



Select 4 Tier Drug List

Drug list — Four Tier Drug Plan

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

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

Anthem Bronze PPO 40/6200/40%	Anthem Gold Select HMO 30/60
Anthem Bronze PPO 4600/50%	Anthem Gold Select HMO 35
Anthem Bronze PPO 60/6850/40%	Anthem Gold Select HMO 35/1250/20%
Anthem Bronze PPO 6000/45% w/HSA PrevRx	Anthem Gold Select HMO 35/500/20%
Anthem Bronze PPO 6000/45% w/HSA PrevRx WH	Anthem Gold Select PPO 25/1000/25%
Anthem Bronze PPO 6250/35% w/HSA PrevRx	Anthem Gold Select PPO 25/30%
Anthem Bronze PPO 65/6000/40%	Anthem Gold Select PPO 25/350/20%
Anthem Bronze PPO 6700/0% w/HSA PrevRx	Anthem Gold Select PPO 30/1500/25%
Anthem Bronze PPO 6700/0% w/HSA PrevRx WH	Anthem Gold Select PPO 30/500/20%
Anthem Bronze PPO 70/6600/35%	Anthem Gold Select PPO 30/60/500/20%
Anthem Bronze PPO 75/7300/40%	Anthem Gold Select PPO 30/750/20%
Anthem Bronze Select PPO 40/6200/40%	Anthem Gold Select PPO 35/1000/20%
Anthem Bronze Select PPO 4600/50%	Anthem Gold Select PPO 35/500/25%
Anthem Bronze Select PPO 60/6850/40%	Anthem Gold Select PPO 5/1500/30%
Anthem Bronze Select PPO 6000/45% w/HSA PrevRx	Anthem Gold Select PPO HSA/H 1900/3400/3800 15% PrevRx
Anthem Bronze Select PPO 6250/35% w/HSA PrevRx	Anthem Gold Select PPO HSA/H 1900/3400/3800 15% PrevRx
Anthem Bronze Select PPO 65/6000/40%	Anthem Virtual Access Plus Gold Select PPO 30
Anthem Bronze Select PPO 6650/0% w/HSA	Anthem Virtual Access Plus Gold Select PPO 10/1500
Anthem Bronze Select PPO 6700/0% w/HSA PrevRx	Anthem Virtual Access Plus Gold Select PPO 25/1000
Anthem Bronze Select PPO 70/6600/35%	Anthem Gold Vivity HMO 25
Anthem Bronze Select PPO 75/7300/40%	Anthem Gold Vivity HMO 25 WH
Anthem Gold HMO 30	Anthem Gold Vivity HMO 25/500
Anthem Gold HMO 30/60	Anthem Gold Vivity HMO 25/500 WH
Anthem Gold HMO 35	Anthem Gold Vivity HMO 35/1000
Anthem Gold HMO 35/1250/20%	Anthem Gold Vivity HMO 35/1000 WH
Anthem Gold HMO 35/500/20%	Anthem Gold Vivity HMO 35/1850
Anthem Gold PPO 25/30%	Anthem Gold Vivity HMO 35/1850 WH
Anthem Gold PPO 30/500/20%	Anthem Platinum HMO 0/20
Anthem Gold PPO 30/60/500/20%	Anthem Platinum HMO 0/25
Anthem Gold PPO 30/750/20%	Anthem Platinum HMO 0/30
Anthem Gold PPO 35/1000/20%	Anthem Platinum PPO 10/35/10%
Anthem Gold PPO 35/1000/20% WH	Anthem Platinum PPO 15/250/10%
Anthem Gold PPO 35/500/25%	Anthem Platinum PPO 15/40/10%
Anthem Gold PPO 35/500/25% WH	Anthem Platinum PPO 5/200/15%
Anthem Gold PPO 5/1500/30%	Anthem Platinum PPO 5/200/15% WH
Anthem Gold PPO HSA/H 1900/3400/3800 15% PrevRx	Anthem Virtual Access Plus Platinum PPO 20
Anthem Gold PPO HSA/H 1900/3400/3800 15% PrevRx	Anthem Platinum Priority Select HMO 0/20
Anthem Virtual Access Plus Gold PPO 30	Anthem Platinum Priority Select HMO 0/25
Anthem Virtual Access Plus Gold PPO 10/1500	Anthem Platinum Priority Select HMO 0/30
Anthem Virtual Access Plus Gold PPO 25/1000	Anthem Platinum Select HMO 0/20
Anthem Gold Priority Select HMO 30	Anthem Platinum Select HMO 0/25
Anthem Gold Priority Select HMO 30/60	Anthem Platinum Select HMO 0/30
Anthem Gold Priority Select HMO 35	Anthem Platinum Select HMO 20/40
Anthem Gold Priority Select HMO 35/1250/20%	Anthem Platinum Select PPO 15/10%
Anthem Gold Priority Select HMO 35/500/20%	Anthem Platinum Select PPO 15/250/10%
Anthem Gold Select HMO 30	Anthem Platinum Select PPO 15/40/10%
	Anthem Platinum Select PPO 5/200/15%

Anthem Platinum Vivity HMO 15 Anthem Platinum Vivity HMO 15 WH Anthem Platinum Vivity HMO 20 Anthem Silver HMO 55 Anthem Silver HMO 60/2200/45% Anthem Silver HMO 60/2500/45% Anthem Silver PPO 45/1750/40% Anthem Silver PPO 45/1750/40% WH Anthem Silver PPO 50/1700/40% Anthem Silver PPO 50/2200/40% Anthem Silver PPO 55/1950/35% Anthem Silver PPO 55/2500/45% Anthem Silver PPO 55/2500/45% WH Anthem Silver PPO HSA/H 3000/3400/6000 35% PrevRx Anthem Silver PPO HSA/H 3000/3400/6000 35% PrevRx Anthem Silver PPO HSA/H 2300/3400/4600 30% PrevRx Anthem Silver PPO HSA/H 2300/3400/4600 30% PrevRx Anthem Silver PPO HSA/H 2600/3400/5200 35% PrevRx Anthem Silver PPO HSA/H 2600/3400/5200 35% PrevRx Anthem Virtual Access Plus Silver PPO 50/3200	Anthem Silver Select HMO 55 Anthem Virtual Access Plus Platinum Select PPO 20 Anthem Silver Select HMO 60/2200/45% Anthem Silver Select HMO 60/2500/45% Anthem Silver Select HMO 60/2500/45% WH Anthem Silver Select PPO 45/1750/40% Anthem Silver Select PPO 45/1750/40% WH Anthem Silver Select PPO 50/1700/40% Anthem Silver Select PPO 50/2200/40% Anthem Silver Select PPO 55/1950/35% Anthem Silver Select PPO 55/2500/35% Anthem Silver Select PPO 55/2500/45% Anthem Silver Select PPO HSA/H 3000/3400/6000 35% PrevRx Anthem Silver Select PPO HSA/H 3000/3400/6000 35% PrevRx Anthem Silver Select PPO HSA/H 2300/3400/4600 30% PrevRx Anthem Silver Select PPO HSA/H 2300/3400/4600 30% PrevRx Anthem Silver Select PPO HSA/H 2600/3400/5200 35% PrevRx Anthem Silver Select PPO HSA/H 2600/3400/5200 35% PrevRx Anthem Virtual Access Plus Silver Select PPO 50/3200
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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

Table of Contents

INFORMATIONAL SECTION	5
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM	15
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	17
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	17
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	20
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	20
ANDROGENS-ANABOLIC - HORMONES	22
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	22
ANTHELMINTICS - DRUGS FOR INFECTIONS	23
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	23
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	23
ANTIARRHYTHMICS - DRUGS FOR THE HEART	24
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	24
ANTICOAGULANTS - DRUGS FOR THE BLOOD	26
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	27
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	29
ANTIDIABETICS - HORMONES	31
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	35
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	35
ANTIEMETICS - DRUGS FOR THE STOMACH	36
ANTIFUNGALS - DRUGS FOR INFECTIONS	36
ANTIHISTAMINES - DRUGS FOR THE LUNGS	37
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART	37
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	39
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	42
ANTIMALARIALS - DRUGS FOR INFECTIONS	43
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	43
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	43
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER	44
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	48
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM	49
ANTIVIRALS - DRUGS FOR INFECTIONS	51
BETA BLOCKERS - DRUGS FOR THE HEART	55
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	56
CARDIOTONICS - DRUGS FOR THE HEART	58
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	58
CEPHALOSPORINS - DRUGS FOR INFECTIONS	59
CONTRACEPTIVES - DRUGS FOR WOMEN	60
CORTICOSTEROIDS - HORMONES	66
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS	67
DERMATOLOGICALS - DRUGS FOR THE SKIN	67
DIAGNOSTIC PRODUCTS	74
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION	74
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	74
DIURETICS - DRUGS FOR THE HEART	74
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	75
ESTROGENS - HORMONES	77
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	78
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	78
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	79
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	80
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	80
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	81
HEMOSTATICS - DRUGS FOR THE BLOOD	81
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	82
LAXATIVES - DRUGS FOR THE STOMACH	82

MACROLIDES - DRUGS FOR INFECTIONS	83
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	83
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	87
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	87
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	88
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	89
MULTIVITAMINS - DRUGS FOR NUTRITION	90
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	92
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	92
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	92
NUTRIENTS - DRUGS FOR NUTRITION	92
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	93
OTIC AGENTS - DRUGS FOR THE EAR	95
OXYTOCICS - HORMONES	96
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	96
PENICILLINS - DRUGS FOR INFECTIONS	96
PHARMACEUTICAL ADJUVANTS	96
PROGESTINS - HORMONES	96
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	97
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	99
SULFONAMIDES - DRUGS FOR INFECTIONS	99
TETRACYCLINES - DRUGS FOR INFECTIONS	100
THYROID AGENTS - HORMONES	100
TOXOIDS - BIOLOGICAL AGENTS	101
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH	101
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	102
VACCINES - BIOLOGICAL AGENTS	103
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	106
VASOPRESSORS - DRUGS FOR THE HEART	106
VITAMINS - DRUGS FOR NUTRITION	106



Select Drug List – Informational Section

Definitions

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

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

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

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

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

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

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

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

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

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

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

“Generic drug” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

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

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

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

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



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

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

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

"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

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

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

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

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

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



Frequently Asked Questions

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

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

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

How can I find a drug on the list?

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

You can search the PDF drug list by:

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

How are drugs shown on the list?

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

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

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

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
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)
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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.



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](https://www.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](https://www.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](https://www.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](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

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

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.



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.

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.

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

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

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

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

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

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

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

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

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

Tier 3 = drugs have a higher cost share. They often include 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.

Four Tier

CURRENT AS OF 1/1/2027

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		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Tier 1	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Tier 1	PA
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	Tier 2	PA
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	PA; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 7.5 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; DO
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	Tier 2	PA; DO
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	Tier 2	PA; DO
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)

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

Effective 01012027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Procentra Oral Solution)	Tier 2	PA; QL (60 mL per 1 day)
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)
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
diethylpropion hcl er oral tablet extended release 24 hour	Tier 1	PA; QL (1 tablet per 1 day)
phendimetrazine tartrate oral tablet	Tier 1	PA; QL (6 tablets per 1 day)
phentermine hcl oral capsule	Tier 1	PA; QL (1 capsule per 1 day)
phentermine hcl oral tablet	Tier 1	PA; QL (1 tablet 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)

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
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er(diffus) oral tablet extended release 54 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 1	PA; DO
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>gentamicin in saline intravenous solution</i>	Tier 1	
<i>gentamicin sulfate injection solution</i>	Tier 1	
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>tobramycin inhalation nebulization solution</i>	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 (<i>upadacitinib</i>)	Tier 4	PA; SP; QL (12 mL per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	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 (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 pen per 28 days (QL exception needed for maintenance therapy)s)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	Tier 4	PA; SP; QL (1 kit per 1 one-time fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	Tier 4	PA; SP; QL (2 pens per 28 days (QL exception needed for maintenance therapy)s)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-ryvk</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days (QL exception needed for maintenance therapy)s)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab-ryvk</i>)	Tier 4	PA; SP; QL (2 pens per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab-ryvk</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 4	PA; SP; QL (1 syringe per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 50 mg</i>	Tier 2	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 200 mg</i>	Tier 2	ST; QL (2 capsule per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	ST; QL (1 capsule per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release 375 mg</i>	Tier 1	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>ibuprofen</i> (Ibu Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral suspension 200 mg/10ml</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	Tier 1	QL (2 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	Tier 1	QL (29 capsule per 1 fill)
<i>meloxicam oral suspension</i>	Tier 1	ST; QL (10 mL per 1 day)
<i>meloxicam oral tablet 15 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	QL (2 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen oral tablet delayed release 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>sulindac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	Tier 4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	Tier 4	PA; SP; QL (1 pack per 1 one-time fill)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>apremilast</i>)	Tier 4	PA; SP; QL (1 tablet per 1 day)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK (<i>apremilast</i>)	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 (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 4	PA; SP; QL (4 injections per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 cartridges per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	Tier 4	PA; SP; QL (4 pens per 28 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
<i>butalbital-apap-cafeine</i> (Bac (Butalbital-Acetamin-Caff) Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-cafeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-cafeine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-aspirin-cafeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</i>)	Tier 1	QL (6 tablets per 1 day)
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>aspirin oral tablet chewable</i>	Tier 1; \$0	
<i>diflunisal oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>eq aspirin low dose oral tablet delayed release</i>	Tier 1; \$0	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (90 mL per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	Tier 1	PA; QL (90 mL per 1 day)
<i>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</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier 1	PA; QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DISKETS ORAL TABLET SOLUBLE (<i>methadone hcl</i>)	Tier 1	PA; QL (1 tablet per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	Tier 2	PA; QL (15 patches per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier 1	PA; QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>meperidine hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate</i>	Tier 2	QL (6 ML per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 2	PA; QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	PA; QL (8 tablet per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Tier 2	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	Tier 4	LD; QL (4 syringes per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	Tier 4	LD; QL (1 syringe per 28 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	QL (16 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 2	QL (4 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 2	QL (2 films per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Tier 2	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Tier 2	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Tier 2	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	Tier 1	PA; QL (8 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule 100 mg, 50 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	Tier 2	QL (4 capsules per 1 day)
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution)	Tier 1	
<i>methitest oral tablet</i>	Tier 3	PA
<i>testosterone cypionate injection solution</i>	Tier 1	PA
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	Tier 2	PA; QL (2 bottles per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 2	PA; QL (2 packets per 1 day)
<i>testosterone transdermal solution</i>	Tier 2	PA; QL (1 pump bottle per 30 days)
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone rectal enema</i>	Tier 1	
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream</i>	Tier 1	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream</i>	Tier 1	
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>benznidazole oral tablet</i>	Tier 3	
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (9 tablets per 1 fill)
<i>ivermectin oral tablet 6 mg</i>	Tier 1	QL (4 tablets per 1 fill)
<i>praziquantel oral tablet</i>	Tier 2	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
<i>isosorbide dinitrate oral tablet</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment)	Tier 2	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
<i>nitroglycerin translingual solution</i>	Tier 2	
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet</i>	Tier 1	
<i>hydroxyzine hcl oral syrup</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule</i>	Tier 1	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	Tier 1	DO
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>alprazolam oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Tier 1	QL (8 mL per 1 day)
<i>diazepam oral tablet</i>	Tier 1	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam oral tablet 0.5 mg</i>	Tier 1	DO
<i>lorazepam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	Tier 2	
<i>quinidine sulfate oral tablet</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>mexiletine hcl oral capsule</i>	Tier 2	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	
<i>propafenone hcl oral tablet</i>	Tier 2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg)	Tier 1	
<i>amiodarone hcl</i> (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		
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol)	Tier 2	QL (1.03 grams per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier 2	QL (1.03 grams per 1 day)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	Tier 1	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 1	QL (540 mL per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Tier 2	QL (1 inhalers per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>wixela inhub inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	Tier 1	QL (180 vials per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	Tier 1	
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 1	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 1	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	Tier 2	QL (1 inhaler per 30 days)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide</i>)	Tier 3	QL (1 inhaler per 30 days)
<i>tiotropium bromide inhalation capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule</i>	Tier 2	QL (1 capsule per 1 day)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>roflumilast oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (<i>mometasone furoate</i>)	Tier 2	QL (0.04 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (60 mL per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/lact, 50 mcg/lact</i>	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/lact</i>	Tier 2	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/lact, 44 mcg/lact</i>	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/lact</i>	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	Tier 2	QL (0.07 EA per 1 day)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>theophylline</i> (Elixophyllin Oral Elixir)	Tier 1	QL (112.5 mL per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	Tier 1	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	Tier 1	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE (<i>apixaban</i>)	Tier 3	QL (32 tablet per 1 day)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE (<i>apixaban</i>)	Tier 3	QL (32 tablet per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	Tier 3	QL (74 tablets per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE (<i>apixaban</i>)	Tier 3	QL (4 capsules per 1 day)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 3	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 3	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET SOLUBLE (<i>apixaban</i>)	Tier 3	QL (32 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rivaroxaban oral suspension reconstituted</i>	Tier 2	QL (20 mL per 1 day)
<i>rivaroxaban oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	Tier 3	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	Tier 3	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	Tier 3	QL (1 pack per 1 day)
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	Tier 4	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	Tier 4	QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	Tier 4	QL (30 syringes per 30 days)
ANTICONSULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONSULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	Tier 2	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	Tier 2	QL (2 syringes per 1 fill)
*ANTICONSULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Tier 1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Tier 1	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	Tier 1	QL (10 tablets per 1 day)
<i>gabapentin oral capsule</i>	Tier 2	DO
<i>gabapentin oral solution</i>	Tier 2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 2	DO
<i>gabapentin oral tablet 800 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>lacosamide oral solution</i>	Tier 1	QL (40 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lacosamide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet</i>	Tier 1	DO
<i>lamotrigine oral tablet chewable 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	DO
<i>oxcarbazepine oral suspension</i>	Tier 2	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>primidone oral tablet 250 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>topiramate oral capsule sprinkle</i>	Tier 1	QL (2 capsules per 1 day)
<i>topiramate oral tablet</i>	Tier 1	DO
<i>zonisamide oral capsule</i>	Tier 2	QL (6 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	Tier 2	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>)	Tier 3	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule)	Tier 1	
<i>phenytoin oral suspension</i>	Tier 1	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	Tier 1	QL (30 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Tier 2	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Tier 2	QL (7 tablets per 1 day)
<i>valproic acid oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Tier 1	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	Tier 1	
<i>mirtazapine oral tablet dispersible</i>	Tier 1	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 tablets per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	Tier 1	
<i>citalopram hydrobromide oral tablet</i>	Tier 1	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet</i>	Tier 1	
<i>fluoxetine hcl oral capsule</i>	Tier 1	
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	
<i>fluoxetine hcl oral solution</i>	Tier 1	
<i>fluoxetine hcl oral tablet</i>	Tier 1	
<i>fluvoxamine maleate oral tablet</i>	Tier 1	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral tablet</i>	Tier 1	
<i>sertraline hcl oral concentrate</i>	Tier 1	
<i>sertraline hcl oral tablet</i>	Tier 1	
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	Tier 1	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	DO
<i>trazodone hcl oral tablet 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	Tier 2	DO
<i>vilazodone hcl oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	Tier 1	ST; QL (6 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	Tier 1	ST; QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clomipramine hcl oral capsule 50 mg</i>	Tier 2	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	DO
<i>desipramine hcl oral tablet 100 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO
<i>doxepin hcl oral capsule 100 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	Tier 1	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	Tier 1	DO
<i>imipramine hcl oral tablet 50 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	Tier 1	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 2	DO
<i>trimipramine maleate oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	Tier 1	
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1; \$0	QL (3 tablets per 1 day)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
<i>glucagon emergency injection kit</i>	Tier 2	QL (2 kits per 30 days)
<i>glucagon emergency injection solution reconstituted</i>	Tier 2	QL (2 kits per 30 days)
<i>glucose oral tablet chewable</i>	Tier 3	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (<i>dextrose (diabetic use)</i>)	Tier 3	
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin phos-metformin hcl</i>)	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>	Tier 2	ST; QL (1 tablet per 1 day)
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg</i>	Tier 2	ST; QL (2 tablets per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	Tier 2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	PA; QL (18 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	Tier 2	QL (18 mL per 30 days)
<i>insulin degludec subcutaneous solution</i>	Tier 2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin glargine-yfgn subcutaneous solution</i>	Tier 3	QL (1 mL per 1 day)
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	Tier 3	QL (1 mL per 1 day)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 2	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	Tier 2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	Tier 2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
<i>liraglutide subcutaneous solution pen-injector</i>	Tier 2	PA; QL (1 box (2 pens) per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 2	PA; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 2	PA; QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 2	PA; QL (1 pen per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	Tier 2	PA; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 2	PA; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 2	PA; QL (4 syringes per 28 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>repaglinide oral tablet</i>	Tier 1	
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
<i>dapagliflozin oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>dapagliflozin propanediol oral tablet</i>	Tier 2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	Tier 2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	Tier 2	ST; QL (1 tablet per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	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 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG (<i>dapagliflozin base-metformin</i>)	Tier 2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin base-metformin</i>)	Tier 2	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (16 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide oral tablet 5 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	Tier 1	QL (4 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>loperamide hcl oral capsule</i>	Tier 1	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	Tier 3	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	Tier 3	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>ft naloxone hcl nasal liquid</i>	Tier 1	
<i>gnp naloxone hcl nasal liquid</i>	Tier 1	
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	Tier 2	QL (3 boxes per 3 months)
<i>naloxone hcl injection solution</i>	Tier 2	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl nasal liquid</i>	Tier 1	QL (6 nasal spray per 90 days)
<i>naltrexone hcl oral tablet</i>	Tier 1	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	Tier 1	QL (6 nasal spray per 90 days)
REXTOVY NASAL LIQUID (<i>naloxone hcl</i>)	Tier 2	QL (6 nasal sprays per 3 months)
REZENOPY NASAL LIQUID (<i>naloxone hcl</i>)	Tier 2	QL (3 cartons per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	Tier 4	QL (1 vial per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR (<i>nalmefene hcl</i>)	Tier 2	QL (6 auto-injector per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>ondansetron hcl oral solution</i>	Tier 2	
<i>ondansetron hcl oral tablet</i>	Tier 2	
<i>ondansetron oral tablet dispersible</i>	Tier 2	
<i>palonosetron hcl intravenous solution</i>	Tier 2	
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	Tier 2	QL (4 capsules per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral capsule</i>	Tier 1	QL (1 capsule per 1 fill)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET (<i>ibrexafungerp citrate</i>)	Tier 3	PA; QL (4 tablets per 1 month)
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>itraconazole oral capsule</i>	Tier 2	PA; QL (126 capsule per 30 days)
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	Tier 1	ST; QL (20 mL per 1 day)
<i>carbinoxamine maleate oral tablet</i>	Tier 1	ST; QL (6 tablets per 1 day)
<i>carbzah oral solution</i>	Tier 1	ST; QL (20 mL per 1 day)
<i>clemastine fumarate oral tablet</i>	Tier 1	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>diphenhydramine hcl oral capsule</i>	Tier 1	
*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>desloratadine oral tablet</i>	Tier 1	ST
<i>desloratadine oral tablet dispersible</i>	Tier 1	
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl oral solution 12.5 mg/10ml</i>	Tier 1	QL (40 mL per 1 day)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	Tier 2	QL (6 suppositories per 1 day)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (6 suppositories per 1 day)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Tier 2	QL (1 suppository per 1 day)
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
<i>cyproheptadine hcl oral tablet</i>	Tier 1	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 1	PA; QL (4 capsules per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	Tier 1	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	Tier 1	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	Tier 1	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	Tier 1	QL (54 grams per 1 day)
<i>colesevelam hcl oral packet</i>	Tier 2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>colestipol hcl oral tablet</i>	Tier 1	QL (16 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholestyramine light</i> (Prevalite Oral Packet)	Tier 1	QL (24 grams per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Powder)	Tier 1	QL (30 grams per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1; \$0	DO
<i>simvastatin oral tablet 40 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	Tier 1	PA; QL (1 tablet per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 1	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 1	ST; QL (1 tablet per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	Tier 3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	Tier 3	PA; QL (3 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	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		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	Tier 1	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	DO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 5 mg</i>	Tier 1	DO
<i>benazepril hcl oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>benazepril hcl oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 2.5 mg</i>	Tier 1	QL (16 tablets per 1 day)
<i>enalapril maleate oral tablet 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalapril maleate oral tablet 5 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>fosinopril sodium oral tablet 10 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>fosinopril sodium oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fosinopril sodium oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DO
<i>lisinopril oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg</i>	Tier 1	QL (8 tablets per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 4 mg, 8 mg</i>	Tier 1	DO
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg</i>	Tier 1	DO
<i>losartan potassium oral tablet 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	Tier 2	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 1	DO
<i>telmisartan oral tablet 80 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	DO
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet 0.1 mg</i>	Tier 1	DO
<i>clonidine hcl oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	Tier 1	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Tier 1	QL (8 patches per 28 days)
<i>guanfacine hcl oral tablet</i>	Tier 1	
<i>methyldopa oral tablet 250 mg</i>	Tier 1	DO
<i>methyldopa oral tablet 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Tier 1	QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	Tier 1	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	Tier 1	
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Tier 1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>nitazoxanide oral tablet</i>	Tier 2	QL (6 tablets per 1 fill)
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	
*GLYCOPEPTIDES*** - ANTIBIOTICS		
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 2	QL (120 capsules per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 2	QL (240 capsules per 30 days)
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	Tier 2	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MONOBACTAMS*** - ANTIBIOTICS		
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	Tier 4	SP; LD; QL (3 vials per 1 day)
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid oral suspension reconstituted</i>	Tier 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (28 tablets per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 1	
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	Tier 2	
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	Tier 3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet</i>	Tier 1	
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>mefloquine hcl oral tablet</i>	Tier 1	QL (5 tablets per 28 days)
<i>primaquine phosphate oral tablet</i>	Tier 3	
<i>quinine sulfate oral capsule</i>	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		
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	Tier 2	
<i>ethambutol hcl oral tablet</i>	Tier 2	
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	Tier 3	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifabutin oral capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rifampin oral capsule</i>	Tier 2	
<i>rifapentine oral tablet</i>	Tier 2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
MYLERAN ORAL TABLET (<i>busulfan</i>)	Tier 4; OC	OC
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC
<i>abiraterone acetate</i> (Abitrega Oral Tablet)	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	Tier 4; OC	LD; QL (38 tablets per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	Tier 2; OC	QL (1 tablet per 1 day); OC
<i>nilutamide oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day); OC
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
*ANTIESTROGENS*** - DRUGS FOR CANCER		
<i>tamoxifen citrate oral tablet</i>	Tier 2; OC; \$0	OC
<i>toremifene citrate oral tablet</i>	Tier 4; OC	OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	Tier 4; OC	PA; SP; OC
<i>mercaptopurine oral tablet</i>	Tier 2; OC	OC
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	
<i>methotrexate sodium injection solution</i>	Tier 1	
<i>methotrexate sodium oral tablet</i>	Tier 2; OC	OC
TABLOID ORAL TABLET (<i>thioguanine</i>)	Tier 4; OC	OC
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>bosutinib oral tablet 100 mg</i>	Tier 4; OC	PA; SP; QL (6 tablets per 1 day); OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bosutinib oral tablet 400 mg, 500 mg</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
<i>dasatinib oral tablet</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	Tier 4; OC	PA; LD; QL (2 tablets per 1 day); OC
<i>imatinib mesylate oral tablet</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC
<i>nilotinib hcl oral capsule</i>	Tier 4; OC	PA; SP; QL (4 capsule per 1 day); OC
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day); OC
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day); OC
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (3 capsules per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (1 capsule per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	Tier 4	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day); OC
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4; OC	PA; SP; QL (3 tablets per 1 day); OC
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	Tier 4; OC	PA; SP; QL (4 capsules per 1 day); OC

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*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
<i>pomalidomide oral capsule</i>	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 (<i>trametinib dimethyl sulfoxide</i>)	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day); OC
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet</i>	Tier 4; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	Tier 4; OC	PA; SP; OC
<i>everolimus</i> (Torpenz Oral Tablet)	Tier 4; OC	PA; SP; LD; OC
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Tier 4; OC	PA; LD; QL (3 tablets per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Tier 4; OC	PA; LD; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 4; OC	PA; SP; LD; QL (1 dose pack per 28 days); OC
<i>lapatinib ditosylate oral tablet</i>	Tier 4; OC	PA; SP; QL (6 tablets per 1 day); OC
<i>pazopanib hcl oral tablet 200 mg</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
<i>pazopanib hcl oral tablet 400 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day); OC
<i>sorafenib tosylate oral tablet</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day); OC
STIVARGA ORAL TABLET (<i>regorafenib</i>)	Tier 4; OC	PA; SP; LD; QL (84 tablets per 28 days); OC
<i>sunitinib malate oral capsule</i>	Tier 4; OC	PA; SP; QL (1 capsule per 1 day); OC
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	Tier 4	PA; SP; LD
<i>hydroxyurea oral capsule</i>	Tier 2; OC	OC

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Effective 01012027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	Tier 4; OC	LD; OC
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	Tier 2; OC; \$0	OC
<i>exemestane oral tablet</i>	Tier 2; OC; \$0	OC
<i>letrozole oral tablet</i>	Tier 2; OC; \$0	OC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	Tier 4; OC	PA; SP; LD; QL (21 capsules per 28 days); OC
IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	Tier 4; OC	PA; SP; LD; QL (21 tablets per 28 days); OC
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day); OC
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
<i>fulvestrant intramuscular solution prefilled syringe</i>	Tier 4	SP
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
LEDERLE LEUCOVORIN ORAL TABLET (<i>leucovorin calcium</i>)	Tier 2	QL (2 tablets per 1 day)
<i>leucovorin calcium oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Tier 4; OC	PA; SP; QL (2 capsule per 1 day); OC
<i>temozolomide oral capsule 140 mg, 180 mg</i>	Tier 4; OC	PA; SP; QL (2 capsules per 1 day); OC
<i>temozolomide oral capsule 20 mg</i>	Tier 4; OC	PA; SP; QL (4 capsule per 1 day); OC
<i>temozolomide oral capsule 5 mg</i>	Tier 4; OC	PA; SP; QL (3 capsule per 1 day); OC
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day); OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
<i>leuprolide acetate injection kit</i>	Tier 4	PA; SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	Tier 4; OC	SP; OC
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	Tier 4; OC	SP; OC
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	Tier 3; OC	OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NITROSOUREAS*** - DRUGS FOR CANCER		
<i>lomustine oral capsule</i>	Tier 4; OC	PA; SP; OC
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	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 (<i>olaparib</i>)	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day); OC
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension</i>	Tier 1; OC	OC
<i>megestrol acetate oral tablet</i>	Tier 1; OC	OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	Tier 2; OC	OC
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	Tier 4; OC	PA; SP; QL (10 capsules per 1 day); OC
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>)	Tier 4; OC	PA; SP; LD; OC
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	Tier 4; OC	PA; SP; LD; QL (6 tablets per 1 day); OC
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	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		
<i>benztropine mesylate oral tablet</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	Tier 2	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
<i>bromocriptine mesylate oral capsule</i>	Tier 2	

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<i>bromocriptine mesylate oral tablet</i>	Tier 1	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	Tier 2	
<i>selegiline hcl oral tablet</i>	Tier 2	
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	Tier 2	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	Tier 4	PA; SP; LD; QL (2 mL per 1 day)
<i>apomorphine hcl subcutaneous solution cartridge</i>	Tier 4	PA; SP; QL (2 mL per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	Tier 2	QL (8 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	Tier 1	DO
<i>lithium carbonate oral capsule 600 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	Tier 1	DO
<i>lithium oral solution</i>	Tier 1	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	Tier 2	PA; DO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)

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Effective 01012027

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*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>risperidone oral solution</i>	Tier 1	PA; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>risperidone oral tablet 3 mg, 4 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	PA; DO
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	Tier 2	PA; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>clozapine oral tablet dispersible 100 mg</i>	Tier 2	PA; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Tier 2	PA; DO
<i>clozapine oral tablet dispersible 150 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Tier 2	PA; DO
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>quetiapine fumarate oral tablet 150 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	PA; DO
<i>loxapine succinate oral capsule 50 mg</i>	Tier 1	PA; QL (4 capsules per 1 day)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	PA; DO
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>fluphenazine hcl oral concentrate</i>	Tier 1	PA; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	Tier 1	PA; QL (80 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	PA; DO
<i>fluphenazine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	Tier 1	PA; DO
<i>perphenazine oral tablet 4 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>prochlorperazine maleate oral tablet</i>	Tier 1	PA
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	PA; DO
<i>thioridazine hcl oral tablet 100 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	PA; DO
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	Tier 2	PA; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	Tier 2	PA; DO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; DO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	Tier 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	Tier 2	PA; DO
<i>olanzapine oral tablet dispersible 15 mg</i>	Tier 2	PA; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 20 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	PA; DO
<i>thiothixene oral capsule 10 mg</i>	Tier 1	PA; QL (6 capsules per 1 day)
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitabine-tenofovir</i>)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	Tier 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)

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<i>lamivudine-zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 2	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 2	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	Tier 2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	Tier 2	QL (1 tablet per 1 day)
<i>trumeq pd oral tablet soluble</i>	Tier 2	QL (6 tablets per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	Tier 2	LD; QL (2 vials per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	Tier 2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	Tier 2	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	Tier 2	QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	Tier 2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (10 tablets per 1 day)
<i>ritonavir oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT PED ORAL TABLET SOLUBLE (<i>rilpivirine hcl</i>)	Tier 2	QL (6 tablets per 1 day)

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<i>efavirenz oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 2	QL (2 tablets per 1 day)
INTELENCE ORAL TABLET (<i>etravirine</i>)	Tier 2	QL (16 tablets per 1 day)
<i>nevirapine oral suspension</i>	Tier 1	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>rilpivirine hcl oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	Tier 1	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	Tier 2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	Tier 2	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>zidovudine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (8 grams per 1 day)
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 tablet per 1 day)
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (1 pack per 90 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	Tier 2	QL (1 pack per 90 days)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 4	
<i>valganciclovir hcl oral tablet</i>	Tier 4	

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*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	PA; SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	Tier 4	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	Tier 4	PA; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	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 (<i>peginterferon alfa-2a</i>)	Tier 4	SP; LD; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	Tier 4	SP; LD; QL (4 syringes per 28 days)
<i>ribavirin oral capsule</i>	Tier 4	SP; QL (6 capsules per 1 day)
<i>ribavirin oral tablet</i>	Tier 4	SP; QL (6 tablets per 1 day)
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 1	QL (30 tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 30 days)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 1	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	Tier 1	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	Tier 1	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	Tier 3	QL (40 capsules per 90 days)
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (10 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (180 mL per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	Tier 2	QL (1 package per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 3	QL (1 pack per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	Tier 3	QL (1 pack per 1 fill)
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Tier 1	DO
<i>carvedilol oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>labetalol hcl oral tablet 100 mg</i>	Tier 1	DO
<i>labetalol hcl oral tablet 200 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>labetalol hcl oral tablet 400 mg</i>	Tier 1	QL (6 tablets per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	Tier 1	
<i>atenolol oral tablet</i>	Tier 1	
<i>betaxolol hcl oral tablet</i>	Tier 1	
<i>bisoprolol fumarate oral tablet</i>	Tier 1	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 1	
<i>metoprolol tartrate oral tablet</i>	Tier 1	
<i>nebivolol hcl oral tablet</i>	Tier 1	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nadolol oral tablet 20 mg, 40 mg</i>	Tier 1	DO
<i>nadolol oral tablet 80 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	Tier 1	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>propranolol hcl oral solution</i>	Tier 1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	DO
<i>propranolol hcl oral tablet 80 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet 120 mg, 80 mg</i>	Tier 2	QL (3 tablet per 1 day)
<i>sotalol hcl (af) oral tablet 160 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	Tier 2	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol hcl oral tablet 240 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>timolol maleate oral tablet 10 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	Tier 1	DO
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Tier 1	DO
<i>amlodipine besylate oral tablet 5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Tier 2	QL (2 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	Tier 2	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	Tier 2	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)

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Effective 01012027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	Tier 1	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	Tier 1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	Tier 1	DO
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	Tier 1	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	Tier 2	QL (2 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	Tier 2	DO
<i>nifedipine oral capsule 20 mg</i>	Tier 2	QL (4 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	Tier 2	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg)	Tier 1	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	Tier 1	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	DO
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin</i> (Digox Oral Tablet 125 Mcg)	Tier 1	DO
<i>digoxin</i> (Digox Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
<i>digoxin oral solution</i>	Tier 1	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg</i>	Tier 1	DO
<i>digoxin oral tablet 250 mcg</i>	Tier 1	QL (2 tablets per 1 day)
<i>digoxin oral tablet 62.5 mcg</i>	Tier 2	DO
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (<i>digoxin</i>)	Tier 3	DO
LANOXIN ORAL TABLET 250 MCG (<i>digoxin</i>)	Tier 3	QL (2 tablets per 1 day)
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	DO
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1	QL (2 tablets per 1 day)
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution</i>	Tier 4	PA; SP; LD
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	Tier 4	PA; SP; LD; QL (9 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	Tier 4	PA; SP; QL (1 tablet per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	Tier 4	PA; SP; QL (2 tablets per 1 day)
<i>sildenafil citrate oral tablet</i>	Tier 4	PA; SP; QL (12 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; SP; QL (2 tablet per 1 day)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
<i>sildenafil citrate oral tablet</i>	Tier 1	PA; BE; QL (8 tablets per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	PA; BE
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; BE; QL (30 tablets per 30 days)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin oral capsule</i>	Tier 1	
<i>cephalexin oral suspension reconstituted</i>	Tier 1	
<i>cephalexin oral tablet</i>	Tier 1	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral tablet</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	Tier 1	
<i>cefdinir oral suspension reconstituted</i>	Tier 1	
<i>cefixime oral capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefprozime proxetil oral suspension reconstituted</i>	Tier 2	
<i>cefprozime proxetil oral tablet</i>	Tier 2	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Tier 1; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	Tier 2; \$0	
<i>desogestrel-ethinyl estradiol</i> (Pimtree Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Tier 1; \$0	
<i>viorele oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1; \$0	
<i>alyacen 1/35 oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1; \$0	
AVERI ORAL TABLET (<i>desogestrel-eth estrad-fe</i>)	Tier 3; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>briellyn oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet)	Tier 1; \$0	
FEMLYV ORAL TABLET DISPERSIBLE (<i>norethindrone acet-ethinyl est</i>)	Tier 3; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Gemmiily Oral Capsule)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1; \$0	
<i>jasmiel oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estradiol-iron oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Tier 1; \$0	
<i>marlissa oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	Tier 3; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	Tier 1; \$0	
TYBLUME ORAL TABLET CHEWABLE (<i>levonorgestrel-ethinyl estrad</i>)	Tier 3; \$0	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet)	Tier 1; \$0	
VALTYA 1/50 ORAL TABLET (<i>ethynodiol diac-eth estradiol</i>)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Tier 1; \$0	
TWIRLA TRANSDERMAL PATCH WEEKLY (<i>levonorgestrel-eth estradiol</i>)	Tier 3; \$0	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	Tier 1; \$0	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	Tier 1; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	Tier 3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Tier 1; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring)	Tier 1; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring)	Tier 1; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	Tier 3; \$0	
HER STYLE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
<i>levonorgestrel oral tablet</i>	Tier 1; \$0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
PLAN B ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
REACT ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	Tier 1; \$0	QL (1 tablet per 30 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rosyrah Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	Tier 1; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	Tier 2; \$0	
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	Tier 3; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1; \$0	
*PROGESTIN CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyleq Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Meleya Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1; \$0	
<i>norethindrone oral tablet</i>	Tier 1; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1; \$0	
OPILL ORAL TABLET (<i>norgestrel</i>)	Tier 2	
<i>norethindrone</i> (Orquidea Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	Tier 3; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1; \$0	
ARANELLE ORAL TABLET (<i>norethin-eth estrad triphasic</i>)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1; \$0	
<i>tri-vylibra lo oral tablet</i>	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1; \$0	
VELIVET ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet)	Tier 1; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 capsule per 1 day)
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>hydrocortisone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
*MINERALOCORTICIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	Tier 1	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Tier 1	QL (150 mL per 5 days)
<i>hydromet oral solution</i>	Tier 1	QL (150 mL per 5 days)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
NEBUSAL INHALATION NEBULIZATION SOLUTION (<i>sodium chloride</i>)	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION (<i>sodium chloride</i>)	Tier 1	
<i>sodium chloride inhalation nebulization solution</i>	Tier 1	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	Tier 2	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup 15-6.25 mg/5ml</i>	Tier 1	QL (2 fills per 30 days)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (2 fills per 30 days)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>bromphen-pseudoeph-dm oral syrup</i>	Tier 1	
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 1	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	Tier 1	PA; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Tier 1	PA; QL (150 mL per 5 days)
<i>promethazine-codeine oral syrup</i>	Tier 1	PA; QL (150 mL per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin External Foam)	Tier 1	QL (100 grams per 30 days)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Tier 1	QL (2 pads per 1 day)
<i>clindamycin phos (once-daily) external gel</i>	Tier 1	QL (75 ml/gm per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phos (twice-daily) external gel</i>	Tier 1	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	Tier 1	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	Tier 1	QL (2 pads per 1 day)
<i>dapsone external gel</i>	Tier 2	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	Tier 1	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 1	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 1	QL (46.6 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 1	QL (50 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>adapalene external cream</i>	Tier 1	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 2	PA
<i>benzoyl peroxide external gel</i>	Tier 1	QL (6 grams per 1 day)
<i>benzoyl peroxide wash external liquid</i>	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 2	PA
<i>tretinoin external cream</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 2	PA
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream</i>	Tier 1	QL (30 grams per 30 days)
<i>gentamicin sulfate external ointment</i>	Tier 1	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Tier 1	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>nystatin-triamcinolone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	Tier 1	QL (120 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox</i> (Ciclodan External Solution)	Tier 1	QL (7 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox external gel</i>	Tier 1	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	Tier 1	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 1	QL (60 mL per 30 days)
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	QL (60 grams per 30 days)
<i>nystatin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Tier 1	QL (60 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Tier 1	QL (60 grams per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream</i>	Tier 1	PA; QL (40 grams per 365 days)
<i>fluorouracil external solution</i>	Tier 1	PA; QL (10 ML per 365 days)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	Tier 2	QL (2 capsules per 1 day)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (2 syringes per 28 days)
COSENTYX INTRAVENOUS SOLUTION (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (3 vials per 4 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (1 syringe per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 4	PA; SP; LD; QL (1 syringe per 28 days)
<i>methoxsalen rapid oral capsule</i>	Tier 2	SP
SELARSDI SUBCUTANEOUS SOLUTION (<i>ustekinumab-aekn</i>)	Tier 4	PA; SP; QL (1 vial per 84 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab-aekn</i>)	Tier 4	PA; SP; QL (1 syringe per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 prefilled syringe per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 pen/syringe per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 mL per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 mL per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 mL per 56 days)
<i>ustekinumab subcutaneous solution</i>	Tier 4	PA; SP; QL (1 syringe per 12 weeks)
<i>ustekinumab subcutaneous solution prefilled syringe</i>	Tier 4	PA; SP; QL (1 syringe per 12 weeks)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Tier 2	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 2	QL (120 grams per 30 days)
PELLIX EXTERNAL SOLUTION (<i>calcipotriene</i>)	Tier 1	QL (30 mL per 30 days)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	Tier 1	
*ANTIVIRALS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>acyclovir external ointment</i>	Tier 1	QL (30 grams per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dupilumab</i>)	Tier 4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	Tier 4	PA; SP
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>silver sulfadiazine external cream</i>	Tier 1	
*CORTICOSTEROIDS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 1	QL (2 grams per 1 day)
<i>amcinonide external cream</i>	Tier 1	QL (2 grams per 1 day)
<i>amcinonide external ointment</i>	Tier 2	QL (60 grams per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 1	QL (60 mL per 30 days)

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<i>betamethasone dipropionate aug external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 1	QL (45 grams per 30 days)
<i>clobetasol prop emollient base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 1	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	Tier 1	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 1	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	Tier 1	QL (50 mL per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 1	QL (3.94 mL per 1 day)
<i>desonide external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>desonide external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>desonide external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Tier 1	QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>desoximetasone external ointment</i>	Tier 1	QL (100 grams per 30 days)
<i>hydrocortisone butyrate</i> (Evesse External Lotion)	Tier 2	QL (5 vials per 30 days)
<i>fluocinolone acetonide body external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 1	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 1	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	Tier 1	QL (2 grams per 1 day)
<i>fluocinonide external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	Tier 1	QL (60 grams per 30 days)

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<i>fluocinonide external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>fluticasone propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	Tier 2	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Tier 2	QL (3.94 mL per 1 day)
<i>hydrocortisone butyrate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 1	
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	Tier 1	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	Tier 1	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Tier 1	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	Tier 2	QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream)	Tier 1	QL (454 grams per 30 days)
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	Tier 1	QL (450 grams per 30 days)
<i>ammonium lactate external lotion</i>	Tier 1	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole anti-fungal external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>clotrimazole external cream</i>	Tier 1	QL (113 grams per 30 days)
<i>clotrimazole external solution</i>	Tier 1	QL (60 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>econazole nitrate external cream</i>	Tier 1	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Tier 2	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	Tier 1	QL (120 mL per 30 days)
<i>ketoconazole</i> (Ketodan External Foam)	Tier 2	QL (100 grams per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL *** - DRUGS FOR THE SKIN		
<i>imiquimod external cream</i>	Tier 1	PA; QL (48 packets per 365 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external solution</i>	Tier 1	QL (7 mL per 28 days)
*LOCAL ANESTHETICS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>lidocaine external ointment</i>	Tier 1	QL (5 grams per 1 day)
<i>lidocaine external patch</i>	Tier 2	QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine li External Patch)	Tier 2	QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine lii External Patch)	Tier 2	QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	Tier 1	PA; QL (100 grams per 30 days)
*PROSTAGLANDINS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	Tier 1	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	Tier 2	QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	ST; QL (1 capsule per 1 day)
<i>metronidazole external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Tier 1	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	Tier 1	QL (59 mL per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>malathion external lotion</i>	Tier 1	QL (4 mL per 1 day)
<i>permethrin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	Tier 1	QL (120 mL per 7 days)
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (1 gram per 1 day)
<i>lidocaine-prilocaine external kit</i>	Tier 1	QL (1 kit per 30 days)

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*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 2	ST; QL (400 grams per 28 days)
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet</i>	Tier 1	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC DRUGS***		
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	ST; QL (204 strips per 30 days)
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
<i>ketone test in vitro strip</i>	Tier 3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	Tier 3	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
ESSENTIAL CARE JR ORAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
FIBERSOURCE HN ENTERAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
FIBERSOURCE HN ORAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
KATE FARMS STANDARD 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 3	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	
<i>methazolamide oral tablet</i>	Tier 2	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone-hctz oral tablet</i>	Tier 1	
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide oral tablet</i>	Tier 1	
<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>torsemide oral tablet</i>	Tier 1	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	Tier 2	
<i>spironolactone oral tablet</i>	Tier 1	
<i>triamterene oral capsule</i>	Tier 2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorthalidone oral tablet</i>	Tier 1	
<i>hydrochlorothiazide oral capsule</i>	Tier 1	
<i>hydrochlorothiazide oral tablet</i>	Tier 1	
<i>indapamide oral tablet</i>	Tier 1	
<i>metolazone oral tablet</i>	Tier 1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>mifepristone oral tablet</i>	Tier 1	\$0 for Fully insured members in California
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	Tier 1	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	Tier 3	QL (0.15 tablets per 1 day)
<i>ibandronate sodium oral tablet</i>	Tier 1	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	QL (0.04 tablet per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 2	QL (4 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	Tier 2	QL (0.13 mL per 1 day)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine oral solution</i>	Tier 1	
<i>levocarnitine oral tablet</i>	Tier 2	
<i>levocarnitine sf oral solution</i>	Tier 1	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	Tier 1	QL (0.58 tablets per 1 day)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (<i>somatropin</i>)	Tier 4	PA; SP; LD; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	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		
<i>nitisinone oral capsule</i>	Tier 4	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	Tier 4	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	Tier 4	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol oral capsule</i>	Tier 1	PA
<i>paricalcitol oral capsule</i>	Tier 2	PA
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier 4	PA; SP; BE
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
<i>clomiphene citrate</i> (Clomid Oral Tablet)	Tier 1	PA; BE
<i>clomiphene citrate oral tablet</i>	Tier 1	PA; BE
<i>clomiphene citrate</i> (Milophene Oral Tablet)	Tier 1	PA; BE

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*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	Tier 4	PA; LD
<i>sapropterin dihydrochloride oral tablet</i>	Tier 4	PA; SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	Tier 1; \$0	QL (1 tablet per 1 day)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
<i>octreotide acetate intramuscular kit 10 mg, 30 mg</i>	Tier 4	PA; SP; QL (1 kit per 28 days)
<i>octreotide acetate intramuscular kit 20 mg</i>	Tier 4	PA; SP; QL (2 kits per 28 days)
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sodium phenylbutyrate oral tablet</i>	Tier 4	PA; SP; QL (40 tablets per 1 day)
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>desmopressin acetate spray nasal solution</i>	Tier 2	
<i>vasopressin +rfid intravenous solution</i>	Tier 3	
<i>vasopressin intravenous solution</i>	Tier 3	
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
<i>estradiol-norethindrone acet</i> (Abigale Lo Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Abigale Oral Tablet)	Tier 1	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	Tier 3	QL (1 capsule per 1 day)
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	Tier 3	
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (0.15 patches per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol valerate intramuscular oil</i>	Tier 1	
<i>estrogens conjugated oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	Tier 1	QL (8 patches per 28 days)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	
<i>levofloxacin oral tablet</i>	Tier 2	
<i>moxifloxacin hcl oral tablet</i>	Tier 1	
<i>ofloxacin oral tablet</i>	Tier 1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>lubiprostone oral capsule</i>	Tier 2	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution</i>	Tier 1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible</i>	Tier 2	ST; QL (12 tablets per 1 day)
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	Tier 2	QL (1 capsule per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 2	QL (4 capsules per 1 day)
<i>mesalamine er oral capsule extended release 250 mg</i>	Tier 3	
<i>mesalamine er oral capsule extended release 500 mg</i>	Tier 3	QL (8 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	Tier 3	QL (6 capsules per 1 day)
<i>mesalamine oral tablet delayed release</i>	Tier 3	QL (4 tablets per 1 day)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SELARSDI INTRAVENOUS SOLUTION (<i>ustekinumab-aekn (iv)</i>)	Tier 4	PA; SP; QL (4 vials per 1 one time fill)
SKYRIZI INTRAVENOUS SOLUTION (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (30 mL per 365 one-time fills)

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SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>risankizumab-rzaa</i>)	Tier 4	PA; SP; QL (1 kit per 56 days)
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (3 packs per 1 one time supply)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 pen/syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	Tier 4	PA; SP; QL (1 pen/syringe per 28 days)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>guselkumab</i>)	Tier 4	PA; SP; QL (3 packs per 1 one time supply)
<i>ustekinumab intravenous solution</i>	Tier 4	PA; SP; QL (4 vials per 1 one-time fill)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	Tier 1	QL (60 mL per 1 day)
<i>generlac oral solution</i>	Tier 1	QL (60 mL per 1 day)
<i>lactulose encephalopathy oral solution</i>	Tier 1	
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule</i>	Tier 1	QL (12 capsules per 1 day)
<i>calcium acetate (phos binder) oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>calcium acetate oral tablet</i>	Tier 2	QL (12 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Tier 2	ST; QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Tier 2	ST; QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	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		
<i>dutasteride oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>finasteride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	Tier 2	
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
CURITY STERILE SALINE IRRIGATION SOLUTION (<i>sodium chloride (gu irrigant)</i>)	Tier 1	
<i>sodium chloride irrigation solution</i>	Tier 1	

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*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	Tier 3	QL (3 capsules per 1 day)
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>colchicine oral capsule</i>	Tier 2	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Tier 2	QL (2.3 tablets per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	Tier 1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA; SP; LD; QL (24 kits per 30 days)
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 2	QL (2 tablets per 1 day)
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	Tier 2	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	Tier 2	
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg</i>	Tier 2	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	Tier 2	QL (10 capsules per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 2	QL (1 tablet per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg</i>	Tier 2	QL (1 tablet per 1 day)

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<i>prasugrel hcl oral tablet 5 mg</i>	Tier 2	QL (1 tablets per 1 day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution</i>	Tier 1	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 4	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	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 (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4	PA; SP; QL (4 syringes per 30 days)
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folic acid oral capsule</i>	Tier 1; \$0	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1; \$0	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Tier 4	PA; SP; QL (2 syringes per 28 days)
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP; LD; DO
<i>eltrombopag olamine oral tablet 50 mg</i>	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
<i>eltrombopag olamine oral tablet 75 mg</i>	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>tranexamic acid oral tablet</i>	Tier 1	QL (6 tablets per 1 day)

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	Tier 1	DO
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>temazepam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	Tier 2	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1; \$0	QL (4000 grams per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	Tier 1; \$0	QL (2 kits per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 1; \$0	QL (1 kit per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 1; \$0	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 3	QL (1 gram per 30 days)
*ELECTROLYTE-BASED OSMOTIC LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>magnesium citrate oral solution</i>	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>constulose oral solution</i>	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
<i>laxative osmotic oral powder</i>	Tier 1; \$0	
MIRALAX MIX-IN PAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1; \$0	
MIRALAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1; \$0	
<i>peg 3350 oral packet</i>	Tier 1; \$0	
<i>peg 3350 oral powder</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral packet</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>bisacodyl ec oral tablet delayed release</i>	Tier 1; \$0	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE (<i>bisacodyl</i>)	Tier 1; \$0	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin oral suspension reconstituted</i>	Tier 1	
<i>azithromycin oral tablet</i>	Tier 1	
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	
<i>clarithromycin oral tablet</i>	Tier 1	
*ERYTHROMYCINS*** - ANTIBIOTICS		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 1	
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>alcohol swabs pad</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	Tier 3; \$0	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	Tier 3; \$0	QL (12 units per 1 fill)
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Tier 3; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 3; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	Tier 2	
ACCU-CHEK AVIVA PLUS KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	
ACCU-CHEK COMPACT PLUS CARE KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	QL (2 kits per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	Tier 2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	Tier 2	
ACCU-CHEK GUIDE KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	
ACCU-CHEK GUIDE ME KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	
ACCU-CHEK NANO SMARTVIEW KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Tier 2	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION (<i>blood glucose calibration</i>)	Tier 2	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 3	PA; QL (1 unit per 1 year)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Tier 3	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Tier 3	PA; QL (1 unit per 90 days)
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	Tier 3	PA; QL (2 sensors per 30 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 3	PA; QL (1 unit per 1 year)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Tier 3	PA; QL (3 sensors per 30 days)
<i>lancet device</i>	Tier 3	
<i>lancets</i>	Tier 3	QL (204 lancets per 30 days)
LANCETS SUPER THIN (<i>lancets</i>)	Tier 3	QL (204 lancets per 30 days)
<i>pure comfort safety lancet 30g</i>	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 21G (<i>lancets</i>)	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 26G (<i>lancets</i>)	Tier 3	QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 28G (<i>lancets</i>)	Tier 3	QL (204 lancets per 30 days)
*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
PARI BABY NEBULIZER SET (<i>nebulizers</i>)	Tier 3	
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ADVOCATE INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD ECLIPSE SYRINGE (<i>syringe/needle (disp)</i>)	Tier 3	
BD INS SYR ULTRAFINE 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringes (disposable)</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)

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BD PEN NEEDLE SHORT ULTRAFINE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
BD SAFETYGLIDE SYRINGE/NEEDLE (<i>syringe/needle (disp)</i>)	Tier 3	
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
COMFORT EZ PRO PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
DROPSAFE AUTOPROTECT DUO (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>easy comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
EMBRACE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Tier 3	QL (200 syringes per 30 days)
INSUPEN32G EXTR3ME (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>pen needle/5-bevel tip</i>	Tier 3	QL (200 needles per 30 days)
<i>pen needles</i>	Tier 3	QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>pro comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>sure comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
<i>sure comfort pen needles</i>	Tier 3	QL (200 needles per 30 days)
<i>techlite insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
<i>true comfort insulin syringe</i>	Tier 3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	Tier 3	QL (200 needles per 30 days)
<i>true comfort pro insulin syr</i>	Tier 3	QL (200 syringes per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	Tier 3	QL (200 needles per 30 days)
VERISAFE SAFE STERILE SYRINGE (<i>syringe/needle (disp)</i>)	Tier 3	

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MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE (<i>rimegepant sulfate</i>)	Tier 3	PA; QL (8 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA; QL (1 injector per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA; QL (1 packet per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 2	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	Tier 2	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 2	PA; QL (1 syringe per 28 days)
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</i>)	Tier 2	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	ST; QL (8 mL per 28 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 2	QL (5 vial per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	QL (6 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	QL (6 cartridges per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution</i>	Tier 1; \$0	QL (2 mL per 1 day)
<i>sodium fluoride oral tablet</i>	Tier 1; \$0	
<i>sodium fluoride oral tablet chewable</i>	Tier 1; \$0	

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*PHOSPHATE*** - DRUGS FOR NUTRITION		
PHOSPHA 250 NEUTRAL ORAL TABLET (<i>k phos mono-sod phos di & mono</i>)	Tier 1	
<i>phosphorous oral tablet</i>	Tier 1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er oral tablet extended release</i>	Tier 1	
<i>potassium chloride er oral capsule extended release</i>	Tier 1	
<i>potassium chloride er oral tablet extended release</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPROTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE (<i>thalidomide</i>)	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>penicillamine oral tablet</i>	Tier 4	PA; SP; QL (8 tablets per 1 day)
<i>trientine hcl oral capsule</i>	Tier 4	PA; SP; QL (8 capsules per 1 day)
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	Tier 4	
<i>cyclosporine modified oral solution</i>	Tier 4	
<i>cyclosporine oral capsule</i>	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 4	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day); OC
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule</i>	Tier 4	
<i>mycophenolate mofetil oral tablet</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	
<i>mycophenolic acid oral tablet delayed release</i>	Tier 4	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
<i>everolimus oral tablet</i>	Tier 4	
<i>sirolimus oral solution</i>	Tier 4	
<i>sirolimus oral tablet</i>	Tier 3	
<i>tacrolimus oral capsule</i>	Tier 2	
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension)	Tier 2	
<i>sodium polystyrene sulfonate combination suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension)	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION (<i>sodium polystyrene sulfonate</i>)	Tier 2	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine</i> (Azasan Oral Tablet)	Tier 2	
<i>azathioprine oral tablet</i>	Tier 2	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL *** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	Tier 2	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	QL (24 mL per 1 day)
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Tier 1	
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>denta 5000 plus sensitive dental gel</i>	Tier 1	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	Tier 1	
<i>sodium fluoride 5000 enamel dental gel</i>	Tier 1	
<i>sodium fluoride 5000 sensitive dental gel</i>	Tier 1	

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*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
CLINPRO 5000 DENTAL PASTE (<i>sodium fluoride</i>)	Tier 1	QL (3.77 grams per 1 day)
DENTA 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	Tier 1	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	Tier 1	QL (100 grams per 30 days)
FLUORIDEX DENTAL PASTE (<i>sodium fluoride</i>)	Tier 1	QL (3.77 grams per 1 day)
FLUORIDEX ENHANCED WHITENING DENTAL PASTE (<i>sodium fluoride</i>)	Tier 1	QL (3.77 grams per 1 day)
<i>sf 5000 plus dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental gel</i>	Tier 1	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	Tier 1	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	Tier 1	QL (3.4 grams per 1 day)
<i>sodium fluoride dental gel</i>	Tier 1	QL (100 grams per 30 days)
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	Tier 2	
<i>pilocarpine hcl oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL *** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Kourzeq Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multivitamin w/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral suspension</i>	Tier 1; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vitelfluoride oral solution</i>	Tier 1; \$0	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	
<i>c-nate dha oral capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>completenate oral tablet chewable</i>	Tier 2	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	
ELITE-OB ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 1	
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	
<i>m-natal plus oral tablet</i>	Tier 2	
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	
<i>one vite womens plus oral tablet</i>	Tier 2	
<i>pnv 27-calfelfa oral tablet</i>	Tier 2	
<i>pnv prenatal plus multivit+dha oral</i>	Tier 2	
<i>pnv-select oral tablet</i>	Tier 1	
<i>prenatal 19 oral tablet</i>	Tier 2	
<i>prenatal 19 oral tablet chewable</i>	Tier 1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	Tier 2	
<i>prenatal oral tablet</i>	Tier 2	
<i>prenatal plus oral tablet</i>	Tier 2	
<i>prenatal plus vitamin/mineral oral tablet</i>	Tier 2	
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	
<i>se-natal 19 oral tablet</i>	Tier 2	
<i>se-natal 19 oral tablet chewable</i>	Tier 2	
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	
<i>thrivite rx oral tablet</i>	Tier 2	
<i>trinatal rx 1 oral tablet</i>	Tier 2	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	Tier 2	
<i>westab plus oral tablet</i>	Tier 2	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
<i>complete natal dha oral</i>	Tier 2	
<i>wesnatal dha complete oral</i>	Tier 2	
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
<i>pnv-dha oral capsule</i>	Tier 1	
<i>prena 1 true oral</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>baclofen oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 7.5 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium oral capsule</i>	Tier 2	
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution</i>	Tier 1	
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 28 days)
<i>olopatadine hcl nasal solution</i>	Tier 1	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>flunisolide nasal solution</i>	Tier 1	ST; QL (1 bottle per 30 days)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
<i>riluzole oral tablet</i>	Tier 4	PA; SP; QL (4 tablets per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
REFRESH AA 15 PKU ORAL LIQUID (<i>amino acids</i>)	Tier 3	
REFRESH AA 15 TYR ORAL LIQUID (<i>amino acids</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 1	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	QL (0.5 mL per 1 day)
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
<i>levobunolol hcl ophthalmic solution</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>atropine sulfate ophthalmic solution</i>	Tier 1	
<i>cyclopentolate hcl ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<i>tropicamide ophthalmic solution</i>	Tier 1	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	Tier 3	PA; QL (2 vial per 1 day)
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	Tier 3	LD; QL (5 mL per 30 days)
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution</i>	Tier 1	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRILOPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	Tier 3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>besifloxacin hcl ophthalmic suspension</i>	Tier 2	QL (5 mL per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>gatifloxacin ophthalmic solution</i>	Tier 1	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	Tier 1	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	QL (3.5 gm per 1 day)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 grams per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	QL (3.5 gm per 1 day)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	Tier 3	QL (5 gram per 7 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>dorzolamide hcl ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>cyclosporine (pf) ophthalmic emulsion</i>	Tier 1	PA; QL (2 vials per 1 day)
<i>cyclosporine ophthalmic emulsion</i>	Tier 1	PA; QL (2 vials per 1 day)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>proparacaine hcl ophthalmic solution</i>	Tier 1	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 1	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	QL (30 mL per 30 days)
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %</i>	Tier 1	QL (20 mL per 30 days)

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<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	QL (7 grams per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	QL (10 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 1	
<i>fluorometholone ophthalmic suspension</i>	Tier 1	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	Tier 3	QL (7 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	Tier 3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	QL (30 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	QL (20 mL per 30 days)
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.01 %</i>	Tier 2	QL (7.5 mL per 30 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 2	
<i>latanoprost ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	QL (10 mL per 30 days)
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	Tier 1	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	Tier 1	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	Tier 1	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 1	QL (7.5 mL per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>fluocinolone acetonide otic oil</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	QL (10 mL per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYTOCICS - HORMONES		
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Tier 2	
<i>methylergonovine maleate oral tablet</i>	Tier 2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	Tier 4	PA; SP; LD
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>ampicillin oral capsule</i>	Tier 1	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	
PHARMACEUTICAL ADJUVANTS		
*ORAL VEHICLES***		
FLAVOR SWEET DYE FREE ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
<i>flavor sweet sf dye free oral syrup</i>	Tier 2	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet)	Tier 1	
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	
<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>progesterone intramuscular oil</i>	Tier 1	
<i>progesterone oral capsule</i>	Tier 1	

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Tier 1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	Tier 1	DO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	Tier 2	DO
<i>galantamine hydrobromide oral solution</i>	Tier 2	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	Tier 2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	Tier 2	QL (2 capsules per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>milnacipran hcl oral</i>	Tier 2	QL (1 pack per 365 days)
<i>milnacipran hcl oral tablet</i>	Tier 2	QL (2 tablets per 1 day)
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 4	PA; SP; LD; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (12 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (4.2 mL per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 4	PA; SP; QL (1 pack per 1 fill)
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	Tier 4	PA; SP; LD; QL (1 vial per 28 days)
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Tier 1	PA; SP; QL (14 capsules per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Tier 1	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Tier 1	PA; SP; QL (1 kit per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	Tier 4	PA; SP; LD; QL (4 capsules per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 1	PA; SP; QL (2 tablets per 1 day)
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 1	PA; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Tier 1	PA; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	Tier 1	PA; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate</i> (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		
<i>memantine hcl oral solution</i>	Tier 2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 2	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	Tier 2	DO

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

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

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Effective 01012027

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

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*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release</i>	Tier 1	
<i>lansoprazole oral capsule delayed release</i>	Tier 1	
<i>omeprazole oral capsule delayed release</i>	Tier 1	
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	
<i>rabeprazole sodium oral tablet delayed release</i>	Tier 2	
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate oral tablet</i>	Tier 1	
<i>methscopolamine bromide oral tablet</i>	Tier 1	
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	Tier 1	\$0 for Fully insured members in California
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>trospium chloride oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	Tier 2	

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VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Tier 2; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	Tier 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	Tier 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Tier 3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
PEDVAXHIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Tier 3; \$0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	Tier 3; \$0	
<i>penmenvy intramuscular suspension reconstituted</i>	Tier 3; \$0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (<i>pneumococcal vac polyvalent</i>)	Tier 2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	Tier 2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Tier 2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	Tier 3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>typhoid vi polysaccharide vacc</i>)	Tier 3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	Tier 2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	Tier 2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Tier 3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	Tier 3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VIRAL VACCINES*** - VACCINES		
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
ENGRIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recombinant ha</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac tiss-cult subunt</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	Tier 1; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	Tier 1; \$0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Tier 2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	Tier 2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	Tier 3; \$0	

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IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	Tier 3	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Tier 3; \$0	
IPOL INJECTION SUSPENSION (<i>poliovirus vaccine inactivated</i>)	Tier 3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Tier 3	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	Tier 2; \$0	
<i>nuvaxovid covid-19 vaccine intramuscular suspension prefilled syringe</i>	Tier 2; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	Tier 3; \$0	
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	Tier 3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	Tier 3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>zoster vac recomb adjuvanted</i>)	Tier 2; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	Tier 2; \$0	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	Tier 2; \$0	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a vaccine</i>)	Tier 3; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (<i>varicella virus vaccine live</i>)	Tier 3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Tier 3	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>yellow fever vaccine</i>)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Tier 1	QL (6 suppositories per 30 days)
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
VANDAZOLE VAGINAL GEL (<i>metronidazole</i>)	Tier 1	
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXX VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	Tier 3; \$0	
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	Tier 3; \$0	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	Tier 2	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	Tier 3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Tier 3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	Tier 3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	Tier 3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	Tier 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvaferm Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Tier 1	QL (2 pens per 1 fill)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	Tier 1	QL (2 pen per 1 fill)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet</i>	Tier 2	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	

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Effective 01012027

Index

abacavir sulfate	53	alclometasone dipropionate	70	Ashlyna.....	64
abacavir sulfate-lamivudine	51	alcohol swabs	83	ASMANEX (120 METERED	
Abigale.....	77	alendronate sodium	75	DOSES).....	25
Abigale Lo.....	77	alfuzosin hcl er	79	ASMANEX (14 METERED	
abiraterone acetate	44	allopurinol	80	DOSES).....	25
Abirtega.....	44	ALOCRIL.....	93	ASMANEX (30 METERED	
acamprosate calcium	97	alogliptin benzoate	31	DOSES).....	25, 26
acarbose	31	alprazolam	23	ASMANEX (60 METERED	
ACCU-CHEK AVIVA.....	84	alprazolam er	23	DOSES).....	26
ACCU-CHEK AVIVA PLUS.....	74, 84	alprazolam xr	23	aspirin	20
ACCU-CHEK COMPACT PLUS		Altavera.....	60	aspirin-dipyridamole er	80
CARE.....	84	alyacen 1135	60	ATABEX EC.....	90
ACCU-CHEK FASTCLIX LANCET..	84	alyacen 71717	65	ATABEX OB.....	90
ACCU-CHEK GUIDE.....	84	alyq	59	atazanavir sulfate	52
ACCU-CHEK GUIDE CONTROL....	84	amantadine hcl	48	atenolol	55
ACCU-CHEK GUIDE ME.....	84	ambrisentan	59	atenolol-chlorthalidone	42
ACCU-CHEK GUIDE TEST.....	74	amcinonide	70	atomoxetine hcl	15
ACCU-CHEK NANO SMARTVIEW..	84	Amethyst.....	64	atorvastatin calcium	38
ACCU-CHEK SMARTVIEW.....	74	amiloride hcl	75	atovaquone-proguanil hcl	43
ACCU-CHEK SMARTVIEW		amiloride-hydrochlorothiazide	74	atropine sulfate	93
CONTROL.....	85	amiodarone hcl	24	Aubra Eq.....	60
ACCU-CHEK SOFTCLIX LANCET		amitriptyline hcl	30	Aurovela 1.5/30.....	60
DEV.....	85	amlodipine besy-benazepril hcl ...	39	Aurovela 1/20.....	60
ACCUTREND GLUCOSE.....	74	amlodipine besylate	56	Aurovela 24 Fe.....	60
ACCUTREND GLUCOSE		amlodipine besylate-valsartan	40	Aurovela Fe 1.5/30.....	60
CONTROL.....	85	amlodipine-atorvastatin	58	Aurovela Fe 1/20.....	60
acebutolol hcl	55	amlodipine-olmesartan	40	AVERI.....	60
acetaminophen-codeine	20	amlodipine-valsartan-hctz	41	Aviane.....	60
acetazolamide	74	ammonium lactate	72	avidoxy	100
acetazolamide er	74	Amnesteem.....	68	Ayuna.....	60
acetic acid	95	amoxapine	30	Azasan.....	89
acetylcysteine	67	amoxicillin	96	azathioprine	89
acitretin	69	amoxicillin-pot clavulanate	96	azelaic acid	73
ACTHIB.....	103	amoxicillin-pot clavulanate er ...	96	azelastine hcl	92, 93
ACTIMMUNE.....	46	amphetamine-dextroamphet er ...	15	azithromycin	83
acyclovir	54, 70	amphetamine-		Azurette.....	60
ADACEL.....	101	dextroamphetamine	15	Bac (Butalbital-Acetamin-Caff)	20
adapalene	68	ampicillin	96	bacitracin	93
adapalene-benzoyl peroxide	68	anagrelide hcl	80	bacitracin-polymyxin b	94
adefovir dipivoxil	54	anastrozole	47	bacitra-neomycin-polymyxin-hc ...	94
ADEMPAS.....	59	ANNOVERA.....	63	baclofen	92
ADVOCATE INSULIN PEN		APOKYN.....	49	balsalazide disodium	78
NEEDLE.....	85	apomorphine hcl	49	Balziva.....	60
Afirmelle.....	60	apraclonidine hcl	94	BARACLUDE.....	54
AFLURIA.....	104	aprepitant	36	BD AUTOSHIELD DUO.....	85
AFLURIA PRESERVATIVE FREE..	104	Apri.....	60	BD ECLIPSE SYRINGE.....	85
AFTERA.....	64	APTIVUS.....	52	BD INS SYR ULTRAFINE 1/2UNIT..	85
AFTERPILL.....	64	ARANELLE.....	65	BD INSULIN SYRINGE.....	85
AIMOVIG.....	87	ARANESP (ALBUMIN FREE).....	81	BD INSULIN SYRINGE HALF-	
ala-cort	70	aripiprazole	51	UNIT.....	85
albuterol sulfate	25	armodafinil	16	BD INSULIN SYRINGE	
ALBUTEROL SULFATE HFA.....	25	Ascomp-Codeine.....	20	MICROFINE.....	85

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BD INSULIN SYRINGE U/F	85	<i>briellyn</i>	60	<i>cefaclor er</i>	59
BD INSULIN SYRINGE		<i>brimonidine tartrate</i>	94	<i>cefadroxil</i>	59
ULTRAFINE	85	BRIXADI	21	<i>cefdinir</i>	59
BD PEN NEEDLE MICRO		BRIXADI (WEEKLY)	21	<i>cefixime</i>	59
ULTRAFINE	85	<i>bromocriptine mesylate</i>	48, 49	<i>cefpodoxime proxetil</i>	60
BD PEN NEEDLE MINI U/F	85	<i>bromphen-pseudoeph-dm</i>	67	<i>cefprozil</i>	59
BD PEN NEEDLE MINI		<i>budesonide</i>	26, 66	<i>cefuroxime axetil</i>	59
ULTRAFINE	85	<i>budesonide-formoterol fumarate</i>	24	<i>celecoxib</i>	18
BD PEN NEEDLE NANO 2ND		<i>bumetanide</i>	75	<i>cephalexin</i>	59
GEN	85	<i>buprenorphine hcl</i>	21	<i>cevimeline hcl</i>	90
BD PEN NEEDLE NANO		<i>buprenorphine hcl-naloxone hcl</i>		Charlotte 24 Fe	60
ULTRAFINE	85		21, 22	Chateal Eq	60
BD PEN NEEDLE ORIG		<i>bupropion hcl</i>	29	CHEMET	35
ULTRAFINE	85	<i>bupropion hcl er (smoking det)</i>	99	CHEMSTRIP K	74
BD PEN NEEDLE SHORT		<i>bupropion hcl er (sr)</i>	29	<i>chlordiazepoxide hcl</i>	23
ULTRAFINE	86	<i>bupropion hcl er (xl)</i>	29	<i>chlorhexidine gluconate</i>	89
BD SAFETYGLIDE INSULIN		<i>buspirone hcl</i>	23	<i>chloroquine phosphate</i>	43
SYRINGE	86	<i>butalbital-acetaminophen</i>	20	<i>chlorpromazine hcl</i>	50
BD SAFETYGLIDE		<i>butalbital-apap-caff-cod</i>	20	<i>chlorthalidone</i>	75
SYRINGE/NEEDLE	86	<i>butalbital-apap-cafeine</i>	20	<i>chlorzoxazone</i>	92
<i>benazepril hcl</i>	39	<i>butalbital-asa-caff-codeine</i>	20	<i>cholestyramine</i>	37
<i>benazepril-hydrochlorothiazide</i>	39	<i>butalbital-aspirin-cafeine</i>	20	<i>cholestyramine light</i>	37
<i>benznidazole</i>	23	<i>butorphanol tartrate</i>	22	<i>chorionic gonadotropin</i>	76
<i>benzonatate</i>	67	<i>cabergoline</i>	76	Ciclodan	68
<i>benzoyl peroxide</i>	68	<i>calcipotriene</i>	70	<i>ciclopirox</i>	69
<i>benzoyl peroxide wash</i>	68	<i>calcipotriene-betameth diprop</i>	74	<i>ciclopirox olamine</i>	69
<i>benzoyl peroxide-erythromycin</i>	68	<i>calcitonin (salmon)</i>	76	<i>cilostazol</i>	80
<i>benztropine mesylate</i>	48	Calcitrene	70	<i>cimetidine</i>	101
BERINERT	80	<i>calcitriol</i>	76	<i>cimetidine hcl</i>	101
<i>besifloxacin hcl</i>	93	<i>calcium acetate</i>	79	<i>cinacalcet hcl</i>	76
<i>betaine</i>	76	<i>calcium acetate (phos binder)</i>	79	<i>ciprofloxacin hcl</i>	78, 93, 95
<i>betamethasone dipropionate</i>	71	Camila	65	<i>ciprofloxacin-dexamethasone</i>	95
<i>betamethasone dipropionate aug</i>		Camrese	64	<i>citalopram hydrobromide</i>	29
.....	70, 71	Camrese Lo	64	Claravis	68
<i>betamethasone valerate</i>	71	<i>candesartan cilexetil</i>	40, 41	<i>clarithromycin</i>	83
<i>betaxolol hcl</i>	55, 93	<i>candesartan cilexetil-hctz</i>	40	<i>clarithromycin er</i>	83
<i>bethanechol chloride</i>	102	<i>capecitabine</i>	44	<i>clemastine fumarate</i>	37
<i>bexarotene</i>	48	CAPRELSA	46	Clindacin	67
BEXSERO	103	<i>carbamazepine</i>	27	Clindacin Etz	67
<i>bicalutamide</i>	44	<i>carbamazepine er</i>	27	Clindacin-P	67
BIJUVA	77	<i>carbidopa</i>	49	<i>clindamycin hcl</i>	42
BIKTARVY	51	<i>carbidopa-levodopa</i>	49	<i>clindamycin palmitate hcl</i>	42
<i>bimatoprost</i>	73, 95	<i>carbidopa-levodopa er</i>	49	<i>clindamycin phos (once-daily)</i>	67
<i>bisacodyl ec</i>	83	<i>carbinoxamine maleate</i>	37	<i>clindamycin phos (twice-daily)</i>	68
<i>bisoprolol fumarate</i>	55	<i>carbzah</i>	37	<i>clindamycin phos-benzoyl perox</i>	68
<i>bisoprolol-hydrochlorothiazide</i>	42	<i>carglumic acid</i>	76	<i>clindamycin phosphate</i>	68, 106
Blisovi 24 Fe	60	<i>carisoprodol</i>	92	CLINPRO 5000	90
Blisovi Fe 1.5/30	60	<i>carteolol hcl</i>	93	<i>clobazam</i>	27
Blisovi Fe 1/20	60	Cartia Xt	56	<i>clobetasol prop emollient base</i>	71
BOOSTRIX	101	<i>carvedilol</i>	55	<i>clobetasol propionate</i>	71
<i>bosutinib</i>	44, 45	CAYA	84	<i>clobetasol propionate e</i>	71
BREXAFEMME	36	CAYSTON	43	<i>clobetasol propionate emulsion</i>	71
Breyna	24	<i>cefaclo</i>	59	<i>clocortolone pivalate</i>	71

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Clodan	71	<i>cyclosporine modified</i>	88	<i>dicloxacillin sodium</i>	96
Clomid	76	<i>cyproheptadine hcl</i>	37	<i>dicyclomine hcl</i>	101
<i>clomiphene citrate</i>	76	Cyred Eq	61	<i>diethylpropion hcl er</i>	16
<i>clomipramine hcl</i>	30, 31	<i>dalfampridine er</i>	98	<i>diflunisal</i>	20
<i>clonazepam</i>	27	<i>danazol</i>	22	Digox	58
<i>clonidine</i>	41	<i>dantrolene sodium</i>	92	<i>digoxin</i>	58
<i>clonidine hcl</i>	41	<i>dapaglifloz base-metformin er</i>	34	<i>dihydroergotamine mesylate</i>	87
<i>clonidine hcl er</i>	15	<i>dapagliflozin</i>	34	DILANTIN	28
<i>clopidogrel bisulfate</i>	80	<i>dapagliflozin pro-metformin er</i>	34	<i>diltiazem hcl</i>	57
<i>clotrimazole</i>	72, 89	<i>dapagliflozin propanediol</i>	34	<i>diltiazem hcl er</i>	56, 57
<i>clotrimazole anti-fungal</i>	72	<i>dapsone</i>	42, 68	<i>diltiazem hcl er beads</i>	56
<i>clotrimazole-betamethasone</i>	68	DAPTACEL	101	<i>diltiazem hcl er coated beads</i>	56
<i>clozapine</i>	50	<i>darunavir</i>	52	<i>dilt-xr</i>	57
<i>c-nate dha</i>	90	<i>dasatinib</i>	45	<i>dimethyl fumarate</i>	98
COARTEM	43	Dasetta 1/35 (28)	61	<i>dimethyl fumarate starter pack</i>	98
<i>codeine sulfate</i>	20	Dasetta 7/7/7	66	<i>diphenhydramine hcl</i>	37
<i>colchicine</i>	80	Daysee	64	<i>diphenoxylate-atropine</i>	35
<i>colchicine-probenecid</i>	80	Deblitane	65	<i>dipyridamole</i>	80
<i>colesevelam hcl</i>	37	Delyla	61	DISKETS	21
<i>colestipol hcl</i>	37	<i>demeclocycline hcl</i>	100	<i>disopyramide phosphate</i>	24
COMETRIQ (100 MG DAILY DOSE)	46	DENTA 5000 PLUS	90	<i>disulfiram</i>	97
COMETRIQ (140 MG DAILY DOSE)	46	<i>denta 5000 plus sensitive</i>	89	<i>divalproex sodium</i>	29
COMETRIQ (60 MG DAILY DOSE)	46	<i>dentagel</i>	90	<i>divalproex sodium er</i>	29
COMFORT EZ INSULIN SYRINGE	86	DEPO-SUBQ PROVERA 104	65	<i>dofetilide</i>	24
COMFORT EZ PRO PEN		Depo-Testosterone	22	Dolishale	64
NEEDLES	86	DESCOVY	51	<i>donepezil hcl</i>	97
COMIRNATY	104	<i>desipramine hcl</i>	31	<i>dorzolamide hcl</i>	94
COMIRNATY 5-11 YEARS	104	<i>desloratadine</i>	37	<i>dorzolamide hcl-timolol mal</i>	93
<i>complete natal dha</i>	91	<i>desmopressin ace spray refrig</i>	77	<i>dorzolamide hcl-timolol mal pf</i>	93
<i>completenate</i>	91	<i>desmopressin acetate</i>	77	Dotti	77
CO-NATAL FA	91	<i>desmopressin acetate spray</i>	77	DOVATO	51
CONCEPT DHA	91	<i>desogestrel-ethinyl estradiol</i>	60	<i>doxazosin mesylate</i>	41
CONCEPT OB	91	<i>desonide</i>	71	<i>doxepin hcl</i>	31, 82
<i>constulose</i>	83	<i>desoximetasone</i>	71	<i>doxycycline</i>	73
COSENTYX	69	<i>desvenlafaxine succinate er</i>	30	<i>doxycycline hyclate</i>	100
COSENTYX (300 MG DOSE)	69	<i>dexamethasone</i>	66	<i>doxycycline monohydrate</i>	100
COSENTYX SENSOREADY (300 MG)	69	<i>dexamethasone sodium phosphate</i>	95	<i>dronabinol</i>	36
COSENTYX SENSOREADY PEN	69	DEXCOM G6 RECEIVER	85	DROPSAFE AUTOPROTECT	
COSENTYX UNOREADY	69	DEXCOM G6 SENSOR	85	DUO	86
<i>cromolyn sodium</i>	25, 93	DEXCOM G6 TRANSMITTER	85	<i>drospiren-eth estrad-levomefol</i>	61
Cryselle	60	DEXCOM G7 15 DAY SENSOR	85	<i>drospirenone-ethinyl estradiol</i>	61
Cryselle-28	60	DEXCOM G7 RECEIVER	85	DROXIA	81
CURITY STERILE SALINE	79	DEXCOM G7 SENSOR	85	DULERA	24
<i>cyanocobalamin</i>	81	<i>dexmethylphenidate hcl</i>	16	<i>duloxetine hcl</i>	30
<i>cyclobenzaprine hcl</i>	92	<i>dexmethylphenidate hcl er</i>	16	DUPIXENT	70
<i>cyclopentolate hcl</i>	93	<i>dextroamphetamine sulfate</i>	15	<i>dutasteride</i>	79
<i>cyclophosphamide</i>	47	<i>dextroamphetamine sulfate er</i>	15	E.E.S. 400	83
<i>cycloserine</i>	43	<i>diazepam</i>	23, 27	<i>easy comfort pen needles</i>	86
<i>cyclosporine</i>	88, 94	Diazepam Intensol	23	<i>ec-naproxen</i>	18
<i>cyclosporine (pf)</i>	94	<i>diclofenac potassium</i>	18	<i>econazole nitrate</i>	73
		<i>diclofenac sodium</i>	18, 94	ECONTRA ONE-STEP	64
		<i>diclofenac sodium er</i>	18	EDURANT PED	52
				<i>efavirenz</i>	53

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Elinest.....	61	<i>estradiol valerate</i>	78	<i>fluocinonide emulsified base</i>	71
ELIQUIS.....	26	<i>estradiol-norethindrone acet</i>	77	FLUORIDEX.....	90
ELIQUIS (1.5 MG PACK).....	26	ESTRING.....	106	FLUORIDEX ENHANCED	
ELIQUIS (2 MG PACK).....	26	<i>estrogens conjugated</i>	78	WHITENING.....	90
ELIQUIS DVT/PE STARTER PACK	26	<i>eszopiclone</i>	82	FLUORIDEX SENSITIVITY	
ELITE-OB.....	91	<i>ethacrynic acid</i>	75	RELIEF.....	89
Elixophyllin.....	26	<i>ethambutol hcl</i>	43	<i>fluorometholone</i>	95
ELLA.....	64	<i>ethosuximide</i>	28	<i>fluorouracil</i>	69
ELMIRON.....	80	<i>ethynodiol diac-eth estradiol</i>	61	<i>fluoxetine hcl</i>	29
<i>eltrombopag olamine</i>	81	<i>etodolac</i>	18	<i>fluoxetine hcl (pmdd)</i>	99
Eluryng.....	64	<i>etonogestrel-ethinyl estradiol</i>	64	<i>fluphenazine hcl</i>	50, 51
EMBRACE PEN NEEDLES.....	86	<i>etoposide</i>	47	<i>flurbiprofen</i>	18
EMGALITY.....	87	<i>etravirine</i>	53	<i>fluticasone propionate</i>	72
EMGALITY (300 MG DOSE).....	87	<i>everolimus</i>	46, 89	<i>fluticasone propionate diskus</i>	26
<i>emtricitabine</i>	53	Evesse.....	71	<i>fluticasone propionate hfa</i>	26
<i>emtricitabine-tenofovir df</i>	51	<i>exemestane</i>	47	<i>fluticasone-salmeterol</i>	24
EMTRIVA.....	53	<i>ezetimibe</i>	38	<i>fluvastatin sodium</i>	38
Emzahh.....	65	Falmina.....	61	<i>fluvastatin sodium er</i>	38
<i>enalapril maleate</i>	39	<i>famciclovir</i>	54	<i>fluvoxamine maleate</i>	29
<i>enalapril-hydrochlorothiazide</i>	39	<i>famotidine</i>	101	FLUZONE.....	104
ENBREL.....	20	FC2 FEMALE CONDOM.....	84	FLUZONE HIGH-DOSE.....	104
ENBREL MINI.....	20	Feirza 1.5/30.....	61	<i>folic acid</i>	81
ENBREL SURECLICK.....	20	Feirza 1/20.....	61	FOLIVANE-OB.....	91
Endocet.....	21	<i>felbamate</i>	28	<i>fondaparinux sodium</i>	27
ENERGIX-B.....	104	<i>felodipine er</i>	57	FOSAMAX PLUS D.....	75
Enilloring.....	64	FEMCAP.....	84	<i>fosamprenavir calcium</i>	52
<i>enoxaparin sodium</i>	27	FEMLYV.....	61	<i>fosfomycin tromethamine</i>	43
Enpresse-28.....	66	<i>fenofibrate</i>	38	<i>fosinopril sodium</i>	39
Enskyce.....	61	<i>fenofibrate micronized</i>	38	<i>fosinopril sodium-hctz</i>	39
<i>entacapone</i>	49	<i>fenofibric acid</i>	38	<i>ft naloxone hcl</i>	35
<i>entecavir</i>	54	<i>fentanyl</i>	21	<i>fulvestrant</i>	47
<i>enulose</i>	79	<i>fesoterodine fumarate er</i>	102	<i>furosemide</i>	75
<i>epinastine hcl</i>	93	FIBERSOURCE HN.....	74	FUZEON.....	52
<i>epinephrine</i>	106	<i>finasteride</i>	74, 79	Fyavolv.....	77
<i>eplerenone</i>	42	<i> fingolimod hcl</i>	99	<i>gabapentin</i>	27
<i>eq aspirin low dose</i>	20	Finzala.....	61	<i>galantamine hydrobromide</i>	97
ERBITUX.....	45	FLAVOR SWEET DYE FREE.....	96	<i>galantamine hydrobromide er</i>	97
<i>ergocalciferol</i>	106	<i>flavor sweet sf dye free</i>	96	Galbriela.....	61
<i>ergotamine-caffeine</i>	87	<i>flecainide acetate</i>	24	Gallifrey.....	96
ERIVEDGE.....	45	FLEET STIMULANT.....	83	GARDASIL 9.....	104
<i>erlotinib hcl</i>	45	FLUAD.....	104	<i>gatifloxacin</i>	93
Errin.....	65	FLUARIX.....	104	GAVILYTE-C.....	82
<i>ertapenem sodium</i>	42	FLUBLOK.....	104	Gavilyte-G.....	82
<i>ery</i>	68	FLUCELVAX.....	104	Gavilyte-N With Flavor Pack.....	82
Ery-Tab.....	83	<i>fluconazole</i>	36	<i>gemfibrozil</i>	38
<i>erythromycin</i>	68, 83, 93	<i>fludrocortisone acetate</i>	67	Gemmily.....	61
<i>erythromycin base</i>	83	FLULAVAL.....	104	<i>generlac</i>	79
<i>erythromycin ethylsuccinate</i>	83	FLUMIST.....	104	Gengraf.....	88
<i>escitalopram oxalate</i>	29	<i>flunisolide</i>	92	<i>gentamicin in saline</i>	17
<i>esomeprazole magnesium</i>	102	<i>fluocinolone acetonide</i>	71, 95	<i>gentamicin sulfate</i>	17, 68, 93
ESSENTIAL CARE JR.....	74	<i>fluocinolone acetonide body</i>	71	GILOTRIF.....	45
Estarylla.....	61	<i>fluocinolone acetonide scalp</i>	71	<i>glatiramer acetate</i>	98
<i>estradiol</i>	77, 106	<i>fluocinonide</i>	71, 72	Glatopa.....	98

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<i>glimepiride</i>	34	<i>hydrocodone-acetaminophen</i>	20	Isibloom.....	61
<i>glipizide</i>	34, 35	<i>hydrocodone-ibuprofen</i>	20	<i>isoniazid</i>	43
<i>glipizide er</i>	34	<i>hydrocortisone</i>	22, 66, 72	<i>isosorbide dinitrate</i>	23
<i>glipizide-metformin hcl</i>	34	<i>hydrocortisone (perianal)</i>	22	<i>isosorbide mononitrate</i>	23
<i>glucagon emergency</i>	31	<i>hydrocortisone ace-pramoxine</i>	22	<i>isosorbide mononitrate er</i>	23
<i>glucagon hcl (diagnostic)</i>	74	<i>hydrocortisone butyrate</i>	72	<i>itraconazole</i>	37
<i>glucose</i>	31	<i>hydrocortisone valerate</i>	72	<i>ivermectin</i>	23
<i>glyburide</i>	35	<i>hydrocortisone-acetic acid</i>	95	IXIARO.....	105
<i>glyburide-metformin</i>	34	<i>hydromet</i>	67	Jaimiess.....	64
<i>glycopyrrolate</i>	102	<i>hydromorphone hcl</i>	21	JAKAFI.....	47
<i>gnp naloxone hcl</i>	35	<i>hydroxychloroquine sulfate</i>	43	Jantoven.....	26
<i>griseofulvin microsize</i>	36	<i>hydroxyurea</i>	46	JANUMET XR.....	32
<i>griseofulvin ultramicrosize</i>	36	<i>hydroxyzine hcl</i>	23	JARDIANCE.....	34
<i>guanfacine hcl</i>	41	<i>hydroxyzine pamoate</i>	23	<i>jasmiel</i>	61
<i>guanfacine hcl er</i>	15	HYQVIA.....	96	Javygtor.....	77
Hailey 1.5/30.....	61	<i>ibandronate sodium</i>	75	Jencycla.....	65
Hailey 24 Fe.....	61	IBRANCE.....	47	Jinteli.....	77
Hailey Fe 1.5/30.....	61	Ibu.....	18	Jolessa.....	64
Hailey Fe 1/20.....	61	<i>ibuprofen</i>	18	Joyeaux.....	61
<i>halcinonide</i>	72	Iclevia.....	64	Juleber.....	61
<i>halobetasol propionate</i>	72	ICLUSIG.....	45	Junel 1.5/30.....	61
Haloette.....	64	<i>imatinib mesylate</i>	45	Junel 1/20.....	61
<i>haloperidol</i>	50	IMBRUVICA.....	45	Junel Fe 1.5/30.....	61
HAVRIX.....	104	<i>imipramine hcl</i>	31	Junel Fe 1/20.....	61
Heather.....	65	<i>imiquimod</i>	73	Junel Fe 24.....	61
HEPLISAV-B.....	104	IMOVAX RABIES.....	105	Kaitlib Fe.....	61
HER STYLE.....	64	IMVEXXY MAINTENANCE PACK.....	106	Kalliga.....	61
HIBERIX.....	103	IMVEXXY STARTER PACK.....	106	Kariva.....	60
HUMALOG.....	32	INATAL GT.....	91	KATE FARMS STANDARD 1.0.....	74
HUMALOG JUNIOR KWIKPEN.....	32	Incassia.....	65	Kelnor 1/35.....	61
HUMALOG KWIKPEN.....	32	<i>indapamide</i>	75	<i>ketoconazole</i>	36, 73
HUMALOG MIX 50/50 KWIKPEN.....	32	<i>indomethacin</i>	19	Ketodan.....	73
HUMALOG MIX 75/25.....	32	<i>indomethacin er</i>	18	<i>ketone test</i>	74
HUMALOG MIX 75/25 KWIKPEN.....	32	INFANRIX.....	101	<i>ketorolac tromethamine</i>	19, 94
HUMIRA (1 PEN).....	17	INLYTA.....	48	KETOSTIX.....	74
HUMIRA (2 PEN).....	17	<i>insulin degludec</i>	32	KINRIX.....	101
HUMIRA (2 SYRINGE).....	17	<i>insulin degludec flextouch</i>	32	Kionex.....	89
HUMIRA-CD/UC/HS STARTER.....	17	<i>insulin glargine-yfgn</i>	33	Klor-Con.....	88
HUMIRA-PSORIASIS/UEVIT		<i>insulin lispro</i>	33	Klor-Con 10.....	88
STARTER.....	17	<i>insulin lispro (1 unit dial)</i>	33	Klor-Con M10.....	88
HUMULIN 70/30.....	32	<i>insulin lispro junior kwikpen</i>	33	Klor-Con M15.....	88
HUMULIN 70/30 KWIKPEN.....	32	<i>insulin lispro prot & lispro</i>	33	Klor-Con M20.....	88
HUMULIN N.....	32	<i>insulin syringe</i>	86	KLOXXADO.....	35
HUMULIN N KWIKPEN.....	32	<i>insulin syringe-needle u-100</i>	86	Kourzeq.....	90
HUMULIN R.....	32	INSUPEN32G EXTR3ME.....	86	Kurvelo.....	61
HUMULIN R U-500		INTELENCE.....	53	<i>labetalol hcl</i>	55
(CONCENTRATED).....	32	Introvale.....	64	<i>lacosamide</i>	27, 28
HUMULIN R U-500 KWIKPEN.....	32	IPOL.....	105	<i>lactulose</i>	83
HYCANTIN.....	48	<i>ipratropium bromide</i>	25, 92	<i>lactulose encephalopathy</i>	79
<i>hydralazine hcl</i>	42	<i>ipratropium-albuterol</i>	24	LAGEVRIO.....	54
<i>hydrochlorothiazide</i>	75	<i>irbesartan</i>	41	<i>lamivudine</i>	53
<i>hydrocod poli-chlorphe poli er</i>	67	<i>irbesartan-hydrochlorothiazide</i>	40	<i>lamivudine-zidovudine</i>	52
<i>hydrocodone bit-homatrop mbr</i> ...	67	ISENTRESS.....	52	<i>lamotrigine</i>	28

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<i>lancet device</i>	85	<i>lithium</i>	49	<i>mesalamine er</i>	78
<i>lancets</i>	85	<i>lithium carbonate</i>	49	<i>metformin hcl</i>	31
LANCETS SUPER THIN.....	85	<i>lithium carbonate er</i>	49	<i>metformin hcl er</i>	31
LANOXIN.....	58	LO LOESTRIN FE.....	60	<i>methadone hcl</i>	21
<i>lansoprazole</i>	102	Loestrin 1.5/30 (21).....	62	Methadone Hcl Intensol.....	21
LANTUS.....	33	Loestrin 1/20 (21).....	62	Methadose.....	21
LANTUS SOLOSTAR.....	33	Loestrin Fe 1.5/30.....	62	<i>methazolamide</i>	74
<i>lapatinib ditosylate</i>	46	Loestrin Fe 1/20.....	62	<i>methenamine hippurate</i>	43
Larin 1.5/30.....	61	Lojaimiess.....	64	Methergine.....	96
Larin 1/20.....	61	<i>lomustine</i>	48	<i>methimazole</i>	100
Larin 24 Fe.....	61	<i>loperamide hcl</i>	35	<i>methitest</i>	22
Larin Fe 1.5/30.....	62	<i>lopinavir-ritonavir</i>	52	<i>methocarbamol</i>	92
Larin Fe 1/20.....	62	<i>lorazepam</i>	24	<i>methotrexate sodium</i>	44
<i>latanoprost</i>	95	Loryna.....	62	<i>methotrexate sodium (pf)</i>	44
<i>laxative osmotic</i>	83	<i>losartan potassium</i>	41	<i>methoxsalen rapid</i>	69
LEDERLE LEUCOVORIN.....	47	<i>losartan potassium-hctz</i>	40	<i>methscopolamine bromide</i>	102
Leena.....	66	LOTEMAX.....	95	<i>methyldopa</i>	41
<i>lenalidomide</i>	88	<i>loteprednol etabonate</i>	95	<i>methylergonovine maleate</i>	96
Lessina.....	62	<i>lovastatin</i>	38	<i>methylphenidate hcl</i>	17
<i>letrozole</i>	47	Low-Ogestrel.....	62	<i>methylphenidate hcl er</i>	16, 17
<i>leucovorin calcium</i>	47	<i>loxapine succinate</i>	50	<i>methylphenidate hcl er (cd)</i>	16
LEUKERAN.....	47	Lo-Zumandimine.....	62	<i>methylphenidate hcl er (la)</i>	16
<i>leuprolide acetate</i>	47	<i>lubiprostone</i>	78	<i>methylphenidate hcl er (osm)</i>	16
<i>levabuterol hcl</i>	25	Luizza 1.5/30.....	62	<i>methylphenidate hcl er(diffus)</i>	17
<i>levabuterol tartrate</i>	25	Luizza 1/20.....	62	<i>methylprednisolone</i>	66
<i>levetiracetam</i>	28	Lutera.....	62	<i>metoclopramide hcl</i>	78
<i>levetiracetam er</i>	28	Lyleq.....	65	<i>metolazone</i>	75
<i>levobunolol hcl</i>	93	Lyllana.....	78	<i>metoprolol succinate er</i>	55
<i>levocarnitine</i>	76	LYNPARZA.....	48	<i>metoprolol tartrate</i>	55
<i>levocarnitine sf</i>	76	LYSODREN.....	44	<i>metoprolol-hydrochlorothiazide</i>	42
<i>levofloxacin</i>	78, 93	Lyza.....	65	<i>metronidazole</i>	42, 73, 106
Levonest.....	66	<i>magnesium citrate</i>	82	<i>mexiletine hcl</i>	24
<i>levonorgest-eth est & eth est</i>	64	<i>malathion</i>	73	Mibelas 24 Fe.....	62
<i>levonorgest-eth estrad 91-day</i>	64	<i>maraviroc</i>	52	Microgestin 1.5/30.....	62
<i>levonorgest-eth estradiol-iron</i>	62	<i>marlissa</i>	62	Microgestin 1/20.....	62
<i>levonorgestrel</i>	64	MATULANE.....	47	Microgestin Fe 1.5/30.....	62
<i>levonorgestrel-ethinyl estrad</i>	62, 64	Matzim La.....	57	Microgestin Fe 1/20.....	62
<i>levonorg-eth estrad triphasic</i>	66	<i>meclizine hcl</i>	36	<i>midodrine hcl</i>	106
Levora 0.15/30 (28).....	62	<i>meclofenamate sodium</i>	19	<i>mifepristone</i>	75
Levo-T.....	100	<i>medroxyprogesterone acetate</i>	65, 96	MIGERGOT.....	87
<i>levothyroxine sodium</i>	100	<i>mefenamic acid</i>	19	Mili.....	62
Levoxyl.....	100	<i>mefloquine hcl</i>	43	<i>milnacipran hcl</i>	97
<i>lidocaine</i>	73	<i>megestrol acetate</i>	48	Milophene.....	76
<i>lidocaine viscous hcl</i>	89	MEKINIST.....	46	Mimvey.....	77
<i>lidocaine-prilocaine</i>	73	Meleya.....	65	<i>minocycline hcl</i>	100
<i>linezolid</i>	43	<i>meloxicam</i>	19	<i>minocycline hcl er</i>	100
LINZESS.....	78	<i>memantine hcl</i>	98	<i>minoxidil</i>	42
Liomny.....	100	MENQUADFI.....	103	Minzoya.....	62
<i>liothyronine sodium</i>	100	MENVEO.....	103	MIRALAX.....	83
<i>liraglutide</i>	33	<i>meperidine hcl</i>	21	MIRALAX MIX-IN PAX.....	83
<i>lisdexamphetamine dimesylate</i>	15	<i>mercaptapurine</i>	44	<i>mirtazapine</i>	29
<i>lisinopril</i>	39	Merzee.....	62	<i>misoprostol</i>	102
<i>lisinopril-hydrochlorothiazide</i>	39	<i>mesalamine</i>	78	M-M-R II.....	103

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<i>m-natal plus</i>	91	NICODERM CQ.....	99	Nylia 7/7/7.....	66
MNEXSPIKE.....	105	NICORETTE.....	99	<i>nystatin</i>	36, 69, 89
MODERNA COVID-19 VAC 6M-11Y.....	105	NICORETTE MINI.....	99	<i>nystatin-triamcinolone</i>	68
<i>mometasone furoate</i>	72	NICORETTE STARTER KIT.....	99	Nystop.....	69
Mono-Linyah.....	62	<i>nicotine</i>	99	Ocella.....	63
<i>montelukast sodium</i>	25	<i>nicotine mini</i>	99	<i>octreotide acetate</i>	77
<i>morphine sulfate</i>	21	<i>nicotine polacrilex</i>	99	<i>ofloxacin</i>	78, 94, 95
<i>morphine sulfate (concentrate)</i>	21	<i>nicotine polacrilex mini</i>	99	<i>olanzapine</i>	51
<i>morphine sulfate er</i>	21	NICOTROL.....	99	<i>olmesartan medoxomil</i>	41
MOTOFEN.....	35	NICOTROL NS.....	99	<i>olmesartan medoxomil-hctz</i>	40
<i>moxifloxacin hcl</i>	78, 94	<i>nifedipine</i>	57	<i>olopatadine hcl</i>	92
<i>moxifloxacin hcl (2x day)</i>	94	<i>nifedipine er</i>	57	<i>omega-3-acid ethyl esters</i>	37
<i>multivitamin w/fluoride</i>	90	<i>nifedipine er osmotic release</i>	57	<i>omeprazole</i>	102
<i>multivitamin/fluoride</i>	90	Nikki.....	62	OMNIFLEX DIAPHRAGM.....	84
<i>multi-vitamin/fluoride</i>	90	<i>nilotinib hcl</i>	45	OMNITROPE.....	76
<i>mupirocin</i>	68	<i>nilutamide</i>	44	<i>ondansetron</i>	36
MY CHOICE.....	64	<i>nisoldipine er</i>	57	<i>ondansetron hcl</i>	36
MY WAY.....	64	<i>nitazoxanide</i>	42	<i>one vite womens plus</i>	91
<i>mycophenolate mofetil</i>	88	<i>nitisinone</i>	76	OPCICON ONE-STEP.....	64
<i>mycophenolate sodium</i>	89	Nitro-Bid.....	23	OPILL.....	65
<i>mycophenolic acid</i>	89	<i>nitrofurantoin macrocrystal</i>	43	OPTION 2.....	64
MYLERAN.....	44	<i>nitrofurantoin monohyd macro</i>	43	Oralone.....	90
<i>na sulfate-k sulfate-mg sulf</i>	82	<i>nitroglycerin</i>	23	ORENCIA.....	19
<i>nabumetone</i>	19	NIVA-PLUS.....	91	ORENCIA CLICKJECT.....	19
<i>nadolol</i>	55	Nora-Be.....	65	<i>orphenadrine citrate er</i>	92
<i>naloxone hcl</i>	35	<i>norelgestromin-eth estradiol</i>	63	Orquidea.....	65
<i>naltrexone hcl</i>	35	<i>norethin ace-eth estrad-fe</i>	62	Orsythia.....	63
<i>naproxen</i>	19	<i>norethindrone</i>	65	<i>oseltamivir phosphate</i>	54
<i>naproxen dr</i>	19	<i>norethindrone acetate</i>	96	OTEZLA.....	19
<i>naproxen sodium</i>	19	<i>norethindrone acet-ethinyl est</i>	62	OTEZLA XR.....	19
<i>naratriptan hcl</i>	87	<i>norethindrone-eth estradiol</i>	77	OTEZLA/OTEZLA XR INITIATION	
NARCAN.....	35	<i>norethindron-ethinyl estrad-fe</i>	66	PK.....	19
NATAZIA.....	65	<i>norethin-eth estradiol-fe</i>	62	<i>oxazepam</i>	24
<i>nateglinide</i>	33	<i>norgestimate-eth estradiol</i>	62	<i>oxcarbazepine</i>	28
<i>nebivolol hcl</i>	55	<i>norgestim-eth estrad triphasic</i>	66	<i>oxybutynin chloride</i>	102
NEBUSAL.....	67	Norlyda.....	65	<i>oxybutynin chloride er</i>	102
Necon 0.5/35 (28).....	62	Norlyroc.....	65	<i>oxycodone hcl</i>	21
<i>nefazodone hcl</i>	30	Nortrel 0.5/35 (28).....	62	<i>oxycodone-acetaminophen</i>	21
<i>neomycin sulfate</i>	17	Nortrel 1/35 (21).....	62	<i>oxymorphone hcl</i>	21
<i>neomycin-bacitracin zn-polymyx</i> ..	94	Nortrel 1/35 (28).....	63	OZEMPIC (0.25 OR 0.5	
<i>neomycin-polymyxin-dexameth</i>	94, 95	Nortrel 7/7/7.....	66	MG/DOSE).....	33
<i>neomycin-polymyxin-gramicidin</i>	94	<i>nortriptyline hcl</i>	31	OZEMPIC (1 MG/DOSE).....	33
<i>neomycin-polymyxin-hc</i>	95	<i>novavax covid-19 vaccine</i>	105	OZEMPIC (2 MG/DOSE).....	33
Neo-Polycin.....	94	NOVOFINE PEN NEEDLE.....	86	Pacerone.....	24
Neo-Polycin Hc.....	95	NOVOFINE PLUS PEN NEEDLE.....	86	<i>palonosetron hcl</i>	36
NEULASTA.....	81	NOVOLIN N FLEXPEN.....	33	<i>pantoprazole sodium</i>	102
NEULASTA ONPRO.....	81	NOVOLIN N FLEXPEN RELION.....	33	PARI BABY NEBULIZER SET.....	85
<i>nevirapine</i>	53	NOVOLIN R FLEXPEN.....	33	<i>paricalcitol</i>	76
NEW DAY.....	64	NOVOLIN R FLEXPEN RELION.....	33	<i>paroxetine hcl</i>	30
NEXTSTELLIS.....	62	NURTEC.....	87	<i>paroxetine hcl er</i>	29
<i>niacin er (antihyperlipidemic)</i>	38	<i>nuvaxovid covid-19 vaccine</i>	105	PAXLOVID (150/100).....	53
		Nyamyc.....	69	PAXLOVID (300/100 & 150/100)....	53
		Nylia 1/35.....	63	PAXLOVID (300/100).....	53

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<i>pazopanib hcl</i>	46	<i>pnv-dha</i>	91	<i>proparacaine hcl</i>	94
PEDIARIX.....	101	<i>pnv-select</i>	91	<i>propranolol hcl</i>	55
PEDVAX HIB.....	103	<i>podofilox</i>	73	<i>propranolol hcl er</i>	55
PEDVAXHIB.....	103	Polycin.....	94	<i>propylthiouracil</i>	100
<i>peg 3350</i>	83	<i>polyethylene glycol 3350</i>	83	PROQUAD.....	103
<i>peg 3350-kcl-na bicarb-nacl</i>	82	<i>polymyxin b sulfate</i>	43	<i>protriptyline hcl</i>	31
<i>peg-3350/electrolytes</i>	82	<i>polymyxin b-trimethoprim</i>	94	PROVIDA OB.....	91
<i>peg-3350/electrolytes/ascorbat</i>	82	<i>pomalidomide</i>	46	<i>pseudoeph-bromphen-dm</i>	67
PEGASYS.....	54	Portia-28.....	63	PULMICORT FLEXHALER.....	26
<i>peg-kcl-nacl-nasulf-na asc-c</i>	82	<i>potassium chloride crys er</i>	88	PULMOSAL.....	67
PELLIX.....	70	<i>potassium chloride er</i>	88	PULMOZYME.....	99
<i>pen needle/5-bevel tip</i>	86	<i>potassium citrate er</i>	79	<i>pure comfort safety lancet 30g</i>	85
<i>pen needles</i>	86	<i>pramipexole dihydrochloride</i>	49	<i>pyrazinamide</i>	43
PENBRAYA.....	103	<i>prasugrel hcl</i>	80, 81	<i>pyridostigmine bromide</i>	43
<i>penicillamine</i>	88	<i>pravastatin sodium</i>	38	QUADRACEL.....	101
<i>penicillin v potassium</i>	96	<i>praziquantel</i>	23	<i>quetiapine fumarate</i>	50
<i>penmenvy</i>	103	<i>prazosin hcl</i>	41	<i>quetiapine fumarate er</i>	50
PENTACEL.....	101	<i>prednisolone</i>	66	QUICK TOUCH INSULIN PEN	
PENTIPS.....	86	<i>prednisolone acetate</i>	95	NEEDLE.....	86
PENTIPS GENERIC PEN		<i>prednisolone sodium phosphate</i>	66	<i>quinapril hcl</i>	39, 40
NEEDLES.....	86	<i>prednisone</i>	67	<i>quinapril-hydrochlorothiazide</i>	39
<i>pentoxifylline er</i>	80	<i>pregabalin</i>	28	<i>quinidine sulfate</i>	24
Periogard.....	89	PREMARIN.....	106	<i>quinine sulfate</i>	43
<i>permethrin</i>	73	PREMPHASE.....	77	RABAVERT.....	105
<i>perphenazine</i>	51	PREMPRO.....	77	<i>rabeprazole sodium</i>	102
<i>phendimetrazine tartrate</i>	16	<i>prena 1 true</i>	91	<i>raloxifene hcl</i>	77
<i>phenelzine sulfate</i>	29	<i>prenatal</i>	91	<i>ramipril</i>	40
<i>phenobarbital</i>	82	<i>prenatal 19</i>	91	<i>ranitidine hcl</i>	101
<i>phenoxybenzamine hcl</i>	40	<i>prenatal plus</i>	91	<i>ranolazine er</i>	23
<i>phentermine hcl</i>	16	<i>prenatal plus vitamin/mineral</i>	91	<i>rasagiline mesylate</i>	49
Phenytek.....	28	PRENATAL-U.....	91	REACT.....	64
<i>phenytoin</i>	28	Prevalite.....	38	REBIF.....	98
<i>phenytoin sodium extended</i>	28	PREVNAR 20.....	103	REBIF REBIDOSE.....	97
PHEXX.....	106	PREZISTA.....	52	REBIF REBIDOSE TITRATION	
PHEXXI.....	106	PRIFTIN.....	43	PACK.....	98
Philith.....	63	<i>primaquine phosphate</i>	43	REBIF TITRATION PACK.....	98
PHOSPHA 250 NEUTRAL.....	88	<i>primidone</i>	28	Reclipsen.....	63
PHOSPHOLINE IODIDE.....	93	<i>pro comfort pen needles</i>	86	RECOMBIVAX HB.....	105
<i>phosphorous</i>	88	<i>probenecid</i>	80	REFRESH AA 15 PKU.....	92
<i>pilocarpine hcl</i>	90, 93	Procentra.....	16	REFRESH AA 15 TYR.....	92
<i>pimecrolimus</i>	73	<i>prochlorperazine maleate</i>	51	RELENZA DISKHALER.....	54
<i>pimozide</i>	99	PROCTOCORT.....	22	RELION INSULIN SYRINGE.....	86
Pimtrex.....	60	Procto-Med Hc.....	22	RELION KETONE TEST.....	74
<i>pioglitazone hcl</i>	35	Proctosol Hc.....	22	RELION PEN NEEDLES.....	86
Pirmella 7/7/7.....	66	Proctozone-Hc.....	22	<i>repaglinide</i>	34
<i>piroxicam</i>	19	<i>progesterone</i>	96	REPATHA.....	38
PLAN B ONE-STEP.....	64	<i>promethazine hcl</i>	37	REPATHA PUSHTRONEX	
PLEGRIDY.....	97	<i>promethazine-codeine</i>	67	SYSTEM.....	38
PLEGRIDY STARTER PACK.....	97	<i>promethazine-dm</i>	67	REPATHA SURECLICK.....	39
PLENVU.....	82	Promethegan.....	37	REXTOVY.....	35
PNEUMOVAX 23.....	103	PROMETHEGAN.....	37	REZENOPY.....	35
<i>pnv 27-calfelfa</i>	91	<i>propafenone hcl</i>	24	<i>ribavirin</i>	54
<i>pnv prenatal plus multivit+dha</i>	91	<i>propafenone hcl er</i>	24	<i>rifabutin</i>	43

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<i>rifampin</i>	44	<i>simvastatin</i>	38	TAFINLAR.....	45
<i>rifapentine</i>	44	<i>sirolimus</i>	89	TAKE ACTION.....	64
<i>rilpivirine hcl</i>	53	<i>sitagliip phos-metformin hcl er</i>	32	<i>tamoxifen citrate</i>	44
<i>riluzole</i>	92	SKYRIZI.....	69, 78, 79	<i>tamsulosin hcl</i>	79
<i>rimantadine hcl</i>	54	SKYRIZI PEN.....	69	Targadox.....	100
RINVOQ.....	17	SLYND.....	65	Tarina 24 Fe.....	63
RINVOQ LQ.....	17	<i>sodium chloride</i>	67, 79	Tarina Fe 1/20 Eq.....	63
<i>risedronate sodium</i>	75	<i>sodium fluoride</i>	87, 90	TARON-C DHA.....	91
<i>risperidone</i>	50	<i>sodium fluoride 5000 enamel</i>	89	Taysofy.....	63
<i>ritonavir</i>	52	<i>sodium fluoride 5000 plus</i>	90	<i>techlite insulin syringe</i>	86
<i>rivaroxaban</i>	27	<i>sodium fluoride 5000 ppm</i>	90	TECHLITE PEN NEEDLES.....	86
<i>rivastigmine tartrate</i>	97	<i>sodium fluoride 5000 sensitive</i>	89	TECHLITE PLUS PEN NEEDLES... 86	
Rivelsa.....	65	<i>sodium phenylbutyrate</i>	77	<i>telmisartan</i>	41
<i>rizatriptan benzoate</i>	87	<i>sodium polystyrene sulfonate</i>	89	<i>telmisartan-hctz</i>	40
<i>roflumilast</i>	25	SOFOSBUVIR-VELPATASVIR.....	54	<i>temazepam</i>	82
<i>ropinirole hcl</i>	49	<i>solifenacin succinate</i>	102	<i>temozolomide</i>	47
<i>ropinirole hcl er</i>	49	<i>sorafenib tosylate</i>	46	TENCON.....	20
<i>rosuvastatin calcium</i>	38	<i>sotalol hcl</i>	55, 56	TENIVAC.....	101
Rosyrax.....	65	<i>sotalol hcl (af)</i>	55	<i>tenofovir disoproxil fumarate</i>	53
ROTARIX.....	105	SPIKEVAX.....	105	<i>terazosin hcl</i>	41
ROTATEQ.....	105	SPIKEVAX 6M-11Y.....	105	<i>terbinafine hcl</i>	36
RYBELSUS.....	33	<i>spinosad</i>	73	<i>terconazole</i>	106
<i>sacubitril-valsartan</i>	58	SPIRIVA RESPIMAT.....	25	<i>teriflunomide</i>	97
<i>sapropterin dihydrochloride</i>	77	<i>spironolactone</i>	75	<i>testosterone</i>	22
<i>scopolamine</i>	36	<i>spironolactone-hctz</i>	75	<i>testosterone cypionate</i>	22
SELARSDI.....	69, 78	Sprintec 28.....	63	<i>testosterone enanthate</i>	22
<i>selegiline hcl</i>	49	Sps (Sodium Polystyrene Sulf).....	89	<i>tetracycline hcl</i>	100
<i>selenium sulfide</i>	70	SPS (SODIUM POLYSTYRENE		THALOMID.....	88
<i>se-natal 19</i>	91	SULF).....	89	<i>theophylline</i>	26
SENSILANCE SAFETY LANCETS		Sronyx.....	63	<i>theophylline er</i>	26
21G.....	85	STIVARGA.....	46	<i>thioridazine hcl</i>	51
SENSILANCE SAFETY LANCETS		STRIBILD.....	52	<i>thiothixene</i>	51
26G.....	85	<i>sucralfate</i>	102	<i>thrivite rx</i>	91
SENSILANCE SAFETY LANCETS		<i>sulfacetamide sodium</i>	95	Tiadytl Er.....	57, 58
28G.....	85	<i>sulfacetamide sodium (acne)</i>	68	<i>tiagabine hcl</i>	28
SEREVENT DISKUS.....	25	<i>sulfacetamide-prednisolone</i>	95	<i>ticagrelor</i>	80
<i>sertraline hcl</i>	30	<i>sulfadiazine</i>	99	Tilia Fe.....	66
Setlakin.....	65	<i>sulfamethoxazole-trimethoprim</i> ... 42		<i>timolol maleate</i>	56, 93
<i>sevelamer carbonate</i>	79	<i>sulfasalazine</i>	78	<i>tinidazole</i>	42
<i>sf</i>	90	Sulfatrim Pediatric.....	42	<i>tiotropium bromide</i>	25
<i>sf 5000 plus</i>	90	<i>sulindac</i>	19	<i>tiotropium bromide monohydrate</i> 25	
Sharobel.....	65	<i>sumatriptan succinate</i>	87	TIVICAY.....	52
SHINGRIX.....	105	<i>sumatriptan succinate refill</i>	87	TIVICAY PD.....	52
<i>sildenafil citrate</i>	59	<i>sunitinib malate</i>	46	<i>tizanidine hcl</i>	92
<i>silver sulfadiazine</i>	70	<i>sure comfort insulin syringe</i>	86	<i>tobramycin</i>	17, 94
SIMLANDI (1 PEN).....	18	<i>sure comfort pen needles</i>	86	<i>tobramycin-dexamethasone</i>	95
SIMLANDI (1 SYRINGE).....	18	Syeda.....	63	<i>tolterodine tartrate</i>	102
SIMLANDI (2 PEN).....	18	SYNJARDY.....	34	<i>tolterodine tartrate er</i>	102
SIMLANDI (2 SYRINGE).....	18	SYNJARDY XR.....	34	<i>topiramate</i>	28
Simliya.....	60	TABLOID.....	44	<i>toremifene citrate</i>	44
Simpesse.....	65	<i>tacrolimus</i>	73, 89	Torpenz.....	46
SIMPONI.....	18	<i>tadalafil</i>	59	<i>torsemide</i>	75
SIMPONI ARIA.....	18	<i>tadalafil (pah)</i>	59	Tovet.....	72

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<i>tramadol hcl</i>	21	TRUE COMFORT PEN NEEDLES..	86	VIVITROL.....	35
<i>tramadol-acetaminophen</i>	22	<i>true comfort pro insulin syr</i>	86	VIVOTIF.....	103
<i>trandolapril</i>	40	TRUEPLUS GLUCOSE.....	31	Volnea.....	60
<i>trandolapril-verapamil hcl er</i>	39	TRULICITY.....	33	VUMERITY.....	98
<i>tranexamic acid</i>	81	TRUMENBA.....	103	Vyfemla.....	63
<i>tranylcypromine sulfate</i>	29	Turqoz.....	63	Vylibra.....	63
<i>travoprost (bak free)</i>	95	TWINRIX.....	103	<i>warfarin sodium</i>	26
<i>trazodone hcl</i>	30	TWIRLA.....	63	Wera.....	63
TRELEGY ELLIPTA.....	24	TYBLUME.....	63	<i>wesnata dha complete</i>	91
TREMFYA.....	70, 79	Tydemyl.....	63	<i>westab plus</i>	91
TREMFYA CROHNS INDUCTION..	79	TYPHIM VI.....	103	WIDE-SEAL DIAPHRAGM 60.....	84
TREMFYA ONE-PRESS.....	70	TYSABRI.....	98	WIDE-SEAL DIAPHRAGM 65.....	84
TREMFYA PEN.....	70, 79	UNIFINE PENTIPS.....	86	WIDE-SEAL DIAPHRAGM 70.....	84
TREMFYA-CD/UC INDUCTION.....	79	UNIFINE PENTIPS PLUS.....	86	WIDE-SEAL DIAPHRAGM 75.....	84
<i>treprostinil</i>	58	UNIFINE ULTRA PEN NEEDLE.....	86	WIDE-SEAL DIAPHRAGM 80.....	84
TRESIBA.....	33	Unithroid.....	100	WIDE-SEAL DIAPHRAGM 85.....	84
TRESIBA FLEXTOUCH.....	33	<i>ustekinumab</i>	70, 79	WIDE-SEAL DIAPHRAGM 90.....	84
<i>tretinoin</i>	48, 68	<i>valacyclovir hcl</i>	54	WIDE-SEAL DIAPHRAGM 95.....	84
Tri Femynor.....	66	<i>valganciclovir hcl</i>	53	<i>wixela inhub</i>	25
<i>triamcinolone acetonide</i>	72, 90	<i>valproic acid</i>	29	Wymzya Fe.....	63
<i>triamcinolone in absorbbase</i>	72	<i>valsartan</i>	41	XALKORI.....	44
<i>triamterene</i>	75	<i>valsartan-hydrochlorothiazide</i>	40	Xarah Fe.....	66
<i>triamterene-hctz</i>	75	Valtya 1/35.....	63	XARELTO.....	27
<i>triazolam</i>	82	VALTYA 1/50.....	63	XARELTO STARTER PACK.....	27
Tridacaine li.....	73	<i>vancomycin hcl</i>	42	Xelria Fe.....	63
Tridacaine lii.....	73	VANDAZOLE.....	106	XIGDUO XR.....	34
Triderm.....	72	VAQTA.....	105	XIIDRA.....	93
<i>trientine hcl</i>	88	<i>varenicline tartrate</i>	99	XOFLUZA (40 MG DOSE).....	55
Tri-Estarylla.....	66	<i>varenicline tartrate (starter)</i>	99	XOFLUZA (80 MG DOSE).....	55
<i>trifluoperazine hcl</i>	51	<i>varenicline tartrate(continue)</i>	99	XTANDI.....	44
<i>trihexyphenidyl hcl</i>	48	VARIVAX.....	105	Xulane.....	63
Tri-Legest Fe.....	66	<i>vasopressin</i>	77	YF-VAX.....	105
Tri-Linyah.....	66	<i>vasopressin +rfid</i>	77	Yuvafem.....	106
Tri-Lo-Estarylla.....	66	VAXNEUVANCE.....	103	Zafemy.....	63
Tri-Lo-Marzia.....	66	VELIVET.....	66	<i>zafirlukast</i>	25
Tri-Lo-Mili.....	66	VEMLIDY.....	54	<i>zaleplon</i>	82
Tri-Lo-Sprintec.....	66	<i>venlafaxine hcl</i>	30	ZELBORAF.....	45
<i>trimethobenzamide hcl</i>	36	<i>venlafaxine hcl er</i>	30	Zenatane.....	68
<i>trimethoprim</i>	42	VENTAVIS.....	58	ZENPEP.....	74
Tri-Mili.....	66	<i>verapamil hcl</i>	58	Zenzedi.....	16
<i>trimipramine maleate</i>	31	<i>verapamil hcl er</i>	58	<i>zidovudine</i>	53
<i>trinatal rx 1</i>	91	VERIFINE INSULIN SYRINGE.....	86	<i>ziprasidone hcl</i>	49
TRINATE.....	91	VERIFINE PLUS PEN NEEDLE.....	86	ZIRGAN.....	94
Tri-Sprintec.....	66	VERISAFE SAFE STERILE		ZOLINZA.....	45
TRIUMEQ.....	52	SYRINGE.....	86	<i>zolpidem tartrate</i>	82
<i>triumeq pd</i>	52	Vestura.....	63	<i>zolpidem tartrate er</i>	82
<i>tri-vitelfluoride</i>	90	Vienna.....	63	<i>zonisamide</i>	28
Trivora (28).....	66	<i>vilazodone hcl</i>	30	Zovia 1/35 (28).....	63
Tri-Vylibra.....	66	<i>viorele</i>	60	Zumandimine.....	63
<i>tri-vylibra lo</i>	66	VIRACEPT.....	52	ZURNAL.....	35
<i>tropicamide</i>	93	VIREAD.....	53	ZYDELIG.....	48
<i>tropium chloride</i>	102	VITAFOL GUMMIES.....	91		
<i>true comfort insulin syringe</i>	86	<i>vitamin d (ergocalciferol)</i>	107		

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Rev. 6/26

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Spanish

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Arabic

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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: می‌توانید 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 به موقع در زمینه خدمات ترجمه کتبی یا مترجم شفاهی، لطفاً با شماره تلفن مندرج در پشت کارت ID خود تماس بگیرید. (TTY/TDD: 711).

Hindi

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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៖ តើអ្នកអាចអានសំបុត្រនេះបានតើ? តប្រើប្រាស់ តើយើងអាចមានអ្នកជួយអ្នកឱ្យអានវា បាន។
អ្នកក៏គួរហែលជាអាចឱ្យសំបុត្រនេះសរសេរជាភាសាបស់អ្នកបានផងហើយ។ តើម្ចី្រងេ្តងបាន
ជួយដោយឥរតិរិ្តជាមួយនឹងការបកហត្ថ ឬតសាអ្នកបកហត្ថផ្ទាល់មា់ខាងគេលគេល
សូមេ្តងសេ្តរតែលខតែខាងតត្តាយការ 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 이용하실면 적시에 ID 카드 뒷면에 있는 전화 번호로 전화해 주십시오. (TTY/TDD: 711).

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤਸੀ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸਨੂੰ ਪੜ੍ਹਨ ਵੇਚੋਂ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦ ਹਾਂ। ਤਸੀ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਵਿਖਵ ਸਕਦ ਹੋ। ਅਨਵਦ ਜਾਂ ਚਿੱਠੀ ਸੇਵਾ ਵੀ ਵੇਚੋਂ ਮੁਫਤ ਮਦਦ ਿਈ, ਸਮੇਂ ਵਸਰ, ਵਕਰਪ ਕਰਕ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਦੇ ਵੱਖ ਵੱਖ ਟੈਰੀਫੋਨ ਨੰਬਰ 'ਤੇ ਕਰ ਸਕਦ ਹੋ। (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: คุณสามารถอ่านจดหมายฉบับนี้ได้หรือไม่ ถ้าไม่ เราสามารถหาคนช่วยอ่านให้กับคุณได้นอกจากนี้คุณยังสามารถขอให้เขียนจดหมายให้ได้ในภาษาของตนเอง ขอรับบริการแปลหรือล่ามที่ รวดเร็วได้ฟรี กรุณาติดต่อหมายเลขโทรศัพท์ที่ ด้านหลังของบัตรประจำตัวของคุณ (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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