



Essential Drug List

Drug list — Three Tier Drug Plan California CDI fully insured

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.**

2024 Essential Drug List Plan Names

Anthem Solution PPO 1500/20/40/20	Anthem Solution PPO 3500/30/50/30
Anthem Solution PPO 2000/20/40/20	Anthem Solution PPO 4500/30/50/30
Anthem Solution PPO 2500/25/45/20	Anthem Solution PPO 5500/30/50/30

2025 Essential Drug List Plan Names

Anthem Prudent Buyer PPO Solution 1500/20/40/20	Anthem Prudent Buyer PPO Solution 3500/30/50/30
Anthem Prudent Buyer PPO Solution 2000/20/40/20	Anthem Prudent Buyer PPO Solution 4500/30/50/30
Anthem Prudent Buyer PPO Solution 2500/25/45/20	Anthem Prudent Buyer PPO Solution 5500/30/50/30

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at [anthem.com/ca](https://www.anthem.com/ca).
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com/ca](https://www.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.

Essential Drug List

Three -Tier

Table of Contents

INFORMATIONAL SECTION	4
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM	11
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	14
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	14
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	17
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	19
ANDROGENS-ANABOLIC - HORMONES	21
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	22
ANTHELMINTICS - DRUGS FOR INFECTIONS	22
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	22
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	23
ANTIARRHYTHMICS - DRUGS FOR THE HEART	23
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	24
ANTICOAGULANTS - DRUGS FOR THE BLOOD	27
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	28
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	31
ANTIDIABETICS - HORMONES	33
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	38
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	38
ANTIEMETICS - DRUGS FOR THE STOMACH	39
ANTIFUNGALS - DRUGS FOR INFECTIONS	40
ANTIHISTAMINES - DRUGS FOR THE LUNGS	40
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART	41
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	43
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	46
ANTIMALARIALS - DRUGS FOR INFECTIONS	47
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	48
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	48
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER	48
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	54
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM	55
ANTIVIRALS - DRUGS FOR INFECTIONS	58
BETA BLOCKERS - DRUGS FOR THE HEART	62
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	63
CARDIOTONICS - DRUGS FOR THE HEART	64
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	65
CEPHALOSPORINS - DRUGS FOR INFECTIONS	66
CONTRACEPTIVES - DRUGS FOR WOMEN	67
CORTICOSTEROIDS - HORMONES	73
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS	74
DERMATOLOGICALS - DRUGS FOR THE SKIN	74
DIAGNOSTIC PRODUCTS	81
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION	81
DIGESTIVE AIDS - DRUGS FOR THE STOMACH	82
DIURETICS - DRUGS FOR THE HEART	82
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES	83
ESTROGENS - HORMONES	86
FLUOROQUINOLONES - DRUGS FOR INFECTIONS	87
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH	87
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER	89
GENTOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM	89
GOUT AGENTS - DRUGS FOR PAIN AND FEVER	90
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	90
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION	92
HEMOSTATICS - DRUGS FOR THE BLOOD	93
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM	94
LAXATIVES - DRUGS FOR THE STOMACH	95
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER	97

MACROLIDES - DRUGS FOR INFECTIONS	98
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	98
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	107
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	108
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	109
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	111
MULTIVITAMINS - DRUGS FOR NUTRITION	112
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	116
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	117
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	117
NUTRIENTS - DRUGS FOR NUTRITION	118
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	118
OTIC AGENTS - DRUGS FOR THE EAR	121
OXYTOCICS - HORMONES	122
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS	122
PENICILLINS - DRUGS FOR INFECTIONS	122
PHARMACEUTICAL ADJUVANTS	123
PROGESTINS - HORMONES	123
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM	124
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	129
SULFONAMIDES - DRUGS FOR INFECTIONS	130
TETRACYCLINES - DRUGS FOR INFECTIONS	130
THYROID AGENTS - HORMONES	130
TOXOIDS - BIOLOGICAL AGENTS	131
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH	131
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	132
VACCINES - BIOLOGICAL AGENTS	133
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN	136
VASOPRESSORS - DRUGS FOR THE HEART	137
VITAMINS - DRUGS FOR NUTRITION	137



Essential 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 you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“**Copayment**” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“**Deductible**” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“**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**” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“**Exception request**” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

“**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**” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“**Generic drug**” means a drug that is the same as its BRAND name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in 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.

“**Non-formulary drug**” means a prescription drug that is not listed on this 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 (\$250) 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” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization (PA)” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take 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)” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.



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;

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS
ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</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

<i>codeine sulfate oval tablet 15 mg, 30 mg</i>

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

<i>levonorgestrel-ethinyl estradiol (Portia Oral Tablet 0.01-0.02 Mg)</i>

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

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



What are my options for getting my prescriptions?

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

Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-236-6196. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

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

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

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

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

1. Submit an electronic PA request by going to <https://www.covermy meds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
 - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - o 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.

Who decides what drugs are on the list?

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

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

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

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

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

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



What kind of drugs can I find on the formulary?

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

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

What drugs can I find in each tier?

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

- Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others 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 the highest 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 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

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 (\$250) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

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



Our clinical edit programs are:

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

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

How does my doctor start the Prior Authorization process?

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

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

What is Step Therapy? How does it work?

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

A few more notes about the exception process:

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

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

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

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

KEY

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

BRAND name drugs are in **UPPER CASE**, plain type.

generic drugs are in lower case, **italic bold** type.

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

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 \$250 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 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others 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 the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Three -Tier

CURRENT AS OF 11/1/2024

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

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Effective 11/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 tablet per 1 day)
<i>zenedi oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>zenedi oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>zenedi oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>zenedi oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*ANALECTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate oral solution</i>	2	
*ANOREXIANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	3	PA; BE; QL (1 capsule per 1 day)
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>benzphetamine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA; BE; QL (3 tablets per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA; BE; QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA; BE; QL (1 capsule per 1 day)
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA; BE; QL (1 tablet per 1 day)
*ANTI-OBESITY - GIP & GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide-weight management</i>)	2	PA; BE; QL (1 pen per 1 week)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide - weight management</i>)	3	PA; BE; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>semaglutide-weight management</i>)	2	PA; BE; QL (1 pen per 1 week)
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	3	PA; BE; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	3	PA; LD; DO; SP
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule</i>	2	PA; BE; QL (3 capsules per 1 day)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1 or 1b*	ST; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1 or 1b*	ST; DO
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	2	ST; DO
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	2	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	2	PA; DO
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (1 tablet per 1 day)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	2	
<i>gentamicin in saline intravenous solution</i>	2	
<i>gentamicin sulfate injection solution</i>	2	
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	LD; QL (224 mL per 28 days); SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	3	LD; QL (10 mL per 1 day); SP
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	2	QL (900 mL per 30 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	QL (180 mL per 30 days)
<i>tobramycin sulfate injection solution 2 gm/50ml</i>	2	QL (1500 mL per 30 days)
<i>tobramycin sulfate injection solution reconstituted</i>	2	QL (30 vials per 30 days)
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
RINVOQ LQ ORAL SOLUTION (<i>upadacitinib</i>)	3	PA; QL (12 mL per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>upadacitinib</i>)	3	PA; QL (1 tablet per 1 day); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	3	PA; QL (84 tablets per 12 weeks); SP
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	3	PA; QL (10 mL per 1 day); SP
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	3	PA; QL (2 tablets per 1 day); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per 1 day); SP
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	3	PA; QL (4 auto-injector per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	3	PA; QL (2 auto-injectors per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA; QL (2 syringes per 28 days)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	PA; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (1 kit per 1 one-time fill)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	PA; QL (1 month per 6 one-time fills)
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (1 kit per 1 one-time fill)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (adalimumab)	3	PA; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (adalimumab)	3	PA; QL (2 pens per 28 days (QL exception needed for maintenance therapies)); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (adalimumab)	3	PA; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (adalimumab)	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (adalimumab)	3	PA; QL (1 kit per 1 one-time fill); SP
SIMPONI ARIA INTRAVENOUS SOLUTION (golimumab)	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (golimumab)	3	PA; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)	3	PA; QL (1 syringe per 28 days); SP
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	2	QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (auranofin)	2	QL (3 capsules per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	2	QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	2	QL (2 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
<i>diclofenac potassium oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ec-naproxen oral tablet delayed release</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>ibu oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	2	QL (4 ML per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	2	QL (2 mL per 30 days)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	2	QL (2 mL per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1 or 1b*	
<i>naproxen sodium oral tablet 275 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxaprozin oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tolmetin sodium oral capsule</i>	2	QL (3 capsules per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (apremilast)	3	PA; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	3	PA; QL (1 pack per 365 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (apremilast)	3	PA; QL (1 pack per 1 one-time fill); SP
*PYRIMIDINE SYNTHESIS INHIBITORS**** - ARTHRITIS AND PAIN DRUGS		
<i>leflunomide oral tablet</i>	2	QL (1 tablet per 1 day)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (etanercept)	3	PA; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (etanercept)	3	PA; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (etanercept)	3	PA; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (etanercept)	3	PA; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (etanercept)	3	PA; QL (4 pens per 28 days); SP
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS OTHER**** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen intravenous solution</i>	1 or 1b*	
*ANALGESICS-SEDATIVES**** - ARTHRITIS AND PAIN DRUGS		
<i>bac oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tencon oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*SALICYLATES**** - ARTHRITIS AND PAIN DRUGS		
<i>aspirin 81 oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin ec adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
<i>ecotrin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet delayed release</i>	1 or 1a*; \$0	
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1 or 1a*	AL; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	AL; QL (6 tablet per 1 day)
<i>ascomp-codeine oral capsule</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	AL; QL (6 capsule per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>trezix oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>codeine sulfate oral tablet 30 mg</i>	2	AL; QL (6 tablets per 1 day)
<i>duramorph injection solution</i>	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1 or 1b*	
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	2	PA; QL (4 tablet per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	2	PA; QL (15 patches per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1 or 1b*	
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	
<i>levorphanol tartrate oral tablet</i>	2	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	1 or 1b*	
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>methadone hcl intensol oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>methadose oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>mitigo injection solution</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1 or 1b*	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1 or 1b*	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (3 tablet per 1 day)
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1 or 1b*	
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	2	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	2	PA; QL (6 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (6 tablets per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1 or 1b*	
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	2	PA; QL (1 capsule per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	2	AL; QL (16 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (30 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
<i>buprenorphine hcl injection solution</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1 or 1b*	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1 or 1b*	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1 or 1b*	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1 or 1b*	QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1 or 1b*	QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1 or 1b*	QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	2	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution</i>	2	
<i>butorphanol tartrate nasal solution</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>nalbuphine hcl injection solution</i>	2	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	1 or 1b*	AL; QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANDROGENS*** - DRUGS FOR MEN		
<i>danazol oral capsule 100 mg, 50 mg</i>	2	QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	2	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	1 or 1b*	PA
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone enanthate intramuscular solution</i>	1 or 1b*	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	2	PA; QL (2 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	2	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	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>	2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	2	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	2	PA; QL (1 pump bottle per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	3	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>budesonide rectal foam 2 mg</i>	2	QL (4.78 gm per 1 day)
<i>budesonide rectal foam 2 mg/act</i>	2	QL (4.78 grams per 1 day)
<i>hydrocortisone rectal enema</i>	1 or 1b*	
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
<i>nitroglycerin rectal ointment</i>	2	QL (1 unit per 1 day)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1 or 1b*	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (perianal) external cream</i>	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	1 or 1b*	
<i>procto-med hc external cream</i>	1 or 1b*	
<i>proctosol hc external cream</i>	1 or 1b*	
<i>proctozone-hc external cream</i>	1 or 1b*	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>ivermectin oral tablet</i>	1 or 1b*	QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	2	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
<i>ranolazine er oral tablet extended release 12 hour</i>	2	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1 or 1b*	
<i>isosorbide dinitrate oral tablet 40 mg</i>	2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution</i>	1 or 1b*	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIANSXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANSXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>bupirone hcl oral tablet</i>	1 or 1b*	
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	
<i>hydroxyzine hcl oral tablet</i>	1 or 1b*	
<i>hydroxyzine pamoate oral capsule</i>	1 or 1a*	
<i>meprobamate oral tablet</i>	3	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>alprazolam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1 or 1b*	DO
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	1 or 1a*	
<i>diazepam intensol oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1 or 1a*	
<i>diazepam oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1 or 1b*	
<i>lorazepam intensol oral concentrate</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxazepam oral capsule</i>	2	QL (4 capsules per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	2	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR <i>(disopyramide phosphate)</i>	2	
<i>procainamide hcl injection solution</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinidine sulfate oral tablet</i>	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1 or 1b*	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	2	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	2	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	2	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	2	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	2	
<i>propafenone hcl oral tablet</i>	2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>dofetilide oral capsule</i>	3	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
<i>pacerone oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>pacerone oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budesonide-glycopyrrol-formoterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1.03 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1 or 1b*	QL (1 package per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated</i>	1 or 1b*	QL (1 package per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	3	PA; QL (4 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; QL (2 auto-injectors per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	3	PA; LD; QL (4 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	3	PA; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	3	PA; LD; QL (2 prefilled syringes per 28 days); SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	3	PA; LD; QL (4 vials/syringes/autoinjectors per 28 days); SP
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1 or 1b*	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1 or 1b*	QL (360 mL per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	QL (4 boxes per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1 or 1b*	QL (4 boxes per 30 days)
<i>albuterol sulfate oral syrup</i>	1 or 1b*	
<i>albuterol sulfate oral tablet</i>	1 or 1b*	
<i>arformoterol tartrate inhalation nebulization solution</i>	2	QL (60 vial per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	2	QL (120 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	QL (90 vials per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	2	QL (90 mL per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	1 or 1b*	ST; QL (2 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (300 ML per 30 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	2	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
<i>tiotropium bromide monohydrate inhalation capsule</i>	2	QL (1 capsule per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	3	PA; LD; QL (1 autoinjector per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 syringe per 4 weekss); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3	PA; LD; QL (1 injection per 28 days); SP
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	3	PA; LD; QL (1 injections per 28 days); SP
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>roflumilast oral tablet</i>	2	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1 or 1b*	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1 or 1b*	QL (60 ML per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	2	QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	2	QL (4 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	2	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	2	QL (2 inhalers per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1 or 1b*	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1 or 1b*	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>jantoven oral tablet</i>	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	2	QL (74 tablets per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>bd heparin posiflush intravenous solution</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	2	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	2	
<i>heparin sod (pork) lock flush intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution</i>	2	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	2	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	1 or 1b*	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (dalteparin sodium)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (dalteparin sodium)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (dalteparin sodium)	3	QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>fondaparinux sodium subcutaneous solution</i>	1 or 1b*	QL (30 syringes per 30 days)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	2	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	2	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1 or 1b*	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>epitol oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>gabapentin oral capsule</i>	1 or 1b*	DO
<i>gabapentin oral solution</i>	2	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral tablet 800 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lacosamide intravenous solution</i>	2	
<i>lacosamide oral solution</i>	2	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine oral tablet</i>	1 or 1b*	DO
<i>lamotrigine oral tablet chewable 25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	1 or 1b*	DO
<i>lamotrigine starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (4 tablets per 1 day)
<i>levetiracetam intravenous solution</i>	2	
<i>levetiracetam oral solution</i>	2	QL (30 mL per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	2	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	2	DO
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	DO
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	2	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	2	QL (30 mL per 1 day)
<i>primidone oral tablet 125 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>primidone oral tablet 250 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>roovepra oral tablet</i>	2	DO
<i>rufinamide oral suspension</i>	2	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rufinamide oral tablet 400 mg</i>	2	QL (8 tablets per 1 day)
<i>subvenite oral tablet</i>	1 or 1b*	DO
<i>subvenite starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>subvenite starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>subvenite starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	1 or 1b*	DO
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	2	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	2	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	2	DO
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>topiramate oral tablet 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>zonisamide oral capsule</i>	2	QL (6 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	2	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	2	QL (6 tablets per 1 day)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>tiagabine hcl oral tablet</i>	2	QL (2 tablets per 1 day)
<i>vigabatrin oral packet</i>	3	LD; QL (6 packets per 1 day); SP
<i>vigabatrin oral tablet</i>	3	LD; QL (6 tablets per 1 day); SP
<i>vigadrone oral packet</i>	3	LD; QL (6 packets per 1 day)
<i>vigabatrin (Vigadrone Oral Tablet)</i>	3	LD; QL (6 tablets per 1 day); SP
<i>vigabatrin (Vigpoder Oral Packet)</i>	3	LD; QL (6 packets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
<i>fosphenytoin sodium injection solution</i>	2	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	1 or 1b*	
<i>phenytoin infatabs oral tablet chewable</i>	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>ethosuximide oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethosuximide oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>methsuximide oral capsule</i>	2	QL (4 capsules per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>valproate sodium intravenous solution</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1 or 1b*	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1 or 1b*	
<i>mirtazapine oral tablet dispersible</i>	1 or 1b*	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1 or 1b*	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1 or 1b*	DO
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	
<i>citalopram hydrobromide oral tablet</i>	1 or 1b*	
<i>escitalopram oxalate oral solution</i>	1 or 1b*	
<i>escitalopram oxalate oral tablet</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule</i>	1 or 1b*	
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	
<i>fluoxetine hcl oral solution</i>	1 or 1b*	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>fluvoxamine maleate oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>paroxetine hcl oral suspension</i>	2	
<i>paroxetine hcl oral tablet</i>	1 or 1b*	
<i>sertraline hcl oral concentrate</i>	1 or 1b*	
<i>sertraline hcl oral tablet</i>	1 or 1b*	
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet 100 mg, 50 mg</i>	1 or 1b*	DO
<i>nefazodone hcl oral tablet 150 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nefazodone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1 or 1a*	DO
<i>trazodone hcl oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (vortioxetine hbr)	3	DO
TRINTELLIX ORAL TABLET 20 MG (vortioxetine hbr)	3	QL (1 tablet per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>vilazodone hcl oral tablet 40 mg</i>	1 or 1b*	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>	1 or 1b*	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (3 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (2 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1a*	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	1 or 1a*	QL (3 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO
<i>clomipramine hcl oral capsule 25 mg</i>	1 or 1b*	DO
<i>clomipramine hcl oral capsule 50 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine hcl oral tablet 100 mg</i>	2	QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg</i>	2	QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1b*	DO
<i>doxepin hcl oral capsule 100 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>doxepin hcl oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	1 or 1b*	QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg</i>	1 or 1b*	DO
<i>imipramine hcl oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	1 or 1b*	DO
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1 or 1b*	DO
<i>nortriptyline hcl oral capsule 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	1 or 1b*	QL (75 mL per 1 day)
<i>protriptyline hcl oral tablet 10 mg</i>	2	QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	2	DO
<i>trimipramine maleate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	2	QL (2 boxes per 30 days)
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	3	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1 or 1b*; \$0	QL (3 tablets per 1 day)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	3	QL (1 pack per 30 days)
<i>diazoxide oral suspension</i>	2	
GLUCAGON EMERGENCY INJECTION KIT	1 or 1b*	QL (2 kits per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (<i>glucagon</i>)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	3	QL (2 packs per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dasiglucagon hcl</i>)	3	QL (1.2 mL per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	ST; QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tirzepatide</i>)	2	PA; QL (4 pens per 28 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
<i>liraglutide subcutaneous solution pen-injector</i>	2	PA; QL (1 box per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 pen per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	PA; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	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>)	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>)	2	PA; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	2	PA; QL (1 box per 30 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	2	ST; QL (5 pen per 30 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	2	QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	2	QL (8 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
<i>mifepristone oral tablet 300 mg</i>	3	PA; QL (4 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
<i>dapagliflozin propanediol oral tablet</i>	2	ST; QL (1 tablet per 1 day)
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	2	ST; QL (1 tablet per 1 day)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	2	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	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>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin prop-metformin</i>)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	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>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 10 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glipizide oral tablet 2.5 mg</i>	1 or 1a*	ST; QL (16 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	1 or 1a*	ST; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	1 or 1a*	ST; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	1 or 1a*	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	1 or 1b*	ST; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-glimepiride oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	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>	1 or 1b*	
<i>diphenoxylate-atropine oral tablet</i>	1 or 1b*	
<i>loperamide hcl oral capsule</i>	1 or 1b*	QL (8 capsules per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>deferasirox granules oral packet</i>	3	PA; LD; SP
<i>deferasirox oral packet</i>	3	PA; LD; SP
<i>deferasirox oral tablet</i>	3	PA; LD; SP
<i>deferasirox oral tablet soluble</i>	3	PA; LD; SP
<i>deferiprone oral tablet</i>	3	PA; LD
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>acetylcysteine intravenous solution</i>	2	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue (antidote) intravenous solution</i>	1 or 1b*	
<i>methylene blue intravenous solution</i>	1 or 1b*	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1 or 1b*	
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1 or 1b*	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1 or 1b*	ST; QL (6 syringes per 3 months)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl nasal liquid</i>	1 or 1b*	QL (6 nasal sprays per 3 monthss)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
OPVEE NASAL SOLUTION (<i>nalmefene hcl</i>)	2	QL (3 cartons per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REXTOVY NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (<i>naloxone hcl</i>)	2	QL (6 syringes per 3 monthss)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>granisetron hcl intravenous solution</i>	2	
<i>granisetron hcl oral tablet</i>	2	QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	2	
<i>ondansetron hcl injection solution prefilled syringe</i>	2	
<i>ondansetron hcl oral solution</i>	2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	2	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 16 mg</i>	2	QL (4 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	2	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	2	PA
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
<i>meclizine hcl oral tablet 25 mg</i>	1 or 1a*	
<i>meclizine hcl oral tablet 50 mg</i>	1 or 1b*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
<i>trimethobenzamide hcl oral capsule</i>	1 or 1b*	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	2	QL (4 capsules per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral</i>	2	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	2	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 capsules per 25 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	2	PA; QL (5 vial per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
<i>amphotericin b intravenous solution reconstituted</i>	2	
<i>amphotericin b liposome intravenous suspension reconstituted</i>	2	
<i>flucytosine oral capsule</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1 or 1b*	
<i>griseofulvin microsize oral tablet</i>	1 or 1b*	
<i>griseofulvin ultramicrosize oral tablet</i>	1 or 1b*	
<i>nystatin oral tablet</i>	1 or 1b*	
<i>terbinafine hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	2	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	2	PA; QL (20 mL per 1 day)
<i>posaconazole intravenous solution</i>	2	
<i>posaconazole oral suspension</i>	2	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	2	PA; QL (93 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	2	PA; QL (17.5 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (6 tablets per 1 day)
ANTI-HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate er oral suspension extended release</i>	1 or 1b*	ST; QL (40 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	1 or 1b*	ST
<i>clemastine fumarate oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	2	
*ANTI-HISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desloratadine oral tablet</i>	3	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	3	QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	2	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	2	QL (6 suppositories per 1 day)
<i>promethegan rectal suppository 50 mg</i>	2	QL (1 suppository per 1 day)
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	1 or 1b*	
<i>cyproheptadine hcl oral tablet</i>	1 or 1b*	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	2	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	2	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	2	QL (30 grams per 1 day)
<i>cholestyramine oral packet</i>	2	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	2	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	2	QL (6 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	QL (45 grams per 1 day)
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>prevalite oral packet</i>	2	QL (24 grams per 1 day)
<i>prevalite oral powder</i>	2	QL (30 grams per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	1 or 1b*	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1 or 1b*; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	2	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>simvastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	2	QL (1 tablet per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(alirocumab)</i>	3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE <i>(evolocumab)</i>	3	PA; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(evolocumab)</i>	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(evolocumab)</i>	3	PA; QL (2 syringe per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	1 or 1b*	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1 or 1b*	DO
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	1 or 1b*	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1a*	DO
<i>benazepril hcl oral tablet 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral solution</i>	2	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral tablet 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalaprilat intravenous solution</i>	1 or 1b*	
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1 or 1a*	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*	DO
<i>quinapril hcl oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO
<i>trandolapril oral tablet 4 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>metirosine oral capsule</i>	1 or 1b*	PA; QL (16 capsules per 1 day); SP
<i>phenoxybenzamine hcl oral capsule</i>	2	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	
*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>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	DO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	DO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	1 or 1b*	DO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>candesartan cilexetil oral tablet 4 mg, 8 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>losartan potassium oral tablet 25 mg</i>	1 or 1b*	DO
<i>losartan potassium oral tablet 50 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>telmisartan oral tablet 80 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
VALSARTAN ORAL SOLUTION	2	PA; QL (80 mL per 1 day)
<i>valsartan oral tablet 160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1 or 1b*	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>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly</i>	2	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet</i>	1 or 1b*	
<i>methyldopa oral tablet 250 mg</i>	1 or 1b*	DO
<i>methyldopa oral tablet 500 mg</i>	1 or 1b*	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>	1 or 1b*	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>prazosin hcl oral capsule</i>	1 or 1b*	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	2	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	2	QL (1 tablet per 1 day)
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	2	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	2	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	
<i>pentamidine isethionate injection solution reconstituted</i>	3	
<i>tinidazole oral tablet 250 mg</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1 or 1b*	QL (20 tablets per 1 fill)
TRIMETHOPRIM ORAL TABLET	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (rifaximin)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (rifaximin)	3	PA; QL (126 tablet per 252 days)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfatrim pediatric oral suspension</i>	1 or 1a*	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
<i>atovaquone oral suspension</i>	2	
<i>nitazoxanide oral tablet</i>	2	QL (6 tablets per 1 fill)
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
*CARBAPENEMS*** - ANTIBIOTICS		
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	2	
*GLYCOPEPTIDES*** - ANTIBIOTICS		
<i>vancomycin hcl intravenous solution reconstituted 100 gm</i>	2	QL (1 vial per 30 days)
<i>vancomycin hcl oral capsule</i>	2	PA; QL (240 capsules per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	2	PA; QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	2	PA; QL (1200 mL per 30 days)
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	2	
*LINCOSAMIDES*** - ANTIBIOTICS		
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	
*MONOBACTAMS*** - ANTIBIOTICS		
<i>aztreonam injection solution reconstituted</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	3	LD; QL (3 vials per 1 day); SP
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid intravenous solution</i>	1 or 1b*	
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	1 or 1b*	
<i>methenamine hippurate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1 or 1b*	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
<i>chloroquine phosphate oral tablet</i>	1 or 1a*	
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1 or 1b*	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1 or 1b*	QL (1 tablet per 1 day)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
<i>cycloserine oral capsule</i>	1 or 1b*	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid injection solution</i>	1 or 1a*	
<i>isoniazid oral syrup</i>	1 or 1a*	
<i>isoniazid oral tablet</i>	1 or 1a*	
PRIFTIN ORAL TABLET (rifapentine)	2	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
MYLERAN ORAL TABLET (busulfan)	3; OC	OC
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>abiraterone acetate oral tablet 500 mg</i>	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (mitotane)	3; OC	QL (38 tablet per 1 day); OC
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	2; OC	QL (1 tablet per 1 day); OC
ERLEADA ORAL TABLET 240 MG (apalutamide)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG (apalutamide)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
<i>nilutamide oral tablet</i>	3; OC	QL (1 tablet per 1 day); OC
NUBEQA ORAL TABLET (darolutamide)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*ANTIESTROGENS*** - DRUGS FOR CANCER		
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	OC
<i>tamoxifen citrate oral tablet</i>	2; OC; \$0	OC
<i>toremifene citrate oral tablet</i>	3; OC	QL (1 tablet per 1 day); OC
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>capecitabine oral tablet</i>	3; OC	PA; LD; SP; OC
<i>mercaptopurine oral tablet</i>	2; OC	OC
<i>methotrexate sodium (pf) injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution reconstituted</i>	1 or 1b*	
<i>methotrexate sodium oral tablet</i>	2; OC	OC
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	OC
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	2; OC	ST; OC
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (<i>alectinib hcl</i>)	2; OC	PA; LD; QL (8 capsule per 1 day); SP; OC
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	2; OC	PA; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2; OC	PA; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	2; OC	PA; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; QL (1 pack per 30 days); OC
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab</i>)	3	LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	3	LD; SP
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	2; OC	PA; QL (4 capsules per 1 day); SP; OC
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 capsule per 1 day); SP; OC
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; QL (4 tablet per 1 day); SP; OC
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dasatinib oral tablet</i>	1 or 1b*; OC	PA; QL (1 tablet per 1 day); SP; OC
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; QL (2 tablets per 1 day); SP; OC
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	2; OC	PA; QL (1 tablet per 1 day); SP; OC
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	3; OC	PA; QL (4 capsules per 1 day); SP; OC
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; QL (4 capsule per 1 day); SP; OC
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	3; OC	PA; LD; QL (8 tablet per 1 day); SP; OC
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2; OC	PA; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1 or 1b*; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
<i>erlotinib hcl oral tablet 25 mg</i>	1 or 1b*; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
<i>gefitinib oral tablet</i>	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	3; OC	PA; QL (1 tablet per 1 day); OC
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	3; OC	PA; QL (4 capsule per 1 day); SP; OC
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (3 tablets per 1 day); SP; OC
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	2; OC	PA; SP; OC
<i>everolimus (Torpenz Oral Tablet)</i>	2; OC	PA; SP; OC
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	3; OC	PA; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	3; OC	PA; QL (1 tablet per 1 day); OC
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose-pack per 56 days); SP; OC
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days); SP; OC
<i>lapatinib ditosylate oral tablet</i>	3; OC	PA; LD; QL (6 tablet per 1 day); SP; OC
<i>pazopanib hcl oral tablet</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
<i>sorafenib tosylate oral tablet</i>	3; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
STIVARGA ORAL TABLET (<i>regorafenib</i>)	3; OC	PA; LD; QL (84 tablets per 28 days); SP; OC
<i>sunitinib malate oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	3	LD; SP
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	3	PA; LD; SP
<i>hydroxyurea oral capsule</i>	2; OC	OC
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	3; OC	OC
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day); OC
<i>exemestane oral tablet</i>	2; OC; \$0	QL (2 tablets per 1 day); OC
<i>letrozole oral tablet</i>	2; OC; \$0	QL (1 tablet per 1 day); OC
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	3; OC	PA; LD; QL (21 capsules per 28 days); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL TABLET 100 MG, 75 MG (<i>palbociclib</i>)	3; OC	PA; LD; QL (21 tablets per 28 days); SP; OC
IBRANCE ORAL TABLET 125 MG (<i>palbociclib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	3; OC	PA; QL (0.75 tablet per 1 day); SP; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	3; OC	PA; QL (1.5 tablets per 1 day); SP; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	3; OC	PA; QL (2.25 tablets per 1 day); SP; OC
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium injection solution</i>	1 or 1b*	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	2	
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (2 units per 310 days); SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; QL (1 kit per 28 days); SP
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	3; OC	PA; QL (2 capsules per 1 day); SP; OC
<i>temozolomide oral capsule 20 mg</i>	3; OC	PA; QL (4 capsule per 1 day); SP; OC
<i>temozolomide oral capsule 5 mg</i>	3; OC	PA; QL (3 capsule per 1 day); SP; OC
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	3; OC	PA; LD; QL (2 tablets per 1 day); SP; OC
*LHRH ANALOGS*** - DRUGS FOR CANCER		
<i>leuprolide acetate injection kit</i>	3	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 vial per 84 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 syringe per 168 days); SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; QL (1 kit per 28 days); SP
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
<i>etoposide oral capsule</i>	3; OC	SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
<i>cyclophosphamide oral capsule</i>	3; OC	SP; OC
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	OC
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1 or 1b*; OC	OC
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	OC
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	2; OC	OC
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	3; OC	PA; QL (10 capsules per 1 day); SP; OC
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>)	3; OC	PA; SP; OC
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>mesna intravenous solution</i>	1 or 1b*	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>)	3	PA; LD; SP
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); SP; OC
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	2; OC	PA; LD; QL (4 tablet per 1 day); SP; OC
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (60 capsules per 30 days); SP; OC
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (90 capsules per 30 days); SP; OC
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (30 capsules per 30 days); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	2; OC	PA; LD; QL (1 pack per 30 days); SP; OC
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	3	PA; LD; SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	3	PA; QL (1 tablet per 1 day); SP
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	3	PA; QL (5 kits per 30 days)
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>tolcapone oral tablet</i>	2	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	2	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	3	PA; LD; SP

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Effective 11012024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
<i>apomorphine hcl subcutaneous solution cartridge</i>	3	PA; LD; QL (2 mL per 1 day); SP
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
<i>entacapone oral tablet</i>	2	QL (8 tablet 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>	1 or 1a*	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1 or 1a*	DO
<i>lithium carbonate oral capsule 600 mg</i>	1 or 1a*	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1 or 1a*	DO
<i>lithium oral solution</i>	1 or 1b*	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lurasidone hcl oral tablet 120 mg</i>	2	AL
<i>lurasidone hcl oral tablet 20 mg, 40 mg</i>	2	DO; AL
<i>lurasidone hcl oral tablet 60 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	2	AL; QL (2 tablets per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (cariprazine hcl)	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (cariprazine hcl)	3	ST; QL (1 capsule per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	2	DO; AL
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	AL; QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	AL; QL (6 vials per 28 days)
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	DO; AL
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	2	AL; QL (2 injections per 28 days)
<i>risperidone oral solution</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>risperidone oral tablet 3 mg, 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	DO; AL

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<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	AL; QL (4 tablets per 1 day)
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	1 or 1b*	AL; QL (5 injections per 30 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	1 or 1b*	AL; QL (5 ampules per 30 days)
<i>haloperidol lactate injection solution</i>	1 or 1b*	AL
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1 or 1b*	AL; QL (30 mL per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>haloperidol oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet 100 mg</i>	2	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	AL; QL (4 tablets per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	DO; AL
<i>clozapine oral tablet dispersible 100 mg</i>	2	AL; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	2	DO; AL
<i>clozapine oral tablet dispersible 150 mg</i>	2	AL; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	2	AL; QL (4 tablets per 1 day)
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	2	DO; AL
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	DO; AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	AL; QL (2 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	DO; AL
<i>quetiapine fumarate oral tablet 150 mg</i>	2	AL; QL (5 tablets per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	AL; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>loxapine succinate oral capsule 50 mg</i>	1 or 1b*	AL; QL (4 capsules per 1 day)
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet 10 mg, 5 mg</i>	2	DO; AL
<i>molindone hcl oral tablet 25 mg</i>	2	AL; QL (4 tablets per 1 day)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	1 or 1b*	AL

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CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	1 or 1b*	AL; QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	1 or 1b*	AL; QL (26 mL per 1 day)
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>chlorpromazine hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>compro rectal suppository</i>	1 or 1b*	AL
<i>fluphenazine decanoate injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl injection solution</i>	1 or 1b*	AL
<i>fluphenazine hcl oral concentrate</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>fluphenazine hcl oral elixir</i>	1 or 1b*	AL; QL (80 mL per 1 day)
<i>fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO; AL
<i>fluphenazine hcl oral tablet 10 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>perphenazine oral tablet 2 mg</i>	1 or 1b*	DO; AL
<i>perphenazine oral tablet 4 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
<i>perphenazine oral tablet 8 mg</i>	1 or 1b*	AL; QL (3 tablets per 1 day)
<i>prochlorperazine edisylate injection solution</i>	1 or 1b*	AL
<i>prochlorperazine maleate oral tablet</i>	1 or 1a*	AL
<i>prochlorperazine rectal suppository</i>	1 or 1b*	AL
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO; AL
<i>thioridazine hcl oral tablet 100 mg</i>	1 or 1b*	AL; QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO; AL
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	AL; QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>aripiprazole oral solution</i>	2	AL; QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	DO; AL
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	AL; QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	AL; QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	2	AL; QL (2 tablets per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (brexpiprazole)	3	ST; DO
REXULTI ORAL TABLET 4 MG (brexpiprazole)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	2	AL; QL (3 injections per 1 fill)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	DO; AL
<i>olanzapine oral tablet 15 mg, 20 mg</i>	2	AL; QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	2	DO; AL
<i>olanzapine oral tablet dispersible 15 mg</i>	2	AL; QL (1 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet dispersible 20 mg</i>	2	AL; QL (1 tablet per 1 day)
*THIOXANTHENES**** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>thiothixene oral capsule 10 mg</i>	1 or 1b*	PA; QL (6 capsules per 1 day)
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	2	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofov</i>)	3	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	3	PA; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (<i>doravirin-lamivudin-tenofov df</i>)	3	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	3	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	2	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	2	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	QL (1 tablet per 1 day)
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	3	PA; QL (1 tablet per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofov af</i>)	3	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	QL (1 tablet per 1 day)
SYM TUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	3	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	3	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE	3	QL (6 tablets per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS**** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	3	PA; LD; QL (2 vials per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR <i>(fostemsavir tromethamine)</i>	3	PA; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS ORAL TABLET <i>(raltegravir potassium)</i>	3	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG <i>(raltegravir potassium)</i>	3	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG <i>(raltegravir potassium)</i>	3	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET <i>(dolutegravir sodium)</i>	3	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE <i>(dolutegravir sodium)</i>	3	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE <i>(tipranavir)</i>	3	PA; QL (4 capsules per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	2	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	2	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	2	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	2	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	2	QL (4 tablets per 1 day)
PREZISTA ORAL SUSPENSION <i>(darunavir)</i>	3	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG <i>(darunavir)</i>	3	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG <i>(darunavir)</i>	3	QL (10 tablets per 1 day)
REYATAZ ORAL PACKET <i>(atazanavir sulfate)</i>	3	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	2	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET <i>(rilpivirine hcl)</i>	3	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	2	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	2	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	2	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	2	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG <i>(etravirine)</i>	3	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	2	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	2	QL (32 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>abacavir sulfate oral tablet</i>	2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	3	QL (29 mL per 1 day)
<i>lamivudine oral solution</i>	3	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	2	PA; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	2	PA; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>zidovudine oral capsule</i>	2	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	2	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	3	QL (1 tablet per 1 day)
*ANTIVIRAL COMBINATIONS*** - DRUGS FOR INFECTIONS		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	3	QL (1 pack per 90 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK (<i>nirmatrelvir-ritonavir</i>)	3	QL (1 pack per 90 days)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>valganciclovir hcl oral solution reconstituted</i>	3	
<i>valganciclovir hcl oral tablet</i>	3	
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	3	PA; QL (1 tablet per 1 day); SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	3	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	3	PA; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	3	PA; QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	3	PA; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 packet per 1 day); SP
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 packets per 1 day); SP
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (2 tablets per 1 day); SP
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	PA; QL (1 tablet per 1 day); SP
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 packet per 1 day); SP
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 packets per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (2 tablets per 1 day); SP
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	PA; QL (1 tablet per 1 day); SP
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	PA; QL (1 tablet per 1 day); SP
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin oral capsule</i>	3	QL (6 capsules per 1 day); SP
<i>ribavirin oral tablet</i>	3	QL (6 tablets per 1 day); SP
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1 or 1b*	
<i>acyclovir oral suspension</i>	1 or 1b*	
<i>acyclovir oral tablet</i>	1 or 1b*	
<i>acyclovir sodium intravenous solution</i>	1 or 1b*	
<i>valacyclovir hcl oral tablet 1 gm</i>	1 or 1b*	QL (30 tablets per 1 fill)
<i>valacyclovir hcl oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 30 days)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	1 or 1b*	QL (60 tablets per 1 fill)
<i>famciclovir oral tablet 500 mg</i>	1 or 1b*	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1 or 1b*	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
LAGEVRIO ORAL CAPSULE (<i>molnupiravir</i>)	3	QL (40 capsules per 90 days)
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 MI per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 unit per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	1 or 1b*	DO
<i>carvedilol oral tablet 25 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	2	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	2	QL (1 capsule per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule</i>	1 or 1b*	
<i>atenolol oral tablet</i>	1 or 1a*	
<i>betaxolol hcl oral tablet</i>	1 or 1b*	
<i>bisoprolol fumarate oral tablet</i>	1 or 1b*	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1 or 1b*	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>metoprolol tartrate intravenous solution</i>	1 or 1a*	
<i>metoprolol tartrate oral tablet</i>	1 or 1a*	
<i>nebivolol hcl oral tablet</i>	2	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>nadolol oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>nadolol oral tablet 80 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>pindolol oral tablet 10 mg</i>	2	QL (6 tablets per 1 day)
<i>pindolol oral tablet 5 mg</i>	2	DO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg</i>	1 or 1b*	DO
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>propranolol hcl intravenous solution</i>	1 or 1b*	
<i>propranolol hcl oral solution</i>	1 or 1b*	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO
<i>propranolol hcl oral tablet 80 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	2	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	2	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	2	QL (2 tablets per 1 day)
<i>timolol maleate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate oral tablet 5 mg</i>	1 or 1b*	DO
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl intravenous solution</i>	1 or 1b*	
<i>diltiazem hcl oral tablet 120 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl oral tablet 90 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isradipine oral capsule 2.5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 5 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1 or 1b*	ST; DO
<i>levamlodipine maleate oral tablet 5 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>matzim la oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nicardipine hcl intravenous solution</i>	1 or 1b*	
<i>nicardipine hcl oral capsule 20 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	2	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	2	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	2	DO
<i>nifedipine oral capsule 20 mg</i>	2	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	2	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1 or 1b*	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>tiadylt er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release 120 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	1 or 1b*	
<i>verapamil hcl oral tablet 120 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	1 or 1b*	DO
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin injection solution</i>	1 or 1b*	
<i>digoxin oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>digoxin oral tablet 125 mcg, 62.5 mcg</i>	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>digoxin oral tablet 250 mcg</i>	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	2	
*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
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>	1 or 1b*	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>	1 or 1b*	DO
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL CAPSULE SPRINKLE (<i>sacubitril-valsartan</i>)	3	QL (8 capsules per 1 day)
ENTRESTO ORAL TABLET (<i>sacubitril-valsartan</i>)	3	QL (6 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>isosorb dinitrate-hydralazine oral tablet</i>	2	QL (6 tablets per 1 day)
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>treprostinil injection solution</i>	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	3	PA; LD; QL (9 mL per 1 day); SP
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	3	PA; LD; QL (1 tablet per 1 day); SP
<i>bosentan oral tablet</i>	3	PA; LD; QL (2 tablets per 1 day); SP
OPSUMIT ORAL TABLET (<i>macitentan</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	3	PA; LD; QL (2 tablets per 1 day); SP
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>alyq oral tablet</i>	3	PA; QL (2 tablets per 1 day); SP
<i>sildenafil citrate oral suspension reconstituted</i>	3	PA; QL (24 mL per 1 day); SP
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (12 tablets per 1 day); SP
<i>tadalafil (pah) oral tablet</i>	3	PA; QL (2 tablets per 1 day); SP
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>vardenafil hcl oral tablet dispersible</i>	1 or 1b*	PA
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ivabradine hcl oral tablet</i>	2	PA; QL (2 tablets per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1 or 1b*	
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	2	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
<i>cefaclor oral capsule</i>	1 or 1b*	
<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
<i>cefotetan disodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted</i>	2	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1 or 1b*	
<i>cefdinir oral suspension reconstituted</i>	1 or 1b*	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted</i>	2	
<i>ceftazidime intravenous solution reconstituted</i>	2	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	2	QL (3000 mL per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	QL (60 vials per 30 fills)
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	2	QL (1 vial per 30 fills)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	QL (60 vials per 30 days)
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	QL (1 vial per 30 days)
<i>tazicef injection solution reconstituted</i>	2	
<i>tazicef intravenous solution reconstituted</i>	2	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>azurette oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>kariva oral tablet</i>	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	2	\$0
<i>pimtrea oral tablet</i>	1 or 1b*; \$0	
<i>simliya oral tablet</i>	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>volnea oral tablet</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>afirmelle oral tablet</i>	1 or 1a*; \$0	
<i>altavera oral tablet</i>	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>apri oral tablet</i>	1 or 1a*; \$0	
<i>aubra eq oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aviane oral tablet</i>	1 or 1a*; \$0	
<i>ayuna oral tablet</i>	1 or 1a*; \$0	
<i>balziva oral tablet</i>	1 or 1a*; \$0	
<i>blisovi 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>charlotte 24 fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>chateal eq oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cryselle-28 oral tablet</i>	1 or 1a*; \$0	
<i>cyred eq oral tablet</i>	1 or 1a*; \$0	
<i>dasetta 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>delyla oral tablet</i>	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>elinest oral tablet</i>	1 or 1a*; \$0	
<i>enskyce oral tablet</i>	1 or 1a*; \$0	
<i>estarylla oral tablet</i>	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>falmina oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable)</i>	1 or 1a*; \$0	
<i>gemmily oral capsule</i>	1 or 1b*; \$0	
<i>hailey 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>hailey 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>hailey fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>hailey fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>isibloom oral tablet</i>	1 or 1a*; \$0	
<i>jasmiel oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad-fe bisg (Joyeaux Oral Tablet)</i>	1 or 1b*; \$0	
<i>juleber oral tablet</i>	1 or 1a*; \$0	
<i>junel 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>junel 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>junel fe 24 oral tablet</i>	1 or 1a*; \$0	
<i>kaitlib fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>kalliga oral tablet</i>	1 or 1a*; \$0	
<i>kelnor 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>kelnor 1/50 oral tablet</i>	1 or 1a*; \$0	
<i>kurvelo oral tablet</i>	1 or 1a*; \$0	
<i>larin 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>larin 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>larin 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>larin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>larin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>layolis fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>lessina oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estradiol-iron oral tablet</i>	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1 or 1a*; \$0	
<i>levora 0.15/30 (28) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin 1.5/30 (21) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin 1/20 (21) oral tablet</i>	1 or 1a*; \$0	
<i>loestrin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>loestrin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>loryna oral tablet</i>	1 or 1b*; \$0	
<i>low-ogestrel oral tablet</i>	1 or 1a*; \$0	
<i>lo-zumandimine oral tablet</i>	1 or 1b*; \$0	
<i>lutera oral tablet</i>	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>merzee oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable)</i>	1 or 1a*; \$0	
<i>microgestin 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>mili oral tablet</i>	1 or 1a*; \$0	
<i>mono-linyah oral tablet</i>	1 or 1a*; \$0	
<i>necon 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET (drospirenone-estetrol)	3	\$0
<i>nikki oral tablet</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (21) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nylia 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>ocella oral tablet</i>	1 or 1b*; \$0	
<i>philith oral tablet</i>	1 or 1a*; \$0	
<i>portia-28 oral tablet</i>	1 or 1a*; \$0	
<i>reclipsen oral tablet</i>	1 or 1a*; \$0	
<i>sprintec 28 oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sronyx oral tablet</i>	1 or 1a*; \$0	
<i>syeda oral tablet</i>	1 or 1b*; \$0	
<i>tarina 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>tarina fe 1/20 eq oral tablet</i>	1 or 1a*; \$0	
<i>taysofy oral capsule</i>	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol (Turqoz Oral Tablet)</i>	1 or 1a*; \$0	
<i>tydemy oral tablet</i>	1 or 1b*; \$0	
<i>vestura oral tablet</i>	1 or 1b*; \$0	
<i>vienva oral tablet</i>	1 or 1a*; \$0	
<i>vyfemla oral tablet</i>	1 or 1a*; \$0	
<i>vylibra oral tablet</i>	1 or 1a*; \$0	
<i>wera oral tablet</i>	1 or 1a*; \$0	
<i>wymzya fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>zovia 1/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>zumandimine oral tablet</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1 or 1b*; \$0	
TWIRLA TRANSDERMAL PATCH WEEKLY (<i>levonorgestrel-eth estradiol</i>)	3	\$0
<i>xulane transdermal patch weekly</i>	1 or 1b*; \$0	
<i>zafemy transdermal patch weekly</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	3	\$0
<i>eluryng vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol (Enilloring Vaginal Ring)</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)</i>	1 or 1b*; \$0	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>amethyst oral tablet</i>	1 or 1b*; \$0	
<i>dolishale oral tablet</i>	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1 or 1b*; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
<i>aftera oral tablet</i>	1 or 1b*; \$0	
<i>afterpill oral tablet</i>	1 or 1b*; \$0	
CURAE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
<i>econtra one-step oral tablet</i>	1 or 1b*; \$0	
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HER STYLE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
<i>my choice oral tablet</i>	1 or 1b*; \$0	
<i>my way oral tablet</i>	1 or 1b*; \$0	
<i>new day oral tablet</i>	1 or 1b*; \$0	
<i>opcicon one-step oral tablet</i>	1 or 1b*; \$0	
<i>option 2 oral tablet</i>	1 or 1b*; \$0	
<i>react oral tablet</i>	1 or 1b*; \$0	
<i>take action oral tablet</i>	1 or 1b*; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>ashlyna oral tablet</i>	1 or 1b*; \$0	
<i>camrese lo oral tablet</i>	1 or 1b*; \$0	
<i>camrese oral tablet</i>	1 or 1b*; \$0	
<i>daysee oral tablet</i>	1 or 1b*; \$0	
<i>iclevia oral tablet</i>	1 or 1b*; \$0	
<i>introvale oral tablet</i>	1 or 1b*; \$0	
<i>jaimiess oral tablet</i>	1 or 1b*; \$0	
<i>jolessa oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1 or 1b*; \$0	
<i>lojaimiess oral tablet</i>	1 or 1b*; \$0	
<i>rivelsa oral tablet</i>	1 or 1b*; \$0	
<i>setlakin oral tablet</i>	1 or 1b*; \$0	
<i>simpesse oral tablet</i>	1 or 1b*; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	3	\$0
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	2; \$0	
<i>medroxyprogesterone acetate intramuscular suspension</i>	1 or 1b*; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1 or 1b*; \$0	
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>camila oral tablet</i>	1 or 1b*; \$0	
<i>deblitane oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1 or 1b*; \$0	
<i>errin oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heather oral tablet</i>	1 or 1b*; \$0	
<i>incassia oral tablet</i>	1 or 1b*; \$0	
<i>jencycla oral tablet</i>	1 or 1b*; \$0	
<i>lyleq oral tablet</i>	1 or 1b*; \$0	
<i>lyza oral tablet</i>	1 or 1b*; \$0	
<i>nora-be oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norlyroc oral tablet</i>	1 or 1b*; \$0	
OPILL ORAL TABLET (norgestrel)	2; \$0	
<i>sharobel oral tablet</i>	1 or 1b*; \$0	
SLYND ORAL TABLET (drospirenone)	3	\$0
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>aranelle oral tablet</i>	1 or 1a*; \$0	
<i>dasetta 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>enpresse-28 oral tablet</i>	1 or 1a*; \$0	
<i>leena oral tablet</i>	1 or 1a*; \$0	
<i>levonest oral tablet</i>	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe oral tablet</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1 or 1b*; \$0	
<i>nortrel 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>nylia 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>tilia fe oral tablet</i>	1 or 1b*; \$0	
<i>tri-estarylla oral tablet</i>	1 or 1b*; \$0	
<i>tri-legest fe oral tablet</i>	1 or 1b*; \$0	
<i>tri-linyah oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-estarylla oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-marzia oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-mili oral tablet</i>	1 or 1b*; \$0	
<i>tri-lo-sprintec oral tablet</i>	1 or 1b*; \$0	
<i>tri-mili oral tablet</i>	1 or 1b*; \$0	
<i>tri-sprintec oral tablet</i>	1 or 1b*; \$0	
<i>trivora (28) oral tablet</i>	1 or 1a*; \$0	
<i>tri-vylibra lo oral tablet</i>	1 or 1b*; \$0	
<i>tri-vylibra oral tablet</i>	1 or 1b*; \$0	
<i>velivet oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	2	QL (3 capsule per 1 day)
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	
<i>dexamethasone oral solution</i>	1 or 1a*	
<i>dexamethasone oral tablet</i>	1 or 1a*	
<i>dexamethasone oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone sod phos + rfid injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION PREFILLED SYRINGE	1 or 1b*	
<i>hidex 6-day oral tablet therapy pack</i>	1 or 1b*	
<i>hydrocortisone oral tablet</i>	1 or 1b*	
<i>hydrocortisone sod suc (pf) injection solution reconstituted</i>	1 or 1b*	
<i>methylprednisolone oral tablet</i>	1 or 1a*	
<i>methylprednisolone oral tablet therapy pack</i>	1 or 1a*	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1 or 1b*	
<i>prednisolone oral solution</i>	1 or 1a*	
<i>prednisolone oral tablet</i>	2	
<i>prednisolone sodium phosphate oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	1 or 1a*	DO
<i>prednisone oral solution</i>	1 or 1a*	
<i>prednisone oral tablet</i>	1 or 1a*	
<i>prednisone oral tablet therapy pack</i>	1 or 1a*	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	3	
<i>taperdex 12-day oral tablet therapy pack</i>	1 or 1b*	
<i>taperdex 6-day oral tablet therapy pack</i>	1 or 1b*	
<i>taperdex 7-day oral tablet therapy pack</i>	1 or 1b*	
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone bit-homatrop mbr oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1 or 1a*	PA; QL (30 tablets per 5 days)
<i>hydromet oral solution</i>	1 or 1a*	AL; QL (150 mL per 5 days)
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>g tussin ac oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
<i>maxi-tuss ac oral solution</i>	1 or 1a*	AL; QL (120 mL per 1 fill)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
<i>promethazine-phenylephrine oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	2	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution)</i>	1 or 1b*	
<i>sodium chloride inhalation nebulization solution</i>	2	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	2	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1 or 1b*	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1 or 1a*	AL; QL (100 mL per 5 days)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
POLY-TUSSIN AC ORAL LIQUID	2	AL; QL (300 mL per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindacin etz external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate (Clindacin External Foam)</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clindacin-p external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	1 or 1b*	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1 or 1b*	QL (4 mL per 1 day)

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<i>clindamycin phosphate external solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>dapsone external gel 5 %</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>dapsone external gel 7.5 %</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)
<i>erythromycin external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1 or 1b*	PA; QL (60 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (46.6 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	2	QL (50 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1 or 1b*	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	3	PA; QL (60 grams per 30 days)
<i>neuac external gel</i>	1 or 1b*	QL (45 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>accutane oral capsule</i>	2	PA
<i>adapalene external cream</i>	1 or 1b*	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	1 or 1b*	PA; QL (1 swab per 1 day)
<i>amnestem oral capsule</i>	2	PA
<i>claravis oral capsule</i>	2	PA
<i>isotretinoin oral capsule</i>	2	PA
<i>tretinoin external cream</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>zenatane oral capsule</i>	2	PA
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>gentamicin sulfate external cream</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	QL (120 grams per 30 days)

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<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclodan external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1 or 1b*	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1 or 1b*	QL (60 mL per 30 days)
<i>nystatin (Klayesta External Powder)</i>	1 or 1b*	QL (60 grams per 30 days)
<i>naftifine hcl external cream 1 %</i>	2	ST; QL (90 grams per 30 days)
<i>naftifine hcl external cream 2 %</i>	2	ST; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	2	ST; QL (60 grams per 30 days)
<i>nyamyc external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystop external powder</i>	1 or 1b*	QL (60 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 gm per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>fluorouracil external cream</i>	1 or 1b*	AL; QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	AL; QL (10 mL per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (300 grams per 1 year)
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	2	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule 10 mg, 17.5 mg</i>	2	QL (1 capsule per 1 day)
<i>acitretin oral capsule 25 mg</i>	2	QL (2 capsules per 1 day)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (2 pens per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; LD; QL (1 pen per 28 days); SP
<i>methoxsalen rapid oral capsule</i>	3	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	3	PA; LD; QL (1 unit per 12 weeks); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	3	PA; LD; QL (1 syringe per 12 weeks); SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	3	PA; LD; QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML (<i>ixekizumab</i>)	3	PA; QL (1 syringe per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 Straight PA no ST embeddeds)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	3	PA; QL (1 pen/syringe per 28 Straight PA no ST embeddeds)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>calcitrene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1 or 1b*	QL (800 grams per 28 days)
<i>tazarotene external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	2	QL (100 grams per 30 days)
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	2	QL (60 grams per 30 days)
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA; QL (60 grams per 30 days)
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>selenium sulfide external lotion</i>	1 or 1a*	QL (120 mL per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
<i>penciclovir external cream</i>	2	PA; QL (5 gm per 30 days)
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	3	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dupilumab</i>)	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	3	PA; SP
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	2	
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>ssd external cream</i>	1 or 1a*	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ala-cort external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	QL (2 grams per 1 day)
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1 or 1b*	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1 or 1b*	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1 or 1b*	QL (50 mL per 30 days)
<i>clodan external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)

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<i>desonide external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desonide external gel</i>	1 or 1b*	QL (2 grams per 1 day)
<i>desonide external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1 or 1b*	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>fluticasone propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	1 or 1a*	QL (118 mL per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>mometasone furoate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>mometasone furoate external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>tovet external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	1 or 1a*	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	1 or 1a*	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	1 or 1a*	QL (30 grams per 30 days)
<i>triderm external cream</i>	1 or 1a*	QL (454 grams per 30 days)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>econazole nitrate external cream</i>	1 or 1b*	QL (85 grams per 30 days)
<i>ketoconazole external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	3	QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ketodan external foam</i>	3	QL (100 grams per 30 days)

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<i>luliconazole external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>oxiconazole nitrate external cream</i>	3	ST; QL (90 grams per 30 days)
<i>sulconazole nitrate external cream</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	1 or 1b*	ST; QL (60 mL per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
<i>imiquimod external cream 3.75 %</i>	1 or 1b*	QL (28 units per 28 days)
<i>imiquimod external cream 5 %</i>	1 or 1b*	QL (48 packet per 365 days)
<i>imiquimod pump external cream</i>	1 or 1b*	ST; QL (1 pump bottle per 28 days)
*KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS*** - DRUGS FOR THE SKIN		
<i>podofilox external gel</i>	2	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1 or 1b*	QL (7 mL per 28 days)
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>glydo external prefilled syringe</i>	2	
<i>lidocaine external ointment 5 %</i>	2	QL (5 grams per 1 day)
<i>lidocaine external patch 5 %</i>	2	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	2	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	2	
<i>lidocaine (Tridacaine Ii External Patch)</i>	2	PA; QL (3 patches per 1 day)
<i>lidocaine (Tridacaine Iii External Patch)</i>	2	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>pimecrolimus external cream</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1 or 1b*	ST; QL (100 grams per 30 days)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>tavaborole external solution</i>	2	ST; QL (1 bottle per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	3	ST; QL (100 grams per 30 days)
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	2	QL (30 grams per 30 days)
<i>ivermectin external cream</i>	2	QL (45 grams per 30 days)
<i>metronidazole external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	1 or 1b*	QL (59 mL per 30 days)
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	2	QL (1 gram per 1 day)

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*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	2	QL (60 mL per 30 days)
<i>malathion external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1 or 1b*	QL (120 mL per 7 days)
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
PRAMOSONE EXTERNAL CREAM (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION (<i>pramoxine-hc</i>)	2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	1 or 1b*	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	2	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	2	QL (1 kit per 30 days)
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
<i>bexarotene external gel</i>	3	PA; QL (60 grams per 30 days); SP
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	3	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	3	ST; QL (420 grams per 28 days)
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet 1 mg</i>	1 or 1b*	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID (<i>nutritional supplements</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID (<i>nutritional supplements</i>)	2	
NEOCATE SYNEO JUNIOR ORAL POWDER (<i>nutritional supplements</i>)	2	
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYME COMBINATIONS*** - DRUGS FOR THE STOMACH		
<i>lipase concentrate-hp oral capsule</i>	2	
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	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>	1 or 1b*	
<i>acetazolamide oral tablet</i>	1 or 1b*	
<i>acetazolamide sodium injection solution reconstituted</i>	1 or 1b*	
<i>dichlorphenamide oral tablet</i>	3	PA; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	2	
<i>dichlorphenamide (Ormalvi Oral Tablet)</i>	3	PA; QL (4 tablet per 1 day)
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>spironolactone-hctz oral tablet</i>	1 or 1b*	
<i>triamterene-hctz oral capsule</i>	1 or 1a*	
<i>triamterene-hctz oral tablet</i>	1 or 1a*	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	1 or 1b*	
<i>bumetanide oral tablet</i>	1 or 1b*	
<i>ethacrynic acid oral tablet</i>	2	
<i>furosemide injection solution</i>	1 or 1a*	
<i>furosemide oral solution</i>	1 or 1a*	
<i>furosemide oral tablet</i>	1 or 1a*	
<i>toremide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	
<i>osmitrol intravenous solution</i>	1 or 1b*	

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*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amiloride hcl oral tablet</i>	2	
<i>spironolactone oral suspension</i>	1 or 1b*	
<i>spironolactone oral tablet</i>	1 or 1a*	
<i>triamterene oral capsule</i>	2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet</i>	1 or 1a*	
<i>indapamide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
<i>mifepristone oral tablet 200 mg</i>	1 or 1b*	\$0 for Fully insured members in California
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>alendronate sodium oral solution</i>	1 or 1b*	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	2	QL (0.15 tablets per 1 day)
<i>ibandronate sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 28 days)
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	3	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	3	
<i>calcitonin (salmon) nasal solution</i>	2	QL (0.13 mL per 1 day)
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine intravenous solution</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>levocarnitine sf oral solution</i>	2	
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1 or 1b*	QL (0.58 tablets per 1 day)
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	3	PA; LD; QL (1 vial per 1 day); SP
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE (<i>somatropin</i>)	3	PA; QL (1 syringe per 1 day); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (<i>somatropin</i>)	3	PA; QL (1 vial per 1 day); SP
HUMATROPE INJECTION CARTRIDGE 24 MG (<i>somatropin</i>)	3	PA; QL (1 injection per 1 day); SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; LD; QL (1 vial per 1 day); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; LD; QL (8 cartridges per 28 days); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; LD; QL (4 cartridges per 28 days); SP
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	3	PA; SP
<i>nitisinone oral capsule 20 mg</i>	3	PA
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	3	
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	3	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	1 or 1b*	PA
<i>calcitriol oral capsule</i>	1 or 1b*	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcitriol oral solution</i>	2	PA
<i>doxercalciferol intravenous solution</i>	2	PA
<i>doxercalciferol oral capsule</i>	2	PA
<i>paricalcitol oral capsule</i>	2	PA
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	3	PA
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	3	PA; QL (5 bottle per 30 days); SP
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	3	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
CLOMID ORAL TABLET (<i>clomiphene citrate</i>)	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	QL (1 pen per 28 days); SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	QL (1 pen per 28 days); SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride (Javygtor Oral Packet)</i>	3	PA; LD
<i>sapropterin dihydrochloride (Javygtor Oral Tablet)</i>	3	PA; LD
<i>sapropterin dihydrochloride oral packet</i>	3	PA; LD; SP
<i>sapropterin dihydrochloride oral tablet</i>	3	PA; LD; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; QL (1 syringe per 180 days); SP
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>raloxifene hcl oral tablet</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
<i>tolvaptan oral tablet 15 mg</i>	3	PA; LD; QL (1 tablet per 1 day); SP
<i>tolvaptan oral tablet 30 mg</i>	3	PA; LD; QL (2 tablets per 1 day); SP
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; QL (1 syringe/vial per 28 days); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	3	PA; LD; QL (1 syringe/vial per 28 days); SP
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	3	PA; QL (8 bottles per 30 days); SP
<i>sodium phenylbutyrate oral powder</i>	3	PA; LD; QL (25 GM per 1 day); SP
<i>sodium phenylbutyrate oral tablet</i>	3	PA; LD; QL (40 tablets per 1 day); SP
*VASOPRESSIN*** - HORMONES		
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	1 or 1b*	
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
<i>vasopressin +rfid intravenous solution</i>	2	
<i>vasopressin intravenous solution</i>	2	
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
<i>fyavolv oral tablet</i>	1 or 1b*	
<i>jinteli oral tablet</i>	1 or 1b*	
<i>mimvey oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREMPHASE ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrog-medroxyprogest ace</i>)	2	
*ESTROGENS*** - DRUGS FOR WOMEN		
<i>dotti transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	2	QL (1 packet per 1 day)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	2	QL (50 grams per 30 days)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	QL (4 patches per 28 days)
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (16.2 mL per 30 days)
<i>lyllana transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	
<i>ciprofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin in d5w intravenous solution</i>	2	
<i>levofloxacin intravenous solution</i>	2	QL (1 fill per 30 days)
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1 or 1b*	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin oral tablet</i>	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1 or 1b*	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>lubiprostone oral capsule</i>	2	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl injection solution</i>	1 or 1a*	
<i>metoclopramide hcl oral solution</i>	1 or 1a*	QL (60 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral tablet 10 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1 or 1a*	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible</i>	1 or 1a*	ST; QL (12 tablets per 1 day)
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	QL (1 capsule per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	2	PA; QL (2 tablets per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
<i>mesalamine er oral capsule extended release</i>	2	QL (8 capsule per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	2	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	2	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	2	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	2	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	2	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	2	QL (1 kit per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	QL (16 capsule per 1 day)
<i>sulfasalazine oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1 or 1b*	QL (8 tablet per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	3	PA; LD; QL (1 vial per 56 days); SP
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SKYRIZI INTRAVENOUS SOLUTION (<i>risankizumab-rzaa</i>)	3	PA; QL (30 mL per 365 days); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>risankizumab-rzaa</i>)	3	PA; QL (1 kit per 56 days); SP
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	3	PA; LD; QL (4 vial per 365 days); SP
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>generlac oral solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1 or 1b*	QL (60 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	1 or 1b*	
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
<i>calcium acetate (phos binder) oral capsule</i>	2	QL (12 capsules per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	2	QL (12 tablets per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	2	QL (3 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	2	QL (9 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>	2	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	2	QL (9 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	3	PA; LD; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	3	PA; LD; SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
<i>etomidate intravenous solution</i>	1 or 1b*	
<i>fresenius propoven intravenous emulsion</i>	1 or 1b*	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	1 or 1b*	
<i>propofol intravenous emulsion</i>	1 or 1b*	
<i>propofol-lipuro intravenous emulsion</i>	1 or 1b*	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1 or 1b*	
<i>isoflurane inhalation solution</i>	1 or 1b*	
<i>sevoflurane inhalation solution</i>	1 or 1b*	
<i>terrell inhalation solution</i>	1 or 1b*	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>	1 or 1b*	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>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silodosin oral capsule</i>	2	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>curity sterile saline irrigation solution</i>	2	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	
<i>sodium chloride irrigation solution</i>	2	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>tiopronin oral tablet</i>	2	PA; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	2	PA; QL (10 tablet per 1 day)
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	1 or 1a*	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	3	PA; LD; QL (18 syringes per 30 days); SP
<i>sajazir subcutaneous solution prefilled syringe</i>	3	PA; LD; QL (18 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 kits per 30 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (24 vials per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; LD; QL (16 vials per 28 days); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; LD; QL (16 vials per 30 days); SP
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>eptifibatide intravenous solution</i>	2	
<i>tirofiban hcl in nacl intravenous solution</i>	2	
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	2	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
<i>lmd in d5w intravenous solution</i>	1 or 1b*	
<i>lmd in nacl intravenous solution</i>	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	3	PA; LD; QL (1 vial per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lanadelumab-flyo</i>)	3	PA; LD; QL (1 syringe per 28 days); SP
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	3	PA; LD; QL (36 vials per 30 days); SP
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	2	
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	

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*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
<i>anagrelide hcl oral capsule 0.5 mg</i>	1 or 1b*	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1 or 1b*	QL (10 capsules per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	2	QL (1 tablet per 1 day)
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	2	PA; LD; QL (2 capsules per 1 day); SP
<i>miglustat oral capsule</i>	2	PA; QL (3 capsules per 1 day); SP
<i>miglustat</i> (Yargesa Oral Capsule)	2	PA; QL (3 capsules per 1 day); SP
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
<i>l-glutamine oral packet</i>	3	PA; LD; SP
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1 or 1a*	
<i>dodex injection solution</i>	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	3	PA; QL (4 vials per 28 days); SP
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>)	3	PA; QL (4 syringes per 28 days); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	PA; QL (4 syringes per 30 days); SP
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; QL (12 mL per 28 days); SP
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	3	PA; QL (12 mL per 28 days); SP
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>foltabs 800 oral tablet</i>	1 or 1b*; \$0	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
<i>fa-8 oral capsule</i>	1 or 1b*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	
<i>folic acid oral capsule 0.8 mg</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>ft folic acid oral tablet</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet 800 mcg</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>true folic acid oral tablet 400 mcg</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT <i>(pegfilgrastim)</i>	3	PA; QL (2 injectors/kits per 28 days); SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(pegfilgrastim)</i>	3	PA; QL (2 syringes per 28 days); SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(pegfilgrastim-cbqv)</i>	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR <i>(pegfilgrastim-cbqv)</i>	3	PA; QL (2 syringes per 28 days); SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE <i>(pegfilgrastim-cbqv)</i>	3	PA; QL (2 syringes per 28 days); SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE <i>(filgrastim-sndz)</i>	3	PA; SP
*IRON*** - DRUGS FOR NUTRITION		
FERAHEME INTRAVENOUS SOLUTION <i>(ferumoxytol)</i>	3	PA; QL (2 vials per 6 days); SP
FERRLECIT INTRAVENOUS SOLUTION <i>(na ferric gluc cplx in sucrose)</i>	3	PA; QL (16 vials per 8 weekss); SP
<i>ferumoxytol intravenous solution</i>	3	PA; QL (2 vials per 6 days); SP
INFED INJECTION SOLUTION <i>(iron dextran)</i>	3	PA; SP
<i>na ferric gluc cplx in sucrose intravenous solution</i>	3	PA; QL (16 vials per 8 weekss); SP
VENOFER INTRAVENOUS SOLUTION <i>(iron sucrose)</i>	3	PA; QL (15 mL per 84 days); SP
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
PROMACTA ORAL TABLET 12.5 MG, 25 MG <i>(eltrombopag olamine)</i>	3	PA; LD; DO; SP
PROMACTA ORAL TABLET 50 MG <i>(eltrombopag olamine)</i>	3	PA; LD; QL (3 tablets per 1 day); SP
PROMACTA ORAL TABLET 75 MG <i>(eltrombopag olamine)</i>	3	PA; LD; QL (1 tablet per 1 day); SP
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	2	QL (120 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aminocaproic acid oral tablet 1000 mg</i>	2	
<i>aminocaproic acid oral tablet 500 mg</i>	2	QL (60 tablets per 1 day)
<i>tranexamic acid intravenous solution</i>	2	
<i>tranexamic acid oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1 or 1b*	DO
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	
<i>midazolam hcl injection solution</i>	1 or 1b*	
<i>midazolam hcl oral syrup</i>	1 or 1b*	QL (10 mL per 1 fill)
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>temazepam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	2	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>eszopiclone oral tablet 3 mg</i>	1 or 1b*	AL; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	2	ST; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1 or 1b*	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1 or 1b*	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
<i>ramelteon oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	3	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1 or 1a*; \$0	QL (1 bottle per 30 days)
<i>gavilyte-g oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1 or 1b*; \$0	QL (1 kit per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	2	QL (24 tablets per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
<i>cvs purelax oral packet</i>	1 or 1b*; \$0	
<i>cvs purelax oral powder</i>	1 or 1b*; \$0	
<i>eq clearlax oral powder</i>	1 or 1b*; \$0	
<i>eq laxative oral packet</i>	1 or 1b*; \$0	
<i>eql clearlax oral powder</i>	1 or 1b*; \$0	
<i>ft clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
<i>glycolax oral powder</i>	1 or 1b*; \$0	
<i>gnp clearlax oral packet</i>	1 or 1b*; \$0	
<i>gnp clearlax oral powder</i>	1 or 1b*; \$0	
<i>goodsense clearlax oral powder</i>	1 or 1b*; \$0	
<i>healthylax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral powder</i>	1 or 1b*; \$0	
<i>kls laxaclear oral powder</i>	1 or 1b*; \$0	
<i>lactulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
<i>mm clearlax oral powder</i>	1 or 1b*; \$0	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>sm clearlax oral powder</i>	1 or 1b*; \$0	
<i>smooth lax oral packet</i>	1 or 1b*; \$0	
<i>smooth lax oral powder</i>	1 or 1b*; \$0	
<i>true laxative oral powder</i>	1 or 1b*; \$0	
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	1 or 1a*; \$0	
<i>citroma oral solution</i>	1 or 1a*; \$0	
<i>cvs magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvs milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax oral suspension</i>	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql magnesium citrate oral solution</i>	1 or 1a*; \$0	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION (<i>magnesium citrate</i>)	1 or 1a*; \$0	
<i>ft magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ft milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gentle laxative oral suspension</i>	1 or 1b*; \$0	
<i>gnp magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>goodsense milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION (<i>magnesium citrate</i>)	1 or 1a*; \$0	
<i>phillips milk of magnesia oral suspension 400 mg/5ml</i>	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>alophen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs c-lax laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ex-lax ultra oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ft laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	1 or 1b*	
<i>lidocaine-epinephrine injection solution</i>	1 or 1b*	
<i>sensorcaine/epinephrine injection solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000</i>	1 or 1b*	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
<i>bupivacaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl injection solution 0.5 %</i>	1 or 1b*	
<i>polocaine injection solution</i>	1 or 1b*	
<i>polocaine-mpf injection solution</i>	1 or 1b*	
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1 or 1b*	
<i>sensorcaine injection solution</i>	1 or 1b*	
<i>sensorcaine-mpf injection solution</i>	1 or 1b*	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	1 or 1b*	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	1 or 1b*	
<i>azithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>azithromycin oral tablet</i>	1 or 1b*	
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>clarithromycin oral suspension reconstituted</i>	1 or 1b*	
<i>clarithromycin oral tablet</i>	1 or 1b*	
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1 or 1b*	
<i>ery-tab oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin base oral capsule delayed release particles</i>	1 or 1b*	
<i>erythromycin base oral tablet</i>	1 or 1b*	
<i>erythromycin base oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	2	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	QL (12 units per 1 fill)
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (3 sensors per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 1 year)
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	2	PA; QL (1 unit per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
<i>aq insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	3	ST; QL (200 needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ASSURE ID PRO PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>aum insulin safety pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	ST; QL (200 needles per 30 days)
<i>aum pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 needles per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET MICRON (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml</i>	3	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EQL INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	ST; QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	3	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)

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MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
NOVOFINE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	3	ST; QL (200 needles per 30 days)
PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>pip pen needles 31g x 5mm</i>	3	ST; QL (200 needles per 30 days)
<i>pip pen needles 32g x 4mm</i>	3	ST; QL (200 needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES 32G X 4 MM , 32G X 5 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
<i>pure comfort safety pen needle</i>	3	QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REALITY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>safety pen needles</i>	3	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
<i>sure comfort pen needles 31g x 6 mm</i>	3	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL (200 syringes per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPACK PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ZEVRX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEVRX PEN NEEDLES	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (<i>atogepant</i>)	2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (<i>ubrogepant</i>)	2	ST; QL (16 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 28 days)
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
<i>migergot rectal suppository</i>	1 or 1b*	
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA; QL (24 mL per 28 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	2	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	QL (6 cartridges per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan nasal solution</i>	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
<i>sodium acetate intravenous solution 4 meq/ml</i>	1 or 1b*	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	2	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcium 600-vitamin d3 oral tablet</i>	1 or 1b*	
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	1 or 1b*	
<i>potassium cl in dextrose 5% intravenous solution</i>	1 or 1b*	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
KCL (0.149%) IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%	1 or 1b*	
<i>kcl (0.149%) in nacl intravenous solution 20-0.9 meq/l-%</i>	1 or 1b*	
KCL (0.298%) IN NACL INTRAVENOUS SOLUTION	1 or 1b*	
<i>lactated ringers intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1 or 1b*	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1 or 1b*	
<i>ringers intravenous solution</i>	1 or 1b*	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>sodium fluoride oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet chewable</i>	1 or 1a*; \$0	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
MAGNESIUM SULFATE INJECTION SOLUTION	2	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
K-PHOS ORAL TABLET (potassium phosphate monobasic)	2	
<i>phospha 250 neutral oral tablet</i>	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>phospho-trin k500 oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	1 or 1b*	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>klor-con 10 oral tablet extended release</i>	1 or 1b*	
<i>klor-con m10 oral tablet extended release</i>	1 or 1a*	
<i>klor-con m15 oral tablet extended release</i>	1 or 1a*	
<i>klor-con m20 oral tablet extended release</i>	1 or 1a*	
<i>klor-con oral packet</i>	1 or 1b*	
<i>klor-con oral tablet extended release</i>	1 or 1b*	
<i>potassium chloride crys er oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride er oral capsule extended release</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1 or 1b*	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1 or 1b*	
<i>potassium chloride oral packet</i>	1 or 1b*	
<i>potassium chloride oral solution</i>	1 or 1b*	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>aquastat intravenous solution</i>	2	
<i>sodium chloride flush (Aquastat Sfr Intravenous Solution)</i>	2	
<i>bd posiflush intravenous solution</i>	2	
<i>sodium chloride flush (Bd Posiflush Safescrub Intravenous Solution)</i>	2	
<i>monoject flush syringe intravenous solution</i>	2	
<i>monoject sodium chloride flush intravenous solution</i>	2	
<i>normal saline flush intravenous solution</i>	2	
<i>sodium chloride (pf) injection solution</i>	2	
<i>sodium chloride flush intravenous solution</i>	2	
<i>sodium chloride injection solution</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
SELENIOS ACID INTRAVENOUS SOLUTION 40 MCG/ML	1 or 1b*	
*ZINC*** - DRUGS FOR NUTRITION		
<i>zinc sulfate intravenous solution</i>	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ANTILEPROTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE (<i>thalidomide</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>penicillamine oral tablet</i>	2	PA; QL (8 tablets per 1 day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trientine hcl oral capsule 250 mg</i>	3	PA; QL (8 capsules per 1 day); SP
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine modified oral capsule</i>	1 or 1b*	
<i>cyclosporine modified oral solution</i>	1 or 1b*	
<i>cyclosporine oral capsule</i>	1 or 1b*	
<i>gengraf oral capsule</i>	1 or 1b*	
<i>gengraf oral solution</i>	1 or 1b*	
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
<i>lenalidomide oral capsule</i>	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	3; OC	PA; LD; QL (1 capsule per 1 day); SP; OC
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
<i>mycophenolate mofetil oral capsule</i>	2	
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	
<i>mycophenolate mofetil oral tablet</i>	2	
<i>mycophenolate sodium oral tablet delayed release</i>	2	
<i>mycophenolic acid oral tablet delayed release</i>	2	
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>argyle sterile water irrigation solution</i>	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>physiolyte irrigation solution</i>	1 or 1b*	
<i>physiosol irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>tis-u-sol irrigation solution</i>	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	
<i>sirolimus oral solution</i>	2	
<i>sirolimus oral tablet</i>	2	
<i>tacrolimus oral capsule</i>	2	
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET 10 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (34 packets per 30 days)
LOKELMA ORAL PACKET 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	QL (3 packets per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sps (sodium polystyrene sulf) rectal suspension</i>	2	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azasan oral tablet</i>	1 or 1b*	
<i>azathioprine oral tablet</i>	1 or 1b*	
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (<i>sodium tetradecyl sulfate</i>)	1 or 1b*	
<i>sotradecol intravenous solution 3 %</i>	1 or 1b*	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
<i>perigard mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride 5000 enamel dental gel</i>	1 or 1b*	
<i>sodium fluoride 5000 sensitive dental gel</i>	1 or 1b*	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clinpro 5000 dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>denta 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>easygel dental gel</i>	1 or 1b*	
<i>fluoridex daily renewal mouth/throat concentrate</i>	1 or 1b*	
<i>fluoridex dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>fluoridex enhanced whitening dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>fraiche 5000 dental dental gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>sf 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride 5000 ppm dental gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 ppm dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride mouth/throat solution</i>	1 or 1a*	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide (Kourzeq Mouth/Throat Paste)</i>	1 or 1b*	
<i>oralone mouth/throat paste</i>	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex-b12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex plus b-12 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex w/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin-b complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>qc b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>b-complex balanced oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c (w/folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>dialyvite 800 oral tablet</i>	1 or 1b*; \$0	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	1 or 1b*; \$0	
<i>kp b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>nephro vitamins oral tablet</i>	1 or 1b*; \$0	
NEPHRO-VITE ORAL TABLET (b complex-c-folic acid)	1 or 1b*; \$0	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; \$0	
<i>stress formula (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex + vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** - DRUGS FOR NUTRITION		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; \$0	
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 (w/ fa) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/electrolytes oral tablet</i>	1 or 1b*; \$0	
<i>big 100 oral tablet</i>	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>balanced b-50/fa oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
<i>big 100 (biotin) oral tablet</i>	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>endur-b oral tablet extended release</i>	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>ft b-100 complex pr oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super dec b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super quints b-50 oral tablet</i>	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multivitamin w/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>tri-vite/fluoride oral solution</i>	1 or 1b*; \$0	
<i>vitamins acd-fluoride oral solution</i>	1 or 1b*	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfe glu-fa & b6</i>)	2	QL (3 tablets per 1 day)
CLASSIC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
<i>elite-ob oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
GNP PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
<i>inatal gt oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	1 or 1b*	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	2	QL (2 units per 1 day)
<i>pnv-select oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
PRENATAL (W/IRON & FA) ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET 29-1 MG	2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)
PRENATAL COMPLETE ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
QC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
SM PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
THRIVITE RX ORAL TABLET	2	ST; QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	2	QL (3 gummies per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
<i>wesnatal dha complete oral</i>	2	QL (2 units per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (2 tablets per 1 day)
<i>pnv-dha oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (2 tablets per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
VITAFOL STRIPS ORAL FILM (<i>prenatal-b6-b12-d3-folic acid</i>)	2	ST; QL (1 EA per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 (lipotrop) oral tablet</i>	1 or 1b*; \$0	
<i>balance b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-50 complex oral tablet</i>	1 or 1b*; \$0	
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>	1 or 1b*	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>metaxalone oral tablet</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	1 or 1b*	
<i>methocarbamol oral tablet 500 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	1 or 1b*	
<i>tizanidine hcl oral capsule 6 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	1 or 1b*	QL (9 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>dantrolene sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>dantrolene sodium oral capsule</i>	2	
<i>revonto intravenous solution reconstituted</i>	1 or 1b*	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>norgesic oral tablet</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphengesic forte oral tablet</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE <i>(hyaluronan)</i>	3	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE <i>(hyaluronan)</i>	3	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE <i>(hylan g-f 20)</i>	3	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE <i>(hylan g-f 20)</i>	3	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTIHISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	3	QL (1 bottle per 30 days)
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution 0.03 %</i>	1 or 1b*	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1 or 1b*	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1 or 1b*	QL (1 package per 25 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1 or 1b*	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	1 or 1b*	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
<i>fluticasone propionate nasal suspension</i>	1 or 1a*	QL (1 bottle per 30 days)
<i>mometasone furoate nasal suspension</i>	3	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>	3	PA; QL (4 tablets per 1 day); SP
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	

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<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution</i>	1 or 1b*	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
<i>aminosyn ii intravenous solution 15 %</i>	1 or 1b*	
<i>clinisol sf intravenous solution</i>	1 or 1b*	
<i>plenamine intravenous solution</i>	1 or 1b*	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution 10 %, 5 %, 70 %</i>	1 or 1b*	
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>timolol maleate (once-daily) ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1 or 1b*	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1 or 1b*	QL (20 mL per 30 days)
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>cyclopentolate hcl ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	2	PA; QL (2 vial per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE		
VABYSMO INTRAVITREAL SOLUTION (<i>faricimab-svoa</i>)	3	PA; LD; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>faricimab-svoa</i>)	3	PA; SP
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	QL (7 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	2	QL (3 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1 or 1a*	QL (20 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>neo-polycin ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>polycin ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	QL (7.5 mL per 30 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
<i>brinzolamide ophthalmic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution 10 %</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
<i>fluorescein intravenous solution</i>	1 or 1b*	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>cyclosporine ophthalmic emulsion</i>	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (2 vials per 1 day)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
<i>propracaine hcl ophthalmic solution</i>	1 or 1b*	
<i>tetracaine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	QL (1.7 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	2	QL (3 mL per 30 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	2	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1 or 1b*	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1 or 1b*	QL (10 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
<i>apraclonidine hcl ophthalmic solution</i>	1 or 1b*	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	2	QL (30 mL per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1 or 1b*	QL (30 mL per 30 days)
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1 or 1a*	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>neo-polycin hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	QL (20 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>difluprednate ophthalmic emulsion</i>	1 or 1b*	QL (10 mL per 30 days)
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	QL (7 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	1 or 1b*	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1 or 1b*	QL (30 mL per 30 days)
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	QL (20 mL per 30 days)
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	2	
<i>latanoprost ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	QL (7.5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	2	QL (9 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BYOOVIZ INTRAVITREAL SOLUTION (<i>ranibizumab-nuna</i>)	3	PA; LD; SP
CIMERLI INTRAVITREAL SOLUTION (<i>ranibizumab-eqrn</i>)	3	PA; LD; SP
EYLEA HD INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	3	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	3	PA; LD; SP
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1 or 1b*	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ciprofloxacin-dexamethasone otic suspension</i>	1 or 1b*	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	QL (28 vials per 1 fill)
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>flac otic oil</i>	1 or 1b*	
<i>fluocinolone acetonide otic oil</i>	1 or 1b*	
<i>hydrocortisone-acetic acid otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	1 or 1b*	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methergine oral tablet</i>	1 or 1b*	
<i>methylergonovine maleate injection solution</i>	1 or 1b*	
<i>methylergonovine maleate oral tablet</i>	1 or 1b*	
<i>oxytocin injection solution</i>	1 or 1b*	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED <i>(centruroides (scorpion) im fab)</i>	2	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED <i>(crotalidae polyval immune fab)</i>	2	
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
CUTAQUIG SUBCUTANEOUS SOLUTION <i>(immune globulin (human)-hipp)</i>	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION <i>(immune globulin (human))</i>	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION <i>(immune globulin (human))</i>	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML <i>(immune globulin (human))</i>	3	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML <i>(immune globulin (human))</i>	3	PA; SP
OCTAGAM INTRAVENOUS SOLUTION <i>(immune globulin (human))</i>	3	PA; LD; SP
XEMBIFY SUBCUTANEOUS SOLUTION <i>(immune globulin (human)-klhw)</i>	3	PA; LD; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral tablet</i>	1 or 1a*	
<i>amoxicillin oral tablet chewable</i>	1 or 1a*	
<i>ampicillin oral capsule</i>	1 or 1a*	
<i>ampicillin sodium injection solution reconstituted</i>	2	
<i>ampicillin sodium intravenous solution reconstituted</i>	2	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
<i>penicillin g potassium injection solution reconstituted</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral tablet</i>	1 or 1b*	
<i>pfizerpen injection solution reconstituted</i>	2	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	2	
<i>pipercillin sod-tazobactam so intravenous solution reconstituted</i>	2	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
<i>nafcillin sodium injection solution reconstituted</i>	2	
<i>nafcillin sodium intravenous solution reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
PHARMACEUTICAL ADJUVANTS		
*SEMI SOLID VEHICLES***		
<i>ft petroleum jelly external gel</i>	1 or 1b*	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet)	1 or 1b*	
<i>medroxyprogesterone acetate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1 or 1b*	
<i>norethindrone acetate oral tablet</i>	1 or 1b*	
<i>progesterone intramuscular oil</i>	1 or 1b*	
<i>progesterone oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>progesterone oral capsule 200 mg</i>	1 or 1b*	QL (2 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>lofexidine hcl oral tablet</i>	2	QL (16 tablets per 1 day)
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	2	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1 or 1b*	
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1 or 1b*	DO
<i>donepezil hcl oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	2	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	2	DO
<i>galantamine hydrobromide oral solution</i>	2	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	2	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	2	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	2	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	2	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	2	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	2	QL (1 gram per 1 day)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (deutetrabenazine)	3	PA; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (deutetrabenazine)	3	PA; QL (2 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG (deutetrabenazine)	3	PA; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (deutetrabenazine)	3	PA; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG (valbenazine tosylate)	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (valbenazine tosylate)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (valbenazine tosylate)	3	PA; DO; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (valbenazine tosylate)	3	PA; QL (1 capsule per 1 day); SP

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INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 pack per 1 one-time fill); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	3	PA; LD; QL (8 tablets per 1 day); SP
<i>tetrabenazine oral tablet 25 mg</i>	3	PA; LD; QL (4 tablets per 1 day); SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>teriflunomide oral tablet</i>	3	PA; LD; QL (1 tablet per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss); SP
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	3	PA; QL (4 kits per 28 days); SP
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	3	PA; LD; QL (15 kits per 30 days); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; QL (1 ML per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; QL (1 ML per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; LD; QL (1 ML per 28 days); SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; QL (12 ML per 28 days); SP

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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>)	3	PA; QL (4.2 ML per 28 days); SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (12 syringes per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; QL (1 pack per 1 fill); SP
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1 or 1b*	PA; LD; QL (14 capsules per 365 days); SP
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1 or 1b*	PA; LD; QL (2 capsules per 1 day); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	1 or 1b*	PA; LD; QL (1 kit per 365 days); SP
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	3	PA; LD; QL (4 capsules per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>dalfampridine er oral tablet extended release 12 hour</i>	1 or 1b*	PA; LD; QL (2 tablets per 1 day); SP
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	3	PA; QL (12 syringe per 28 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 syringe per 28 days); SP
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	3	PA; QL (1 syringe per 1 day); SP
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	3	PA; QL (12 syringe per 28 days); SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	2	DO
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	2	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	2	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	2	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	2	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	2	DO
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	AL

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>gabapentin (once-daily) oral tablet</i>	2	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	2	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	2	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	2	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	1 or 1b*	AL; QL (10 tablets per 1 day)
<i>pimozide oral tablet 2 mg</i>	1 or 1b*	AL; QL (5 tablets per 1 day)
*SMOKING DETERRENENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	PA; QL (2 tablets per 1 day)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ft nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ft nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ft nicotine transdermal patch 24 hour 21 mg/24hr</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>habitrol transdermal patch 24 hour</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat lozenge</i>	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (nicotine)	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTINE TRANSDERMAL KIT	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (nicotine)	2; \$0	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (nicotine)	2; \$0	PA; QL (4 mL per 1 day)
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>thrive mouth/throat gum</i>	1 or 1b*; \$0	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2; \$0	QL (53 dose pack per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg</i>	2; \$0	PA; QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	2; \$0	PA; QL (2 tablet per 1 day)
<i>varenicline tartrate(continue) oral tablet</i>	2; \$0	PA; QL (2 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	3	PA; QL (1 capsule per 1 day); SP
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (4 tablets per 1 day); SP
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 tablet per 1 day); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 pack per 1 one time fill); SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; LD; QL (1 pack per 1 fill); SP
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1 or 1b*	AL; QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1 or 1b*	DO; AL
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>paroxetine mesylate oral capsule</i>	1 or 1b*	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacafti</i>)	3	PA; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK (<i>elexacaftor-tezacaftor-ivacafti</i>)	3	PA; QL (1 carton per 28 days)
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	3	PA; LD; QL (150 mL per 30 days); SP
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	3	PA; LD; QL (2 capsules per 1 day); SP
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
<i>pirfenidone oral capsule</i>	3	PA; LD; QL (9 capsule per 1 day); SP
<i>pirfenidone oral tablet 267 mg</i>	3	PA; LD; QL (9 tablets per 1 day); SP
<i>pirfenidone oral tablet 534 mg</i>	3	PA; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pirfenidone oral tablet 801 mg</i>	3	PA; LD; QL (3 tablets per 1 day); SP
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	2	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
<i>demeclocycline hcl oral tablet</i>	2	
<i>doxy 100 intravenous solution reconstituted</i>	2	QL (2 vials per 1 day)
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	QL (2 vials per 1 day)
<i>doxycycline hyclate oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i>	1 or 1b*	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	ST
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1 or 1b*	
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>mondoxyne nl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>targadox oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1 or 1a*	
<i>propylthiouracil oral tablet</i>	1 or 1b*	
*THYROID HORMONES*** - DRUGS FOR THYROID		
<i>euthyrox oral tablet</i>	1 or 1b*	
<i>levo-t oral tablet</i>	1 or 1b*	
<i>levothyroxine sodium oral capsule</i>	2	
<i>levothyroxine sodium oral tablet</i>	1 or 1a*	
<i>levoxyl oral tablet</i>	1 or 1a*	
<i>liothyronine sodium intravenous solution</i>	1 or 1b*	
<i>liothyronine sodium oral tablet</i>	1 or 1b*	
<i>np thyroid oral tablet</i>	1 or 1a*	
<i>unithroid oral tablet</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	2; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tetanus-diphth-acell pertussis</i>)	2; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	2; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	2; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	2; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	2; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	2; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	2; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	2; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	2; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	2; \$0	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recomb</i>)	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recomb</i>)	2	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1 or 1b*	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
<i>dicyclomine hcl intramuscular solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	1 or 1a*	
<i>dicyclomine hcl oral solution</i>	1 or 1a*	
<i>dicyclomine hcl oral tablet</i>	1 or 1a*	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine (pf) intravenous solution</i>	1 or 1b*	
<i>famotidine intravenous solution</i>	1 or 1b*	
<i>famotidine oral suspension reconstituted</i>	1 or 1b*	QL (5 mL per 1 day)
<i>famotidine oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	1 or 1b*	
<i>nizatidine oral capsule 150 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1 or 1b*	
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule delayed release</i>	1 or 1b*	
<i>esomeprazole magnesium oral packet</i>	1 or 1b*	
<i>lansoprazole oral capsule delayed release 30 mg</i>	1 or 1b*	
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
<i>glycopyrrolate injection solution</i>	1 or 1b*	
<i>glycopyrrolate oral solution</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1 or 1b*	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	1 or 1b*	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>bis subcit-metronid-tetracyc oral capsule</i>	2	ST; QL (1 pack per 1 fill)
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	2	ST; QL (1 pack per 1 fill)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet</i>	1 or 1a*	\$0 for Fully insured members in California
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	QL (2 tablets per 1 day)

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<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>oxybutynin chloride oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>solifenacin succinate oral tablet</i>	2	QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	2	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	2	QL (2 tablets per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>mirabegron er oral tablet extended release 24 hour</i>	2	QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (<i>mirabegron</i>)	3	QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	2	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2; \$0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	2; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	2; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	2	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>pneumococcal 21-valent conjuga</i>)	2; \$0	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	2; \$0	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	2; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	2; \$0	

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PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	2; \$0	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	2; \$0	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE (<i>pneumococcal vac polyvalent</i>)	2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>typhoid vi polysaccharide vacc</i>)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	2	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2; \$0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	2; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	2; \$0	
*VIRAL VACCINES*** - VACCINES		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>rsv pre-fusion f a&b vac rcmb</i>)	2; \$0	QL (1 injection per 1 lifetime)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	2; \$0	
AFLURIA INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rsvpref3 vac recomb adjuvanted</i>)	2; \$0	PA; AL; QL (1 injection per 1 lifetime)
AUDENZ INTRAMUSCULAR EMULSION (<i>influenza a (h5n1) subunit adj</i>)	2	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza a (h5n1) subunit adj</i>)	2	

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COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	2	
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	2; \$0	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	2; \$0	
ERVEBO INTRAMUSCULAR SUSPENSION (<i>ebola zaire virus vaccine live</i>)	2	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac a&b surf ant adj</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recombinant ha</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac tiss-cult subunt</i>)	2; \$0	QL (1 fill per 180 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split high-dose</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION (<i>influenza virus vaccine split</i>)	2; \$0	QL (1 mL per 1 one-time fill)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza virus vacc split pf</i>)	2; \$0	QL (1 mL per 1 one-time fill)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	2; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	2; \$0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	2	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2; \$0	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chikungunya virus vaccine live</i>)	2	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	2	
JYNNEOS SUBCUTANEOUS SUSPENSION (<i>smallpox & monkeypox vac, live</i>)	2; \$0	

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MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>rsv mrna pre-f virus vaccine</i>)	2; \$0	AL; QL (1 syringe per 1 lifetime)
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe</i>	2; \$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	2; \$0	
PREHEVBRIO INTRAMUSCULAR SUSPENSION (<i>hepatitis b vac 3-antigen rcmb</i>)	2; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	2	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	2; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	2; \$0	
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	2; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	2; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	2; \$0	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>covid-19 mrna virus vaccine</i>)	2; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	2	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tick-borne encephalitis vacc</i>)	2	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	2; \$0	
VARIVAX INJECTION SUSPENSION RECONSTITUTED (<i>varicella virus vaccine live</i>)	2; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	2	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>miconazole 3 vaginal suppository</i>	1 or 1b*	
<i>terconazole vaginal cream 0.4 %</i>	1 or 1b*	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	1 or 1b*	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	1 or 1b*	QL (6 suppositories per 30 days)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	2; \$0	

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Effective 11012024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	2	
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
<i>metronidazole vaginal gel</i>	1 or 1b*	
VANAZOLE VAGINAL GEL (<i>metronidazole</i>)	1 or 1b*	
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	3	\$0
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
<i>estradiol vaginal cream</i>	1 or 1b*	QL (42.5 grams per 30 days)
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
<i>yuvafem vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	2	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>epinephrine (anaphylaxis) injection solution</i>	1 or 1b*	
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule 100 mg</i>	3	PA; LD; QL (3 capsules per 1 day); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	3	PA; LD; QL (6 capsules per 1 day); SP
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>midodrine hcl oral tablet</i>	2	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>thiamine hcl injection solution</i>	1 or 1b*	
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>ergocalciferol oral capsule</i>	1 or 1a*	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1 or 1a*	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione injection solution</i>	1 or 1b*	
<i>phytonadione oral tablet</i>	2	
<i>vitamin k1 injection solution</i>	1 or 1b*	

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Index

1ST TIER UNIFINE PENTIPS	100	ALECENSA	49	ANTIVENIN MICRURUS	
1ST TIER UNIFINE PENTIPS PLUS	100	<i>alendronate sodium</i>	83	FULVIUS	122
<i>abacavir sulfate</i>	59, 60	<i>alfuzosin hcl er</i>	89	<i>apap-caff-dihydrocodeine</i>	19
<i>abacavir sulfate-lamivudine</i>	58	<i>aliskiren fumarate</i>	46	<i>apomorphine hcl</i>	55
<i>abiraterone acetate</i>	48	<i>allbee/c</i>	113	<i>apraclonidine hcl</i>	120
ABRYSVO	134	<i>allopurinol</i>	90	<i>aprepitant</i>	39
ACAM2000	134	<i>allopurinol sodium</i>	90	<i>apri</i>	67
<i>acamprosate calcium</i>	124	<i>almotriptan malate</i>	107	APTIVUS	59
<i>acarbose</i>	33	<i>alogliptin benzoate</i>	34	<i>aq insulin syringe</i>	100
ACCU-CHEK AVIVA PLUS	81	<i>alogliptin-metformin hcl</i>	34	<i>aqinject pen needle</i>	100
ACCU-CHEK FASTCLIX		<i>alogliptin-pioglitazone</i>	34	<i>aquastat</i>	109
LANCETS	99	<i>alopen</i>	97	<i>Aquastat Sfr</i>	109
ACCU-CHEK GUIDE TEST	81	<i>alosetron hcl</i>	88	<i>aranelle</i>	72
ACCU-CHEK SAFE-T PRO		<i>alprazolam</i>	23	ARANESP (ALBUMIN FREE)	92
LANCETS	99	<i>alprazolam er</i>	23	AREXVY	134
ACCU-CHEK SMARTVIEW	81	<i>alprazolam xr</i>	23	<i>arformoterol tartrate</i>	25
ACCU-CHEK SOFTCLIX		<i>altafluor benox</i>	120	<i>argyle sterile water</i>	110
LANCETS	99	<i>altavera</i>	67	<i>aripiprazole</i>	57
<i>accutane</i>	75	ALUNBRIG	49	<i>armodafinil</i>	13
ACCUTREND GLUCOSE	81	<i>alvimopan</i>	89	ARNUNITY ELLIPTA	26
<i>acebutolol hcl</i>	62	<i>alyacen 1/35</i>	67	<i>ascomp-codeine</i>	19
<i>acetaminophen</i>	17	<i>alyacen 7/7/7</i>	72	<i>asenapine maleate</i>	56
<i>acetaminophen-codeine</i>	19	<i>alyq</i>	65	<i>ashlyna</i>	71
<i>acetazolamide</i>	82	<i>amantadine hcl</i>	54	<i>aspirin</i>	17
<i>acetazolamide er</i>	82	<i>ambrisentan</i>	65	<i>aspirin 81</i>	17
<i>acetazolamide sodium</i>	82	<i>amethyst</i>	70	<i>aspirin adult low dose</i>	17
<i>acetic acid</i>	90, 121	<i>amikacin sulfate</i>	14	<i>aspirin adult low strength</i>	17
<i>acetylcysteine</i>	38, 74	<i>amiloride hcl</i>	83	<i>aspirin childrens</i>	17
<i>acitretin</i>	76	<i>amiloride-hydrochlorothiazide</i>	82	<i>aspirin ec adult low dose</i>	17
ACTHIB	133	<i>aminocaproic acid</i>	93, 94	<i>aspirin ec low dose</i>	17
ACTIMMUNE	51	<i>aminophylline</i>	27	<i>aspirin ec low strength</i>	17
<i>acyclovir</i>	61, 77, 78	<i>aminosyn ii</i>	118	<i>aspirin low dose</i>	17
<i>acyclovir sodium</i>	61	<i>amiodarone hcl</i>	24	<i>aspirin regimen</i>	18
ADACEL	131	<i>amitriptyline hcl</i>	32	<i>aspirin-dipyridamole er</i>	91
<i>adalimumab-adbm (2 pen)</i>	15	<i>amlodipine besy-benazepril hcl</i>	43	ASSURE ID DUO PRO PEN	
<i>adalimumab-adbm (2 syringe)</i>	15	<i>amlodipine besylate</i>	63	NEEDLES	100
<i>adalimumab-adbm(cd/uc/hs strt)</i>	15	<i>amlodipine besylate-valsartan</i>	44	ASSURE ID PRO PEN NEEDLES ..	100
<i>adalimumab-adbm(ps/uv starter)</i>	15	<i>amlodipine atorvastatin</i>	65	ASSURE ID SAFETY PEN	
<i>adapalene</i>	75	<i>amlodipine-olmesartan</i>	44	NEEDLES	100
<i>adapalene-benzoyl peroxide</i>	75	<i>amlodipine-valsartan-hctz</i>	45	ATABEX EC	114
<i>adefovir dipivoxil</i>	60	<i>amnesteem</i>	75	ATABEX OB	114
<i>adenosine</i>	23	<i>amoxapine</i>	32	<i>atazanavir sulfate</i>	59
ADVOCATE INSULIN PEN		<i>amoxicillin</i>	122, 123	<i>atenolol</i>	62
NEEDLE	100	<i>amoxicillin-pot clavulanate</i>	123	<i>atenolol-chlorthalidone</i>	45
ADVOCATE INSULIN PEN		<i>amoxicillin-pot clavulanate er</i>	123	<i>atomoxetine hcl</i>	11
NEEDLES	100	<i>amphetamine sulfate</i>	11	<i>atorvastatin calcium</i>	42
ADVOCATE INSULIN SYRINGE ..	100	<i>amphetamine-dextroamphet er</i>	11	<i>atovaquone</i>	46
<i>afirmelle</i>	67	<i>amphetamine-dextroamphetamine</i>	11	<i>atovaquone-proguanil hcl</i>	47
AFLURIA	134	<i>amphet-dextroamphet 3-bead er</i>	11	<i>atracurium besylate</i>	117
AFLURIA PRESERVATIVE FREE ..	134	<i>amphotericin b</i>	40	ATROVENT HFA	26
<i>aftera</i>	70	<i>amphotericin b liposome</i>	40	<i>aubra eq</i>	67
<i>afterpill</i>	70	<i>ampicillin</i>	123	AUDENZ	134
AIMOVIG	107	<i>ampicillin sodium</i>	123	AUGMENTIN	123
AJOVY	107	<i>ampicillin-sulbactam sodium</i>	123	<i>aum insulin safety pen needle</i>	100
<i>ak-fluor</i>	119	<i>anagrelide hcl</i>	92	AUM MINI INSULIN PEN	
<i>ala-cort</i>	78	ANASCORP	122	NEEDLE	100
<i>albendazole</i>	22	<i>anastrozole</i>	51	<i>aum pen needle</i>	100
<i>albuterol sulfate</i>	25	ANNOVERA	70	AUM READYGARD DUO PEN	
ALBUTEROL SULFATE	25	ANORO ELLIPTA	24	NEEDLE	100
<i>albuterol sulfate hfa</i>	25	ANTIVENIN LATRODECTUS		AUM SAFETY PEN NEEDLE	100
<i>alclometasone dipropionate</i>	78	MACTANS	122	AURORA PEN NEEDLES	100
				<i>aurovela 1.5/30</i>	67

<i>aurovela 1/20</i>	67	BD AUTOSHIELD DUO	100	<i>bosentan</i>	65
<i>aurovela 24 fe</i>	67	<i>bd heparin posiflush</i>	27	BOSULIF	49
<i>aurovela fe 1.5/30</i>	67	BD INSULIN SYR ULTRAFINE II	100	BREO ELLIPTA	24
<i>aurovela fe 1/20</i>	67	BD INSULIN SYRINGE	100	Breyna.....	24
AUSTEDO	124	BD INSULIN SYRINGE HALF-UNIT	100	BREZTRI AEROSPHERE	24
AUSTEDO XR	124	BD INSULIN SYRINGE MICROFINE	100	<i>brIELlyn</i>	67
TITRATION	124	BD INSULIN SYRINGE U/F	100	BRILINTA	91
AVASTIN	53	BD INSULIN SYRINGE U/F 1/2UNIT	100	<i>brimonidine tartrate</i>	80, 120
<i>aviane</i>	67	BD INSULIN SYRINGE U-500	100	<i>brimonidine tartrate-timolol</i>	118
AVONEX PEN	125	BD INSULIN SYRINGE ULTRAFINE	101	<i>brinzolamide</i>	119
AVONEX PREFILLED	125	BD PEN NEEDLE MICRO U/F	101	<i>bromfenac sodium</i>	120
AVSOLA	89	BD PEN NEEDLE MINI U/F	101	<i>bromfenac sodium (once-daily)</i>	120
<i>ayuna</i>	67	BD PEN NEEDLE NANO 2ND GEN	101	<i>bromocriptine mesylate</i>	54
<i>azasan</i>	111	BD PEN NEEDLE NANO U/F	101	<i>budesonide</i>	22, 26, 73
<i>azathioprine</i>	111	BD PEN NEEDLE ORIGINAL U/F	101	<i>budesonide er</i>	73
<i>azelaic acid</i>	80	BD PEN NEEDLE SHORT U/F	101	<i>budesonide-formoterol fumarate</i>	24
<i>azelastine hcl</i>	117, 119	<i>bd posiflush</i>	109	<i>bumetanide</i>	82
<i>azelastine-fluticasone</i>	117	Bd Posiflush Safescrub	109	<i>bupivacaine hcl (pf)</i>	98
<i>azithromycin</i>	98	BD SAFETYGLIDE INSULIN SYRINGE	101	<i>bupivacaine-epinephrine</i>	97
<i>aztreonam</i>	47	BD VEO INSULIN SYR U/F 1/2UNIT	101	<i>bupivacaine-epinephrine (pf)</i>	97
<i>azurette</i>	67	BD VEO INSULIN SYRINGE U/F	101	<i>buprenorphine</i>	21
<i>b complex 100 tr</i>	113	<i>benazepril hcl</i>	43	<i>buprenorphine hcl</i>	21
<i>b complex formula 1 (lipotrop)</i>	116	<i>benazepril-hydrochlorothiazide</i>	43	<i>buprenorphine hcl-naloxone hcl</i>	21
<i>b complex formula 1 (w/ fa)</i>	113	<i>benzonatate</i>	74	<i>bupropion hcl</i>	31
<i>b complex-b12</i>	112	<i>benzoyl peroxide-erythromycin</i>	75	<i>bupropion hcl er (smoking det)</i>	127
<i>b complex-c</i>	113	<i>benzphetamine hcl</i>	12	<i>bupropion hcl er (sr)</i>	31
B COMPLEX-C-BIOTIN-E-FA	113	<i>benztropine mesylate</i>	54	<i>bupropion hcl er (xl)</i>	31
<i>b complex-c-folic acid</i>	112	BERINERT	91	<i>buspirone hcl</i>	23
<i>b-100 b-complex</i>	113	<i>betaine</i>	84	<i>butalbital-acetaminophen</i>	17
<i>b-100 complex cr</i>	113	<i>betamethasone dipropionate</i>	78	<i>butalbital-apap-caff-cod</i>	19
<i>b-100 tr</i>	113	<i>betamethasone dipropionate aug</i>	78	<i>butalbital-apap-caffeine</i>	17
<i>b-50 complex</i>	113	<i>betamethasone valerate</i>	78	<i>butalbital-asa-caff-codeine</i>	19
<i>bac</i>	17	BETASERON	125	<i>butalbital-aspirin-caffeine</i>	17
<i>bacitracin</i>	119	<i>betaxolol hcl</i>	62, 118	<i>butorphanol tartrate</i>	21
<i>bacitracin-polymyxin b</i>	119	<i>bethanechol chloride</i>	133	BYOOVIZ	121
<i>bacitra-neomycin-polymyxin-hc</i>	120	BETOPTIC-S	118	<i>cabergoline</i>	84
<i>baclofen</i>	116	<i>better b complex</i>	113	CABOMETYX	51
<i>balance b-100</i>	116	<i>bexarotene</i>	53, 81	<i>caffeine citrate</i>	12
<i>balance b-50</i>	113	BEXSERO	133	<i>calcipotriene</i>	77
<i>balanced b complex</i>	113	<i>bicalutamide</i>	48	<i>calcipotriene-betameth diprop</i>	81
<i>balanced b-100</i>	113	<i>big 100</i>	113	<i>calcitonin (salmon)</i>	83
<i>balanced b-50 complex</i>	116	<i>big 100 (biotin)</i>	114	<i>calcitrene</i>	77
<i>balanced b-50/fa</i>	113	BLJUVA	86	<i>calcitriol</i>	77, 84, 85
<i>balsalazide disodium</i>	88	BIKTARVY	58	<i>calcium 600-vitamin d3</i>	108
<i>balziva</i>	67	<i>bimatoprost</i>	121	<i>calcium acetate</i>	89
BAQSIMI ONE PACK	33	BIOTHRAx	133	<i>calcium acetate (phos binder)</i>	89
BAQSIMI TWO PACK	33	<i>bis subcit-metronid-tetracyc</i>	132	<i>camila</i>	71
BARACLUDe	60	<i>bisacodyl</i>	97	<i>camrese</i>	71
<i>bayer aspirin ec low dose</i>	18	<i>bisacodyl ec</i>	97	<i>camrese lo</i>	71
<i>bayer low dose</i>	18	<i>bismuth/metronidaz/tetracyclin</i>	132	<i>candesartan cilexetil</i>	44
BCG VACCINE	133	<i>bisoprolol fumarate</i>	62	<i>candesartan cilexetil-hctz</i>	44
<i>b-compleet-100</i>	114	<i>bisoprolol-hydrochlorothiazide</i>	45	<i>capecitabine</i>	49
<i>b-compleet-50</i>	114	<i>blisovi 24 fe</i>	67	CAPRELSA	51
<i>b-complex</i>	114	<i>blisovi fe 1.5/30</i>	67	<i>captopril</i>	43
<i>b-complex (folic acid)</i>	113	<i>blisovi fe 1/20</i>	67	<i>captopril-hydrochlorothiazide</i>	43
<i>b-complex balanced</i>	112	BOOSTRIX	131	CAPVAXIVE	133
<i>b-complex plus b-12</i>	112			<i>carbamazepine</i>	28
<i>b-complex/b-12</i>	112			<i>carbamazepine er</i>	28
<i>b-complex/electrolytes</i>	113			<i>carbidopa</i>	54
<i>b-complex/vitamin c</i>	112			<i>carbidopa-levodopa</i>	54
<i>b-complex-c</i>	113			<i>carbidopa-levodopa er</i>	54
<i>b-complex-c (w/folic acid)</i>	112			<i>carbidopa-levodopa-entacapone</i>	54
				<i>carbinoxamine maleate</i>	40

<i>carbinoxamine maleate er</i>	40	<i>cimetidine hcl</i>	131	COMETRIQ (140 MG DAILY DOSE)	51
<i>carboprost tromethamine</i>	122	<i>cinacalcet hcl</i>	83	COMETRIQ (60 MG DAILY DOSE)	51
CAREFINE PEN NEEDLES	101	<i>ciprofloxacin hcl</i>	87, 119, 121	COMFORT ASSIST INSULIN SYRINGE	101
CAREONE INSULIN SYRINGE	101	<i>ciprofloxacin in d5w</i>	87	COMFORT EZ INSULIN SYRINGE	101
CAREONE UNIFINE PENTIPS PLUS	101	<i>ciprofloxacin-dexamethasone</i>	121	COMFORT EZ MICRO PEN NEEDLES	101
CARETOUCH INSULIN SYRINGE	101	<i>ciprofloxacin-fluocinolone pf</i>	121	COMFORT EZ PEN NEEDLES	101
CARETOUCH PEN NEEDLES	101	<i>cisatracurium besylate</i>	118	COMFORT EZ PRO PEN NEEDLES	101
<i>carglumic acid</i>	84	<i>cisatracurium besylate (pf)</i>	118	COMFORT EZ SHORT PEN NEEDLES	101
<i>carisoprodol</i>	116	<i>citalopram hydrobromide</i>	31	COMFORT TOUCH INSULIN PEN NEED	101
<i>carteolol hcl</i>	118	CITRANATAL B-CALM	114	COMIRNATY	135
<i>cartia xt</i>	63	<i>citrate of magnesia</i>	96	COMPLERA	58
<i>carvedilol</i>	62	<i>citroma</i>	96	COMPLETE NATAL DHA	116
<i>carvedilol phosphate er</i>	62	<i>claravis</i>	75	COMPLETENATE	115
CAYA	99	<i>clarithromycin</i>	98	<i>complex b-100</i>	114
CAYSTON	47	<i>clarithromycin er</i>	98	<i>complex b-50 prolonged release</i>	114
<i>cefaclor</i>	66	CLASSIC PRENATAL	114	<i>compro</i>	57
CEFACTOR ER	66	<i>clearlax</i>	95	CO-NATAL FA	115
<i>cefadroxil</i>	66	<i>clemastine fumarate</i>	40	CONCEPT DHA	115
<i>cefazolin sodium</i>	66	CLEOCIN	137	CONCEPT OB	115
<i>cefdinir</i>	66	CLEVER CHOICE COMFORT EZ	101	<i>constulose</i>	95
<i>cefepime hcl</i>	67	CLICKFINE PEN NEEDLES	101	CONTRAVE	12
<i>cefixime</i>	66	CLIMARA PRO	86	COPAXONE	126
<i>cefotetan disodium</i>	66	Clindacin.....	74	COSENTYX	76
<i>cefoxitin sodium</i>	66	<i>clindacin etz</i>	74	COSENTYX (300 MG DOSE)	76
<i>cefpodoxime proxitil</i>	66	<i>clindacin-p</i>	74	COSENTYX SENSOREADY (300 MG)	76
<i>cefprozil</i>	66	<i>clindamycin hcl</i>	47	COSENTYX SENSOREADY PEN	76
<i>ceftazidime</i>	66	<i>clindamycin palmitate hcl</i>	47	COSENTYX UNOREADY	77
<i>ceftriaxone sodium</i>	66, 67	<i>clindamycin phosphate hcl</i>	47	CREON	82
<i>ceftriaxone sodium in dextrose</i>	66	<i>clindamycin phos-benzoyl perox</i>	75	CROFAB	122
<i>cefuroxime axetil</i>	66	<i>clindamycin phosphate</i>	47, 74, 75, 137	<i>cromolyn sodium</i>	25, 87, 119
<i>cefuroxime sodium</i>	66	<i>clindamycin phosphate in d5w</i>	47	<i>crotan</i>	81
<i>celecoxib</i>	15	<i>clindamycin-tretinoin</i>	75	<i>cryselle-28</i>	68
<i>cephalexin</i>	66	<i>clinisol sf</i>	118	CURAE	70
CERDELGA	92	<i>clinpro 5000</i>	111	<i>curity sterile saline</i>	90
<i>cetirizine hcl</i>	40	<i>clobazam</i>	28	CUTAQUIG	122
<i>cevimeline hcl</i>	112	<i>clobetasol propionate</i>	78	<i>cvs aspirin adult low dose</i>	18
<i>charlotte 24 fe</i>	67	<i>clobetasol propionate e</i>	78	<i>cvs aspirin adult low strength</i>	18
<i>chateal eq</i>	67	<i>clobetasol propionate emulsion</i>	78	<i>cvs aspirin ec</i>	18
<i>childrens aspirin</i>	18	<i>clodan</i>	78	<i>cvs aspirin low dose</i>	18
<i>chloramphenicol sod succinate</i>	46	CLOMID	85	<i>cvs aspirin low strength</i>	18
<i>chlordiazepoxide hcl</i>	23	<i>clomipramine hcl</i>	32	<i>cvs aspirin low strength</i>	18
<i>chlordiazepoxide-amitriptyline</i>	124	<i>clonazepam</i>	28	<i>cvs b complex plus c</i>	113
<i>chlordiazepoxide-clidinium</i>	131	<i>clonidine</i>	45	<i>cvs c-lax laxative</i>	97
<i>chlorhexidine gluconate</i>	111	<i>clonidine hcl</i>	45	<i>cvs folic acid</i>	92
<i>chloroprocaine hcl (pf)</i>	98	<i>clonidine hcl er</i>	11	<i>cvs gentle laxative</i>	97
<i>chloroquine phosphate</i>	47	<i>clopidogrel bisulfate</i>	92	<i>cvs gentle laxative womens</i>	97
<i>chlorothiazide sodium</i>	83	<i>clorazepate dipotassium</i>	23	<i>cvs magnesium citrate</i>	96
<i>chlorpromazine hcl</i>	56, 57	<i>clotrimazole</i>	111	<i>cvs milk of magnesia</i>	96
CHLORPROMAZINE HCL	57	<i>clotrimazole-betamethasone</i>	75	<i>cvs nicotine</i>	127
<i>chlorthalidone</i>	83	<i>clozapine</i>	56	<i>cvs nicotine polacrilex</i>	127
<i>chlorzoxazone</i>	116	C-NATE DHA	114	<i>cvs purelax</i>	95
<i>cholestyramine</i>	41	COAGUCHEK LANCETS	99	<i>cvs super b complex/c</i>	113
<i>cholestyramine light</i>	41	<i>coal tar</i>	81	<i>cyanocobalamin</i>	92
<i>chromic chloride</i>	109	<i>codeine sulfate</i>	19	<i>cyclobenzaprine hcl</i>	116
<i>ciclodan</i>	76	<i>colchicine</i>	90	<i>cyclopentolate hcl</i>	118
<i>ciclopirox</i>	76	<i>colchicine-probenecid</i>	90		
<i>ciclopirox olamine</i>	76	<i>colesevelam hcl</i>	41		
<i>cilostazol</i>	91	<i>colestipol hcl</i>	41		
CIMDUO	58	<i>colistimethate sodium (cba)</i>	47		
CIMERLI	121	COMBIPATCH	86		
<i>cimetidine</i>	131	COMBIVENT RESPIMAT	24		
		COMETRIQ (100 MG DAILY DOSE)	51		

<i>cyclophosphamide</i>	53	<i>dextrose</i>	118	<i>drospirenone-ethinyl estradiol</i>	68
<i>cycloserine</i>	48	<i>dextrose in lactated ringers</i>	108	DROXIA	92
<i>cyclosporine</i>	110, 120	<i>dextrose-sodium chloride</i>	108	<i>droxidopa</i>	137
<i>cyclosporine modified</i>	110	<i>dialyvit 800</i>	112	DRUG MART UNIFINE PENTIPS	102
<i>cyproheptadine hcl</i>	41	DIATHRIVE PEN NEEDLE	101	DRUG MART UNIFINE PENTIPS PLUS	102
<i>cyred eq</i>	68	<i>diazepam</i>	23, 28	<i>dulcolax</i>	96
CYSTARAN	121	<i>diazepam intensol</i>	23	<i>dulcolax milk of magnesia</i>	96
<i>dalfampridine er</i>	126	<i>diazoxide</i>	33	<i>duloxetine hcl</i>	32
<i>danazol</i>	21	<i>dichlorphenamide</i>	82	DUOPA	54
<i>dantrolene sodium</i>	117	<i>diclofenac potassium</i>	15	DUPIXENT	78
<i>dapagliflozin pro-metformin er</i>	36	<i>diclofenac sodium</i>	15, 16, 76, 120	<i>duramorph</i>	19
<i>dapagliflozin propanediol</i>	36	<i>diclofenac sodium er</i>	15	<i>dutasteride</i>	89
<i>dapsone</i>	47, 75	<i>diclofenac-misoprostol</i>	15	<i>dutasteride-tamsulosin hcl</i>	90
DAPTACEL	131	<i>dicloxacillin sodium</i>	123	<i>e.e.s. 400</i>	98
<i>darifenacin hydrobromide er</i>	132	<i>dicyclomine hcl</i>	131	EASY COMFORT INSULIN SYRINGE	102
<i>darunavir</i>	59	<i>diethylpropion hcl</i>	12	<i>easy comfort insulin syringe</i>	102
<i>dasatinib</i>	50	<i>diethylpropion hcl er</i>	12	EASY COMFORT PEN NEEDLES	102
<i>dasetta 1/35</i>	68	<i>diflunisal</i>	18	EASY GLIDE PEN NEEDLES	102
<i>dasetta 7/7/7</i>	72	<i>difluprednate</i>	121	EASY TOUCH FLIPLOCK INSULIN SY	102
<i>daysee</i>	71	<i>digoxin</i>	64, 65	EASY TOUCH INSULIN SAFETY SYR	102
<i>deblitane</i>	71	<i>dihydroergotamine mesylate</i>	107	EASY TOUCH INSULIN SYRINGE	102
<i>deferasirox</i>	38	DILANTIN	30	EASY TOUCH PEN NEEDLES	102
<i>deferasirox granules</i>	38	<i>diltiazem hcl</i>	63	EASY TOUCH SAFETY PEN NEEDLES	102
<i>deferiprone</i>	38	<i>diltiazem hcl er</i>	63	EASY TOUCH SHEATHLOCK SYRINGE	102
DELSTRIGO	58	<i>diltiazem hcl er beads</i>	63	<i>easygel</i>	111
<i>delyla</i>	68	<i>diltiazem hcl er coated beads</i>	63	<i>ec-naproxen</i>	16
<i>demeclocycline hcl</i>	130	<i>dilt-xr</i>	63	<i>econazole nitrate</i>	79
DENG VAXIA	135	<i>dimethyl fumarate</i>	126	<i>econtra one-step</i>	70
<i>denta 5000 plus</i>	111	<i>dimethyl fumarate starter pack</i>	126	<i>ecotrin low strength</i>	18
<i>dentagel</i>	111	<i>diphenhydramine hcl</i>	40	EDURANT	59
DEPO-SUBQ PROVERA 104	71	<i>diphenoxylate-atropine</i>	38	<i>efavirenz</i>	59
DEPO-TESTOSTERONE	21	<i>dipyridamole</i>	91	<i>efavirenz-emtricitab-tenofo df</i>	58
DESCOVY	58	<i>disopyramide phosphate</i>	23	<i>efavirenz-lamivudine-tenofovir</i>	58
<i>desflurane</i>	89	<i>disulfiram</i>	124	<i>eletriptan hydrobromide</i>	107
<i>desipramine hcl</i>	32, 33	<i>divalproex sodium</i>	31	<i>elinest</i>	68
<i>desloratadine</i>	41	<i>divalproex sodium er</i>	31	ELIQUIS	27
<i>desmopressin ace spray refrig</i>	86	<i>dobutamine hcl</i>	65	ELIQUIS DVT/PE STARTER PACK	27
<i>desmopressin acetate</i>	86	<i>dodex</i>	92	<i>elite-ob</i>	115
<i>desmopressin acetate pf</i>	86	<i>dofetilide</i>	24	ELIXOPHYLLIN	27
<i>desmopressin acetate spray</i>	86	<i>dolishale</i>	70	ELLA	70
<i>desogestrel-ethinyl estradiol</i>	67	<i>donepezil hcl</i>	124	<i>eluryng</i>	70
<i>desonide</i>	79	<i>dorzolamide hcl</i>	119	EMBRACE PEN NEEDLES	102
<i>desvenlafaxine succinate er</i>	32	<i>dorzolamide hcl-timolol mal</i>	118	EMGALITY	107
<i>dexamethasone</i>	73	<i>dorzolamide hcl-timolol mal pf</i>	118	EMGALITY (300 MG DOSE)	107
DEXAMETHASONE INTENSOL	73	<i>dotti</i>	86	<i>emtricitabine</i>	60
<i>dexamethasone sod phos +rfid</i>	73	DOVATO	58	<i>emtricitabine-tenofovir df</i>	58
<i>dexamethasone sod phosphate pf</i>	73	<i>doxazosin mesylate</i>	45	EMTRIVA	60
DEXAMETHASONE SOD PHOSPHATE PF	73	<i>doxepin hcl</i>	33, 76, 94	<i>Emzahh</i>	71
<i>dexamethasone sodium phosphate</i>	73, 120	<i>doxercalciferol</i>	85	<i>enalapril maleate</i>	43
DEXAMETHASONE SODIUM PHOSPHATE	73	<i>doxy 100</i>	130	<i>enalaprilat</i>	43
DEXCOM G6 RECEIVER	99	<i>doxycycline hyclate</i>	130	<i>enalapril-hydrochlorothiazide</i>	43
DEXCOM G6 SENSOR	99	<i>doxycycline monohydrate</i>	130	ENBREL	17
DEXCOM G6 TRANSMITTER	99	<i>doxylamine-pyridoxine</i>	39	ENBREL MINI	17
DEXCOM G7 RECEIVER	99	<i>dronabinol</i>	39	ENBREL SURECLICK	17
DEXCOM G7 SENSOR	99	<i>droperidol</i>	23	ENCARE	136
<i>dexmedetomidine hcl</i>	94	DROPLET INSULIN SYRINGE	101		
<i>dexmedetomidine hcl in nacl</i>	94	DROPLET MICRON	102		
<i>dexmethylphenidate hcl</i>	13	DROPLET PEN NEEDLES	102		
<i>dexmethylphenidate hcl er</i>	13	DROPSAFE SAFETY PEN NEEDLES	102		
<i>dextroamphetamine sulfate</i>	11	DROPSAFE SAFETY SYRINGE/NEEDLE	102		
<i>dextroamphetamine sulfate er</i>	11	<i>drospiren-eth estrad-levomefol</i>	68		

<i>endocet</i>	21	<i>ethacrynic acid</i>	82	<i>flumazenil</i>	38
ENDOMETRIN	137	<i>ethambutol hcl</i>	48	FLUMIST	135
<i>endur-b</i>	114	<i>ethosuximide</i>	30, 31	<i>fluocinolone acetonide</i>	79, 122
ENFAMIL EXPECTA	116	<i>ethynodiol diac-eth estradiol</i>	68	<i>fluocinolone acetonide body</i>	79
ENGERIX-B	135	<i>etodolac</i>	16	<i>fluocinolone acetonide scalp</i>	79
<i>Enilloring</i>	70	<i>etodolac er</i>	16	<i>fluocinonide</i>	79
<i>enoxaparin sodium</i>	28	<i>etomidate</i>	89	<i>fluocinonide emulsified base</i>	79
<i>enpresse-28</i>	72	<i>etonogestrel-ethinyl estradiol</i>	70	<i>fluorescein</i>	120
<i>enskyce</i>	68	<i>etoposide</i>	52	<i>fluorescein-benoxinate</i>	120
<i>entacapone</i>	55	<i>etravirine</i>	59	<i>fluoridex</i>	111
<i>entecavir</i>	60	EUCRISA	80	<i>fluoridex daily renewal</i>	111
ENTRESTO	65	<i>euthyrox</i>	130	<i>fluoridex enhanced whitening</i>	111
ENTYVIO	88	EVAMIST	87	<i>fluorometholone</i>	121
<i>enulose</i>	88	<i>everolimus</i>	51, 110	<i>fluorouracil</i>	76
EPCLUSA	60	<i>exemestane</i>	51	<i>fluoxetine hcl</i>	31
<i>epinastine hcl</i>	119	<i>ex-lax ultra</i>	97	<i>fluoxetine hcl (pmd)</i>	127
<i>epinephrine</i>	137	EYLEA	121	<i>fluphenazine decanoate</i>	57
<i>epinephrine (anaphylaxis)</i>	137	EYLEA HD	121	<i>fluphenazine hcl</i>	57
<i>epitol</i>	28	<i>ezetimibe</i>	42	<i>flurazepam hcl</i>	94
<i>eplerenone</i>	46	<i>ezetimibe-simvastatin</i>	42	<i>flurbiprofen</i>	16
<i>eptifibatide</i>	91	<i>fa-8</i>	92	<i>flurbiprofen sodium</i>	120
<i>eq aspirin adult low dose</i>	18	<i>falmina</i>	68	<i>fluticasone furoate-vilanterol</i>	24
<i>eq aspirin low dose</i>	18	<i>famciclovir</i>	61	<i>fluticasone propionate</i>	79, 117
<i>eq clearlax</i>	95	<i>famotidine</i>	132	<i>fluticasone propionate diskus</i>	26, 27
<i>eq gentle laxative</i>	97	<i>famotidine (pf)</i>	132	<i>fluticasone propionate hfa</i>	27
<i>eq laxative</i>	95	<i>famotidine premixed</i>	132	<i>fluticasone-salmeterol</i>	24, 25
<i>eq magnesium citrate</i>	96	FARXIGA	36	<i>fluvastatin sodium</i>	42
<i>eq nicotine</i>	127	FC2 FEMALE CONDOM	99	<i>fluvoxamine maleate</i>	31
<i>eq nicotine polacrilex</i>	127	<i>febuxostat</i>	90	<i>fluvoxamine maleate er</i>	31
<i>eq nicotine step 3</i>	127	<i>felbamate</i>	30	FLUZONE	135
<i>eq aspirin low dose</i>	18	<i>felodipine er</i>	63	FLUZONE HIGH-DOSE	135
<i>eq b complex 50</i>	114	FEMCAP	98	<i>folate</i>	92
<i>eq b-100 complex</i>	114	<i>fenofibrate</i>	41, 42	<i>folic acid</i>	92, 93
<i>eq clearlax</i>	95	<i>fenofibrate micronized</i>	41	FOLIVANE-OB	115
<i>eq gentle laxative</i>	97	<i>fenofibric acid</i>	42	<i>foltabs 800</i>	92
EQL INSULIN SYRINGE	102	<i>fentanyl</i>	19	<i>fomepizole</i>	38
<i>eq laxative</i>	97	<i>fentanyl citrate</i>	19	<i>fondaparinux sodium</i>	28
<i>eq magnesium citrate</i>	96	FENTANYL CITRATE (PF)	19	<i>formoterol fumarate</i>	25
EQL PRENATAL FORMULA	115	<i>fentanyl citrate (pf)</i>	19	FOSAMAX PLUS D	83
<i>eq super b complex/vitamin c</i>	112	FERAHEME	93	<i>fosamprenavir calcium</i>	59
<i>ergocalciferol</i>	137	FERRLECIT	93	<i>fosaprepitant dimeglumine</i>	39
<i>ergoloid mesylates</i>	127	<i>ferumoxytol</i>	93	<i>fosfomycin tromethamine</i>	47
<i>ergotamine-caffeine</i>	107	<i>fesoterodine fumarate er</i>	132	<i>fosinopril sodium</i>	43
ERIVEDGE	50	FIFTY50 PEN NEEDLES	102	<i>fosinopril sodium-hctz</i>	43
ERLEADA	48	FIFTY50 SUPERIOR COMFORT		<i>fosphenytoin sodium</i>	30
<i>erlotinib hcl</i>	50	SYR	102	FRAGMIN	28
<i>errin</i>	71	<i>finasteride</i>	81, 89	<i>fraiche 5000 dental</i>	111
ERVEBO	135	<i>finngolimod hcl</i>	129	FREESTYLE LIBRE 14 DAY	
<i>ery</i>	75	<i>Finzala</i>	68	READER	99
<i>ery-tab</i>	98	FIRMAGON	52	FREESTYLE LIBRE 14 DAY	
<i>erythromycin</i>	75, 98	FIRMAGON (240 MG DOSE)	52	SENSOR	99
<i>erythromycin base</i>	98	<i>flac</i>	122	FREESTYLE LIBRE 2 READER	99
<i>erythromycin ethylsuccinate</i>	98	<i>flavoxate hcl</i>	133	FREESTYLE LIBRE 2 SENSOR	99
<i>erythromycin lactobionate</i>	98	<i>flecainide acetate</i>	24	FREESTYLE LIBRE 3 PLUS	
<i>escitalopram oxalate</i>	31	FLUAD	135	SENSOR	99
<i>esmolol hcl</i>	62	FLUARIX	135	FREESTYLE LIBRE 3 READER	99
<i>esomeprazole magnesium</i>	132	FLUBLOK	135	FREESTYLE LIBRE 3 SENSOR	99
<i>estarylla</i>	68	FLUCELVAX	135	FREESTYLE LIBRE READER	99
<i>estazolam</i>	94	<i>fluconazole</i>	40	<i>fresenius propoven</i>	89
<i>estradiol</i>	87, 137	<i>fluconazole in sodium chloride</i>	40	FRESKARO MAGNESIUM	
<i>estradiol valerate</i>	87	<i>flucytosine</i>	40	CITRATE	96
<i>estradiol-norethindrone acet</i>	86	<i>fludrocortisone acetate</i>	73	<i>frovatriptan succinate</i>	107
<i>eszopiclone</i>	94	FLULAVAL	135	<i>ft aspirin</i>	18

<i>ft aspirin low dose</i>	18	<i>glycolax</i>	95	HAEGARDA	91
<i>ft b-100 complex pr</i>	114	<i>glycopyrrolate</i>	132	<i>hailey 1.5/30</i>	68
<i>ft clearlax</i>	95	GLYCOPYRROLATE PF	132	<i>hailey 24 fe</i>	68
<i>ft folic acid</i>	93	<i>glydo</i>	80	<i>hailey fe 1.5/30</i>	68
<i>ft laxative</i>	97	GLYXAMBI	36	<i>hailey fe 1/20</i>	68
<i>ft magnesium citrate</i>	96	<i>gnp adult aspirin low strength</i>	18	<i>halobetasol propionate</i>	79
<i>ft milk of magnesia</i>	96	<i>gnp aspirin</i>	18	Haloette.....	70
<i>ft nicotine</i>	127	<i>gnp aspirin low dose</i>	18	<i>haloperidol</i>	56
<i>ft nicotine mini</i>	127	<i>gnp b-100 complex</i>	114	<i>haloperidol decanoate</i>	56
<i>ft petroleum jelly</i>	123	<i>gnp b-50 complex</i>	114	<i>haloperidol lactate</i>	56
FULL SPECTRUM B/VITAMIN C	112	<i>gnp b-complex plus vitamin c</i>	112	HARVONI	60, 61
<i>furosemide</i>	82	<i>gnp clearlax</i>	95	HAVRIX	135
FUZEON	58	GNP CLICKFINE PEN NEEDLES	102	HEALTHWISE INSULIN	
<i>fyavolv</i>	86	<i>gnp folic acid</i>	93	SYR/NEEDLE	103
<i>g tussin ac</i>	74	<i>gnp gentle laxative</i>	97	HEALTHWISE MICRON PEN	
<i>gabapentin</i>	28, 29	GNP INSULIN SYRINGE	102	NEEDLES	103
<i>gabapentin (once-daily)</i>	127	GNP INSULIN SYRINGES	102	HEALTHWISE SHORT PEN	
<i>galantamine hydrobromide</i>	124	GNP INSULIN SYRINGES		NEEDLES	103
<i>galantamine hydrobromide er</i>	124	28GX1/2"	102	<i>healthylax</i>	95
Gallifrey.....	123	GNP INSULIN SYRINGES		<i>heather</i>	72
GAMUNEX-C	122	29GX1/2"	102	<i>h-e-b aspirin</i>	18
GARDASIL 9	135	GNP INSULIN SYRINGES		H-E-B INCONTROL PEN	
<i>gatifloxacin</i>	119	30GX5/16"	103	NEEDLES	103
<i>gavilax</i>	95	GNP INSULIN SYRINGES		H-E-B INCONTROL UNIFINE	
GAVILYTE-C	95	31GX5/16"	103	PENTIP	103
<i>gavilyte-g</i>	95	<i>gnp magnesium citrate</i>	96	<i>heparin (porcine) in nacl</i>	28
Gavilyte-N With Flavor Pack.....	95	<i>gnp milk of magnesia</i>	96	<i>heparin na (pork) lock flsh pf</i>	28
<i>gefitinib</i>	50	<i>gnp nicotine</i>	127	<i>heparin sod (porcine) in d5w</i>	28
<i>gemfibrozil</i>	42	<i>gnp nicotine mini</i>	127	<i>heparin sod (pork) lock flush</i>	28
<i>gemmily</i>	68	<i>gnp nicotine polacrilex</i>	127	<i>heparin sodium (porcine)</i>	28
<i>generlac</i>	88	GNP PRENATAL	115	<i>heparin sodium (porcine) pf</i>	28
<i>gengraf</i>	110	GNP ULTICARE PEN NEEDLES	103	HEPLISAV-B	135
GENOTROPIN	84	GNP ULTIGUARD SAFEPAK		HER STYLE	71
GENOTROPIN MINIQUICK	84	NEEDLE	103	HERCEPTIN	49
<i>gentamicin in saline</i>	14	GNP ULTRA COM INSULIN		HERCEPTIN HYLECTA	51
<i>gentamicin sulfate</i>	14, 75, 119	SYRINGE	103	<i>hetastarch-nacl</i>	91
<i>gentle laxative</i>	96, 97	<i>gnp womens gentle laxative</i>	97	HIBERIX	133
<i>gentlelax</i>	95	GONAL-F	85	<i>hidex 6-day</i>	73
GENVOYA	58	GONAL-F RFF	85	HIZENTRA	122
GILOTRIF	50	GONAL-F RFF REDIRECT	85	<i>hm clearlax</i>	95
<i>glatiramer acetate</i>	126	<i>goodsense aspirin</i>	18	<i>hm milk of magnesia</i>	96
<i>glatopa</i>	126	<i>goodsense aspirin low dose</i>	18	<i>hm nicotine polacrilex</i>	128
<i>glimepiride</i>	37	<i>goodsense bisacodyl ec</i>	97	HM ULTICARE INSULIN	
<i>glipizide</i>	37	<i>goodsense bisacodyl laxative</i>	97	SYRINGE	103
<i>glipizide er</i>	37	<i>goodsense clearlax</i>	95	HM ULTICARE MINI PEN	
<i>glipizide xl</i>	37	GOODSENSE CLICKFINE PEN		NEEDLES	103
<i>glipizide-metformin hcl</i>	37	NEEDLE	103	HM ULTICARE SHORT PEN	
GLOBAL EASE INJECT PEN		<i>goodsense magnesium citrate</i>	96	NEEDLES	103
NEEDLES	102	<i>goodsense milk of magnesia</i>	96	HUMALOG	34
GLOBAL EASY GLIDE INSULIN		<i>goodsense nicotine</i>	127	HUMALOG JUNIOR KWIKPEN	34
SYR	102	GOODSENSE PEN NEEDLE		HUMALOG KWIKPEN	34
GLOBAL EASY GLIDE PEN		PENFINE	103	HUMALOG MIX 50/50	34
NEEDLES	102	<i>granisetron hcl</i>	39	HUMALOG MIX 50/50 KWIKPEN ..	34
GLOBAL INJECT EASE INSULIN		<i>griseofulvin microsize</i>	40	HUMALOG MIX 75/25	34
SYR	102	<i>griseofulvin ultramicrosize</i>	40	HUMALOG MIX 75/25 KWIKPEN ..	34
GLOBAL INSULIN SYRINGES	102	<i>guaifenesin-codeine</i>	74	HUMATROPE	84
GLUCAGON EMERGENCY	33, 34	<i>guanfacine hcl</i>	45	HUMIRA (2 PEN)	15
GLUCOPRO INSULIN SYRINGE ..	102	<i>guanfacine hcl er</i>	11	HUMIRA (2 SYRINGE)	15
<i>glyburide</i>	37	GVOKE HYOPEN 1-PACK	34	HUMIRA-CD/UC/HS STARTER	15
<i>glyburide micronized</i>	37	GVOKE HYOPEN 2-PACK	34	HUMIRA-PSORIASIS/UEVIT	
<i>glyburide-metformin</i>	37	GVOKE KIT	34	STARTER	15
<i>glycine</i>	90	GVOKE PFS	34	HUMULIN 70/30	35
<i>glycine urologic</i>	90	<i>habitrol</i>	127	HUMULIN 70/30 KWIKPEN	35

HUMULIN N	35	INSULIN LISPRO JUNIOR		KCL (0.298%) IN NAACL	108
HUMULIN N KWIKPEN	35	KWIKPEN	35	<i>kcl in dextrose-nacl</i>	108
HUMULIN R	35	INSULIN LISPRO PROT &		<i>kelnor 1/35</i>	68
HUMULIN R U-500		LISPRO	35	<i>kelnor 1/50</i>	68
(CONCENTRATED)	35	INSULIN SYRINGE	103	<i>ketamine hcl</i>	89
HUMULIN R U-500 KWIKPEN	35	<i>insulin syringe-needle u-100</i>	103	<i>ketoconazole</i>	40, 79
HYCANTIN	53	INSULIN SYRINGE-NEEDLE U-		<i>ketodan</i>	79
<i>hydralazine hcl</i>	46	100	103	<i>ketoprofen er</i>	16
<i>hydrochlorothiazide</i>	83	INSUPEN PEN NEEDLES	103	<i>ketorolac tromethamine</i>	16, 120
<i>hydrocod poli-chlorphe poli er</i>	74	INTELENCE	59	KETOROLAC TROMETHAMINE ..	16
<i>hydrocodone bitartrate er</i>	19	<i>introvale</i>	71	KINRAY INSULIN SYRINGE	103
<i>hydrocodone bit-homatrop mbr</i>	74	IPOL	135	KINRIX	131
<i>hydrocodone-acetaminophen</i>	19	<i>ipratropium bromide</i>	26, 117	KISQALI (200 MG DOSE)	52
<i>hydrocodone-ibuprofen</i>	19	<i>ipratropium-albuterol</i>	25	KISQALI (400 MG DOSE)	52
<i>hydrocortisone</i>	22, 73, 79	<i>irbesartan</i>	44	KISQALI (600 MG DOSE)	52
<i>hydrocortisone (perianal)</i>	22	<i>irbesartan-hydrochlorothiazide</i>	44	<i>Klayesta</i>	76
<i>hydrocortisone ace-pramoxine</i>	22	ISENTRESS	59	<i>klor-con</i>	109
<i>hydrocortisone sod suc (pf)</i>	73	<i>isibloom</i>	68	<i>klor-con 10</i>	109
<i>hydrocortisone-acetic acid</i>	122	<i>isoflurane</i>	89	<i>klor-con m10</i>	109
<i>hydromet</i>	74	<i>isoniazid</i>	48	<i>klor-con m15</i>	109
<i>hydromorphone hcl</i>	19	<i>isosorb dinitrate-hydralazine</i>	65	<i>klor-con m20</i>	109
<i>hydromorphone hcl er</i>	19	<i>isosorbide dinitrate</i>	22	KLOXXADO	38
<i>hydromorphone hcl pf</i>	20	<i>isosorbide mononitrate</i>	22	<i>kls aspirin low dose</i>	18
<i>hydroxocobalamin acetate</i>	92	<i>isosorbide mononitrate er</i>	22	<i>kls laxaclear</i>	95
HYDROXYCHLOROQUINE		<i>isotretinoin</i>	75	<i>kls quit2</i>	128
SULFATE	47	<i>isradipine</i>	64	<i>kls quit4</i>	128
<i>hydroxychloroquine sulfate</i>	47	<i>itraconazole</i>	40	KMART VALU INSULIN	
<i>hydroxyurea</i>	51	<i>ivabradine hcl</i>	66	SYRINGE 29G	103
<i>hydroxyzine hcl</i>	23	<i>ivermectin</i>	22, 80	KMART VALU INSULIN	
<i>hydroxyzine pamoate</i>	23	IXCHIQ	135	SYRINGE 30G	103
<i>ibandronate sodium</i>	83	IXIARO	135	<i>kobee</i>	113
IBRANCE	51, 52	<i>jaimiess</i>	71	<i>Kourzeq</i>	112
<i>ibu</i>	16	JAKAFI	52	<i>kp aspirin</i>	18
<i>ibuprofen</i>	16	<i>jantoven</i>	27	<i>kp b complex-c</i>	112
<i>ibutilide fumarate</i>	24	JANUMET	34	<i>kp bisacodyl</i>	97
<i>icatibant acetate</i>	90	JANUMET XR	34	<i>kp folic acid</i>	93
<i>iclevia</i>	71	JANUVIA	34	K-PHOS	108
<i>icosapent ethyl</i>	41	JARDIANCE	36	KROGER INSULIN SYRINGE	103
ILEVRO	120	<i>jasmiel</i>	68	KROGER PEN NEEDLES	103
<i>imatinib mesylate</i>	50	<i>Javygtor</i>	85	<i>kurvelo</i>	68
IMBRUVICA	50	<i>jencycla</i>	72	<i>labetalol hcl</i>	62
<i>imipenem-cilastatin</i>	46	<i>jinteli</i>	86	<i>lacosamide</i>	29
<i>imipramine hcl</i>	33	<i>jolessa</i>	71	<i>lactated ringers</i>	108, 110
<i>imipramine pamoate</i>	33	<i>Joyeaux</i>	68	<i>lactulose</i>	95
<i>imiquimod</i>	80	<i>juleber</i>	68	<i>lactulose encephalopathy</i>	88
<i>imiquimod pump</i>	80	JULUCA	58	LAGEVRIO	61
IMOVAX RABIES	135	<i>junel 1.5/30</i>	68	<i>lamivudine</i>	60
<i>inatal gt</i>	115	<i>junel 1/20</i>	68	<i>lamivudine-zidovudine</i>	58
INBRIJA	54	<i>junel fe 1.5/30</i>	68	<i>lamotrigine</i>	29
<i>incassia</i>	72	<i>junel fe 1/20</i>	68	<i>lamotrigine er</i>	29
INCONTROL ULTICARE PEN		<i>junel fe 24</i>	68	<i>lamotrigine starter kit-blue</i>	29
NEEDLES	103	JYNNEOS	135	<i>lamotrigine starter kit-green</i>	29
<i>indapamide</i>	83	<i>kaitlib fe</i>	68	<i>lamotrigine starter kit-orange</i>	29
<i>indomethacin</i>	16	KALBITOR	91	LANOXIN PEDIATRIC	65
<i>indomethacin er</i>	16	<i>kalliga</i>	68	LANREOTIDE ACETATE	86
INFANRIX	131	KANJINTI	49	<i>lansoprazole</i>	132
INFED	93	<i>kariva</i>	67	<i>lanthanum carbonate</i>	89
INFLIXIMAB	89	KATE FARMS GLUCOSE		LANTUS	35
INGREZZA	124, 125	SUPPORT 1.2	81	LANTUS SOLOSTAR	35
INLYTA	53	KATE FARMS RENAL SUPPORT		<i>lapatinib ditosylate</i>	51
INSULIN LISPRO	35	1.8	82	<i>larin 1.5/30</i>	68
INSULIN LISPRO (1 UNIT DIAL)	35	KCL (0.149%) IN NAACL	108	<i>larin 1/20</i>	68
		<i>kcl (0.149%) in nacl</i>	108	<i>larin 24 fe</i>	68

<i>larin fe 1.5/30</i>	68	<i>lipase concentrate-hp</i>	82	MAVENCLAD (6 TABS)	125
<i>larin fe 1/20</i>	68	<i>liraglutide</i>	35	MAVENCLAD (7 TABS)	125
<i>latanoprost</i>	121	<i>lisdexamfetamine dimesylate</i>	11	MAVENCLAD (8 TABS)	125
<i>laxative</i>	97	<i>lisinopril</i>	43	MAVENCLAD (9 TABS)	125
<i>layolis fe</i>	68	<i>lisinopril-hydrochlorothiazide</i>	43	MAXICOMFORT II PEN NEEDLE	103
LEADER INSULIN SYRINGE	103	LITETOUCH INSULIN SYRINGE	103	MAXI-COMFORT INSULIN	
LEADER UNIFINE PENTIPS	103	LITETOUCH PEN NEEDLES	103	SYRINGE	103
LEADER UNIFINE PENTIPS PLUS		<i>lithium</i>	55	MAXI-COMFORT SAFETY PEN	
.....	103	<i>lithium carbonate</i>	55	NEEDLE	103
<i>leena</i>	72	<i>lithium carbonate er</i>	55	MAXICOMFORT SYR 27G X 1/2"	104
<i>leflunomide</i>	17	<i>lmd in d5w</i>	91	<i>maxi-tuss ac</i>	74
<i>lenalidomide</i>	110	<i>lmd in nacl</i>	91	MAYZENT	129
LENVIMA (10 MG DAILY DOSE) ... 53		LO LOESTRIN FE	67	MAYZENT STARTER PACK	129
LENVIMA (12 MG DAILY DOSE) ... 53		<i>loestrin 1.5/30 (21)</i>	69	<i>meclizine hcl</i>	39
LENVIMA (14 MG DAILY DOSE) ... 53		<i>loestrin 1/20 (21)</i>	69	<i>meclofenamate sodium</i>	16
LENVIMA (18 MG DAILY DOSE) ... 53		<i>loestrin fe 1.5/30</i>	69	MEDIC INSULIN SYRINGE	104
LENVIMA (20 MG DAILY DOSE) ... 53		<i>loestrin fe 1/20</i>	69	MEDICINE SHOPPE PEN	
LENVIMA (24 MG DAILY DOSE) ... 53		<i>lofexidine hcl</i>	124	NEEDLES	104
LENVIMA (4 MG DAILY DOSE) 53		<i>lojaimiess</i>	71	<i>medroxyprogesterone acetate</i>	71, 123
LENVIMA (8 MG DAILY DOSE) 54		LOKELMA	110	<i>mefenamic acid</i>	16
<i>lessina</i>	68	LONGS INSULIN SYRINGE	103	<i>mefloquine hcl</i>	47
<i>letrozole</i>	51	<i>loperamide hcl</i>	38	<i>megestrol acetate</i>	53, 123
<i>leucovorin calcium</i>	52	<i>lopinavir-ritonavir</i>	58	MEIJER PEN NEEDLES	104
LEUKERAN	53	<i>lorazepam</i>	23	MEKINIST	50
<i>leuprolide acetate</i>	52	<i>lorazepam intensol</i>	23	<i>meloxicam</i>	16
<i>levabuterol hcl</i>	25	<i>loryna</i>	69	<i>memantine hcl</i>	126
<i>levabuterol tartrate</i>	25	<i>losartan potassium</i>	44, 45	<i>memantine hcl er</i>	126
<i>levamlodipine maleate</i>	64	<i>losartan potassium-hctz</i>	44	MENEST	87
<i>levetiracetam</i>	29	LOTEMAX	121	MENQUADFI	133
<i>levetiracetam er</i>	29	<i>loteprednol etabonate</i>	121	MENVEO	133
<i>levobunolol hcl</i>	118	<i>lovastatin</i>	42	<i>mepredine hcl</i>	20
<i>levocarnitine</i>	83, 84	<i>low-ogestrel</i>	69	<i>meprobamate</i>	23
<i>levocarnitine sf</i>	84	<i>loxapine succinate</i>	56	<i>mercaptapurine</i>	49
<i>levocetirizine dihydrochloride</i>	41	<i>lo-zumandimine</i>	69	<i>meropenem</i>	46
<i>levofloxacin</i>	87, 119	<i>lubiprostone</i>	87	<i>merzee</i>	69
<i>levofloxacin in d5w</i>	87	LUCENTIS	121	<i>mesalamine</i>	88
<i>levonest</i>	72	<i>luliconazole</i>	80	<i>mesalamine er</i>	88
<i>levonorgest-eth est & eth est</i>	71	LUMIGAN	121	<i>mesalamine-cleanser</i>	88
<i>levonorgest-eth estrad 91-day</i>	71	<i>lurasidone hcl</i>	55	<i>mesna</i>	53
<i>levonorgest-eth estradiol-iron</i>	69	<i>lutura</i>	69	<i>metaxalone</i>	116
<i>levonorgestrel</i>	71	<i>lyleq</i>	72	<i>metformin hcl</i>	33
<i>levonorgestrel-ethinyl estrad</i>	69, 70	<i>lyllana</i>	87	<i>metformin hcl er</i>	33
<i>levonorg-eth estrad triphasic</i>	72	LYNPARZA	53	<i>methadone hcl</i>	20
<i>levora 0.15/30 (28)</i>	69	LYSODREN	48	<i>methadone hcl intensol</i>	20
<i>levorphanol tartrate</i>	20	LYUMJEV	35	<i>methadose</i>	20
<i>levo-t</i>	130	LYUMJEV KWIKPEN	35	<i>methazolamide</i>	82
<i>levothyroxine sodium</i>	130	<i>lyza</i>	72	<i>methenamine hippurate</i>	47
<i>levoxyl</i>	130	<i>mafenide acetate</i>	78	<i>methergine</i>	122
<i>l-glutamine</i>	92	MAGELLAN INSULIN SAFETY		<i>methimazole</i>	130
<i>lidocaine</i>	80	SYR	103	<i>methocarbamol</i>	116
<i>lidocaine hcl</i>	80, 98, 111	<i>magnesium citrate</i>	96	<i>methotrexate sodium</i>	49
<i>lidocaine hcl (cardiac)</i>	24	MAGNESIUM SULFATE	108	<i>methotrexate sodium (pf)</i>	49
<i>lidocaine hcl (cardiac) pf</i>	24	<i>malathion</i>	81	<i>methoxsalen rapid</i>	77
<i>lidocaine hcl (pf)</i>	98	<i>manganese chloride</i>	108	<i>methscopolamine bromide</i>	132
<i>lidocaine hcl urethral/mucosal</i>	80	<i>mannitol</i>	82	<i>methsuximide</i>	31
<i>lidocaine in d5w</i>	24	MARATHON MEDICAL PENTIPS	103	<i>methyl dopa</i>	45
<i>lidocaine viscous hcl</i>	111	<i>maraviroc</i>	58	<i>methylene blue</i>	38
<i>lidocaine-epinephrine</i>	97	<i>marlissa</i>	69	<i>methylene blue (antidote)</i>	38
<i>lidocaine-epinephrine (pf)</i>	97	MATULANE	51	<i>methylergonovine maleate</i>	122
<i>lidocaine-prilocaine</i>	81	<i>matzim la</i>	64	<i>methylphenidate</i>	14
<i>linezolid</i>	47	MAVENCLAD (10 TABS)	125	<i>methylphenidate hcl</i>	13, 14
LINZESS	88	MAVENCLAD (4 TABS)	125	<i>methylphenidate hcl er</i>	13
<i>liothyronine sodium</i>	130	MAVENCLAD (5 TABS)	125	<i>methylphenidate hcl er (cd)</i>	13

<i>methylphenidate hcl er (1a)</i>	13	<i>morphine sulfate (pf)</i>	20	<i>nicardipine hcl</i>	64
<i>methylphenidate hcl er (osm)</i>	13	<i>morphine sulfate er</i>	20	NICODERM CQ	128
METHYLPHENIDATE HCL ER		<i>morphine sulfate er beads</i>	20	NICORETTE	128
(OSM)	13	MOUNJARO	35	NICORETTE MINI	128
<i>methylphenidate hcl er (xr)</i>	13	<i>moxifloxacin hcl</i>	87, 119	NICORETTE STARTER KIT	128
<i>methylprednisolone</i>	73	<i>moxifloxacin hcl (2x day)</i>	119	NICOTINE	128
<i>methylprednisolone sodium succ</i>	73	MRESVIA	136	<i>nicotine</i>	128
<i>metoclopramide hcl</i>	87, 88	MS INSULIN SYRINGE	104	<i>nicotine mini</i>	128
<i>metolazone</i>	83	<i>multiple electro type 1 ph 5.5</i>	108	<i>nicotine polacrilex</i>	128
<i>metoprolol succinate er</i>	62	<i>multiple electro type 1 ph 7.4</i>	108	<i>nicotine polacrilex mini</i>	128
<i>metoprolol tartrate</i>	62	<i>multivitamin w/fluoride</i>	114	<i>nicotine step 1</i>	128
<i>metoprolol-hydrochlorothiazide</i>	45	<i>multi-vitamin/fluoride</i>	114	<i>nicotine step 2</i>	128
<i>metronidazole</i>	46, 80, 137	<i>multi-vitamin/fluoride/iron</i>	114	<i>nicotine step 3</i>	128
<i>metyrosine</i>	44	<i>mupirocin</i>	75	NICOTROL	128
<i>mexiletine hcl</i>	24	MVASI	54	NICOTROL NS	128
Mibelas 24 Fe.....	69	<i>my choice</i>	71	<i>nifedipine</i>	64
<i>miconazole 3</i>	136	<i>my way</i>	71	<i>nifedipine er</i>	64
MICRODOT PEN NEEDLE	104	<i>mycophenolate mofetil</i>	110	<i>nifedipine er osmotic release</i>	64
<i>microgestin 1.5/30</i>	69	<i>mycophenolate sodium</i>	110	<i>nikki</i>	69
<i>microgestin 1/20</i>	69	<i>mycophenolic acid</i>	110	<i>nilutamide</i>	48
<i>microgestin fe 1.5/30</i>	69	MYLERAN	48	<i>nimodipine</i>	64
<i>microgestin fe 1/20</i>	69	MYRBETRIQ	133	<i>nisoldipine er</i>	64
<i>midazolam hcl</i>	94	<i>na ferric gluc cplx in sucrose</i>	93	<i>nitazoxanide</i>	46
<i>midazolam hcl (pf)</i>	94	<i>na sulfate-k sulfate-mg sulf</i>	95	<i>nitisinone</i>	84
<i>midodrine hcl</i>	137	<i>nabumetone</i>	16	NITRO-DUR	22
<i>mifepristone</i>	36, 83	<i>nadolol</i>	62	<i>nitrofurantoin</i>	47
<i>migergot</i>	107	<i>nafecillin sodium</i>	123	<i>nitrofurantoin macrocrystal</i>	47
<i>miglitol</i>	33	<i>naftifine hcl</i>	76	<i>nitrofurantoin monohyd macro</i>	47
<i>miglustat</i>	92	<i>nalbuphine hcl</i>	21	<i>nitroglycerin</i>	22
<i>mili</i>	69	<i>naloxone hcl</i>	38	<i>nitroglycerin in d5w</i>	22
<i>milk of magnesia</i>	96	<i>naltrexone hcl</i>	38	NIVA-PLUS	115
<i>milrinone lactate</i>	65	<i>naproxen</i>	16	<i>nizatidine</i>	132
<i>milrinone lactate in dextrose</i>	65	<i>naproxen dr</i>	16	<i>nora-be</i>	72
<i>mimvey</i>	86	<i>naproxen sodium</i>	16	<i>norelgestromin-eth estradiol</i>	70
<i>minocycline hcl</i>	130	<i>naratriptan hcl</i>	107	<i>norethin ace-eth estrad-fe</i>	69
<i>minoxidil</i>	46	NATALVIT	115	<i>norethindrone</i>	72
<i>mirabegron er</i>	133	NATAZIA	71	<i>norethindrone acetate</i>	123
<i>mirtazapine</i>	31	<i>nateglinide</i>	36	<i>norethindrone acet-ethinyl est</i>	69
<i>misoprostol</i>	132	<i>nebivolol hcl</i>	62	<i>norethindrone-eth estradiol</i>	86
<i>mitigo</i>	20	<i>Nebusal</i>	74	<i>norethindron-ethinyl estrad-fe</i>	72
<i>mm aspirin</i>	18	<i>necon 0.5/35 (28)</i>	69	<i>norethin-eth estradiol-fe</i>	69
<i>mm clearlax</i>	95	<i>nefazodone hcl</i>	32	<i>norgesic</i>	117
MM INSULIN SYRINGE/NEEDLE	104	NEOCATE SYNEO JUNIOR	82	<i>norgestimate-eth estradiol</i>	69
MM PEN NEEDLES	104	<i>neomycin sulfate</i>	14	<i>norgestim-eth estrad triphasic</i>	72
M-M-R II	134	<i>neomycin-bacitracin zn-polymyx</i>	119	<i>norlyroc</i>	72
M-NATAL PLUS	115	<i>neomycin-polymyxin b gu</i>	90	<i>normal saline flush</i>	109
<i>modafinil</i>	14	<i>neomycin-polymyxin-dexameth</i>	120	NORPACE CR	23
MODERNA COVID-19 VAC 6M-11Y	136	<i>neomycin-polymyxin-gramicidin</i>	119	<i>nortrel 0.5/35 (28)</i>	69
<i>moexipril hcl</i>	43	<i>neomycin-polymyxin-hc</i>	120, 121, 122	<i>nortrel 1/35 (21)</i>	69
<i>molindone hcl</i>	56	<i>neo-polycin</i>	119	<i>nortrel 1/35 (28)</i>	69
<i>mometasone furoate</i>	79, 117	<i>neo-polycin hc</i>	120	<i>nortrel 7/7/7</i>	72
<i>mondoxyne nl</i>	130	<i>nephro vitamins</i>	112	<i>nortriptyline hcl</i>	33
<i>monoject flush syringe</i>	109	NEPHRO-VITE	112	NOURIANZ	54
MONOJECT INSULIN SYRINGE	104	<i>neuac</i>	75	NOVAREL	85
<i>monoject sodium chloride flush</i>	109	NEULASTA	93	<i>novavax covid-19 vaccine</i>	136
MONOJECT ULTRA COMFORT SYRINGE	104	NEULASTA ONPRO	93	NOVOFINE PEN NEEDLE	104
<i>mono-linyah</i>	69	<i>nevirapine</i>	59	NOVOFINE PLUS PEN NEEDLE	104
MONOVISC	117	<i>nevirapine er</i>	59	<i>np thyroid</i>	130
<i>montelukast sodium</i>	26	<i>new day</i>	71	NUBEQA	48
<i>morphine sulfate</i>	20	NEXTSTELLIS	69	NUCALA	26
<i>morphine sulfate (concentrate)</i>	20	<i>niacin (antihyperlipidemic)</i>	42	NURTEC	107
		<i>niacin er (antihyperlipidemic)</i>	42	NUTROPIN AQ NUSPIN 10	84
		<i>niacor</i>	42	NUTROPIN AQ NUSPIN 20	84

NUTROPIN AQ NUSPIN 5	84	ORTHOVISC	117	<i>pfizer covid-19 vac-tris 6m-4y</i>	136
<i>nyamyc</i>	76	<i>oseltamivir phosphate</i>	61	<i>pfizerpen</i>	123
<i>nylia 1/35</i>	69	<i>osmitrol</i>	82	PHEBURANE	86
<i>nylia 7/7/7</i>	72	OZEZLA	16, 17	<i>phendimetrazine tartrate</i>	12
<i>nystatin</i>	40, 76	<i>oxacillin sodium</i>	123	<i>phenelzine sulfate</i>	31
<i>nystatin-triamcinolone</i>	75, 76	<i>oxaprozin</i>	16	<i>phenobarbital</i>	94
<i>nystop</i>	76	<i>oxazepam</i>	23	<i>phenobarbital sodium</i>	94
<i>ocella</i>	69	<i>oxcarbazepine</i>	29	<i>phenoxybenzamine hcl</i>	44
OCTAGAM	122	<i>oxcarbazepine er</i>	29	<i>phentermine hcl</i>	12
ODEFSEY	58	<i>oxiconazole nitrate</i>	80	<i>phenolamine mesylate</i>	44
OFEV	129	<i>oxybutynin chloride</i>	133	<i>phenylephrine hcl</i>	118
<i>ofloxacin</i>	87, 119, 121	<i>oxybutynin chloride er</i>	132, 133	PHENYTEK	30
<i>olanzapine</i>	57, 58	<i>oxycodone hcl</i>	20	<i>phenytoin</i>	30
<i>olanzapine-fluoxetine hcl</i>	129	OXYCODONE-		<i>phenytoin infatabs</i>	30
<i>olmesartan medoxomil</i>	45	ACETAMINOPHEN	21	<i>phenytoin sodium</i>	30
<i>olmesartan medoxomil-hctz</i>	44	<i>oxycodone-acetaminophen</i>	21	<i>phenytoin sodium extended</i>	30
<i>olmesartan-amlodipine-hctz</i>	45	<i>oxymorphone hcl</i>	20	PHEXXI	137
<i>olopatadine hcl</i>	117	<i>oxymorphone hcl er</i>	20	<i>philith</i>	69
<i>omega-3-acid ethyl esters</i>	41	<i>oxytocin</i>	122	<i>phillips milk of magnesia</i>	96
<i>omeprazole</i>	132	OZEMPIC (0.25 OR 0.5 MG/DOSE)	35	<i>phospha 250 neutral</i>	108
OMNIPOD 5 DEXG7G6 INTRO		OZEMPIC (1 MG/DOSE)	36	<i>phosphorous</i>	108
GEN 5	100	OZEMPIC (2 MG/DOSE)	36	<i>phospho-trin k500</i>	108
OMNIPOD 5 DEXG7G6 PODS GEN		<i>pacerone</i>	24	<i>physiolyte</i>	110
5	100	<i>paliperidone er</i>	55	<i>physiosol irrigation</i>	110
OMNIPOD 5 LIBRE2 PLUS G6	100	<i>palonosetron hcl</i>	39	<i>phytonadione</i>	137
OMNIPOD 5 LIBRE2 PLUS G6		<i>pantoprazole sodium</i>	132	<i>pilocarpine hcl</i>	112, 119
PODS	100	<i>paricalcitol</i>	85	<i>pimecrolimus</i>	80
OMNIPOD CLASSIC PODS (GEN		<i>paroxetine hcl</i>	32	<i>pimozide</i>	127
3)	100	<i>paroxetine hcl er</i>	32	<i>pintrea</i>	67
OMNIPOD DASH INTRO (GEN 4)	100	<i>paroxetine mesylate</i>	129	<i>pindolol</i>	62
OMNIPOD DASH PDM (GEN 4)	100	PAXLOVID (150/100)	60	<i>pioglitazone hcl</i>	38
OMNIPOD DASH PODS (GEN 4)	100	PAXLOVID (300/100)	60	<i>pioglitazone hcl-glimepiride</i>	37
<i>ondansetron</i>	39	<i>pazopanib hcl</i>	51	<i>pioglitazone hcl-metformin hcl</i>	38
<i>ondansetron hcl</i>	39	PC UNIFINE PENTIPS	104	<i>pip pen needles 31g x 5mm</i>	104
ONE VITE WOMENS PLUS	115	PEDIARIX	131	<i>pip pen needles 32g x 4mm</i>	104
ONELAX MAGNESIUM CITRATE	96	PEDVAX HIB	134	<i>piperacillin sod-tazobactam so</i>	123
ONETOUCH DELICA PLUS		<i>peg 3350</i>	95	<i>pirfenidone</i>	129, 130
LANCET30G	100	<i>peg 3350-kcl-na bicarb-nacl</i>	95	<i>piroxicam</i>	16
ONETOUCH DELICA PLUS		<i>peg-3350/electrolytes</i>	95	PLEGRIDY	125
LANCET33G	100	<i>peg-3350/electrolytes/ascorbat</i>	95	PLEGRIDY STARTER PACK	125
ONETOUCH ULTRA	81	<i>peg-kcl-nacl-nasulf-na asc-c</i>	95	<i>plenamine</i>	118
ONETOUCH ULTRA BLUE TEST	81	PEN NEEDLES	104	PNEUMOVAX 23	134
ONETOUCH ULTRA TEST	81	PEN NEEDLES 5/16"	104	<i>pnv prenatal plus multivit+dha</i>	115
ONETOUCH ULTRASOFT 2		PENBRAYA	134	<i>pnv-dha</i>	116
LANCETS	100	<i>peniclovir</i>	78	<i>pnv-select</i>	115
ONETOUCH VERIO	81	<i>penicillamine</i>	109	<i>podofilox</i>	80
<i>opcicon one-step</i>	71	<i>penicillin g potassium</i>	123	<i>polocaine</i>	98
OPILL	72	<i>penicillin g sodium</i>	123	<i>polocaine-mpf</i>	98
OPSUMIT	65	<i>penicillin v potassium</i>	123	<i>polycin</i>	119
<i>option 2</i>	71	PENTACEL	131	<i>polyethylene glycol 3350</i>	95
OPTIONS GYNOL II		<i>pentamidine isethionate</i>	46	<i>polymyxin b sulfate</i>	47
CONTRACEPTIVE	136	PENTASA	88	<i>polymyxin b-trimethoprim</i>	119
OPVEE	38	<i>pentazocine-naloxone hcl</i>	21	POLY-TUSSIN AC	74
OPZELURA	78	PENTIPS	104	POMALYST	50
<i>oralone</i>	112	<i>pentobarbital sodium</i>	94	<i>portia-28</i>	69
ORILISSA	84	<i>pentoxifylline er</i>	91	<i>posaconazole</i>	40
<i>orlistat</i>	13	<i>perindopril erbumine</i>	43	<i>potassium chloride</i>	109
<i>Ormalvi</i>	82	<i>perio gard</i>	111	<i>potassium chloride crys er</i>	109
<i>orphenadrine citrate</i>	116	<i>permethrin</i>	81	<i>potassium chloride er</i>	109
<i>orphenadrine citrate er</i>	116	<i>perphenazine</i>	57	<i>potassium citrate er</i>	90
ORPHENADRINE-ASPIRIN-		<i>perphenazine-amitriptyline</i>	126	<i>potassium cl in dextrose 5%</i>	108
CAFFEINE	117	PFIZER COVID-19 VAC-TRIS 5-		<i>potassium phosphates</i>	109
<i>orphengesic forte</i>	117	11Y	136	PRALUENT	42

<i>pramipexole dihydrochloride</i>	55	PRODIGY INSULIN SYRINGE	104	<i>ra aspirin adult low dose</i>	18
<i>pramipexole dihydrochloride er</i>	55	<i>progesterone</i>	123	<i>ra aspirin adult low strength</i>	18
PRAMOSONE	81	PROLIA	85	<i>ra aspirin childrens</i>	18
<i>prasugrel hcl</i>	92	PROMACTA	93	<i>ra aspirin ec</i>	18
<i>pravastatin sodium</i>	42	<i>promethazine hcl</i>	41	<i>ra aspirin ec adult low st</i>	18
<i>praziquantel</i>	22	<i>promethazine vc</i>	74	<i>ra balanced b-100</i>	114
<i>prazosin hcl</i>	45	<i>promethazine-codeine</i>	74	<i>ra balanced b-100 cr</i>	114
PRECISION SURE-DOSE		<i>promethazine-phenylephrine</i>	74	<i>ra balanced b-50</i>	114
SYRINGE	104	<i>promethegan</i>	41	<i>ra balanced b-50 tr</i>	114
<i>prednisolone</i>	73	<i>propafenone hcl</i>	24	<i>ra b-complex</i>	112
<i>prednisolone acetate</i>	121	<i>propafenone hcl er</i>	24	<i>ra b-complex with b-12</i>	112
<i>prednisolone sodium phosphate</i>	73	<i>propracaaine hcl</i>	120	<i>ra folic acid</i>	93
<i>prednisone</i>	73	<i>propofol</i>	89	RA INSULIN SYRINGE	104
PREFERRED PLUS INSULIN		<i>propofol-lipuro</i>	89	<i>ra laxative</i>	96, 97
SYRINGE	104	<i>propranolol hcl</i>	62	<i>ra magnesium citrate</i>	96
PREFERRED PLUS UNIFINE		<i>propranolol hcl er</i>	62	<i>ra milk of magnesia</i>	96
PENTIPS	104	<i>propylthiouracil</i>	130	<i>ra mini nicotine</i>	128
<i>pregabalin</i>	29	PROQUAD	134	<i>ra nicotine</i>	128
<i>pregabalin er</i>	127	<i>protamine sulfate</i>	91	<i>ra nicotine gum</i>	128
PREHEVBRIO	136	<i>protriptyline hcl</i>	33	<i>ra nicotine polacrilex</i>	128
PREMARIN	87, 137	PROVIDA OB	115	RA PEN NEEDLES	104
PREMPHASE	86	<i>pseudoeph-bromphen-dm</i>	74	RA PRENATAL	115
PREMPRO	86	<i>Pulmosal</i>	74	<i>ra womens laxative</i>	97
PRENATAL	115	PULMOZYME	129	RABAVERT	136
PRENATAL (W/IRON & FA)	115	PURE COMFORT PEN NEEDLE	104	<i>raloxifene hcl</i>	85
PRENATAL 19	115	<i>pure comfort safety pen needle</i>	104	<i>ramelteon</i>	94
<i>prenatal 19</i>	115	PX EXTRA SHORT PEN		<i>ramipril</i>	44
PRENATAL COMPLETE	115	NEEDLES	104	<i>ranolazine er</i>	22
PRENATAL MULTIVITAMIN +		PX INSULIN SYRINGE	104	<i>rasagiline mesylate</i>	54
DHA	116	PX MINI PEN NEEDLES	104	RASUVO	14
PRENATAL PLUS	115	PX PEN NEEDLE	104	<i>raya sure pen needle</i>	104
PRENATAL PLUS		<i>pyrazinamide</i>	48	<i>react</i>	71
VITAMIN/MINERAL	115	<i>pyridostigmine bromide</i>	48	REALITY INSULIN SYRINGE	105
PRENATAL VITAMIN AND		<i>pyridostigmine bromide er</i>	48	REBIF	126
MINERAL	115	<i>pyrimethamine</i>	47	REBIF REBIDOSE	125
PRENATAL VITAMINS	115	<i>qc aspirin low dose</i>	18	REBIF REBIDOSE TITRATION	
PRENATAL-U	115	<i>qc b50 prolonged release</i>	114	PACK	126
<i>prevalite</i>	41	<i>qc b-complex/vitamin c</i>	112	REBIF TITRATION PACK	126
PREVENT DROPSAFE PEN		<i>qc childrens aspirin</i>	18	<i>reclipsen</i>	69
NEEDLES	104	<i>qc folic acid</i>	93	RECOMBIVAX HB	136
PREVENT SAFETY PEN		<i>qc gentle laxative</i>	97	RELENZA DISKHALER	61
NEEDLES	104	<i>qc gentle laxative womens</i>	97	RELION INSULIN SYRINGE	105
PREVNAR 20	134	<i>qc laxative</i>	97	RELION MINI PEN NEEDLES	105
PREZCOBIX	58	<i>qc magnesium citrate</i>	96	RELION PEN NEEDLES	105
PREZISTA	59	<i>qc milk of magnesia</i>	96	RELION SHORT PEN NEEDLES	105
PRIFTIN	48	<i>qc natura-lax</i>	95	REMICADE	89
<i>primidone</i>	29	<i>qc nicotine transdermal system</i>	128	<i>remifentanil hcl</i>	20
PRIORIX	134	QC PEN NEEDLES	104	<i>renal vitamin</i>	112
PRO COMFORT INSULIN		QC PRENATAL	115	<i>rena-vite</i>	112
SYRINGE	104	QC UNIFINE PENTIPS	104	<i>repaglinide</i>	36
PRO COMFORT PEN NEEDLES	104	QSYMIA	12	REPATHA	42
PROAIR RESPICLICK	26	QUADRACEL	131	REPATHA PUSHTRONEX	
<i>probenecid</i>	90	<i>quazepam</i>	94	SYSTEM	42
<i>procainamide hcl</i>	23	<i>quetiapine fumarate</i>	56	REPATHA SURECLICK	42
<i>procentra</i>	11	<i>quetiapine fumarate er</i>	56	RESTASIS	120
<i>prochlorperazine</i>	57	<i>quin b strong b-25</i>	114	RESTASIS MULTIDOSE	120
<i>prochlorperazine edisylate</i>	57	<i>quinapril hcl</i>	43	RETACRIT	92
<i>prochlorperazine maleate</i>	57	<i>quinapril-hydrochlorothiazide</i>	43	REVLIMID	110
PROCRIT	92	<i>quinidine gluconate er</i>	23	<i>revonto</i>	117
PROCTOCORT	22	<i>quinidine sulfate</i>	24	REXTOVY	39
<i>procto-med hc</i>	22	<i>quinine sulfate</i>	47	REXULTI	57
<i>proctosol hc</i>	22	QULIPTA	107	REYATAZ	59
<i>proctozone-hc</i>	22	QVAR REDHALER	27	<i>ribavirin</i>	61

RIDAURA	15	<i>sf 5000 plus</i>	111	SPIKEVAX	136
<i>rifabutin</i>	48	<i>sharobel</i>	72	<i>spinosad</i>	81
<i>rifampin</i>	48	SHINGRIX	136	SPIRIVA HANDIHALER	26
<i>riluzole</i>	117	<i>sildenafil citrate</i>	65	SPIRIVA RESPIMAT	26
<i>rimantadine hcl</i>	61	<i>silodosin</i>	90	<i>spironolactone</i>	83
<i>ringers</i>	108	<i>silver sulfadiazine</i>	78	<i>spironolactone-hctz</i>	82
<i>ringers irrigation</i>	110	SIMBRINZA	118	<i>sprintec 28</i>	69
RINVOQ	14	<i>simliya</i>	67	SPRYCEL	50
RINVOQ LQ	14	<i>simpesse</i>	71	<i>sps (sodium polystyrene sulf)</i>	111
<i>risedronate sodium</i>	83	SIMPONI	15	<i>sronyx</i>	70
<i>risperidone</i>	55, 56	SIMPONI ARIA	15	<i>ssd</i>	78
<i>risperidone microspheres er</i>	55	<i>simvastatin</i>	42	<i>st joseph aspirin</i>	19
<i>ritonavir</i>	59	<i>sirolimus</i>	110	<i>st joseph low dose</i>	19
<i>rivastigmine</i>	124	SKYRIZI	77, 88	STAMARIL	136
<i>rivastigmine tartrate</i>	124	SKYRIZI PEN	77	STELARA	77, 88
<i>rivelsa</i>	71	SKYTROFA	84	<i>sterile water for irrigation</i>	110
<i>rizatriptan benzoate</i>	107	SLYND	72	STIOLTO RESPIMAT	25
<i>rocuronium bromide</i>	118	<i>sm aspirin adult low strength</i>	18	STIVARGA	51
<i>roflumilast</i>	26	<i>sm aspirin ec low strength</i>	19	STRENSIQ	85
<i>ropinirole hcl</i>	55	<i>sm aspirin low dose</i>	19	<i>streptomycin sulfate</i>	14
<i>ropinirole hcl er</i>	55	<i>sm b super vitamin complex</i>	113	<i>stress formula (folic acid)</i>	113
<i>ropivacaine hcl</i>	98	<i>sm b100 complex</i>	114	STRIBILD	58
<i>rosuvastatin calcium</i>	42	<i>sm balanced b-100</i>	113	<i>subvenite</i>	30
ROTARIX	136	<i>sm balanced b-50</i>	113	<i>subvenite starter kit-blue</i>	30
ROTATEQ	136	<i>sm b-complex</i>	114	<i>subvenite starter kit-green</i>	30
<i>roweepra</i>	29	SM B-COMPLEX/VITAMIN C	113	<i>subvenite starter kit-orange</i>	30
RUCONEST	91	<i>sm childrens aspirin</i>	19	<i>sucralfate</i>	132
<i>rufinamide</i>	29, 30	<i>sm clearlax</i>	96	SUFENTANIL CITRATE	20
RUKOBIA	59	<i>sm folic acid</i>	93	<i>sulconazole nitrate</i>	80
RYBELSUS	36	<i>sm gentle laxative</i>	97	<i>sulfacetamide sodium</i>	121
<i>safety pen needles</i>	105	<i>sm milk of magnesia</i>	96	<i>sulfacetamide sodium (acne)</i>	75
<i>sajazir</i>	90	<i>sm nicotine</i>	128	<i>sulfacetamide-prednisolone</i>	120
<i>sapropterin dihydrochloride</i>	85	<i>sm nicotine polacrilex</i>	128	<i>sulfadiazine</i>	130
SAXENDA	12	SM PRENATAL VITAMINS	115	<i>sulfamethoxazole-trimethoprim</i>	46
<i>sb bisacodyl laxative ec</i>	97	<i>sm super b complex/c</i>	113	<i>sulfasalazine</i>	88
<i>sb childrens aspirin</i>	18	<i>sm vitamin b complex/vitamin c</i>	113	<i>sulfatrim pediatric</i>	46
<i>sb gentle lax-women</i>	97	<i>smooth lax</i>	96	<i>sulindac</i>	16
SB INSULIN SYRINGE	105	<i>sodium acetate</i>	108	<i>sumatriptan</i>	107
<i>sb low dose asa ec</i>	18	<i>sodium bicarbonate</i>	108	<i>sumatriptan succinate</i>	107
<i>sb magnesium citrate</i>	96	<i>sodium chloride</i>	74, 90, 109	<i>sumatriptan succinate refill</i>	107
<i>sb milk of magnesia</i>	96	<i>sodium chloride (pf)</i>	109	<i>sunitinib malate</i>	51
<i>sb polyethylene glycol 3350</i>	96	<i>sodium chloride flush</i>	109	<i>super b complex/fa/vit c</i>	113
<i>scopolamine</i>	39	<i>sodium fluoride</i>	108, 112	<i>super b complex/vitamin c</i>	113
SECURESAFE INSULIN SYRINGE	105	<i>sodium fluoride 5000 enamel</i>	111	<i>super b-complex</i>	114
SECURESAFE SAFETY PEN	105	<i>sodium fluoride 5000 plus</i>	111	<i>super b-complex + vitamin c</i>	113
NEEDLES	105	<i>sodium fluoride 5000 ppm</i>	111, 112	<i>super b-complex/vit c/fa</i>	113
SELECT-OB	115	<i>sodium fluoride 5000 sensitive</i>	111	<i>super dec b-100</i>	114
<i>selegiline hcl</i>	54	<i>sodium phenylbutyrate</i>	86	<i>super quintis b-50</i>	114
SELENIOS ACID	109	<i>sodium phosphates</i>	109	SURE COMFORT INSULIN	105
<i>selenium sulfide</i>	77	<i>sodium polystyrene sulfonate</i>	110	SYRINGE	105
SE-NATAL 19	115	<i>sodium tetradecyl sulfate</i>	111	SURE COMFORT PEN NEEDLES	105
<i>sensorcaine</i>	98	SODIUM THIOSULFATE	38	<i>sure comfort pen needles</i>	105
<i>sensorcaine/epinephrine</i>	97	<i>solifenacin succinate</i>	133	SUTAB	95
<i>sensorcaine-mpf</i>	98	SOLQUA	36	<i>syeda</i>	70
<i>sensorcaine-mpf/epinephrine</i>	98	SOLTAMOX	49	SYMLINPEN 120	33
SEREVENT DISKUS	26	SOLU-CORTEF	73	SYMLINPEN 60	33
<i>sertraline hcl</i>	32	SOMATULINE DEPOT	86	SYM TUZA	58
<i>setlakin</i>	71	SOMAVERT	84	SYNAREL	85
<i>sevelamer carbonate</i>	89	<i>sorafenib tosylate</i>	51	SYNJARDY	37
<i>sevelamer hcl</i>	89	<i>sotalol hcl</i>	62	SYNJARDY XR	37
<i>sevoflurane</i>	89	<i>sotalol hcl (af)</i>	62	SYNVISC	117
<i>sf</i>	111	SOTRADECOL	111	SYNVISC ONE	117
		<i>sotradecol</i>	111	TABLOID	49

<i>tacrolimus</i>	80, 110	TICOVAC	136	<i>triamterene</i>	83
<i>tadalafil</i>	65, 66	<i>tilia fe</i>	72	<i>triamterene-hctz</i>	82
<i>tadalafil (pah)</i>	65	<i>timolol maleate</i>	62, 63, 118	<i>triazolam</i>	94
TAFINLAR	50	<i>timolol maleate (once-daily)</i>	118	TRICARE	115
<i>tafluprost (pf)</i>	121	<i>timolol maleate ocudose</i>	118	Tridacaine Ii.....	80
<i>take action</i>	71	<i>timolol maleate pf</i>	118	Tridacaine Iii.....	80
TAKHZYRO	91	<i>tinidazole</i>	46	<i>triderm</i>	79
TALTZ	77	<i>tiopronin</i>	90	<i>trientine hcl</i>	110
<i>tamoxifen citrate</i>	49	<i>tiotropium bromide monohydrate</i>	26	<i>tri-estarylla</i>	72
<i>tamsulosin hcl</i>	90	<i>tirofiban hcl in nacl</i>	91	<i>trifluoperazine hcl</i>	57
<i>taperdex 12-day</i>	73	<i>tis-u-sol</i>	110	<i>trifluridine</i>	119
<i>taperdex 6-day</i>	73	TIVICAY	59	<i>trihexphenidyl hcl</i>	54
<i>taperdex 7-day</i>	73	TIVICAY PD	59	TRIJARDY XR	36
<i>targadox</i>	130	<i>tizanidine hcl</i>	116	TRIKAFTA	129
<i>tarina 24 fe</i>	70	TOBRADEX	120	<i>tri-legest fe</i>	72
<i>tarina fe 1/20 eq</i>	70	<i>tobramycin</i>	14, 119	<i>tri-linyah</i>	72
TARON-C DHA	115	<i>tobramycin sulfate</i>	14	<i>tri-lo-estarylla</i>	72
TASIGNA	50	<i>tobramycin-dexamethasone</i>	120	<i>tri-lo-marzia</i>	72
<i>tasimelteon</i>	94	TODAY SPONGE	136	<i>tri-lo-mili</i>	72
<i>tavaborole</i>	80	TODAYS HEALTH PEN NEEDLES	105	<i>tri-lo-sprintec</i>	72
<i>taysofy</i>	70	TODAYS HEALTH SHORT PEN	105	<i>trimethobenzamide hcl</i>	39
<i>tazarotene</i>	77	NEEDLE	105	TRIMETHOPRIM	46
<i>tazicef</i>	67	<i>tolcapone</i>	54	<i>tri-mili</i>	72
TAZORAC	77	<i>tolmetin sodium</i>	16	<i>trimipramine maleate</i>	33
TDVAX	131	<i>tolterodine tartrate</i>	133	TRINATAL RX 1	115
TECHLITE INSULIN SYRINGE	105	<i>tolterodine tartrate er</i>	133	<i>trinate</i>	115
TECHLITE PEN NEEDLES	105	<i>tolvaptan</i>	86	TRINTELLIX	32
TECHLITE PLUS PEN NEEDLES	105	TOPCARE CLICKFINE PEN	105	<i>tri-sprintec</i>	72
<i>telmisartan</i>	45	NEEDLES	105	TRIUMEQ	58
<i>telmisartan-amlodipine</i>	44	TOPCARE ULTRA COMFORT	105	TRIUMEQ PD	58
<i>telmisartan-hctz</i>	44	INS SYR	105	<i>tri-vite/fluoride</i>	114
<i>temazepam</i>	94	<i>topiramate</i>	30	<i>trivora (28)</i>	72
<i>temozolomide</i>	52	<i>topiramate er</i>	30	<i>tri-vylibra</i>	72
<i>tencon</i>	17	<i>toremifene citrate</i>	49	<i>tri-vylibra lo</i>	72
TENIVAC	131	Torpenz.....	51	<i>tropicamide</i>	118
<i>tenofovir disoproxil fumarate</i>	60	<i>torsemide</i>	82	<i>tropium chloride</i>	133
<i>terazosin hcl</i>	45	TOUJEO MAX SOLOSTAR	35	<i>tropium chloride er</i>	133
<i>terbinafine hcl</i>	40	TOUJEO SOLOSTAR	35	<i>true comfort insulin syringe</i>	105
<i>terbutaline sulfate</i>	26	<i>tovet</i>	79	TRUE COMFORT INSULIN	105
<i>terconazole</i>	136	TRACLEER	65	SYRINGE	105
<i>teriflunomide</i>	125	<i>tramadol hcl</i>	20, 21	TRUE COMFORT PEN NEEDLES	105
<i>teriparatide</i>	85	<i>tramadol hcl (er biphasic)</i>	20	TRUE COMFORT PRO INSULIN	105
TERIPARATIDE	85	<i>tramadol hcl er</i>	20	SYR	105
<i>terrell</i>	89	<i>tramadol-acetaminophen</i>	21	TRUE COMFORT PRO PEN	105
<i>testosterone</i>	21	<i>trandolapril</i>	44	NEEDLES	105
<i>testosterone cypionate</i>	21	<i>trandolapril-verapamil hcl er</i>	43	<i>true folic acid</i>	93
<i>testosterone enanthate</i>	21	<i>tranexamic acid</i>	94	<i>true laxative</i>	96
TETANUS-DIPHThERIA		<i>transylcypromine sulfate</i>	31	TRUEPLUS 5-BEVEL PEN	105
TOXOIDS TD	131	<i>travoprost (bak free)</i>	121	NEEDLES	105
<i>tetrabenazine</i>	125	<i>trazodone hcl</i>	32	TRUEPLUS INSULIN SYRINGE	105
<i>tetracaine hcl</i>	120	TRELEGY ELLIPTA	25	TRUEPLUS PEN NEEDLES	105
<i>tetracycline hcl</i>	130	TRELSTAR MIXJECT	52	TRULICITY	36
THALOMID	109	TREMFYA	77	TRUMENBA	134
THEO-24	27	<i>treprostinil</i>	65	Turqoz.....	70
<i>theophylline</i>	27	TRESIBA	35	TWINRIX	134
<i>theophylline er</i>	27	TRESIBA FLEXTOUCH	35	TWIRLA	70
<i>thiamine hcl</i>	137	<i>tretinoin</i>	53, 75	<i>tydemy</i>	70
<i>thioridazine hcl</i>	57	<i>tretinoin microsphere</i>	75	TYPHIM VI	134
<i>thiothixene</i>	58	<i>tretinoin microsphere pump</i>	75	UBRELVY	107
<i>thrive</i>	128	TREXALL	49	UDENYCA	93
THRIVITE RX	115	<i>trezix</i>	19	UDENYCA ONBODY	93
<i>tiadylt er</i>	64	<i>triamcinolone acetonide</i>	79, 112	ULTICARE INSULIN SAFETY	105
<i>tiagabine hcl</i>	30			SYR	105

ULTICARE INSULIN SYR 1/2		<i>vasopressin</i>	86	WIDE-SEAL DIAPHRAGM 80	99
UNIT	105	<i>vasopressin + rfid</i>	86	WIDE-SEAL DIAPHRAGM 85	99
ULTICARE INSULIN SYRINGE	105	VAXCHORA	134	WIDE-SEAL DIAPHRAGM 90	99
ULTICARE MICRO PEN		VAXELIS	131	WIDE-SEAL DIAPHRAGM 95	99
NEEDLES	105	VAXNEUVANCE	134	<i>wixela inhub</i>	25
ULTICARE MINI PEN NEEDLES	105	VCF VAGINAL		<i>womans laxative</i>	97
ULTICARE PEN NEEDLES	105	CONTRACEPTIVE	136	<i>womens laxative</i>	97
ULTICARE SHORT PEN		<i>vecuronium bromide</i>	118	<i>wymzya fe</i>	70
NEEDLES	105	<i>velivet</i>	72	XALKORI	49
ULTIGUARD SAFEPAK PEN		VEMLIDY	60	XARELTO	27
NEEDLE	106	<i>venlafaxine hcl</i>	32	XARELTO STARTER PACK	27
ULTIGUARD SAFEPAK		<i>venlafaxine hcl er</i>	32	XELJANZ	14
SYR/NEEDLE	106	VENOFER	93	XELJANZ XR	14
ULTILET PEN NEEDLE	106	VENTAVIS	65	XEMBIFY	122
ULTRA COMFORT INSULIN		<i>verapamil hcl</i>	64	XIFAXAN	46
SYRINGE	106	<i>verapamil hcl er</i>	64	XIGDUO XR	37
ULTRA FLO INSULIN PEN		VERIFINE INSULIN PEN NEEDLE		XIIDRA	118
NEEDLES	106	106	XOFLUZA (40 MG DOSE)	61
ULTRA FLO INSULIN SYR 1/2		VERIFINE INSULIN SYRINGE	106	XOFLUZA (80 MG DOSE)	61
UNIT	106	VERIFINE PLUS PEN NEEDLE	106	XOLAIR	25
ULTRA FLO INSULIN SYRINGE	106	VERZENIO	52	XTANDI	49
ULTRA THIN PEN NEEDLES	106	<i>vestura</i>	70	<i>xulane</i>	70
ULTRACARE INSULIN SYRINGE	106	VICTOZA	36	XULTOPHY	36
ULTRACARE PEN NEEDLES	106	<i>vienna</i>	70	XYOSTED	22
ULTRA-THIN II INS SYR SHORT	106	<i>vigabatrin</i>	30	<i>Yargesa</i>	92
ULTRA-THIN II INSULIN		<i>vigadrone</i>	30	YF-VAX	136
SYRINGE	106	<i>Vigadrone</i>	30	<i>yl balanced b-100</i>	114
ULTRA-THIN II MINI PEN		<i>Vigpoder</i>	30	<i>yl folic acid</i>	93
NEEDLE	106	<i>vilazodone hcl</i>	32	<i>yuvafem</i>	137
ULTRA-THIN II PEN NEEDLE		VIOKACE	82	<i>zafemy</i>	70
SHORT	106	<i>viorele</i>	67	<i>zafirlukast</i>	26
ULTRA-THIN II PEN NEEDLES	106	VIREAD	60	<i>zaleplon</i>	94
UNIFINE PENTIPS	106	VITAFOL GUMMIES	116	ZARXIO	93
UNIFINE PENTIPS PLUS	106	VITAFOL STRIPS	116	ZEGALOGUE	34
UNIFINE PROTECT PEN NEEDLE		<i>vitamin b complex</i>	112	ZELBORAF	50
.....	106	<i>vitamin b complex w/b-12</i>	112	<i>zenatane</i>	75
UNIFINE SAFECONTROL PEN		<i>vitamin d (ergocalciferol)</i>	137	ZENPEP	82
NEEDLE	106	<i>vitamin k1</i>	137	<i>zenzedi</i>	12
UNIFINE ULTRA PEN NEEDLE	106	<i>vitamin-b complex</i>	112	ZEPBOUND	12
<i>unithroid</i>	130	<i>vitamins acd-fluoride</i>	114	ZEPOSIA	129
<i>ursodiol</i>	87	VIVOTIF	134	ZEPOSIA 7-DAY STARTER PACK	129
VABYSMO	119	<i>volnea</i>	67	ZEPOSIA STARTER KIT	129
<i>valacyclovir hcl</i>	61	<i>voriconazole</i>	40	ZEV RX INSULIN SYRINGE	106
<i>valganciclovir hcl</i>	60	VOSEVI	61	ZEV RX PEN NEEDLES	106
<i>valproate sodium</i>	31	VP INSULIN SYRINGE	106	<i>zidovudine</i>	60
<i>valproic acid</i>	31	VRAYLAR	55	ZILXI	80
VALSARTAN	45	VUMERITY	126	ZIMHI	39
<i>valsartan</i>	45	<i>vyfemla</i>	70	<i>zinc sulfate</i>	109
<i>valsartan-hydrochlorothiazide</i>	44	<i>vylibra</i>	70	<i>ziprasidone hcl</i>	55
VALUE HEALTH INSULIN		VYVANSE	12	<i>ziprasidone mesylate</i>	55
SYRINGE	106	WAKIX	13	ZOLINZA	50
<i>vancomycin hcl</i>	46, 47	<i>warfarin sodium</i>	27	<i>zolmitriptan</i>	108
VANCOMYCIN HCL	47	<i>water for irrigation, sterile</i>	110	<i>zolpidem tartrate</i>	94
VANDAZOLE	137	WEGMANS UNIFINE PENTIPS		<i>zolpidem tartrate er</i>	94
VANISHPOINT INSULIN		PLUS	106	<i>zonisamide</i>	30
SYRINGE	106	WEGOVY	12	ZORYVE	77
VAQTA	136	<i>wera</i>	70	<i>zovia 1/35 (28)</i>	70
<i>vardenafil hcl</i>	66	<i>wesnatal dha complete</i>	116	<i>zumandimine</i>	70
<i>varenicline tartrate</i>	128	WESTAB PLUS	116	ZYLET	120
<i>varenicline tartrate (starter)</i>	128	WIDE-SEAL DIAPHRAGM 60	99		
<i>varenicline tartrate(continue)</i>	128	WIDE-SEAL DIAPHRAGM 65	99		
VARIVAX	136	WIDE-SEAL DIAPHRAGM 70	99		
VASCEPA	41	WIDE-SEAL DIAPHRAGM 75	99		

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

You'll find the most up-to-date drug list and details about your benefits.

If you still have questions, we're here. Just call the Member Services number on your ID card.

Speech and hearing impaired (TDD/TTY) users

Call 1-800-221-6915, Monday through Friday, 8:30 a.m. to 5 p.m.ET.



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

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with 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 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.