



Essential Drug List

Drug list — Three Tier Drug Plan California DMHC 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 Advantage HMO 20 or 40/500 3 day/250 OP	Anthem EPO 1000/20/40/20	Anthem Premier HMO 10/100% Vivity
Anthem Classic Choice HMO 10/30	Anthem EPO 1000/20/40/20 Blue Connection	Anthem Premier HMO 20/100%
Anthem Classic Choice HMO 10/30 Priority Select HMO	Anthem EPO 2000/25/50/20	Anthem Premier HMO 20/100% Priority Select HMO
Anthem Classic Choice HMO 10/30 Select HMO	Anthem EPO 2000/25/50/20 Blue Connection	Anthem Premier HMO 20/100% Select HMO
Anthem Classic HMO 10/30/250 admit/125 OP	Anthem EPO 250/20/40/20	Anthem Premier HMO 20/100% Vivity
Anthem Classic HMO 10/30/250 admit/125 OP Priority Select HMO	Anthem EPO 250/20/40/20 Blue Connection	Anthem Value Ded HMO 1000/25/40/25%
Anthem Classic HMO 10/30/250 admit/125 OP Select HMO	Anthem EPO 3000/25/50/20	Anthem Value Ded HMO 1000/25/40/25% Priority Select HMO
Anthem Classic HMO 10/30/250 admit/125 OP Vivity	Anthem EPO 3000/25/50/20 Blue Connection	Anthem Value Ded HMO 1000/25/40/25% Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP	Anthem EPO 750/20/40/20	Anthem Value Ded HMO 1500/25/50/25%
Anthem Classic HMO 20/40/250 admit/125 OP Priority Select HMO	Anthem EPO 750/20/40/20 Blue Connection	Anthem Value Ded HMO 1500/25/50/25% Priority Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP Select HMO	Anthem Exclusive Classic PPO 20/250 3 day/125 OP	Anthem Value Ded HMO 1500/25/50/25% Select HMO
Anthem Classic HMO 20/40/250 admit/125 OP Vivity	Anthem Exclusive Classic PPO 20/250 admit/125 OP	Anthem Value Ded HMO 2000/30/60/25%
Anthem Classic HMO 20/40/500 admit/250 OP	Anthem Exclusive Value PPO 30/30	Anthem Value Ded HMO 2000/30/60/25% Priority Select HMO
Anthem Classic HMO 20/40/500 admit/250 OP Priority Select HMO	Anthem High Performance EPO 1000/35/70/4000	Anthem Value Ded HMO 2000/30/60/25% Select HMO
Anthem Classic HMO 20/40/500 admit/250 OP Select HMO	Anthem High Performance EPO 2000/40/80/6000	Anthem Value Ded HMO 250/20/40/10%
Anthem Classic HMO 20/40/500 admit/250 OP Vivity	Anthem High Performance EPO 25/50/3000	Anthem Value Ded HMO 250/20/40/10% Priority Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP	Anthem High Performance EPO 35/70/5000	Anthem Value Ded HMO 250/20/40/10% Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP Priority Select HMO	Anthem High Performance EPO 40/80/7000	Anthem Value Ded HMO 500/20/40/20%
Anthem Classic HMO 30/50/500 admit/250 OP Select HMO	Anthem High Performance EPO 500/25/50/2500	Anthem Value Ded HMO 500/20/40/20% Priority Select HMO
Anthem Classic HMO 30/50/500 admit/250 OP Vivity	Anthem High Performance EPO HSA 3200/25/75/5000	Anthem Value Ded HMO 500/20/40/20% Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP	Anthem High Performance EPO HSA 4000/25/75/6500	Anthem Value Ded HMO 750/25/40/25%
Anthem Classic HMO 40/60/750 admit/375 OP Priority Select HMO	Anthem PPO HIA Plus 3000/0	Anthem Value Ded HMO 750/25/40/25% Priority Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP	Anthem PPO HIA Plus 3000/0 Select PPO	Anthem Value Ded HMO 750/25/40/25%

Select HMO		Select HMO
Anthem Classic HMO 40/60/750 admit/375 OP Vivity	Anthem PPO HIA Plus Copay 1000/30/20	Anthem Value HMO 20/40/20%
Anthem Classic PPO 1000/35/55/20	Anthem PPO HIA Plus Copay 1000/30/20 Select PPO	Anthem Value HMO 20/40/20% Priority Select HMO
Anthem Classic PPO 1000/35/55/20 Select PPO	Anthem PPO HIA Plus Copay 2000/30/20	Anthem Value HMO 20/40/20% Select HMO
Anthem Classic PPO 1500/40/60/20	Anthem PPO HIA Plus Copay 2000/30/20 Select PPO	Anthem Value HMO 20/40/250 3 day
Anthem Classic PPO 1500/40/60/20 Select PPO	Anthem PPO HRA 3000/0	Anthem Value HMO 20/40/250 3 day Priority Select HMO
Anthem Classic PPO 250/20/40/10	Anthem PPO HRA 3000/0 Select PPO	Anthem Value HMO 20/40/250 3 day Select HMO
Anthem Classic PPO 250/20/40/10 Select PPO	Anthem PPO HRA Copay 2000/30/20	Anthem Value HMO 20/40/250 3 day Vivity
Anthem Classic PPO 250/20/40/20	Anthem PPO HRA Copay 2000/30/20 Select PPO	Anthem Value HMO 20/40/250 3 day/20%
Anthem Classic PPO 250/20/40/20 Select PPO	Anthem PPO HSA 3200/0	Anthem Value HMO 20/40/250 3 day/20% Priority Select HMO
Anthem Classic PPO 500/20/40/10	Anthem PPO HSA 3200/0 Select PPO	Anthem Value HMO 20/40/250 3 day/20% Select HMO
Anthem Classic PPO 500/20/40/10 Select PPO	Anthem PPO HSA 3200/20	Anthem Value HMO 30/50/30%
Anthem Classic PPO 500/20/40/20	Anthem PPO HSA 3200/20 Select PPO	Anthem Value HMO 30/50/30% Priority Select HMO
Anthem Classic PPO 500/20/40/20 Select PPO	Anthem PPO HSA 3500/20	Anthem Value HMO 30/50/30% Select HMO
Anthem Classic PPO 500/30/50/20	Anthem PPO HSA 3500/20 Select PPO	Anthem Value HMO 30/50/500 3 day
Anthem Classic PPO 500/30/50/20 Select PPO	Anthem PPO HSA 4000/20	Anthem Value HMO 30/50/500 3 day Priority Select HMO
Anthem Classic PPO 750/30/50/20	Anthem PPO HSA 4000/20 Select PPO	Anthem Value HMO 30/50/500 3 day Select HMO
Anthem Classic PPO 750/30/50/20 Select PPO	Anthem PPO HSA 4500/20	Anthem Value HMO 30/50/500 3 day Vivity
Anthem Elements Choice HMO 1500	Anthem PPO HSA 4500/20 Select PPO	Anthem Value HMO 30/50/500 3 day/20%
Anthem Elements Choice HMO 1500 Priority Select HMO	Anthem PPO HSA 5000/20	Anthem Value HMO 30/50/500 3 day/20% Priority Select HMO
Anthem Elements Choice HMO 1500 Select HMO	Anthem PPO HSA 5000/20 Select PPO	Anthem Value HMO 30/50/500 3 day/20% Select HMO
Anthem Elements Choice HMO 3000	Anthem PPO HSA/H 1600/3200/4000 10/30	Anthem Value HMO 35/55/750 3 day
Anthem Elements Choice HMO 3000 Priority Select HMO	Anthem PPO HSA/H 1600/3200/4000 10/30 Select PPO	Anthem Value HMO 35/55/750 3 day Priority Select HMO
Anthem Elements Choice HMO 3000 Select HMO	Anthem PPO HSA/H 1600/3200/4000 20/40	Anthem Value HMO 35/55/750 3 day Select HMO
Anthem Elements Choice HMO 5900	Anthem PPO HSA/H 1600/3200/4000 20/40 Select PPO	Anthem Value HMO 35/55/750 3 day Vivity
Anthem Elements Choice HMO 5900 Priority Select HMO	Anthem PPO HSA/H 2000/3200/5000 10/30	Anthem Value HMO 40/60/1000 3 day
Anthem Elements Choice HMO 5900 Select HMO	Anthem PPO HSA/H 2000/3200/5000 10/30 Select PPO	Anthem Value HMO 40/60/1000 3 day Priority Select HMO
Anthem Elements Choice HSA 6100/0	Anthem PPO HSA/H 2000/3200/5000 20/40	Anthem Value HMO 40/60/1000 3 day Select HMO
Anthem Elements Choice HSA 6100/0 Select PPO	Anthem PPO HSA/H 2000/3200/5000 20/40 Select PPO	Anthem Value HMO 40/60/1000 3 day Vivity
Anthem Elements Choice PPO 6000	Anthem Premier HMO 10/100%	Anthem Value HMO 40/60/750 3 day/20%
Anthem Elements Choice PPO 6000 Select PPO	Anthem Premier HMO 10/100% Priority Select HMO	Anthem Value HMO 40/60/750 3 day/20% Priority Select HMO
Anthem EPO 0/20/40/0	Anthem Premier HMO 10/100% Select HMO	Anthem Value HMO 40/60/750 3 day/20% Select HMO
Anthem EPO 0/20/40/20		

2025 Essential Drug List Plan Names

Anthem Blue Connection EPO 1000/20/40/20	Anthem Priority Select HMO Value Ded 1000/25/40/25%	Anthem Select HMO Value 40/60/1000 3 day
Anthem Blue Connection EPO 2000/25/50/20	Anthem Priority Select HMO Value Ded 1500/25/50/25%	Anthem Select HMO Value 40/60/750 3 day/20%
Anthem Blue Connection EPO 250/20/40/20	Anthem Priority Select HMO Value Ded 2000/30/60/25%	Anthem Select HMO Value Ded 1000/25/40/25%
Anthem Blue Connection EPO 3000/25/50/20	Anthem Priority Select HMO Value Ded 250/20/40/10%	Anthem Select HMO Value Ded 1500/25/50/25%
Anthem Blue Connection EPO 750/20/40/20	Anthem Priority Select HMO Value Ded 500/20/40/20%	Anthem Select HMO Value Ded 2000/30/60/25%
Anthem CaliforniaCare HMO Advantage 20 or 40/500 3 day/250 OP	Anthem Priority Select HMO Value Ded 750/25/40/25%	Anthem Select HMO Value Ded 250/20/40/10%
Anthem CaliforniaCare HMO Classic 10/30/250 admit/125 OP	Anthem Prudent Buyer EPO 0/20/40/0	Anthem Select HMO Value Ded 500/20/40/20%
Anthem CaliforniaCare HMO Classic 20/40/250 admit/125 OP	Anthem Prudent Buyer EPO 0/20/40/20	Anthem Select HMO Value Ded 750/25/40/25%
Anthem CaliforniaCare HMO Classic 20/40/500 admit/250 OP	Anthem Prudent Buyer EPO 1000/20/40/20	Anthem Select PPO Classic 1000/35/55/20
Anthem CaliforniaCare HMO Classic 30/50/500 admit/250 OP	Anthem Prudent Buyer EPO 2000/25/50/20	Anthem Select PPO Classic 1500/40/60/20
Anthem CaliforniaCare HMO Classic 40/60/750 admit/375 OP	Anthem Prudent Buyer EPO 250/20/40/20	Anthem Select PPO Classic 250/20/40/20
Anthem CaliforniaCare HMO Classic Choice 10/30	Anthem Prudent Buyer EPO 3000/25/50/20	Anthem Select PPO Classic 500/20/40/10
Anthem CaliforniaCare HMO Elements Choice 1500	Anthem Prudent Buyer EPO 750/20/40/20	Anthem Select PPO Classic 500/20/40/20
Anthem CaliforniaCare HMO Elements Choice 3000	Anthem Prudent Buyer PPO Classic 1000/35/55/20	Anthem Select PPO Classic 500/30/50/20
Anthem CaliforniaCare HMO Elements Choice 5900	Anthem Prudent Buyer PPO Classic 1500/40/60/20	Anthem Select PPO Classic 750/30/50/20
Anthem CaliforniaCare HMO Premier 10/100%	Anthem Prudent Buyer PPO Classic 250/20/40/10	Anthem Select PPO Classic PPO 250/20/40/10
Anthem CaliforniaCare HMO Premier 20/100%	Anthem Prudent Buyer PPO Classic 250/20/40/20	Anthem Select PPO Elements Choice 6000
Anthem CaliforniaCare HMO Value 20/40/20%	Anthem Prudent Buyer PPO Classic 500/20/40/10	Anthem Select PPO Elements Choice HSA 6100/0
Anthem CaliforniaCare HMO Value 20/40/250 3 day	Anthem Prudent Buyer PPO Classic 500/20/40/20	Anthem Select PPO HIA Plus 3000/0
Anthem CaliforniaCare HMO Value 20/40/250 3 day/20%	Anthem Prudent Buyer PPO Classic 500/30/50/20	Anthem Select PPO HIA Plus Copay 1000/30/20
Anthem CaliforniaCare HMO Value 30/50/30%	Anthem Prudent Buyer PPO Classic 750/30/50/20	Anthem Select PPO HIA Plus Copay 2000/30/20
Anthem CaliforniaCare HMO Value 30/50/500 3 day	Anthem Prudent Buyer PPO Elements Choice 6000	Anthem Select PPO HRA 3000/0
Anthem CaliforniaCare HMO Value 30/50/500 3 day/20%	Anthem Prudent Buyer PPO Elements Choice HSA 6100/0	Anthem Select PPO HRA Copay 2000/30/20
Anthem CaliforniaCare HMO Value 35/55/750 3 day	Anthem Prudent Buyer PPO Exclusive Classic 20/250 3 day/125 OP	Anthem Select PPO HSA 3300/0
Anthem CaliforniaCare HMO Value 40/60/1000 3 day	Anthem Prudent Buyer PPO Exclusive Classic 20/250 admit/125 OP	Anthem Select PPO HSA 3300/20
Anthem CaliforniaCare HMO Value 40/60/750 3 day/20%	Anthem Prudent Buyer PPO Exclusive Value 30/30	Anthem Select PPO HSA 3500/20
Anthem CaliforniaCare HMO Value Ded 1000/25/40/25%	Anthem Prudent Buyer PPO HIA Plus 3000/0	Anthem Select PPO HSA 4000/20

Anthem CaliforniaCare HMO Value Ded 1500/25/50/25%	Anthem Prudent Buyer PPO HIA Plus Copay 1000/30/20	Anthem Select PPO HSA 4500/20
Anthem CaliforniaCare HMO Value Ded 2000/30/60/25%	Anthem Prudent Buyer PPO HIA Plus Copay 2000/30/20	Anthem Select PPO HSA 5000/20
Anthem CaliforniaCare HMO Value Ded 250/20/40/10%	Anthem Prudent Buyer PPO HRA 3000/0	Anthem Select PPO HSA/H 1650/3300/4100 10/30
Anthem CaliforniaCare HMO Value Ded 500/20/40/20%	Anthem Prudent Buyer PPO HRA Copay 2000/30/20	Anthem Select PPO HSA/H 1650/3300/4100 10/30
Anthem CaliforniaCare HMO Value Ded 750/25/40/25%	Anthem Prudent Buyer PPO HSA 3300/0	Anthem Select PPO HSA/H 1650/3300/4100 20/40
Anthem High Performance EPO 1000/35/70/4000	Anthem Prudent Buyer PPO HSA 3300/20	Anthem Select PPO HSA/H 1650/3300/4100 20/40
Anthem High Performance EPO 2000/40/80/6000	Anthem Prudent Buyer PPO HSA 3500/20	Anthem Select PPO HSA/H 2000/3300/5000 10/30
Anthem High Performance EPO 25/50/3000	Anthem Prudent Buyer PPO HSA 4000/20	Anthem Select PPO HSA/H 2000/3300/5000 10/30
Anthem High Performance EPO 35/70/5000	Anthem Prudent Buyer PPO HSA 4500/20	Anthem Select PPO HSA/H 2000/3300/5000 20/40
Anthem High Performance EPO 40/80/7000	Anthem Prudent Buyer PPO HSA 5000/20	Anthem Select PPO HSA/H 2000/3300/5000 20/40
Anthem High Performance EPO 500/25/50/2500	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 10/30	Anthem Vivity HMO Classic 10/30/250 admit/125 OP
Anthem High Performance EPO HSA 3300/25/75/5000	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 10/30	Anthem Vivity HMO Classic 20/40/250 admit/125 OP
Anthem High Performance EPO HSA 4000/25/75/6500	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 20/40	Anthem Vivity HMO Classic 20/40/500 admit/250 OP
Anthem Link Virtual First High Performance EPO 2000/50/75/5000	Anthem Prudent Buyer PPO HSA/H 1650/3300/4100 20/40	Anthem Vivity HMO Classic 30/50/500 admit/250 OP
Anthem Link Virtual First High Performance EPO 3500/50/75/6500	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 10/30	Anthem Vivity HMO Classic 40/60/750 admit/375 OP
Anthem Link Virtual First High Performance EPO 6000/50/75/9100	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 10/30	Anthem Vivity HMO Elements Choice 1500
Anthem Priority Select HMO Classic 10/30/250 admit/125 OP	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 20/40	Anthem Vivity HMO Elements Choice 3000
Anthem Priority Select HMO Classic 20/40/250 admit/125 OP	Anthem Prudent Buyer PPO HSA/H 2000/3300/5000 20/40	Anthem Vivity HMO Elements Choice 5900
Anthem Priority Select HMO Classic 20/40/500 admit/250 OP	Anthem Select HMO Classic 10/30/250 admit/125 OP	Anthem Vivity HMO Premier 10/100%
Anthem Priority Select HMO Classic 30/50/500 admit/250 OP	Anthem Select HMO Classic 20/40/250 admit/125 OP	Anthem Vivity HMO Premier 20/100%
Anthem Priority Select HMO Classic 40/60/750 admit/375 OP	Anthem Select HMO Classic 20/40/500 admit/250 OP	Anthem Vivity HMO Value 20/40/20%
Anthem Priority Select HMO Classic Choice 10/30	Anthem Select HMO Classic 30/50/500 admit/250 OP	Anthem Vivity HMO Value 20/40/250 3 day
Anthem Priority Select HMO Elements Choice 1500	Anthem Select HMO Classic 40/60/750 admit/375 OP	Anthem Vivity HMO Value 20/40/250 3 day/20%
Anthem Priority Select HMO Elements Choice 3000	Anthem Select HMO Classic Choice 10/30	Anthem Vivity HMO Value 30/50/30%
Anthem Priority Select HMO Elements Choice 5900	Anthem Select HMO Elements Choice 1500	Anthem Vivity HMO Value 30/50/500 3 day
Anthem Priority Select HMO Premier 10/100%	Anthem Select HMO Elements Choice 3000	Anthem Vivity HMO Value 30/50/500 3 day/20%
Anthem Priority Select HMO Premier 20/100%	Anthem Select HMO Elements Choice 5900	Anthem Vivity HMO Value 35/55/750 3 day
Anthem Priority Select HMO Value 20/40/20%	Anthem Select HMO Premier 10/100%	Anthem Vivity HMO Value 40/60/1000 3 day

Anthem Priority Select HMO Value 20/40/250 3 day	Anthem Select HMO Premier 20/100%	Anthem Vivity HMO Value 40/60/750 3 day/20%
Anthem Priority Select HMO Value 20/40/250 3 day/20%	Anthem Select HMO Value 20/40/20%	Anthem Vivity HMO Value Ded 1000/25/40/25%
Anthem Priority Select HMO Value 30/50/30%	Anthem Select HMO Value 20/40/250 3 day	Anthem Vivity HMO Value Ded 1500/25/50/25%
Anthem Priority Select HMO Value 30/50/500 3 day	Anthem Select HMO Value 20/40/250 3 day/20%	Anthem Vivity HMO Value Ded 2000/30/60/25%
Anthem Priority Select HMO Value 30/50/500 3 day/20%	Anthem Select HMO Value 30/50/30%	Anthem Vivity HMO Value Ded 250/20/40/10%
Anthem Priority Select HMO Value 35/55/750 3 day	Anthem Select HMO Value 30/50/500 3 day	Anthem Vivity HMO Value Ded 500/20/40/20%
Anthem Priority Select HMO Value 40/60/1000 3 day	Anthem Select HMO Value 30/50/500 3 day/20%	Anthem Vivity HMO Value Ded 750/25/40/25%
Anthem Priority Select HMO Value 40/60/750 3 day/20%	Anthem Select HMO Value 35/55/750 3 day	

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

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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 an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

“Step therapy (ST)” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request.

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



Frequently Asked Questions

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

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

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

How can I find a drug on the list?

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

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

You can search the PDF drug list by:

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

How are drugs shown on the list?

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

**PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS
TYPE - DRUGS FOR SEVERE MENTAL DISORDERS**

NUEDEXTA ORAL CAPSULE (dextromethorphan)

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

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS

amoxicillin oral capsule

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

levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)

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

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



What are my options for getting my prescriptions?

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

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

What if my drug isn't on the list?

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

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

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

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

1. Submit an electronic PA request by going to <https://www.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 (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

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



Our clinical edit programs are:

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

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

How does my doctor start the Prior Authorization process?

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

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

What is Step Therapy? How does it work?

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

A few more notes about the exception process:

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

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

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

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



California Law-at-a-Glance

Cal. Code Regs. tit. 28 § 1300.67.205 - Standard Prescription Drug Formulary Template

"The following standards are minimum standards, and unless otherwise noted, apply to all health plan formularies subject to section 1367.205 of the Health and Safety Code. A health plan may implement additional provisions exceeding these requirements."

(d) Informational section. The informational section of the formulary shall include all of the following:

(11) Notice that the health plan shall cover nonformulary drugs when medically necessary and a detailed description of the process for requesting coverage of a nonformulary drug. Subject to the exception in subdivision (k) of section 1367.24 of the Health and Safety Code, the description shall state that:

(A) the health plan shall notify the enrollee or his or her designee and the enrollee's prescribing provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests;

(B) the health plan shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills; and

(C) the health plan shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. The description shall also state an enrollee may file a grievance or complaint, pursuant to section 1368 of the Health and Safety Code, relating to denial of a coverage request and that the coverage documents provide information on appeal rights and procedures.

(12) Instructions on how to locate and fill a prescription through a network retail pharmacy, mail order pharmacy, and specialty pharmacy, as applicable.

(13) A detailed description of the process for requesting prior authorization or a step therapy exception. Subject to the exceptions in subdivision (b) of section 1367.241 of the Health and Safety Code, the description shall state that if a health plan fails to respond to a completed prior authorization or step therapy 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 granted.

(14) Notice of an enrollee's rights to step therapy as provided in subdivision (d)(2) of Rule 1300.67.24.

(15) Notice pursuant to section 1367.22 of the Health and Safety Code that a health plan may not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for the enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition."

KEY

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

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

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

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

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

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

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

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

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

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

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

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

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

Tier 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 1/1/2025

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>dextroamphetamine sulfate (Procentra Oral Solution)</i>	1 or 1b*	PA; QL (60 mL per 1 day)
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)

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 7.5 Mg)	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 5 Mg)	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	1 or 1b*	PA; QL (2 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate oral solution</i>	2	
*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)
*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

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 72 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)
<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)
<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

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	2	QL (900 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 80 mg/2ml</i>	2	QL (180 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)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	3	PA; QL (1 tablet per 1 day); 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
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	3	SP
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	3	PA; QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	3	PA; QL (2 syringes per 28 days); SP
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit</i>	3	PA; QL (1 kit per 1 one-time fill); SP
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	3	PA; QL (2 pens per 28 days); SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	PA; QL (2 pens per 28 days (QL exception needed for maintenance therapys)); SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	3	PA; QL (2 syringes per 28 days); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	3	PA; QL (1 kit per 1 one-time fill); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT (<i>adalimumab</i>)	3	PA; QL (1 kit per 1 one-time fill); SP
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	3	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	3	PA; QL (1 pen per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>celecoxib oral capsule 400 mg</i>	2	QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	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)
<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>ibuprofen (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)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 30 MG (<i>apremilast</i>)	3	PA; QL (2 tablets per 1 day); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	PA; QL (1 pack per 365 days); 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 (<i>etanercept</i>)	3	PA; QL (4 cartridge per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	3	PA; QL (8 injections per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	3	PA; QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	3	PA; QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	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>butalbital-apap-caffeine</i> (Bac Oral Tablet)	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)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</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	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	1 or 1a*; \$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>aspirin</i>)	1 or 1a*; \$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</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*	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (<i>aspirin</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<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	
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	1 or 1a*; \$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (<i>aspirin</i>)	1 or 1a*; \$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</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>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	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)
TREZIX ORAL CAPSULE (<i>apap-caff-dihydrocodeine</i>)	1 or 1b*	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</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*	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 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)
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levorphanol tartrate oral tablet 3 mg</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</i> (Methadone Hcl Intensol Oral Concentrate)	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>methadone hcl</i> (Methadose Oral Tablet Soluble)	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>morphine sulfate microinfusion</i> (Mitigo Injection Solution)	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>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>remifentanil hcl intravenous solution reconstituted</i>	1 or 1b*	
<i>sufentanil citrate intravenous solution</i>	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	PA; AL; QL (16 tablets per 1 day)
<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>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	1 or 1b*	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	1 or 1b*	QL (30 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>testosterone cypionate (Depo-Testosterone Intramuscular Solution)</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)
<i>XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
<i>hydrocortisone</i> (Proctocort External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Proctosol Hc External Cream)	1 or 1b*	
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	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	
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANKXIETY 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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</i> (Diazepam Intensol Oral Concentrate)	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</i> (Lorazepam Intensol Oral Concentrate)	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	
<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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 400 Mg)	1 or 1b*	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	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> (Breyza Inhalation Aerosol)	1 or 1b*	QL (1.03 grams per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-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)
<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>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	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; LD; 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; LD; 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 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)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 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)
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 (378 ML per 30 days)
SPIRIVA HANDHALER 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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*	
<i>theophylline</i> (Elixophyllin Oral Elixir)	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>warfarin sodium</i> (Jantoven Oral Tablet)	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>heparin sod (pork) lock flush</i> (Bd Heparin Posiflush Intravenous Solution)	2	
<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 (<i>dalteparin sodium</i>)	3	QL (8 mL per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dalteparin sodium</i>)	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)

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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 100 mg/5ml</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>carbamazepine</i> (Epitol Oral Tablet)	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)
<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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>levetiracetam</i> (Roweepra Oral Tablet)	2	DO
<i>rufinamide oral suspension</i>	2	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	2	DO
<i>rufinamide oral tablet 400 mg</i>	2	QL (8 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet)	1 or 1b*	DO
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit)	1 or 1b*	QL (1 kit per 28 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit)	1 or 1b*	QL (1 kit per 35 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit)	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>vigabatrin</i> (Vigadrone Oral Packet)	3	LD; QL (6 packets per 1 day)
<i>vigabatrin</i> (Vigadrone Oral Tablet)	3	LD; QL (6 tablets per 1 day); SP
<i>vigabatrin</i> (Vigoder Oral Packet)	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	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule)	1 or 1b*	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable)	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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 250 mg/5ml</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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>fluvoxamine maleate oral tablet</i>	1 or 1b*	
<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 (<i>vortioxetine hbr</i>)	3	DO
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	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	
<i>glucagon emergency injection kit</i>	1 or 1b*	QL (2 kits per 30 days)
<i>glucagon emergency injection solution reconstituted</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	2	ST; QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	2	ST; QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	2	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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; LD; 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		
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		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
*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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
<i>sodium thiosulfate intravenous solution</i>	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 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 spray per 90 days)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
OPVEE NASAL SOLUTION (<i>nalmefene hcl</i>)	2	QL (3 cartons per 90 days)
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 50 mg</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
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 (10 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate er oral suspension extended release</i>	1 or 1b*	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)
<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)
*ANTI-HISTAMINES - 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>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	2	QL (6 suppositories per 1 day)
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	2	QL (1 suppository per 1 day)
*ANTI-HISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	1 or 1b*	
<i>cyproheptadine hcl oral tablet</i>	1 or 1b*	
ANTI-HYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTI-HYPERLIPIDEMICS - 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Packet)	2	QL (24 grams per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Powder)	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)
<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)
NIACOR ORAL TABLET (<i>niacin (antihyperlipidemic)</i>)	1 or 1b*	ST; QL (12 tablets per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	3	PA; QL (1 cartridge per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (evolocumab)	3	PA; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (evolocumab)	3	PA; QL (2 syringe per 28 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg</i>	1 or 1b*	DO
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<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</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1 or 1b*	DO
<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*	QL (4 tablets per 1 day)
<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, 5 mg</i>	1 or 1a*	DO
<i>benazepril hcl oral tablet 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<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</i>	1 or 1b*	DO
<i>captopril oral tablet 50 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>enalapril maleate oral solution</i>	2	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>enalapril maleate oral tablet 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</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<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, 5 mg</i>	1 or 1a*	DO

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisinopril oral tablet 20 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<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, 5 mg</i>	1 or 1b*	DO
<i>quinapril hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>ramipril oral capsule 5 mg</i>	1 or 1b*	QL (4 tablets 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>metyrosine oral capsule</i>	1 or 1b*	PA; QL (16 capsules per 1 day)
<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*	QL (2 tablets per 1 day)
<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*	QL (2 tablets per 1 day)
<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*	QL (2 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	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*	QL (2 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<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, 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*	QL (2 tablets per 1 day)
<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)

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
<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)
<i>valsartan oral solution</i>	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*	QL (2 tablets per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<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</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.2 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	2	QL (12 patches per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>guanfacine hcl oral tablet 2 mg</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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)
<i>trimethoprim oral tablet</i>	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	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 200-40 mg/5ml</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
<i>vancomycin hcl oral solution reconstituted</i>	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	
*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*	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	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)
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	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 (<i>rifapentine</i>)	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 (<i>busulfan</i>)	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 (<i>mitotane</i>)	3; OC	LD; 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 (<i>apalutamide</i>)	3; OC	PA; LD; QL (1 tablet per 1 day); SP; OC
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	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 (<i>darolutamide</i>)	3; OC	PA; LD; QL (4 tablets per 1 day); SP; OC
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; LD; QL (1 tablet per 1 day); OC
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (6 tablets per 1 day); OC
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	2; OC	PA; LD; QL (2 tablets per 1 day); OC
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; LD; 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
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; QL (2 tablets per 1 day); SP; OC
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	3; OC	PA; QL (4 capsules per 1 day); SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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; LD; QL (3 capsule per 1 day); OC
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day); OC
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; LD; QL (8 mL per 1 day); OC
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; LD; 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; LD; 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
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3; OC	PA; SP; OC
<i>everolimus oral tablet soluble</i>	3; OC	PA; SP; OC
<i>everolimus</i> (Torpenz Oral Tablet)	3; OC	PA; SP; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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; LD; QL (3 tablet per 1 day); OC
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	3; OC	PA; LD; 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	LD; 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
*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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
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		
*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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
*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	
*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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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 (<i>cariprazine hcl</i>)	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	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
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIBENZOTHAZEPINES*** - 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*	
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	1 or 1b*	AL; QL (8 mL per 1 day)
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	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>prochlorperazine (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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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 (<i>brexpiprazole</i>)	3	ST; DO
REXULTI ORAL TABLET 4 MG (<i>brexpiprazole</i>)	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)
<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-tenofovir</i>)	3	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	3	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofovir df oral tablet</i>	3	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	3	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)
<i>lamivudine-zidovudine oral tablet</i>	2	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	3	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	QL (4 tablets per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	3	QL (1 tablet per 1 day)
<i>trimeq pd oral tablet soluble</i>	3	QL (6 tablets per 1 day)

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	3	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)
*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>	3	QL (2 capsules per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	3	QL (1 capsule per 1 day)
<i>darunavir oral tablet 600 mg</i>	3	QL (2 tablets per 1 day)
<i>darunavir oral tablet 800 mg</i>	3	QL (1 tablet per 1 day)
<i>fosamprenavir calcium oral tablet</i>	3	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>	3	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>	3	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	3	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	3	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	3	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	3	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>	3	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	3	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	3	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	3	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	3; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	3	QL (29 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	3	PA; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>zidovudine oral capsule</i>	3	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	3	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	3	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	3; \$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)
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
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</i>	2	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 20 mg</i>	2	QL (4 capsules per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 40 mg</i>	2	QL (2 capsules per 1 day)
<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</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 200 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
<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>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg)	1 or 1b*	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg)	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	1 or 1b*	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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
<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>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg)</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl (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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg)	1 or 1b*	DO
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg)	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg)	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	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
<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

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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>tadalafil (pah)</i> (Alyq Oral Tablet)	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
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>ildenafil citrate oral tablet 20 mg</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*	

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Effective 01/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral tablet</i>	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor er oral tablet extended release 12 hour</i>	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)
<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>ceftazidime (Tazicef Injection Solution Reconstituted)</i>	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime</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>desogestrel-ethinyl estradiol (Azurette Oral Tablet)</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet)</i>	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	2	\$0
<i>desogestrel-ethinyl estradiol (Pimtrea Oral Tablet)</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Simliya Oral Tablet)</i>	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet)</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	1 or 1a*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	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>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Gem mily Oral Capsule)	1 or 1b*; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	1 or 1a*; \$0	
<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>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	3; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet)	1 or 1a*; \$0	
<i>drospire-eth estrad-levomefol</i> (Tydemy Oral Tablet)	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	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>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	1 or 1b*; \$0	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	3; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring)	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	1 or 1b*; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
AFTERPILL ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
CURAE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	2; \$0	
HER STYLE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
REACT ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	1 or 1b*; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	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>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>norethindrone</i> (Camila Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Emzahh Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyleq Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	1 or 1b*; \$0	
OPILL ORAL TABLET (<i>norgestrel</i>)	2; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	1 or 1b*; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	3; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	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>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	1 or 1b*; \$0	
VELIVET ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	1 or 1a*; \$0	
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 +rfd injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1 or 1b*	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	1 or 1b*	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>hydrocortisone oral tablet</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	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	1 or 1b*	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	1 or 1b*	
*MINERALOCORTICIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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 (300 mL per 5 days)
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	AL; QL (300 mL per 5 days)
<i>maxi-tuss ac oral solution</i>	1 or 1a*	AL; QL (300 mL per 5 days)
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vc oral syrup</i>	1 or 1b*	QL (2 fills per 30 days)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution 3 %)	2	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution)	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-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1 or 1a*	QL (2 fills per 30 days)
*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 (150 mL per 5 days)
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>poly-tussin ac oral liquid</i>	2	AL; QL (300 mL per 5 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	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)
<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</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (2 packets per 1 day)
<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>clindamycin-benzoyl per (refr)</i> (Neuac External Gel)	1 or 1b*	QL (45 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
<i>isotretinoin</i> (Accutane Oral Capsule)	2	PA
<i>adapalene external cream</i>	1 or 1b*	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel 0.3 %</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>isotretinoin</i> (Amnesteem Oral Capsule)	2	PA
<i>isotretinoin</i> (Claravis Oral Capsule)	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>isotretinoin</i> (Zenatane Oral Capsule)	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)
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox</i> (Ciclodan External Solution)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin</i> (Klayesta External Powder)	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>nystatin</i> (Nyamyc External Powder)	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>nystatin</i> (Nystop External Powder)	1 or 1b*	QL (60 grams 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	PA; QL (1 mL per 56 days); SP
*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>calcipotriene</i> (Calcitrene External Ointment)	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 0.1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>tazarotene external gel</i>	2	QL (100 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)
<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>silver sulfadiazine</i> (Ssd External Cream)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>clobetasol propionate</i> (Clodan External Shampoo)	1 or 1b*	QL (3.94 mL per 1 day)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone furoate external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	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>triamcinolone acetonide</i> (Triderm External Cream)	1 or 1a*	QL (454 grams per 30 days)
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	1 or 1b*	QL (450 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>ketoconazole</i> (Ketodan External Foam)	3	QL (100 grams per 30 days)
<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*	ST; QL (28 units per 28 days)
<i>imiquimod external cream 5 %</i>	1 or 1b*	ST; 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>lidocaine hcl</i> (Glydo External Prefilled Syringe)	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</i> (Lidocan External Patch)	2	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Ii External Patch)	2	PA; QL (3 patches per 1 day)
<i>lidocaine</i> (Tridacaine Iii External Patch)	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
CROTAN EXTERNAL LOTION (<i>crotamiton</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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; LD; QL (4 tablet per 1 day)
<i>methazolamide oral tablet</i>	2	
<i>dichlorphenamide</i> (Ormalvi Oral Tablet)	3	PA; LD; 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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>torseamide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	
OSMITROL INTRAVENOUS SOLUTION (<i>mannitol</i>)	1 or 1b*	
*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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>levocarnitine intravenous solution</i>	2	
<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
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; LD; SP
<i>nitisinone oral capsule 20 mg</i>	3	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>betaine oral powder</i>	3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>carglumic acid oral tablet soluble</i>	3	PA; LD
*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
<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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	3	PA; LD
*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</i>	3	QL (1 pen per 28 days); SP
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	3	PA; LD
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	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)
*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		
<i>lanreotide acetate subcutaneous solution</i>	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	3	PA; LD; 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>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	1 or 1b*	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	1 or 1b*	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	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>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	1 or 1b*	QL (8 patch per 28 days)
<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>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<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>linacotide</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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 (phos binder) oral tablet</i>	2	QL (12 tablets 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
<i>infliximab intravenous solution reconstituted</i>	3	PA; LD; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>isoflurane (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)
<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>sodium chloride (gu irrigant) (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; LD; QL (10 tablet per 1 day)
<i>tiopronin oral tablet delayed release</i>	2	PA; LD; QL (10 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>icatibant acetate</i> (Sajazir Subcutaneous Solution Prefilled Syringe)	3	PA; LD; QL (18 syringes per 30 days)
*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>eptifibatid 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*	
LMD IN D5W INTRAVENOUS SOLUTION (<i>dextran 40 in d5w</i>)	1 or 1b*	
LMD IN NAACL INTRAVENOUS SOLUTION (<i>dextran 40 in saline</i>)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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*	
*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; LD; QL (3 capsules per 1 day); SP
<i>miglustat</i> (Yargesa Oral Capsule)	2	PA; LD; 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>cyanocobalamin</i> (Dodex Injection Solution)	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
FOLTABS 800 ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	1 or 1b*; \$0	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
FA-8 ORAL CAPSULE (<i>folic acid</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	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>ft folic acid oral tablet 800 mcg</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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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; LD; QL (1 capsule per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1 or 1a*; \$0	QL (1 bottle per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	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		
CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
CVS PURELAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
CVS PURELAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
EQ CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
<i>eq laxative oral packet</i>	1 or 1b*; \$0	
EQL CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</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>gentelax oral powder</i>	1 or 1b*; \$0	
GLYCOLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
GNP CLEARLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
GNP CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
GOODSENSE CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
HEALTHYLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
HM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
KLS LAXACLEAR ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose oral solution</i>	1 or 1b*	QL (60 mL per 1 day)
MM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</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	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
SM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
SMOOTH LAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	1 or 1b*; \$0	
SMOOTH LAX ORAL POWDER (<i>polyethylene glycol 3350</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	
CITROMA ORAL SOLUTION (<i>magnesium citrate</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	
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION (<i>magnesium hydroxide</i>)	1 or 1b*; \$0	
DULCOLAX ORAL SUSPENSION (<i>magnesium hydroxide</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>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	
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (<i>magnesium hydroxide</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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
ALOPHEN ORAL TABLET DELAYED RELEASE (<i>bisacodyl</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	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE (<i>bisacodyl</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 0.5 %-1:200000, 2 %-1:100000</i>	1 or 1b*	
<i>bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution)</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupivacaine-epinephrine</i> (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000)	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*	
POLOCAINE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	1 or 1b*	
POLOCAINE-MPF INJECTION SOLUTION (<i>mepivacaine hcl</i>)	1 or 1b*	
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1 or 1b*	
<i>bupivacaine hcl</i> (Sensorcaine Injection Solution)	1 or 1b*	
<i>bupivacaine hcl</i> (Sensorcaine-Mpf Injection Solution)	1 or 1b*	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chlorprocaine 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		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	1 or 1b*	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	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	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	QL (12 units per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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)
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 years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<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 years)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 years)
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		
<i>1st tier unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>1st tier unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>insulin pen needle</i>)	3	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)
<i>aum mini insulin pen needle</i>	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)
<i>aurora pen needles</i>	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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>careone insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>careone unifine pentips plus</i>	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 31G X 5 MM , 31G X 6 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>	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 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)
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)
<i>dropsafe safety pen needles</i>	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)
<i>drug mart unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>drug mart unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
<i>easy comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>easy glide pen needles</i>	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
<i>eql insulin syringe</i>	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)
<i>global ease inject pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>global easy glide insulin syr</i>	3	ST; QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>global inject ease insulin syr</i>	3	ST; QL (200 syringes per 30 days)
<i>global insulin syringes</i>	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)
<i>gnp clickfine pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>gnp insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>	3	ST; QL (200 syringes per 30 days)
<i>gnp ulticare pen needles</i>	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>gnp ultra com insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>healthwise insulin syr/needle</i>	3	ST; QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>healthwise short pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>h-e-b incontrol pen needles</i>	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>insulin syringe</i>	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100</i>	3	ST; QL (200 syringes per 30 days)
<i>insupen pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>kinray insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	3	ST; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	3	ST; QL (200 syringes per 30 days)
<i>croger insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>croger pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>leader insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>longs insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
<i>medic insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>medicine shoppe pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>meijer pen needles</i>	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>mm insulin syringe/needle</i>	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)
<i>ms insulin syringe</i>	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)
<i>pc unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>pen needles 5/16"</i>	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)
<i>preferred plus insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>preferred plus unifine pentips</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
<i>pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	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)
<i>pure comfort pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>pure comfort safety pen needle</i>	3	QL (200 needles per 30 days)
<i>px extra short pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>px insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>px mini pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>px pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>qc pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>qc unifine pentips</i>	3	ST; QL (200 needles per 30 days)
<i>ra insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>ra pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>reality insulin syringe</i>	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)
<i>sb insulin syringe</i>	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)
<i>sure comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>sure comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>techlite insulin syringe</i>	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)
<i>today's health pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>today's health short pen needle</i>	3	ST; QL (200 needles per 30 days)
<i>topcare clickfine pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>topcare ultra comfort ins syr</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort pen needles</i>	3	ST; QL (200 needles per 30 days)
<i>true comfort pro insulin syr</i>	3	ST; QL (200 syringes per 30 days)
<i>true comfort pro pen needles</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK 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)
<i>ultra comfort insulin syringe</i>	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)
<i>ultracare insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>ultracare pen needles</i>	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 30G X 5 MM , 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 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>value health insulin syringe</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIFINE PLUS PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>vp insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>	3	ST; QL (200 needles per 30 days)
<i>zevrx insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>zevrx pen needles</i>	3	ST; QL (200 needles per 30 days)
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		
AIMOVIK 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*	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>zolmitriptan nasal solution 5 mg</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		
<i>kcl (0.149%) in nacl intravenous solution</i>	1 or 1b*	
<i>kcl (0.298%) in nacl intravenous solution</i>	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		
<i>magnesium sulfate injection solution</i>	2	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	2	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet)	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>potassium phosphate monobasic</i> (Phospho-Trin K500 Oral Tablet)	1 or 1b*	
<i>potassium phosphates intravenous solution 45 mmole/15ml</i>	1 or 1b*	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride</i> (Klor-Con Oral Packet)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	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 er oral tablet extended release 15 meq</i>	1 or 1a*	
<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>sodium chloride flush</i> (Aquastat Intravenous Solution)	2	
<i>sodium chloride flush</i> (Aquastat Sfr Intravenous Solution)	2	
<i>sodium chloride flush</i> (Bd Posiflush Intravenous Solution)	2	
<i>sodium chloride flush</i> (Bd Posiflush Safescrub Intravenous Solution)	2	
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution)	2	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution)	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*	
<i>selenious acid intravenous solution 40 mcg/ml</i>	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
<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>	3	
<i>cyclosporine modified oral solution</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine oral capsule</i>	3	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	3	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	3	
*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>	3	
<i>mycophenolate mofetil oral suspension reconstituted</i>	3	
<i>mycophenolate mofetil oral tablet</i>	3	
<i>mycophenolate sodium oral tablet delayed release</i>	3	
<i>mycophenolic acid oral tablet delayed release</i>	3	
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	1 or 1b*	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	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>	3	
<i>sirolimus oral solution</i>	3	
<i>sirolimus oral tablet</i>	3	
<i>tacrolimus oral capsule</i>	3	
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension)	2	
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	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension)	2	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION (<i>sodium polystyrene sulfonate</i>)	2	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine</i> (Azasan Oral Tablet)	1 or 1b*	
<i>azathioprine oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION (<i>sodium tetradecyl sulfate</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>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	1 or 1a*	QL (480 mL per 30 days)
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride</i> (Dentagel Dental Gel)	1 or 1a*	QL (100 grams per 30 days)
<i>stannous fluoride</i> (Fluoridex Daily Renewal Mouth/Throat Concentrate)	1 or 1b*	
<i>sodium fluoride</i> (Fluoridex Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	1 or 1b*	QL (3.77 grams per 1 day)
<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)
<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)
*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</i> (Kourzeq Mouth/Throat Paste)	1 or 1b*	
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
DIALYVITE 800 ORAL TABLET (<i>b complex-c-folic acid</i>)	1 or 1b*; \$0	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>full spectrum b/vitamin c oral tablet</i>	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 (<i>b complex-c-folic acid</i>)	1 or 1b*; \$0	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex/vitamin c oral tablet</i>	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		
ALLBEE/C ORAL TABLET (<i>b complex-c</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		
<i>b complex-c-biotin-e-fa oral tablet</i>	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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	
BIG 100 ORAL TABLET (<i>b complex-folic acid</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	
<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	
BIG 100 (BIOTIN) ORAL TABLET (<i>b complex-biotin-fa</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	
ENDUR-B ORAL TABLET EXTENDED RELEASE (<i>b complex-biotin-fa</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>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	
SUPER DEC B-100 ORAL TABLET (<i>b complex-biotin-fa</i>)	1 or 1b*; \$0	
SUPER QUINTS B-50 ORAL TABLET (<i>b complex-biotin-fa</i>)	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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*; \$0	
*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 fecbnfeglu-fa & b6</i>)	2	QL (3 tablets per 1 day)
<i>classic prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
<i>c-nate dha oral capsule</i>	2	QL (1 capsule per 1 day)
<i>completenate oral tablet chewable</i>	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)
ELITE-OB ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	1 or 1b*	QL (1 tablet per 1 day)
<i>eql prenatal formula oral tablet</i>	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)
<i>gnp prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	1 or 1b*	QL (1 tablet per 1 day)
<i>m-natal plus oral tablet</i>	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)
<i>one vite womens plus oral tablet</i>	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)
<i>prenatal (w/iron & fa) oral tablet</i>	2; \$0	ST; QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal complete oral tablet</i>	2; \$0	ST; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-1 mg</i>	2	QL (1 tablet per 1 day)
<i>prenatal plus oral tablet</i>	2	QL (1 tablet per 1 day)
<i>prenatal plus vitamin/mineral oral tablet</i>	2	QL (1 tablet per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
<i>ra prenatal oral tablet</i>	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)
<i>se-natal 19 oral tablet</i>	2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	2	QL (1 tablet per 1 day)
<i>sm prenatal vitamins oral tablet</i>	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)
<i>thrivite rx oral tablet</i>	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)
<i>trinatal rx 1 oral tablet</i>	2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	1 or 1a*	QL (1 tablet per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	2	QL (3 gummies per 1 day)
<i>westab plus oral tablet</i>	2	QL (1 tablet per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
<i>complete natal dha oral</i>	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)
<i>prena 1 true oral</i>	2	QL (2 tablets 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>methocarbamol injection solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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>dantrolene sodium</i> (Revonto Intravenous Solution Reconstituted)	1 or 1b*	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet)	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphenadrine-aspirin-caffeine oral tablet</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet)	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		
*ANTI HISTAMINE-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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</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>amino acid infusion</i> (Aminosyn Ii Intravenous Solution 15 %)	1 or 1b*	
<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	1 or 1b*	
<i>amino acid infusion</i> (Plenaminate Intravenous Solution)	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</i> (Timolol Maleate OcuDose Ophthalmic Solution)	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
*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>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>bacitracin-polymyxin b (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*	
<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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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>proparacaine 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>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	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*	
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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; LD; 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*	
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>fluocinolone acetonide</i> (Flac Otic Oil)	1 or 1b*	
<i>fluocinolone acetonide otic oil</i>	1 or 1b*	
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	1 or 1b*	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
<i>antivenin latrodectus mactans injection kit</i>	2	
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	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 (<i>immune globulin (human)</i>)	3	PA; LD; 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*	
<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*	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED (<i>penicillin g potassium</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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>piperacillin 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>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)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	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

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<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 (<i>deutetrabenazine</i>)	3	PA; QL (4 tablets per 1 day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	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 (<i>deutetrabenazine</i>)	3	PA; QL (1 tablet per 1 day); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>deutetrabenazine</i>)	3	PA; QL (2 kits per 1 year); SP
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	3	PA; LD; DO; SP
INGREZZA ORAL CAPSULE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
INGREZZA ORAL CAPSULE SPRINKLE 40 MG (<i>valbenazine tosylate</i>)	3	PA; LD; SP
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day); SP
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

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; LD; 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; LD; 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
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 ML 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 ML per 28 days); SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	3	PA; QL (1 syringe per 1 day); SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	3	PA; QL (12 ML per 28 days); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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
*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 (pmd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmd) 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>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
HABITROL TRANSDERMAL PATCH 24 HOUR (<i>nicotine</i>)	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
KLS QUIT2 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	1 or 1b*; \$0	
KLS QUIT2 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	1 or 1b*; \$0	
KLS QUIT4 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	1 or 1b*; \$0	
KLS QUIT4 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (<i>nicotine</i>)	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	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	
<i>nicotine transdermal kit</i>	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (<i>nicotine</i>)	2; \$0	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	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	
THRIVE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
*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>ellexacaftor-tezacaftor-ivacaft</i>)	3	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL THERAPY PACK (<i>ellexacaftor-tezacaftor-ivacaft</i>)	3	PA; LD; 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>doxycycline hyclate</i> (Doxy 100 Intravenous Solution Reconstituted)	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</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>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule)	1 or 1b*	QL (2 capsules per 1 day)
<i>doxycycline hyclate</i> (Targadox Oral Tablet)	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>levothyroxine sodium</i> (Euthyrox Oral Tablet)	1 or 1b*	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	1 or 1b*	
<i>levothyroxine sodium oral capsule</i>	2	
<i>levothyroxine sodium oral tablet</i>	1 or 1a*	
<i>levothyroxine sodium</i> (Levoxy1 Oral Tablet)	1 or 1a*	
<i>liothyronine sodium intravenous solution</i>	1 or 1b*	
<i>liothyronine sodium oral tablet</i>	1 or 1b*	
NP THYROID ORAL TABLET (<i>thyroid</i>)	1 or 1a*	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	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	
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	2; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	2	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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*	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	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)
<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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trosipium chloride er oral capsule extended release 24 hour</i>	2	QL (1 capsule per 1 day)
<i>trosipium 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)
*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	
<i>bcg vaccine injection solution reconstituted</i>	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 365 days)
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 365 days)
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	
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>rsv mrna pre-f virus vaccine</i>)	2; \$0	QL (1 syringe per 1 lifetime)
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	
<i>stamaril injection suspension reconstituted</i>	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*	

* Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
*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*	
VANDAZOLE 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>estradiol</i> (Yuvaferm Vaginal Tablet)	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*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*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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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.



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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

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Navajo

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