acetic acid otic solution	Tier 1	
OTIC ANTI-INFECTIVES - ANTIBIOTICS**		
ciprofloxacin hcl otic solution	Tier 1	QL (28 containers per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ofloxacin otic solution	Tier 1	QL (10 mL per 1 fill)
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
ciprofloxacin-dexamethasone otic suspension	Tier 1	QL (7.5 mL per 1 fill)
neomycin-polymyxin-hc otic solution	Tier 1	
neomycin-polymyxin-hc otic suspension	Tier 1	
OTIC STEROIDS - ANTI-INFECTIVE/ANTI-INFLAMMATORIES**		
fluocinolone acetonide otic oil	Tier 1	
hydrocortisone-acetic acid otic solution	Tier 2	QL (10 mL per 1 fill)
***OXYTOCICS* - HORMONES**		
OXYTOCICS - DRUGS FOR WOMEN**		
methylergonovine maleate (Methergine Oral Tablet)	Tier 2	
methylergonovine maleate oral tablet	Tier 2	
***PASSIVE IMMUNIZING AND TREATMENT AGENTS* - BIOLOGICAL AGENTS**		
PASSIVE IMMUNIZING AGENTS - COMBINATIONS - BIOLOGICAL AGENTS**		
HYQVIA SUBCUTANEOUS KIT (***immune globulin-hyaluronidase***)	Tier 4	PA; SP; LD
***PENICILLINS* - DRUGS FOR INFECTIONS**		
AMINOPENICILLINS - ANTIBIOTICS**		
amoxicillin oral capsule	Tier 1	
amoxicillin oral suspension reconstituted	Tier 1	
amoxicillin oral tablet	Tier 1	
amoxicillin oral tablet chewable	Tier 1	
ampicillin oral capsule	Tier 1	
NATURAL PENICILLINS - ANTIBIOTICS**		
penicillin v potassium oral solution reconstituted	Tier 1	
penicillin v potassium oral tablet	Tier 1	
PENICILLIN COMBINATIONS - ANTIBIOTICS**		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	Tier 1	
amoxicillin-pot clavulanate oral suspension reconstituted	Tier 1	
amoxicillin-pot clavulanate oral tablet	Tier 1	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS**		
dicloxacillin sodium oral capsule	Tier 1	
PHARMACEUTICAL ADJUVANTS		
ORAL VEHICLES**		
FLAVOR SWEET DYE FREE ORAL SYRUP (***oral vehicles***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flavor sweet sf dye free oral syrup	Tier 2	
***PROGESTINS* - HORMONES**		
PROGESTINS - DRUGS FOR WOMEN**		
norethindrone acetate (Gallifrey Oral Tablet)	Tier 1	
medroxyprogesterone acetate oral tablet	Tier 1	
norethindrone acetate oral tablet	Tier 1	
progesterone oral capsule	Tier 1	
***PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM**		
ALCOHOL DETERRENTS - DRUGS FOR THE NERVOUS SYSTEM**		
acamprosate calcium oral tablet delayed release	Tier 2	QL (6 tablets per 1 day)
disulfiram oral tablet	Tier 1	
CHOLINOMIMETICS - ACHE INHIBITORS - DRUGS FOR ALZHEIMER'S DISEASE**		
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg	Tier 2	QL (1 capsule per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 8 mg	Tier 2	DO
galantamine hydrobromide oral solution	Tier 2	QL (6 mL per 1 day)
galantamine hydrobromide oral tablet 12 mg, 8 mg	Tier 2	QL (2 tablets per 1 day)
galantamine hydrobromide oral tablet 4 mg	Tier 2	DO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg	Tier 2	DO
rivastigmine tartrate oral capsule 4.5 mg, 6 mg	Tier 2	QL (2 capsules per 1 day)
FIBROMYALGIA AGENT - SNRIS - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN**		
milnacipran hcl oral	Tier 2	QL (1 pack per 365 days)
milnacipran hcl oral tablet	Tier 2	QL (2 tablets per 1 day)
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS - DRUGS FOR MULTIPLE SCLEROSIS**		
teriflunomide oral tablet	Tier 1	PA; SP; QL (1 tablet per 1 day)
MULTIPLE SCLEROSIS AGENTS - INTERFERONS - DRUGS FOR MULTIPLE SCLEROSIS**		
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	Tier 4	PA; SP; LD; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***peginterferon beta-1a***)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***peginterferon beta-1a***)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***peginterferon beta-1a***)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	Tier 4	PA; SP; QL (12 syringes per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***interferon beta-1a***)	Tier 4	PA; SP; QL (4.2 mL per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	Tier 4	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***interferon beta-1a***)	Tier 4	PA; SP; QL (1 pack per 1 fill)
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES - DRUGS FOR MULTIPLE SCLEROSIS**		
TYSABRI INTRAVENOUS CONCENTRATE (***natalizumab***)	Tier 4	PA; SP; LD; QL (1 vial per 28 days)
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
dimethyl fumarate oral capsule delayed release 120 mg	Tier 1	PA; SP; QL (14 capsules per 365 days)
dimethyl fumarate oral capsule delayed release 240 mg	Tier 1	PA; SP; QL (2 capsules per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	Tier 1	PA; SP; QL (1 kit per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE (***diroximel fumarate***)	Tier 4	PA; SP; LD; QL (4 capsules per 1 day)
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS - DRUGS FOR MULTIPLE SCLEROSIS**		
dalfampridine er oral tablet extended release 12 hour	Tier 1	PA; SP; QL (2 tablets per 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS FOR MULTIPLE SCLEROSIS**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Tier 1	PA; SP; QL (1 syringe per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Tier 1	PA; SP; QL (12 syringes per 28 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	Tier 1	PA; SP; QL (1 syringe per 1 day)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	Tier 1	PA; SP; QL (12 syringes per 28 days)
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS - DRUGS FOR ALZHEIMER'S DISEASE**		
memantine hcl oral solution	Tier 2	QL (10 mL per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
memantine hcl oral tablet 10 mg	Tier 2	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 2	QL (1 tablet per 6 months)
memantine hcl oral tablet 5 mg	Tier 2	DO
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS - DRUGS FOR DEPRESSION**		
fluoxetine hcl (pmdd) oral tablet 10 mg	Tier 2	DO
fluoxetine hcl (pmdd) oral tablet 20 mg	Tier 2	QL (4 tablets per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR SEVERE MENTAL DISORDERS**		
pimozide oral tablet 1 mg	Tier 2	PA; QL (10 tablets per 1 day)
pimozide oral tablet 2 mg	Tier 2	PA; QL (5 tablets per 1 day)
SMOKING DETERRENTS - DRUGS FOR DEPRESSION**		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Tier 1; $0	QL (2 tablets per 1 day)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (***nicotine***)	Tier 1; $0	
NICORETTE MINI MOUTH/THROAT LOZENGE (***nicotine polacrilex***)	Tier 1; $0	
NICORETTE MOUTH/THROAT GUM (***nicotine polacrilex***)	Tier 1; $0	
NICORETTE MOUTH/THROAT LOZENGE (***nicotine polacrilex***)	Tier 1; $0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (***nicotine polacrilex***)	Tier 1; $0	
nicotine mini mouth/throat lozenge	Tier 1; $0	
nicotine polacrilex mini mouth/throat lozenge	Tier 1; $0	
nicotine polacrilex mouth/throat gum	Tier 1; $0	
nicotine polacrilex mouth/throat lozenge	Tier 1; $0	
nicotine transdermal patch 24 hour	Tier 1; $0	
NICOTROL INHALATION INHALER (***nicotine***)	Tier 3; $0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (***nicotine***)	Tier 3; $0	QL (4 mL per 1 day)
varenicline tartrate (starter) oral tablet therapy pack	Tier 2; $0	QL (1 dose pack per 365 days)
varenicline tartrate oral tablet	Tier 2; $0	QL (2 tablets per 1 day)
varenicline tartrate(continue) oral tablet	Tier 2; $0	QL (2 tablets per 1 day)
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS - DRUGS FOR MULTIPLE SCLEROSIS**		
fingolimod hcl oral capsule	Tier 1	PA; SP; QL (1 capsule per 1 day)
***RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS**		
HYDROLYTIC ENZYMES - DRUGS FOR THE LUNGS**		
PULMOZYME INHALATION SOLUTION (***dornase alfa***)	Tier 4	PA; SP; LD; QL (150 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
***SULFONAMIDES* - DRUGS FOR INFECTIONS**		
SULFONAMIDES - ANTIBIOTICS**		
sulfadiazine oral tablet	Tier 2	
***TETRACYCLINES* - DRUGS FOR INFECTIONS**		
TETRACYCLINES - ANTIBIOTICS**		
avidoxy oral tablet	Tier 1	QL (2 tablets per 1 day)
demeclocycline hcl oral tablet	Tier 2	
doxycycline hyclate oral capsule	Tier 1	QL (2 capsules per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	QL (2 capsule per 1 day)
doxycycline hyclate oral tablet 20 mg	Tier 1	QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release 100 mg	Tier 1	QL (2 capsules per 1 day)
doxycycline hyclate oral tablet delayed release 150 mg, 75 mg	Tier 1	PA; QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	QL (2 capsules per 1 day)
doxycycline monohydrate oral capsule 150 mg	Tier 1	ST; QL (1 capsule per 1 day)
doxycycline monohydrate oral suspension reconstituted	Tier 1	QL (600 mL per 30 days)
doxycycline monohydrate oral tablet 100 mg, 75 mg	Tier 1	QL (2 tablets per 1 day)
doxycycline monohydrate oral tablet 150 mg	Tier 1	QL (1 capsule per 1 day)
doxycycline monohydrate oral tablet 50 mg	Tier 1	ST; QL (2 tablets per 1 day)
minocycline hcl er oral tablet extended release 24 hour 105 mg	Tier 2	ST; QL (1 tablets per 1 day)
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 2	ST; QL (1 tablet per 1 day)
minocycline hcl oral capsule 100 mg, 75 mg	Tier 1	QL (2 capsules per 1 day)
minocycline hcl oral capsule 50 mg	Tier 1	QL (4 capsules per 1 day)
minocycline hcl oral tablet 100 mg, 75 mg	Tier 1	QL (2 tablets per 1 day)
minocycline hcl oral tablet 50 mg	Tier 1	QL (4 tablets per 1 day)
doxycycline hyclate (Targadox Oral Tablet)	Tier 1	ST; QL (2 tablets per 1 day)
tetracycline hcl oral capsule	Tier 1	QL (4 capsules per 1 day)
***THYROID AGENTS* - HORMONES**		
ANTITHYROID AGENTS - DRUGS FOR THYROID**		
methimazole oral tablet	Tier 1	
propylthiouracil oral tablet	Tier 1	
THYROID HORMONES - DRUGS FOR THYROID**		
levothyroxine sodium (Levo-T Oral Tablet)	Tier 1	
levothyroxine sodium oral tablet	Tier 1	
levothyroxine sodium (Levoxyl Oral Tablet)	Tier 1	
liothyronine sodium (Liomny Oral Tablet)	Tier 1	
liothyronine sodium oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levothyroxine sodium (Unithroid Oral Tablet)	Tier 1	
***TOXOIDS* - BIOLOGICAL AGENTS**		
TOXOID COMBINATIONS - VACCINES**		
ADACEL INTRAMUSCULAR SUSPENSION (***tetanus-diphth-acell pertussis***)	Tier 3; $0	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***tetanus-diphth-acell pertussis***)	Tier 3; $0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***tetanus-diphth-acell pertussis***)	Tier 3; $0	
DAPTACEL INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	Tier 3; $0	
INFANRIX INTRAMUSCULAR SUSPENSION (***diphth-acell pertussis-tetanus***)	Tier 3; $0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv vaccine***)	Tier 3; $0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-hepatitis b recomb-ipv***)	Tier 3; $0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	Tier 3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	Tier 3; $0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv vaccine***)	Tier 3; $0	
TENIVAC INTRAMUSCULAR INJECTABLE (***tetanus-diphtheria toxoids td***)	Tier 3; $0	
TENIVAC INTRAMUSCULAR SUSPENSION (***tetanus-diphtheria toxoids td***)	Tier 3; $0	
***ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS* - DRUGS FOR THE STOMACH**		
ANTISPASMODICS - DRUGS FOR STOMACH CRAMPS**		
dicyclomine hcl oral capsule	Tier 1	
dicyclomine hcl oral solution	Tier 1	
dicyclomine hcl oral tablet	Tier 1	
H-2 ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**		
cimetidine hcl oral solution	Tier 1	
cimetidine oral tablet	Tier 1	
famotidine oral suspension reconstituted	Tier 1	
famotidine oral tablet	Tier 1	
ranitidine hcl oral tablet	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISC. ANTI-ULCER - DRUGS FOR ULCERS AND STOMACH ACID**		
sucralfate oral suspension	Tier 1	
sucralfate oral tablet	Tier 1	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**		
esomeprazole magnesium oral capsule delayed release	Tier 1	
lansoprazole oral capsule delayed release	Tier 1	
omeprazole oral capsule delayed release	Tier 1	
pantoprazole sodium oral tablet delayed release	Tier 2	
rabeprazole sodium oral tablet delayed release	Tier 2	
QUATERNARY ANTICHOLINERGICS - DRUGS FOR STOMACH CRAMPS**		
glycopyrrolate oral tablet	Tier 1	
methscopolamine bromide oral tablet	Tier 1	
ULCER DRUGS - PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID**		
misoprostol oral tablet	Tier 1	$0 for Fully insured members in California
***URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM**		
URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC) - DRUGS FOR THE BLADDER**		
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	Tier 1	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	Tier 1	QL (1 tablet per 1 day)
oxybutynin chloride oral solution	Tier 1	QL (20 mL per 1 day)
oxybutynin chloride oral tablet	Tier 1	QL (4 tablets per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	Tier 1	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	Tier 1	QL (2 tablets per 1 day)
trospium chloride oral tablet	Tier 1	QL (2 tablets per 1 day)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS - DRUGS FOR THE BLADDER**		
bethanechol chloride oral tablet	Tier 2	
***VACCINES* - BIOLOGICAL AGENTS**		
BACTERIAL VACCINES - VACCINES**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	Tier 3; $0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b recomb omv adj***)	Tier 2; $0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	Tier 3; $0	
MENQUADFI INTRAMUSCULAR SOLUTION (***mening acy&w-135 tetanus conj***)	Tier 3; $0	
MENVEO INTRAMUSCULAR SOLUTION (***meningococcal a c y&w-135 olig***)	Tier 3; $0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	Tier 3; $0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (***haemophilus b polysac conj vac***)	Tier 3; $0	
PEDVAXHIB INTRAMUSCULAR SUSPENSION (***haemophilus b polysac conj vac***)	Tier 3; $0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	Tier 3; $0	
penmenvy intramuscular suspension reconstituted	Tier 3; $0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (***pneumococcal vac polyvalent***)	Tier 2; $0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***pneumococcal 20-val conj vacc***)	Tier 2; $0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b vac (recomb)***)	Tier 2; $0	
TYPHIM VI INTRAMUSCULAR SOLUTION (***typhoid vi polysaccharide vacc***)	Tier 3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***typhoid vi polysaccharide vacc***)	Tier 3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***pneumococcal 15-val conj vacc***)	Tier 2; $0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	Tier 2	
VIRAL VACCINE COMBINATIONS - VACCINES**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	Tier 3; $0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	Tier 3; $0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a-hep b recomb vac***)	Tier 3; $0	
VIRAL VACCINES - VACCINES**		
AFLURIA INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION (***covid-19 mrna virus vaccine***)	Tier 2; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	Tier 2; $0	
ENGERIX-B INJECTION SUSPENSION (***hepatitis b vac recombinant***)	Tier 3; $0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (***hepatitis b vac recombinant***)	Tier 3; $0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac a&b surf ant adj***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***influenza vac recombinant ha***)	Tier 1; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (***influenza vac tiss-cult subunt***)	Tier 1; $0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac tiss-cult subunt***)	Tier 1; $0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (***influenza virus vaccine live***)	Tier 1; $0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza vac split high-dose***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***influenza virus vacc split pf***)	Tier 1; $0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (***hpv 9-valent recomb vaccine***)	Tier 2; $0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hpv 9-valent recomb vaccine***)	Tier 2; $0	
HAVRIX INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	Tier 3; $0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a vaccine***)	Tier 3; $0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (***hepatitis b vac recomb adj***)	Tier 3; $0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies virus vaccine, hdc***)	Tier 3	
IPOL INJECTION INJECTABLE (***poliovirus vaccine inactivated***)	Tier 3; $0	
IPOL INJECTION SUSPENSION (***poliovirus vaccine inactivated***)	Tier 3; $0	
IXIARO INTRAMUSCULAR SUSPENSION (***japanese encephalitis vac inac***)	Tier 3	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	Tier 2; $0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	Tier 2; $0	
novavax covid-19 vaccine intramuscular suspension prefilled syringe	Tier 2; $0	
nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe	Tier 2; $0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION (***hepatitis b vac recombinant***)	Tier 3; $0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (***hepatitis b vac recombinant***)	Tier 3; $0	
ROTARIX ORAL SUSPENSION (***rotavirus vaccine live oral***)	Tier 3; $0	
ROTATEQ ORAL SOLUTION (***rotavirus vac live pentavalent***)	Tier 3; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***zoster vac recomb adjuvanted***)	Tier 2; $0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (***zoster vac recomb adjuvanted***)	Tier 2; $0	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	Tier 2; $0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***covid-19 mrna virus vaccine***)	Tier 2; $0	
VAQTA INTRAMUSCULAR SUSPENSION (***hepatitis a vaccine***)	Tier 3; $0	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hepatitis a vaccine***)	Tier 3; $0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (***varicella virus vaccine live***)	Tier 3; $0	
YF-VAX SUBCUTANEOUS INJECTABLE (***yellow fever vaccine***)	Tier 3	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***yellow fever vaccine***)	Tier 3	
***VAGINAL AND RELATED PRODUCTS* - DRUGS FOR WOMEN**		
IMIDAZOLE-RELATED ANTIFUNGALS - DRUGS FOR INFECTIONS**		
terconazole vaginal cream 0.4 %	Tier 1	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	Tier 1	QL (40 grams per 30 days)
terconazole vaginal suppository	Tier 1	QL (6 suppositories per 30 days)
VAGINAL ANTI-INFECTIVES - DRUGS FOR INFECTIONS**		
clindamycin phosphate vaginal cream	Tier 1	
metronidazole vaginal gel	Tier 1	
VANDAZOLE VAGINAL GEL (***metronidazole***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS - DRUGS FOR WOMEN**		
PHEXX VAGINAL GEL (***lactic ac-citric ac-pot bitart***)	Tier 3; $0	
PHEXXI VAGINAL GEL (***lactic ac-citric ac-pot bitart***)	Tier 3; $0	
VAGINAL ESTROGENS - DRUGS FOR WOMEN**		
estradiol vaginal cream	Tier 2	QL (42.5 grams per 30 days)
estradiol vaginal tablet	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING (***estradiol***)	Tier 3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (***estradiol***)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (***estradiol***)	Tier 3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (***estradiol***)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (***estradiol***)	Tier 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (***estrogens, conjugated***)	Tier 3	QL (1 grams per 1 day)
estradiol (Yuvafem Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
***VASOPRESSORS* - DRUGS FOR THE HEART**		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Tier 1	QL (2 pens per 1 fill)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (2 pen per 1 fill)
VASOPRESSORS - DRUGS FOR SERIOUS ALLERGIC REACTION**		
midodrine hcl oral tablet	Tier 2	
***VITAMINS* - DRUGS FOR NUTRITION**		
VITAMIN D - DRUGS FOR NUTRITION**		
ergocalciferol oral capsule	Tier 1	
vitamin d (ergocalciferol) oral capsule	Tier 1	

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

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

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

Rev. 6/26

Get help in your language

Language Assistance Services

Curious to know what all this says? We would be too. Here's the English version: IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help with translations or interpreter services, in a timely manner, please call the telephone number on the back of your ID card. (TTY/TDD:711).

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no es así, podemos pedirle a alguien que lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda oportuna y gratuita con traducciones o serviciosde interpretación, llame al número de teléfono que figura en el dorso de su tarjeta de identificación. (TTY/TDD: 711).

Arabic

هام :هل يمكنك قراءة هذه الرسالة؟ إذا لم يكن الأمر كذلك، فيمكننا

أن نطلب من شخص ما مساعدتك في قراءتها .قد تتمكن أيضا من

الحصول على هذه الرسالة مكتوبة بلغتك.للحصول على مساعدة

مجانية في خدمات الترجمة أو الترجمة الفورية ، في الوقت

المناسب، يرجى الاتصال برقم الهاتف الموجود على ظهر بطاقة

.)TTY/TDD: 711. (الهوية الخاصة بك ID

Armenian

ԿԱՐԵՎՈՐ Է. կարողանո՞ւմ եք կարդալ այս նամակը: Եթե ոչ, կարող ենք օգնել ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այս նամակը գրավոր՝ ձեր լեզվով: Թարգմանությունների կամ թարգմանչական ծառայությունների անվճար օգնության համար, ժամանակին, խնդրում ենք զանգահարել ձեր ID քարտի հակառակ կողմում նշված հեռախոսահամարով: (TTY/TDD՝ 711):

Chinese

重要提示：您能讀懂這封信嗎？如果不能， 我們可以請人幫您看。您還可以獲得以您的語言寫的此信件。如需及時獲得免費的翻譯或口譯服務協助，請撥打您 ID 卡背面的電話號碼。(TTY/TDD:711)。

Farsi

مهم :م یتوانید این نامه را بخوانید؟ اگر نه، میتوانیم از کسی

بخواهیم که در خواندن آن به شما کمک کند .همچنین ممکن

است بتوانید این نامه را به زبان خودتان دریافت کنید .برای

دریافت کمک رایگان و بهموقع در زمینه خدمات ترجمه کتبی

یا مترجم شفاهی، لطفا با شماره تلفن مندرج در پشت کارت ID

خود تماس بگیرید) .711 :TTY/TDD).

Hindi

∂ ø˜ª ≤å xÁ∑ρz ≤ ∑ø ≤Ţ ≤– æû ≠ øΗ∑Ŵ±ø ı ʠ Ï≠úø∂ Øû æçû ú{æ ≤–±Ȇ Ϳ ≤û ï æøρ∑≠ρû ∏∓ €û€π Ñ∏ĩ æû ≠ ø] z ≤ {æ ≤Ţ û úy ≤±çµ ρΩρ∂ Ϳµ ç π ü ª ρæû ≠ ø] y ±ť ρŷl ∑ρŷl µ ρΩΩ∑ρæ€ρà û€æʠ¥ʠ∂ Ϳæ∂ ∑ ≤∏π Ŷ±Ë ʂû æøρ∑≠ρû€ π Ñû ≤∑ρy ≤±€ø£ ρ± ≤Ţ û€≤ç§ ŴÑ † Ñ Ŵ≥ ú± ±ʠ¥∏≤∏û üŷl û ∏ (TTY/TDD:711)]

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Hmong

TSEEM CEEB: Koj puas yeem nyeem tau tsab ntawv no? Yog tias nyeem tsis tau, peb mam kom lwm tus neeg los pab nyeem rau koj. Koj hais tau kom muab tsab ntawv no sau ua koj yam lus. Rau kev pab txhais ntawv los sis txhais lus pab dawb, kom raws sij hawm, thov hu tus npawb xov tooj nyob sab nraum qab ntawm koj daim npav ID. (TTY/TDD: 711).

Japanese

重要：この手紙は読めますか？そうでない場合は、誰かに読んでもらうのを手伝ってもらうこともできます。このお知らせは、貴方の言語で受け取ることも可能です。翻訳や通訳サービスの無料サポートをご希望の場合は、IDカードの裏面に記載されている電話番号までお電話ください。(TTY/TDD:711)。

Khmer

សំខាន់៖ តើអ្នកអាចអានសំបុត្រនេះបានទេ? តបើអ្រំទេ តយើងអាចមានអ្នកជួយអ្នកឱ្យអានវា បាន។ អ្នកក៏ត្បហែលជាអាចឱ្យសំបុត្រនេះសរតសរជាភាសារបស់អ្នកបានផងហែរ។ តែេម្បីេេួលបាន ជំនួយតោយតរគិរថ្លៃជាមុ្ួយនឹងការបកហត្ប ឬតសវាអ្នកបកហត្បផ្ទាល់មាត់ទាន់តេលតេលា សូមុេូរសេាតៅតលខតៅខាងតក្កាយការ ID របស់អ្នក។ (TTY/TDD:711)។

Korean

중요: 이 서신을 읽으실 수 있습니까? 그렇지 않다면 서신을 읽을 수 있게 도움을 드릴 수 있습니다. 원하시는 언어로 이 서신을 받으실 수도 있습니다. 번역이나 통역 서비스를 무료로 이용하시려면 적시에 ID 카드 뒷면에 있는 전화 번호로 전화해 주십시오. (TTY/TDD: 711).

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤਸੀ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦ ਹੋ? ਜੇਕਰ ਨਹੀ, ਤ ੀਂ ਅਸੀ ਇਸਨ ਪੜ੍ਹਨ ਵਵੱਚ ਤਹ ਡੀ ਮਦਦ ਕਰ ਸਕਦ ਹ ੀਂ] ਤਸੀ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭ ਸ ਵਵੱਚ ਵੀ ਵਿਖਵ ਸਕਦਹੋ] ਅਨਵ ਦ ਜ ੀਂ ਦਭ ਸੀਏ ਸੇਵ ਵ ੀਂ ਵਵੱਚ ਮੁਫ਼ਤ ਮਦਦ ਿਈ,ਸਮੇਂ ਵਸਰ, ਵਕਰਪ ਕਰਕ ਆਪਣ ਆਈਡੀ ਕ ਰਡ ਦੇ ਵਪੱਛ ਵਦੱਤੇ ਟੈਿੀਫੋਨ ਨਬਰ 'ਤੇ ਕ ਿ ਕਰ] (TTY/TDD:711). ੁ ੀਂ ਹ ੇ

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Russian

ВАЖНАЯ ИНФОРМАЦИЯ: Можете ли вы прочитать данное письмо? Если нет, наш специалист поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Чтобы своевременно получить бесплатные услуги письменного или устного перевода, позвоните по номеру телефона, указанному на оборотной стороне вашей идентификационной карты участника. (TTY/TDD: 711).

Tagalog

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maaari kaming kumuha ng taong tutulong sa iyo na basahin ito. Maaari mo ring ipasulat ang sulat na ito sa iyong wika. Para sa libreng tulong sa mga pagsasalin o serbisyo ng interpreter, sa isang napapanahong paraan, mangyaring tawagan ang numero ng telepono sa likod ng iyong ID card. (TTY/TDD:711).

Thai

ข้อสำคัญ: คุณสำมำรถอ่ำนจดหมำยฉบับนี้ได้หรือไม่ ถ้ำไม่
เรำสำมำรถหำคนช่วยอ่ำนให้กับคุณได้นอกจำกนี้คุณยังสำมำรถขอให้เขียนจดหมำยให้ได้ในภำษำของคุณเอง
ขอรับบริกำรแปลหรือล่ำมที่ รวดเร็วได้ฟรี กรุณำติดต่อหมำยเลขโทรศัพท์ที่ ด้ำนหลังของบัตรประจำตัวของคุณ (TTY/TDD:711).

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ ai đó giúp quý vị đọc thư. Quý vị cũng có thể yêu cầu viết lá thư này bằng ngôn ngữ của mình. Để được trợ giúp miễn phí về dịch vụ biên dịch hoặc thông dịch một cách kịp thời, vui lòng gọi số điện thoại ở mặt sau thẻ ID của quý vị. (TTY/TDD: 711).

It's important we treat you fairly

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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